

COVID-19 IN NIGERIA

Vulnerabilities to COVID-19 and containment measures

As of 25 May, Nigeria reported 7,839 confirmed cases of COVID-19 and 226 related deaths (WHO 25/05/2020). Most cases (around 60%) have been registered in Lagos and Kano states, followed by the Federal Capital Territory (FCT). 35 of 37 states have reported COVID-19 cases, including conflict-affected states of Borno, Adamawa, and Yobe (OCHA 18/05/2020; NCDC 11/05/2020). Testing capacity in Nigeria is now increasing, but the health system is weak, and many areas of the countries are not easily accessible. The pandemic and COVID-19 containment measures are having a significant impact on the population's well-being, and socioeconomic and living conditions.

In this report ACAPS explains the vulnerabilities to, and impact of COVID-19 and COVID-19 containment measures in Nigeria. ACAPS analysed the vulnerabilities to the pandemic in Nigeria with respect to the following key factors:

- Population density and settlements
- Commerce
- Scope and adaptability of social protection programmes
- Remittances
- Reliance on informal economy
- Rule of law and protection concerns
- Standards of essential services
- Humanitarian access and response

Key vulnerabilities



Highly congested and unsanitary slums and displacement settlements



Weak health system and spread of epidemic diseases



High poverty rates for half of the population



Limited humanitarian access in conflict-affected and insecure areas

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About this report

Methodology and overall objective

This crisis-level analysis is based on ACAPS' 'Vulnerability to containment measures' report, which highlights how eight key factors could shape the impact of COVID-19 and make some regions or countries more vulnerable to COVID-19 containment measures. In the present report ACAPS explains the 'vulnerabilities' to COVID-19 and COVID-19 containment measures in Nigeria, and the primary and secondary impacts of the pandemic.

This analysis does not forecast the spread of COVID-19. ACAPS does not attempt to project the evolution and spread of any disease. The main aim of this report is to help humanitarian responders and decision makers understand how COVID-19 and containment measures could affect the humanitarian situation and socioeconomic conditions in Nigeria, and better respond to the effects of the pandemic. The analysis follows ACAPS' COVID-19 Analytical Framework, and is a secondary data review of available literature and datasets, including the findings of ACAPS 'Humanitarian Expert Network' analyses.

Key factors that will shape the impact of COVID-19 and its containment measures

This report focuses on the following key factors:

- Population density and settlements
- Commerce
- Scope and adaptability of social protection programmes
- Remittances
- Reliance on informal economy
- Rule of law and protection concerns
- Standards of essential services
- Humanitarian access and response

Limitations

- ACAPS acknowledges that Nigeria is diverse in its degree of urbanisation, culture, and socioeconomic conditions and dynamics, as well as conflict dynamics and humanitarian situations. Consequently, the impact of COVID-19 and COVID-19 containment measures is segmental. The type of COVID-19 containment measures, their degree of implementation, and the population's compliance varies from region to region and state to state. This made it quite challenging to identify the potential impact of COVID-19 and containment measures at country-level.
- Clarity is lacking on the impact of the pandemic and its containment measures on the displaced and rural populations. Lack of information might be due to limited testing and monitoring capacity and unequal access to testing, as well as challenges to access some areas of the country to gather data.

COVID-19 in Nigeria

As of 25 May, Nigeria reported 7,839 confirmed cases of COVID-19 and 226 related deaths (WHO 25/05/2020). The number of cases increased exponentially in the first week of May: 3,526 cases were recorded on 8 May, double the number of reported cases the previous week (1,782), and case numbers continue to rise rapidly (OCHA 08/05/2020).

The first COVID-19 case was announced on 27 February in Lagos. Since then, over 33,000 samples have been tested. Most cases (around 60%) have been registered in Lagos and Kano states, followed by the Federal Capital Territory (FCT), where the capital city Abuja is located. 35 of 37 states have reported COVID-19 cases. Conflict affected states including Borno, Adamawa, and Yobe have also reported COVID-19 cases. At 18 May, 215 confirmed cases were reported in Borno, with 23 related deaths, 21 cases were reported in Adamawa, and 32 in Yobe (OCHA 18/05/2020; NCDC 11/05/2020).

At end of March, Nigeria had only five testing laboratories for the entire country, three of these in Lagos. Testing was available only for people who had travelled internationally or been in contact with confirmed or suspected cases. WHO stated on 18 March that the number of cases in Africa was likely higher than reported, due to limited testing and deficiencies in emergency preparedness (HRW 25/03/2020). As announced by the WHO and OCHA, testing capacity in Nigeria is now increasing. Testing capacity has expanded also thanks to the Nigerian private-sector-led Coalition Against COVID-19 (CACOVID), which provided support to the government with testing kits and extraction kits for fast-track molecular testing.

The Nigerian Centre for Disease Control is the government agency in charge of COVID-19 preparedness and response activities. A Coronavirus Preparedness Group was established at the end of January by the Nigerian government following the development of the epidemic in China. National NGOs, civil society organisations, international NGOs and UN agencies are also engaged in responding to the pandemic and the effects of COVID-19 containment measures.

Government measures

Since mid-March the Government of Nigeria has put in place several measures to prevent, mitigate, and respond to the spread of COVID-19 across the country. These include lockdowns, movement restrictions, social and physical distancing measures, as well as public health measures. The distribution of cases is uneven and has resulted in a diversified response from the federal government. The degree of implementation and level of compliance from the population varies from state to state; this is related to perception of the government and trust in government directives, and different levels of education and sensitisation to the measures.

As part of the movement restrictions, on 18 March Nigerian authorities issued a travel ban and suspended visa on arrival for all travellers coming from countries that registered over 1,000 cases domestically. On 6 May the travel ban was extended to 7 June (Garda World 06/05/2020). All commercial flights to/from Nigeria are suspended, and only essential and emergency flights are allowed to fly to and from Lagos and Abuja international airports. These include humanitarian aid, medical, and relief flights (ACAPS 05/05/2020; US Embassy in Nigeria; International SOS 13/05/2020). The federal government had also ordered compulsory health screenings at airports and border crossings, 14 days' self-quarantine upon arrival for people travelling but showing no symptoms, and isolation measures for travellers showing COVID-19 symptoms. However, health screenings were not implemented due to lack of capacity and resources.

On 30 March, Lagos and Abuja were placed under lockdown as the cities recording the highest number of cases. Ogun state was also placed under lockdown for being very close to Lagos: many people in Ogun commute to Lagos for work. Lockdown measures were soon extended and implemented at state-level in Lagos, Delta, Yobe, Jigawa, Bauchi and Kano states, and in the FCT. The lockdowns included closure of all offices and businesses, except for shops selling food and medicines, and hospitals (FEWS NET 04/2020).

On 23 April, as the number of cases started to increase, the Government of Nigeria also banned inter-state travel, except for trade of essential goods. International trade has been significantly limited due to land, sea, and airport closures; however, food and medicines are still permitted to enter the country and travel across states (FEWS NET 04/2020).

On 28 April, President Muhammadu Buhari announced the gradual ease of lockdown measures following the negative impact of these on the country's economy and people's living conditions. A nationwide curfew between 8 pm and 6 am was announced as the lockdown was eased. Businesses are gradually re-opening, mostly in Lagos. Schools and places of worship remain closed across the country to prevent social gathering and allow physical distancing. Bars, restaurants, and cinemas remain closed. Wearing face masks is compulsory when in public places, shops, and on transportation. International and national passenger flights and inter-state travel remains banned (UNICEF 08/05/2020).

Kano state remains in lockdown. The decision was taken after Kano's residents and a survey conducted by Kano's Yusuf Maitama Sule University raised suspicion that an increased number of deaths in the state might be related to COVID-19, though they have not been reported by the authorities as such (Al Jazeera 04/05/2020; VOA News 07/05/2020; Africanews 19/05/2020).

The government has also announced socioeconomic programmes to ease the impact of COVID-19 containment measures. These include a moratorium for loans received by businesses within the framework of the Government Enterprise and Empowerment Programme and cash transfers of NGN 20,000 (around 51 USD) to some 2.6 million poor

households for a period of four months (ICG last view: 11/05/2020). Food distribution has also been scaled up by the government in response to COVID-19 containment measures (FEWS NET 04/2020).

Impact and vulnerabilities to COVID-19 and containment measures

The President's announcement to partially ease the lockdown measures came as Nigeria saw a rapid increase in confirmed cases of COVID-19. While there are risks related to the spread of COVID-19 as businesses gradually re-open, containment measures are having a negative impact on people's livelihoods and well-being. Movement restrictions in Nigeria and across the globe are disrupting supply chains and the delivery of humanitarian assistance, exacerbating poverty, and having a negative impact on food security and nutrition (OCHA 06/05/2020). Human rights violations were also reported as a result of the implementation of containment measures. COVID-19 and COVID-19 containment measures risk further aggravating the country's socioeconomic and living conditions for reasons explained below.

Population density and settlements

Half of Nigeria's total urban population (around 42 million people) live in slums (The World Bank; World Population Review). Slums by definition are overcrowded environments, usually cut off from the services associated with big cities. Households living in slums are more likely to be affected by untreated health issues, including malnutrition, with limited means to access medicine services, and food (World Economic Forum 11/05/2020; Cities Alliance 12/03/2020). In Nigeria, large cities like Lagos and Ibadan have several populated slums. In Lagos, an estimated 60% of the population lives in slums and informal settlements, including floating slums such as Makoko. These settlements are characterised lack of proper WASH facilities, clean water, electricity, and services (The Conversation 01/04/2020; BBC 05/03/2020; NPR 15/05/2017).

Overcrowding and poor WASH conditions are also common in IDP camps across the country and garrison towns in northeast Nigeria, where people fleeing conflict and insecurity found refuge. In 2018, over 600,000 IDPs (one-third of the total internally displaced population in northeast Nigeria) were living in congested informal IDP settlements, with 5m² per person. Sphere standards indicate a roofed shelter should have at least 3.5m² per person (NRC 12/2018).

Medical research and recent studies on the spread of COVID-19 in the congested Rohingya refugee camps in Cox's Bazar have shown the strong link between overcrowded spaces and the risk of spread of epidemics (ACAPS 20/03/2020; New Zealand

Medical Journal 10/11/2000; John Hopkins 18/03/2020). In addition, co-morbidities in highly congested IDP camps are common, such as high incidence of endemic and waterborne diseases and malnutrition (UNDP 03/04/2020; CSEA 28/04/2020). As a result, people living in congested and unsanitary camps, slums, and garrison towns are more vulnerable to the spread of infectious disease, including COVID-19 (HRW 25/03/2020). Many IDP camps and garrison towns are in the northeast, an area not easily accessible by humanitarian organisations. In Borno, Adamawa, and Yobe (known as the 'BAY' states) vaccination campaigns and health services are often disrupted because conflict and insecurity.

Finally, in densely populated areas and overcrowded space it is extremely challenging to respect physical distancing, or strictly follow hygiene practices due to limited access to clean water. Consequently, people are more likely to be exposed to the virus and may have limited access to healthcare and medicines if they do fall ill.

Commerce

Nigeria's is Africa largest economy. Oil revenues contribute 60% of the government's revenue and 90% of its foreign revenue. The recent global crash in oil prices, fuelled by an OPEC+ price war and subsequent drop in demand of oil derivatives amid COVID-19 containment measures worldwide, resulted in Nigeria reducing its oil production and exports. Depletion of foreign reserves in the Nigerian Central Bank (normally countries get foreign currency from exports to replenish their reserves) has made it difficult to stabilise the local currency (Naira) against the US dollar, causing a rapid depreciation of the Naira (ODI 07/04/2020).

Depreciation of the Naira did not seem to have an immediate impact on inflation (Petroleum Economist 24/03/2020). However, prices of essential goods have risen, mainly caused by decreased trade following movement restrictions and lockdowns in Nigeria and at global level. Higher transaction costs for trade of essential goods caused by prolonged movement restrictions and continued currency devaluation, following the global decline of oil prices, will likely result in a continued increase in prices and decreased households' purchasing power (FEWS NET 04/2020).

Over the long-term, the crash in oil prices may lead to a continued reduction of the government's budget (normally based on anticipated earnings from oil production), reduced government revenues and foreign exchange reserves, with the risk of economic fallout. This would make it increasingly challenging for Nigeria to borrow money from financial institutions should lenders doubt their ability to repay (CNBC 23/04/2020; Petroleum Economist 24/03/2020). The impact on financing flows risks a reduction in the government's ability to finance health and safety net programmes in response to the pandemic (Daily Trust 20/05/2020; The New Humanitarian 15/05/2020).

Economic fallout from the crash in oil prices and the economic effects of COVID-19 would worsen poverty and economic inequalities in the country. Prior to the pandemic the Nigerian economy was characterised by slow growth, high inflation rates and currency fluctuation, and high levels of poverty (Daily Trust 20/05/2020). 15% of the world's poorest reside in Nigeria; urban crime, kidnappings, and herder-pastoralist clashes are widespread in some areas due to poverty, limited resources, and lack of economic opportunities. There is a risk that the economic impact of COVID-19 will exacerbate insecurity (The New Humanitarian 15/05/2020; Chatham House 12/05/2020).

Inter and intra-state movement restrictions are also impacting on the agricultural sector. Households in rural areas and seasonal workers are struggling to access land during planting season (March-June). Although agricultural activities have not been halted by the containment measures, these are taking place at lower rates than usual due to the pandemic (FEWS NET 04/2020). 50% of the population in Nigeria is rural; agricultural activities are essential to the economy and are a means of subsistence for rural households. The disruption of livelihood activities, increased food prices, and reduced agricultural production due to COVID-19 containment measures risks worsening food insecurity in the country. Households in the northwest (Sokoto, Zamfara, and Katsina states) and central Nigeria are expected to remain in Stressed (IPC Phase 2) and Crisis (IPC Phase 3) food security outcomes over June-September 2020. In the conflict-affected BAY states households are expected to continue to face Crisis (IPC Phase 3) and Emergency (IPC Phase 4). Due to increased insecurity, limited humanitarian access, and delayed onset of the rainy season FEWS NET had forecast pockets of the population in these states Famine (IPC Phase 5) levels for the same period (FEWS NET 04/2020). In BAY states, 3.7 million people are at risk of facing Crisis and Emergency levels of food insecurity in June-August 2020 (USAID 03/02/2020; FS Cluster 11/03/2020). The pandemic containment measures might contribute to a realisation of the worst-case scenarios.

Scope and adaptability of social protection programmes

The Government of Nigeria started implementing social protection programmes in 2004. These programmes are essential, given an estimated 40% of Nigeria's population lives in poverty and 82.9 million people are living with less than one US dollar a day. Some 52% of Nigeria's poor live in rural areas; due to COVID-19 and movement restrictions also rural communities living from agriculture saw their livelihood activities impacted (Al Jazeera 04/05/2020; ODI 09/2011).

Safety net programmes in Nigeria cover social assistance, social insurance (including health insurance), child protection, and the labour market (including employment programmes). The government also offers subsidies for items such as agricultural inputs, or petrol subsidies. Programmes have been implemented in a fragmented way across the country and over time and have been insufficient overall (Al Jazeera 04/05/2020;

ODI 09/2011; Africa Renewal 04/2012). Taking into consideration the possible economic fallout of the Nigerian and limited government revenues to finance subsidies, the extent and duration of government's socioeconomic programmes to mitigate the impact of COVID-19 is unknown.

Remittances

The IMF defines remittances as "all current transfers in cash or in kind made or received by resident households to or from non-resident households [or] current transfers made by employees to residents of another economy" (CENFRI 2016). Remittances are an important source of external finance in Sub-Saharan Africa. In 2019, Nigeria was the main remittances recipient country in Sub-Saharan Africa (The World Bank 04/2020). Remittances from the Nigerian diaspora have been growing rapidly over the past 10 years and amounted to some USD 25 billion in 2018 and USD 24 billion in 2019. Worth 6% of GDP, remittances are set to fall further as the diaspora lose jobs. Some 54% of remittances come from countries under major lockdown. While Nigeria benefits from a relatively developed digital transfer system, which has helped reduce costs, many Nigerians rely on in-person transfers, a process that has become more difficult as containment measures restrict access to shops and bureaux de change. Informal remittance flows carried by air passengers have also dried up. The World Bank forecasts that remittances to sub-Saharan Africa will fall by 23.1% in 2020 due to the economic effects of COVID-19 and containment measures. It also indicated that the immediate cash shortage faced by many who depend on remittances will not ease quickly (Oxford Business Group 30/04/2020, Economist 16/04/2020, WB 22/04/2020, PWC 2019).

A study on remittances conducted in Nigeria between 2011 and 2012 found that over 74% of the total remittances flows to the country were spent by households on consumption, education and health (Progress in Development Studies 12/2014; IFAD 2011). Decline of remittances to Nigeria will probably lead to increased poverty and reduced access to essential goods and services (The World Bank 04/2020).

Reliance on the informal economy

Movement restrictions together with lockdown measures have decreased trade (import, export, and inter-state trade) and caused business closures, leading to higher prices for goods and services, unemployment, and loss of incomes (FEWS NET 04/2020). Informal workers are particularly vulnerable to the negative economic effects of movement restrictions and social distancing measures.

The informal sector accounts for 80% of employment in Nigeria (ILO 2018). Informal labour is not regulated, but is "any economic activity that does not comply with the obligations to register, keep accounts, and pay taxes" (OECD 11/2011). There is often no record of informal workers; consequently, they are less likely to be protected by labour laws or

included in social protection programmes. Informal workers often rely on daily work and payments are received in cash. 72.3% of all people employed in the informal sector in Nigeria are poor (around 58% of the total population of Nigeria's 200 million people) (ILO 2018). Poor households are unlikely to have savings, assets, or mechanisms that would enable them to cope with the sudden loss of income and economic shock caused by COVID-19 containment measures.

Among the people working in Nigeria's informal economy, some 53% work in the agricultural sector, 39.4% in services, and 6.9% in industry (ILO 2018). Informal labour activities include small-scale trading and street vending, farming and herding, seasonal or daily labour for formal enterprises, repair and service provision, home-based enterprises or businesses, and micro and small-scale manufacturing. All these activities have been halted or considerably reduced by movement restrictions and lockdown in many areas, including Lagos, the economic capital. Many informal workers have lost their incomes and purchasing capacity, while some have lost their savings or their jobs (CSEA 24/04/2020).

Although containment measures have been eased and some formal and informal businesses have resumed, recovery from the economic shock will be challenging for poor households, especially if there is no certainty of their inclusion in the government's social protection programmes. Additionally, as containment is easing, the number of COVID-19 cases is increasing in some areas (mainly in Lagos and Kano states). Should the number of cases continue to increase exponentially, the government may be obliged to announce new or renewed lockdowns and movement restrictions, causing a second economic shock for informal workers living in COVID-19 affected states or towns.

Rule of law and protection concerns

Nigeria is in a 'protection of civilians' crisis characterised by conflict, high levels of insecurity, abuse against civilians by both government forces and non-state armed groups, human rights violations, gender-based violence, forced displacement, and child recruitment. The protection crisis is particularly seen in conflict-affected regions, notably the northeast and the northwest, though protection concerns are widespread across the country and risk being exacerbated by COVID-19 containment measures.

Between 30 March and mid-April, following the beginning of lockdowns, the National Human Rights Commission (NHCR) recorded extrajudicial killings and abuse of power by the Nigerian security forces. Some 18 people were killed by law enforcement agents for allegedly not complying with containment measures. In the same period, the NHRC recorded 33 incidents of inhuman and degrading treatment, as well as 27 incidents of unlawful arrest and detention recorded in areas under lockdown or movement restrictions (BBC 16/04/2020; Article 19 01/05/2020). There are records of arbitrary arrests and

extrajudicial killings by the Nigerian police prior COVID-19; however, the need to implement lockdowns and containment measures has aggravated the situation. According to the data of Closing Civic Spaces, in Nigeria there has been a rapid increase of human right violations by the police since the beginning of the pandemic (Just Security 19/05/2020).

Intimidation and arrest of journalists has been reported since the beginning of the lockdown. In addition, journalists in states in lockdown have not been able to cover news due to movement restrictions. Some states have used COVID-19 to pass laws criminalising the reporting of false information. All these constitute a limitation to the freedom of press (Article 19 01/05/2020). There is the risk that restrictive laws or regulations passed during COVID-19 crisis will remain in place after the end of the pandemic.

Containment measures have resulted in school closures and the obligation to stay home because of lockdowns or compulsory self-isolation. The loss of livelihood and economic opportunities is producing frustrations, stress, and anxiety. Increased protection risks for the population are among the secondary effects of containment measures:

- Economic stress as a result of loss of livelihoods might lead to civil unrest and/or escalation of violence as a form of protest against containment measures. This would potentially lead to clashes between the population and law enforcement agents.
- Loss of source of income and increased levels of food insecurity might push poor households or individuals to resort to negative coping strategies such as criminal activities. This will result in increased insecurity.
- As in other countries affected by the pandemic, people in Nigeria infected or suspected to be infected by COVID-19 can be subject to stigma and discrimination. Social stigma associated with the virus was reported by authorities and victims since April (Business Day 16/04/2020; Al Jazeera 07/04/2020; Bangkok Post 20/05/2020).
- Women, and children out of school, are more vulnerable to gender-based violence, domestic violence, and domestic abuse as a result of movement restrictions and quarantine measures. Economic stress, anxiety, and frustration caused by job loss and fear of the pandemic risk triggering violent behaviours.
- The economic impact of COVID-19 might push poor households to resort to negative strategies such as child marriage, child labour, or transactional sex (Protection Cluster Nigeria 2020; Save the Children 03/04/2020).

Standard of essential services

Health

The health system in Nigeria is fragile due to underfunding and limited infrastructure. Even before the pandemic, yearly health spending in Nigeria was low, at only USD 27.84 per capita, far below other ECOWAS economies such as Ghana or Cote d'Ivoire. Low spending often means that demand for health services will exceed capacity during a health emergency (ODI 07/04/2020). A Reuters survey found that African countries with COVID-19 cases, including Nigeria, have less than one hospital bed and one ventilator per 100,000 people. In 2017, Nigeria had only 120 intensive care-unit beds for the whole country, almost 0.07 ICU beds for 100,000 people (McKinsey&Company 05/2017). The most critical COVID-19 patients need intensive care and a ventilator (Reuters 07/05/2020). According to less recent data, in 2004 Nigeria had 0.5 hospitals bed per 1,000 people, placing it among the countries with the lowest rate of bed per capita (less than 1.7 per 1,000 people) (The WB 25/05/2020).

In some areas of the country, hospitals and health centres are understaffed. Although this is not the case across the whole country, COVID-19 poses a threat to the Nigerian health system, especially in conflict-affected areas. Two-thirds of health facilities in the BAY states are not functioning because of conflict-related damage (OCHA 01/2020). COVID-19 has put a strain on health facilities in states that record high numbers of cases, including Lagos, Kano, and Zamfara. The Nigeria Centre for Disease Control reported over-burden of isolation facilities in these states, with not enough beds for patients (All Africa 09/05/2020).

As the number of COVID-19 cases in Nigeria continues to increase, the health system risks being quickly overwhelmed. In a country regularly affected by disease outbreaks, it is important to integrate COVID-19 health response into existing health programmes to adequately respond to the pandemic while also treating patients affected by other epidemics such as measles, malaria, cholera, Lassa fever, and meningitis. Cholera, malaria, and Lassa fever are particularly common during the rainy season, normally spanning February to June/July.

Education

Schools remain closed to allow social and physical distancing. Over 46 million students currently cannot attend classes because of COVID-19 school closures. Children from poor households, children living in conflict-affected areas, and displaced children often do not have access to tools that enable home-schooling and distance learning (Education

Cluster 2020). Access to education was already particularly challenging in Nigeria, especially in the BAY states, where schools have been damaged, looted, or attacked as a result of conflict or used as temporary shelters by the displaced population. Inadequate school infrastructure, insufficient number of teachers, and lack of learning material also hamper access to education in the BAY states (HNO 2019). Before the pandemic, about 27% of children between 6 and 11 years old did not attend school and more than 25% of children between 12 and 17 years old did not have access to education (UNICEF 07/2019). More children are at increased risk of dropping out of school because of the pandemic. Pushed by the need to avoid any 'non-essential' costs or the need to have additional family members engaged in labour activities, heads of those households suffering negative economic effects of the pandemic might decide not to send their children to school after the end of containment measures.

For many children, not attending school means not having access to essential school-provided services. Some schools offer students, particularly those from poor households, free nutritious meals. School closures are also cutting vulnerable children off from social protection programmes, often implemented as part of humanitarian programmes (CSEA 2020). Particularly in the northeast, schools normally offer protection services such as psychological support and distribution of hygiene kits (ACAPS Interviews).

Humanitarian response and access

Nigeria is experiencing a complex humanitarian crisis characterised by conflict, insecurity, and displacement¹. Nigeria complex crisis scores 4 (High) in the Global Crisis Severity Index, in a scale from 1 (Low Severity) to 5 (Very High Severity) (ACAPS 05/2020). Conflict is multi-dimensional and includes the Boko Haram insurgency in the northeast (Borno, Adamawa, and Yobe, known as the 'BAY' states); farmer-herder conflict over resources in the Middle Belt (Taraba, Benue, Kaduna, Plateau, Nasarawa, and Adamawa states), and increased banditry violence in the northwest (Zamfara, Sokoto, Katsina, Kebbi, Kaduna, and Niger). Humanitarian access is very limited in conflict-affected areas and areas controlled by armed groups due to general insecurity, as well as threat of attacks on humanitarian workers.

Prior to COVID-19, access was particularly challenging in the BAY states, owing to increased attacks on humanitarian workers and shrinking operational space. In 2019, twelve aid workers were killed (double the number recorded in 2018) and 14 were kidnapped in northeast Nigeria, following an increase of attacks by non-state armed groups at the end of the year (Insecurity Insight 2019; OCHA 16/01/2020). There are no reports of humanitarian workers killed in Nigeria so far in 2020. Insecurity in the north, however,

¹ A complex crisis can result from several different crises or, more often, to a complex combination of both natural and man-made causes, and different causes of vulnerability. In case of multiple overlapping crisis

(man-made/natural, natural/natural, man-made/man-made) in the same country, the crisis is classified as complex (GCSI definition adapted from IFRC definition).

continues to hamper humanitarian access. Areas under control of the Nigerian army are also difficult to access, and military interference with humanitarian operations in Borno and Yobe was reported in 2019. Should COVID-19 case numbers in BAY states continue to increase, responding to this health emergency will be challenging due to insufficient health facilities and limited humanitarian access. Additionally, lockdowns and movement restrictions are disrupting the humanitarian supply chain: inter-state travel of people and goods remains limited and staff are obliged to work remotely (UNDP 3/04/2020).

Humanitarian access is further hampered by bureaucratic impediments, including high costs and delays in obtaining visas for international staff, barriers for organisations to import essential goods, including medicine and fuel, and legal ambiguity in registration laws (OCHA 01/2020). COVID-19 containment measures like travel bans and visa restrictions are likely to aggravate the situation.

In the northwest there is very limited humanitarian presence. The crisis in northwest Nigeria is relatively new and characterised by high levels of insecurity due to the criminal activity of bandits. Humanitarian needs in the area are expected to be high, especially following the pandemic. There are also risks related to contracting COVID-19 for frontline responders, in Nigeria as in every other country affected by the pandemic. A health worker in Borno state, working to treat IDPs, died on 18 April after contracting COVID-19. Limited information on the spread of COVID-19 in Nigeria, as well as limited testing capacity and availability of protective equipment, makes it difficult for humanitarian organisations to respond to the pandemic due to increased risk of contracting the virus.

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