PalArch's Journal of Archaeology of Egypt / Egyptology

ASSESSMENT OF RESIDENTS' AWARENESS OF COVID-19 PANDEMIC AND IMPACT ON SOCIO-ECONOMIC WELLBEING IN CALABAR METROPOLIS OF CROSS RIVER STATE, NIGERIA: IMPLICATIONS FOR COUNSELLING

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Ekpang, Pauline Unwada , Okoi, Nta Obono , Unimna, Beshel Fidelis , Assessment Of Residents' Awareness Of Covid-19 Pandemic And Impact On Socio-Economic Wellbeing In Calabar Metropolis Of Cross River State, Nigeria: Implications For Counselling , Palarch's Journal Of Archaeology Of Egypt/Egyptology 17(8). ISSN 1567-214x.

Key words: Residents, Awareness, Covid-19, Pandemic, Socio-economic well being.

Abstract:

This study assessed residents awareness of COVID-19 pandemic and socio-economic wellbeing in Calabar Metropolis, Cross River State, Nigeria. Two research questions were formulated to guide the study. Literature review was carried out based on the variables under study. Descriptive research design was utilized. Accidental sampling technique was used in selecting the respondents sampled for the study. A validated 15 items opened ended questionnaire was the instrument used for data collection. The reliability estimate of the instrument was 0.81 using Cronbach Alpha reliability method. Data was analysed using the descriptive analysis. The result of the study revealed that the awareness level about the impact of Covid-19 is low, and that there is a significant impact of the pandemic on social and economic well being of residents.. It was recommended that government can ensure food security for the most vulnerable through expansion of social safety net programmes, including cash transfers and cash for work programmes, while ensuring inclusive distribution strategies. At the same time, it is recommended that measures are put in place to ensure that current efforts of palliative

distribution do not undermine the productive agencies while capacities of individuals and households are instead amplified

Introduction:

Many countries across the global community are facing unprecedented challenges as a result of the COVID-19 pandemic. Nigeria and her people and particularly, Calabar the capital city of Cross River State are no exception. It is now, more than ever, that leadership which can unite the spirit of Nigerians and rouse collective action is needed. Nigeria is tested today, as it has been in the past and, it has the ability and opportunity to mobilize its people to turn the tide against the coronavirus. But time is of the essence and immediate decisive action is imperative. The coronavirus (COVID-19) has now spread to over 177 countries and territories and an international conveyance (Diamond Princess) since the virus first emerged in China in late 2019. As of March 23, 2020, the death toll has risen to 17,147 while the number of confirmed cases has risen faster to 392,336.

It is very likely that the number of true cases in Nigeria today are significantly higher than the 8,000 confirmed cases at the time of writing - either due to asymptomatic persons carrying the virus or simply because individuals have not shown symptoms yet. When Hubei in China was put on lock down on January 23, 2020 there were 400 new cases that day. In reality the true number of cases stood at 2,500 (Tomas, 2020). It is unclear what the true magnitude of the spread and impact of the virus will look like in Nigeria – including how it will react with factors such as humidity, its densely populated cities and its young population. But if it is anything like the numbers other countries have seen so far, numbers will rise - exponentially. This is already seen from the rise in daily confirmed cases very similar to other country experiences.

The window for Government intervention could however be limited. Unlike many of the built environment in cities currently experiencing the outbreak, Nigeria's urban centers host large pockets of overcrowded and populated informal settlements. The cumulative and peak rates of infectious diseases in such areas are found to be higher by 10 to 50%.3 This accelerated rate could also apply to Nigeria's IDP camps where 1.8 million people currently reside. In essence, it could mean a higher transmission rate or reproductive (R0) rate in the parts of the country - greater than the 2-2.5 range as seen elsewhere. The pandemic is expected to place immense and unprecedented pressure on the country's underinvested healthcare system. Estimates indicate that around 20 percent of COVID-19 cases require hospitalization and another 7.5 percent require intensive care.

According to the Nigerian Centre for Diseases Control (NCDC, 2020), In total there are 330 ICU facilities in the country, including 30 in Lagos. Nigeria Center for Disease Control (NCDC) currently has five testing centers and treatment centers designated for COVID-19. An isolation facility in Lagos is equipped with 100 beds but the capacity outside Lagos is very limited. Based on the recent assessment of eight treatment centers by WHO, a majority are not well equipped and the capacity to respond is particularly weak in the North. While the impact on the older population has been the greatest, especially in Italy where the average age in the fatal cases is 79, infection and hospitalization rates among the younger population are not trivial. Between Feb 12 – March 16, the United States Center for Disease Control reported that 20-44

years old accounted for 29 percent, 20 percent and 12 percent of confirmed cases, hospitalized and ICU admissions, respectively. Based on these proportions, as much as 2600 young Nigerians could require hospitalization/ intensive care.

What began as a health crisis - with grave impact on populations - will within days become an economic and fiscal crisis with a high risk of negative social implications. The decline in oil prices by 55 percent between the end of 2019 to March 2020, is one of the most serious economic shocks that Nigeria has faced in its memory, especially as the oil sector contributes 65 percent and 90 percent to government and total export revenues, respectively (Revenue contribution from EITI Nigeria country report, 2017 and export percentages calculated from UNCTAD Stats databased, 2019). As of 18 March, 2020, the price of crude oil dipped to US$29.62/barrel. Given that the Federal budget estimates for 2020 have pegged oil prices at US$57/ barrel and production at 2.18 million barrels per day, if prices continue to remain at this level, it would translate to a decline in 48 percent of expected revenue from oil sales per month. This alone could reduce fiscal revenue by close to $10B and export earnings by $19B.9 The decline in export revenues is projected to have a combined effect of 0.55 percentage points drop in GDP (ECA – Economic Impact of the Covid-19 on Africa).

According to Benjamin and Remi (2020), residents expressed their concerns at the overall lack of awareness among citizens. One of our interviewed members told us that "it seems like people all over the country still do not grasp the nature of the virus, how rapidly it spreads and why it is crucial to flatten the curve urgently. Nigerians like many other people in the region, are usually socially very close, and the individual sphere is tight." Nigeria has a close-knit society with intimate social relations within its communities, as in neighbouring countries. One respondent also expressed concern about this and said during an interview that "it seems like people are not taking into consideration the speed, the high contagiousness of the virus, and a policy on social distancing will be tough to set up in Nigeria. One should recognize that social distancing will not be feasible in some parts of Nigeria like Cross River State, and alternate strategies must be thought and implemented to secure the most vulnerable".

According to to Omari, Omoogun and Effiom (2019), an important factor in mitigating any public health crisis is people's ability to stay connected, aware, and informed through the internet. One of our members, in a yet unpublished report, has found that at least 90% of households in rural areas and in IDP camps (a tent is considered as a household) have access to a smart phone and use the internet for at least one hour per day, yet the awareness level of covid 19 is still low. In 2019, when the research was performed, households spent up to 30% of their income on Internet communication, mainly in order to have access to news and to communicate with relatives. In the condition of an outbreak, with the probable increase in the price of basic service and with higher health and hygiene spending, many may need to reduce their spending on internet access. Consequently, access to information and guidance on COVID-19 might be reduced, even more for isolated populations, such as in informal camps. Risk communication, a field of action identified as crucial by WHO in the battle against Coronavirus, will thus be less effective when many households, especially the poorest, cannot afford to spend money on internet access.

The lack of demand could also reduce domestic oil production (supply) in the short to medium term. As such, fiscal space could be narrowed significantly further limiting the Government's ability to cope with an emergency response. These estimates, however, do not consider the adverse effects of the virus and related disturbances to other economic activities such as domestic trade and services which account for the bulk of GDP. The agricultural sector may not be seriously impacted immediately assuming that the virus does not spread to rural areas before the agricultural season starts next month. Disruptions could occur to supply chain distributions, value addition and services in the event of restrictions to movement of people. In such an event, the Nigerian economy could fall back into a recession with a negative growth rate of 1.58% for 2020 (Benjamin & Remi, 2020).

According to Odeka (2020), the impact is already partially felt in the exchange rate which has depreciated by 1.0% since mid-February 2020 but the informal market indicates an expectation of a larger depreciation of the Naira. Amidst the pressure, on March 20th, the Central Bank adjusted the currency to ₦ 380 per dollar. A week before the announcement, informal sources indicated that the Naira was trading at ₦ 380 per dollar in the parallel/black market. The impact of the outbreak in the advanced economies on jobs and financial transactions could have further negative impact on remittances, which in 2018 represented 80 percent of the Federal budget10, affecting the livelihood and spending patterns, which in turn could have a negative impact on the economy and wellbeing of the people.

The changes made to the policy rate and exchange rate depreciation (assuming the official exchange rate will follow the black-market rate with a time lag) alone could raise the inflation rate to 14% against the projected 11% for 2020. The inflation rate could be significantly affected by a shortage in consumer goods in the event of disruptions to imports and local supply, particularly as Nigeria is a net importer of basic foodstuff. The implications of the economic impact of the pandemic could cultivate conditions for disgruntlement and social unrest (Ioannidis, 2019).

The economic impact of lockdown measures also pose a threat. Prices of basic foodstuffs and sanitation products have risen, according to the same organisation. Women risk being exploited, and the organisation had previously heard of cases where women were sexually exploited in exchange for aid. In times of scarcity, women are often the last person in the family to eat, despite at times being the person who may need nutrition the most because they are pregnant, breastfeeding or menstruating (Tomas, 2020).

Women bear the burden of childcare, which has increased in many cases due to the closure of education facilities. In camps, informal settlements and apartments, women must educate, entertain and protect children in already difficult living circumstances. The impact of the outbreak on the mental health of women cannot be overstated. In addition to their own stress, women need to deal with their children's anxieties and confusion; for example, many of them don't understand why they cannot go to school anymore. Access to psychosocial support will no doubt be affected (Benjamin & Remi, 2020).

Pandemics have a bearing on the social fabric of society - stress initiated by economic losses often result in visible cracks where incidences of once socially unacceptable norms

become more frequent. Evidence suggests that health related pandemics have the potential to increase the risks of: domestic violence – with police reports in China showing that domestic violence tripled during the epidemic; violence against health workers due serious stress levels that the pandemic places on patients; and abuse and exploitation of women and girls – especially care givers. Furthermore, frustrations resulting from economic loss could also play into existing regional fault lines within Nigeria (Benjamin & Remi, 2020).

Restrictive non-pharmaceutical measures, for example isolation, social distancing and quarantine implemented in contexts already characterized by fragility – in conflict and humanitarian situations will remain a key policy challenge. In such contexts, social connectedness is the currency that nurtures the much-needed resilience for communities to persevere in the face of crisis. As such, social networks and systems which provide support and regulate well-being are often weakened through restrictive non-pharmaceutical measures. Implementing isolation measures without taking regard of the local context can further exacerbate the situation, lead to stress disorders, mental health and in some cases protracted violence.

Across the world, governments are employing two fundamental Non-pharmaceutical Interventions (NPI) to respond to the COVID-19 outbreak; suppression and mitigation. In the case of suppression, the objective is to reduce the transmission rate, or R0, to less than 1 whereas in the case of mitigation, the objective is to get the numbers to decline or slow its speed. Population wide social distancing combined with home isolation of cases and closure of schools and universities are minimum policy requirements for effective suppression. In a country where the informal sector makes up 65 percent of its GDP13 with a significant proportion of its population relying on the sector for day-to-day economic survival, individuals will be confronted with a choice between survival today and observance to social distancing measures put in place for their survival beyond today (Ioannidis, 2019).

Social distancing also assumes a certain level of spatial freedom. In densely populated pockets in Nigeria's urban centers – this assumption may not hold. Similarly, it will be difficult to enforce social distancing in congested IDP camps. There is also a risk of further fragmenting the social values – and the very safety nets required for healing and recovery. Restrictive suppression response interventions, including shut-downs, disproportionately impact the poor and their livelihoods. Compounded by governance deficiency in the country, abrupt cuts in means of livelihood, could result in social unrest. The feasibility and implications of current responses therefore need to be urgently tailored to the Nigerian context ensuring that those at the bottom of the pyramid are not unduly burdened while at the same time, critically needed suppression and mitigation measures are implemented.

Inside Cross River State, people cannot afford to stay at home and adopt the lockdown measures that would slow the spread of the virus. Most people's livelihoods depend on day labour, and they do not have a safety net. According to a member of Half of Nigeria, the cost of staple goods makes up at least 80% of an unskilled worker's monthly salary, and 50% to 80% of a public service worker's monthly salary: these are the "working poor" in Cross River State.

There is need to draw lessons from other contexts and rapidly design homegrown responses. In this regard, the central question is not just how to reduce the spread of the disease, but also how to implement these mitigation and suppression measures in a manner that is culturally and economically palatable. Incentives for solidarity and not stigmatization - while enhancing trust, social accountability, and promoting peer to peer support after the crisis - are urgently needed. However, the window of opportunity is closing due to the rapid escalation of confirmed cases. The Government urgently needs to intensity efforts to reach out to its people, to inspire and mobilise them as the nation faces a collective threat. Policy options are dictated by several parameters including: an existing weak health care system, a large section of the population with pre-existing conditions and governance deficits that have strained public trust. It is based on this background and problem that this study assessed residents awareness of COVID-19 pandemic and impact on the socio-economic wellbeing in Calabar Metropolis f Cross River State: Implications for counselling.

Purpose of the study:

The purpose of this study is to assess residents awareness of COVID-19 pandemic and impact on socio-economic wellbeing of residents in calabar metropolis, Cross River State, Nigeria

Research questions:

The following research questions were posed

i. To what extent are residents of Calabar metropolis aware of the impact of COVID-19 pandemic?
ii. What is the impact of COVID-19 on the socio-economic wellbeing of residents?

Methodology:

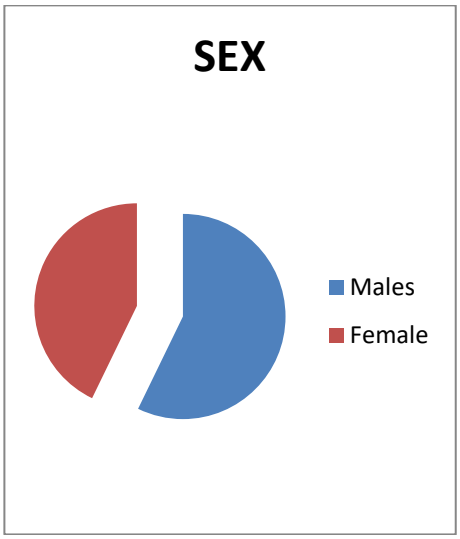
Descriptive survey research design was considered most suitable for the study. The area of the study is Calabar Metropolis, which comprised Calabar South and Calabar Municipality Local Government Areas of Cross River State. There are about 434,221 residents of Calabar metropolis. A sample of 250 respondents was used in the study. This study adopted the accidental sampling technique. The instrument that was used for data collection was a questionnaire titled: Assessment of residents" awareness of COVID-19 pandemic and socio-economic wellbeing questionnaire (ARACSWQ). This was a google document administered through whatsapp, Emails and Facebok. Section A dealt with the demographic variables of Sex, Age. The questionnaire consists of 15 open ended questions on awareness level and socio-economic impact. The questions were analyzed using descriptive analysis of mean and standard deviation at 0.5 level of significance (i.e. 95% confidence interval) with the help of Statistical package for social sciences (SPSS) version 20. A cut off of 2.5 was chosen with mean rating of 2.5 and above were significant while below 2.5 was not significant.

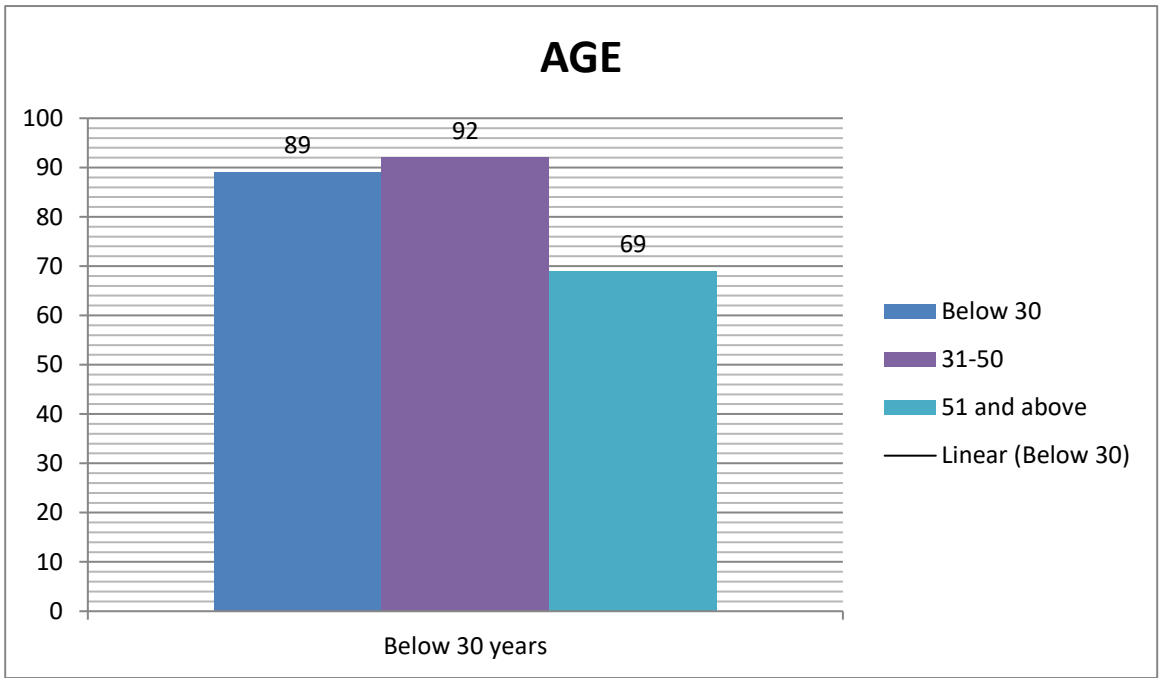
Result/Findings:

The descriptive analysis of the means ($\overline{x}$) and standard deviations (SD) of the variable can be interpreted by comparing the calculated mean of the variable with the population mean of the instrument. The result from the data analysis is better presented in order of the research question

for better understanding of the result. Therefore the result is presented and interpreted according to the analysis from the data collected for the research questions.

Out of 250 respondents used in the study, 143 were males while 107 were females. Furthermore, out of 250 respondents used in the study, 89 respondents were below 30 years, 92 respondents were between 31- 50, while 69 respondents were 51 years and above.





Research question one

The responses of the respondents in item one of research question one indicate that 68.3% and 31.7% answered yes and no respectively to whether they have heard of COVID-19. The mean and standard deviation ($\overline{x}$ = 2.61, SD = 1.06) were obtained indicating that the respondents are aware of COVID-19 in the research area.

Furthermore, the responses of the respondents indicate that 39.3% and 60.7% answered yes and no respectively to whether COVID 19 is caused by 5G. The mean and standard deviation ($\overline{x}$ = 1.69, SD = 1.41) were obtained indicating that the respondents are not aware of the cause of COVID-19 in the research area.

Again, the responses of the respondents indicate that 72.9% and 27.1% answered yes and no respectively to whether COVID—19 started from China since 2019. The mean and standard deviation ($\overline{x}$ = 2.56, SD = 2.09) were obtained indicating that the respondents are aware of the year of emergence of COVID-19 in the research area.

Also, the responses of the respondents indicate that 35.9% and 64.1% answered yes and no respectively to whether COVID 19 is a virus infection. The mean and standard deviation ($\overline{x}$ = 1.99, SD = 1.04) were obtained indicating that the respondents are not aware of whether COVID 19 is a virus infection in the research area.

The responses of the respondents again indicated that 72.4% and 27.6% answered yes and no respectively to whether COVID 19 can be transmitted from one person to the other through hand shake. The mean and standard deviation ($\overline{x}$ = 2.66, SD = 1.53) were obtained indicating that the respondents are aware that COVID 19 can be transmitted from one person to the other through hand shake in the research area.

The responses of the respondents in item six indicated that 47.9% and 52.16% answered yes and no respectively to whether difficulty in breathing is a symptom of COVID 19. The mean and standard deviation ($\overline{x}$ = 1.68, SD = 1.97) were obtained indicating that the respondents are not aware that difficulty in breathing is a symptom of COVID 19 in the research area.

The responses of the respondents again indicated that 78.6% and 21.4% answered yes and no respectively to whether COVID-19 spreads through droplets via sneezing. The mean and standard deviation ($\overline{x}$ = 2.74, SD = 1.30) were obtained indicating that the respondents are aware that COVID-19 spreads through droplets via sneezing in the research area.

The responses of the respondents furthermore indicated that 58.2% and 41.8% answered yes and no respectively to whether people of any age can be affected by COVID-19. The mean and standard deviation ($\overline{x}$ = 2.95, SD = 1.72) were obtained indicating that the respondents are aware that people of any age can be affected by COVID-19 in the research area.

The responses of the respondents further indicated that 82.4% and 17.6% answered yes and no respectively to whether severe symptoms of COVID-19 are more likely to develop in elderly and those with underlying chronic diseases. The mean and standard deviation ($\overline{x}$ = 2.65, SD = 2.01) were obtained indicating that the respondents are aware that severe symptoms of COVID-19 are more likely to develop in elderly and those with underlying chronic diseases in the research area.

Finally in this research question, the responses of the respondents showed that 64.8% and 35.2% answered yes and no respectively to whether COVID 19 can be prevented by drinking alcohol/Ogogoro. The mean and standard deviation ($\overline{x}$ = 2.77, SD = 1.01) were obtained indicating that the respondents are aware that COVID 19 can be prevented by drinking alcohol/Ogogoro in the research area.

TABLE 1: Descriptive analysis of the awareness of COVID-19

S/N	Variable Item	Yes (%)	No (%)	$\bar{x}$	SD	Remarks
1.	I have heard of COVID-19	68.3	31.7	2.61	1.06	Aware
2.	COVID 19 is caused by 5G	39.3	60.7	1.69	1.41	Not aware
3.	COVID—19 started from China since last year	72.9	27.1	2.56	2.09	Aware
4.	COVID 19 is a virus infection	35.9	64.1	1.99	1.04	Not aware
5.	COVID 19 can be transmitted from one person to the other through hand shake	72.4	27.6	2.66	1.53	Aware
6.	Difficulty in breathing is a symptom of COVID 19	47.9	52.1	1.68	1.97	Not aware
7.	COVID-19 spreads through droplets via sneezing	78.6	21.4	2.74	1.30	Aware
8.	People of any age can be affected by COVID-19	58.2	41.8	2.95	1.72	Aware
9.	Severe symptoms of COVID-19 are more likely to develop in elderly and those with underlying chronic diseases	82.4	17.6	2.65	2.01	Aware
10.	COVID 19 can be prevented by drinking alcohol/Ogogoro	64.8	35.2	2.77	1.01	Aware
				Grand mean 2.43		

Research question two

The responses of the respondents in item one of research question two showed that 67.2% and 32.8% answered yes and no respectively to whether a good number of persons have lost their jobs by virtue of COVID-19. The mean and standard deviation ($\bar{x}$ = 2.67, SD = 1.01) were obtained indicating that a good number of persons have lost their jobs by virtue of COVID-19 in the research area.

The responses of the respondents further showed that 59.4% and 40.6% answered yes and no respectively to whether some families are dying of hunger during COVID-19. The mean and standard deviation ($\bar{x}$ = 59.4, SD = 40.6) were obtained indicating that some families are dying of hunger during COVID-19in the research area.

The responses of the respondents further showed that 58.4% and 41.6% answered yes and no respectively to whether crude oil prices have fallen drastically because there are no buyers. The mean and standard deviation ($\bar{x}$ = 2.77, SD = 1.03) were obtained indicating that crude oil prices have fallen drastically because there are no buyers in the research area.

The responses of the respondents also showed that 67.1% and 32.9% answered yes and no respectively to whether the naira is devaluing every day. The mean and standard deviation ($\bar{x}$ = 2.54, SD = 1.53) were obtained indicating that the naira is devaluing every day in the research area.

Finally as regards to research question two, the responses of the respondents revealed that 78.2% and 21.8% answered yes and no respectively to whether businesses are falling every day. The mean and standard deviation ($\bar{x}$ = 78.2, SD = 21.8) were obtained indicating that businesses are falling every day in the research area.

TABLE 2: Descriptive analysis of the impact of COVID-19 on socio-economic well being

S/N	Variable Item	Yes (%)	No (%)	$\bar{x}$	SD	Remarks
1.	A good number of persons have lost their jobs by virtue of COVID-19	67.2	32.8	2.67	1.02	Significant
2.	Some families are dying of hunger during COVID-19	59.4	40.6	2.82	1.23	Significant
3.	Crude oil prices have fallen drastically because there are no buyers.	58.4	41.6	2.77	1.03	Significant
4.	The naira is devaluing every day	67.1	32.9	2.54	1.53	Significant
5.	Businesses are falling every day	78.2	21.8	2.61	2.05	Significant

	Grand mean 2.68

Discussion of results:

Considering the grand mean of 2.43 as against the expected mean of 2.50 in research question one, the research question can in this manner be answered that the extent to which residents of Calabar metropolis are aware of the impact of COVID-19 pandemic is low. This outcome isn't astonishing on the grounds that awareness brings mindfulness, and mindfulness brings caution. This result is in consonance with Omari, Omoogun and Effiom (2019) that an important factor in mitigating any public health crisis is people's ability to stay connected, aware, and informed through the internet. One of our members, in a yet unpublished report, has found that at least 90% of households in rural areas and in IDP camps (a tent is considered as a household) have access to a smart phone and use the internet for at least one hour per day, yet the awareness level of covid 19 is still low.

Also, considering the grand mean of 2.68 as against the expected mean of 2.50 in research question two, the research question can in this manner be answered that there is a significant impact of COVID-19 pandemic on the socio-economic wellbeing of residents in Calanbar metropolis. This result is in line with the result of Economic Impact of the Covid-19 on Africa ECA –2020) that given that the Federal budget estimates for 2020 have pegged oil prices at US$57/ barrel and production at 2.18 million barrels per day, if prices continue to remain at this level, it would translate to a decline in 48 percent of expected revenue from oil sales per month. This alone could reduce fiscal revenue by close to $10B and export earnings by $19B.9 The decline in export revenues is projected to have a combined effect of 0.55 percentage points drop in GDP.

This is also supported by Benjamin and Remi (2020) that the economic impact of lock down measures also poses a threat. Prices of basic foodstuffs and sanitation products have risen, according to the same organisation. Women risk being exploited, and the organisation had previously heard of cases where women were sexually exploited in exchange for aid. In times of scarcity, women are often the last person in the family to eat, despite at times being the person who may need nutrition the most because they are pregnant, breastfeeding or menstruating (Tomas, 2020).

Women bear the burden of childcare, which has increased in many cases due to the closure of education facilities. In camps, informal settlements and apartments, women must educate, entertain and protect children in already difficult living circumstances. The impact of the outbreak on the mental health of women cannot be overstated. In addition to their own stress, women need to deal with their children's anxieties and confusion; for example, many of them don't understand why they cannot go to school anymore. Access to psychosocial support will no doubt be affected (Benjamin & Remi, 2020).

Implications for counseling:

Although counsellors will not be exempted from the knock-on effects and challenges of COVID-19, the study will open new ways of moving forward in their profession by responding to

individual and societal needs. This is because they will have been exposed to similar health risks, isolation, grief and economic uncertainty, individually and with their families overtime.

Conclusion:

In accordance with the outcomes acquired from this investigation, it was Covid 19 pandemic has grieve impact on the socio economic well being of residents and that the awareness level of the impact is still low.

Recommendation:

In view of the discoveries of the examination, it is prescribed that engagements within communal social networks and with community leaders and persons of influence to identify ways to incentivise behavioural change could be considered. This will also require that citizen preparedness is ascertained and to ensure buffers against secondary effects of the pandemic are put in place.

Ensure food security for the most vulnerable through expansion of social safety net programmes, including cash transfers and cash for work programmes, while ensuring inclusive distribution strategies. At the same time, it is recommended that measures are put in place to ensure that current efforts of palliative distribution do not undermine the productive agencies while capacities of individuals and households are instead amplified.

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