



...Promoting Human Rights

**AN EVALUATION OF THE
EXPERIENCES OF VULNERABLE
GROUPS IN NIGERIA DURING THE
COVID-19 LOCKDOWN PANDEMIC:
CHALLENGES, LESSONS LEARNT AND
RECOMMENDATIONS**



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ACRONYMS

CBO – Community Based Organizations

COVID-19 - Corona Virus Disease-19

FG – Federal Government

FMH – Federal Ministry of Health

FMIC – Federal Ministry of Information and Culture

FMWASD – Federal Ministry Of Women Affairs and Social Development

FSW – Female Sex Workers

HIV – Human Immuno-deficiency Virus

LGBTQI – Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex

NGO – Non Governmental Organization

PLWHIV – People Living with HIV

PWD – Persons with Disabilities

PWUD – Persons Who Use Drugs

SM – Sex Minorities

INTRODUCTION

The, better known as COVID-19, has triggered a worldwide pandemic which has also affected Nigeria. The first confirmed case of COVID-19 in Nigeria was announced on 27 February 2020, when an Italian citizen in Lagos, Nigeria's commercial hub, tested positive for the virus. Since then more cases have been identified as the highly contagious disease slowly spread through the general population.

The Federal Government quickly instituted measures to combat the pandemic which included restriction of movement, establishment of testing and isolation centres as well as treatment facilities in various parts of the country. A few states were given additional funds to aid efforts at containing the virus.

However, in a bid to manage the situation effectively and enforce the new regulations, government resorted to a militarization of the civic space which also introduced fresh challenges. The social, economic, health and even domestic spheres of life have all been negatively affected as people struggle to cope with the sudden change in lifestyle.

Lawyers Alert carried out this study as a contribution to knowledge being gathered about the effect of the pandemic, and has documented the findings obtained from a number of Community Based Organizations. The goal is to distill lessons from the experiences of the pandemic into a document that can be used globally as a reference tool for the Nigerian situation.

METHODOLOGY

This study was carried out alongside identified key populations. Physical meetings were held in strict compliance with WHO regulations and national guidelines with regard to numbers, spacing, and distancing, including the use of sanitizers and masks. Virtual meetings were also held online using available teleconferencing technologies and also in compliance with laid down COVID-19 protocols.

A mixed method (qualitative and quantitative) of research was adopted for data collection and interpretation. Focus Group Discussions, interviews, and in some instances, questionnaires, were deployed with separate groups over a period of 7 weeks.



CHAPTER ONE – GROUPS

1.1 Community Based Organizations

To obtain the desired information, Lawyers Alert worked closely with CBOs and NGOs across the country. This proved to be invaluable in the data collection process for this study. Being uniquely positioned for making the desired improvements at local levels, these organizations provided useful data which has been dissected in this report and is presented in narrative form in a group-specific format to enhance comprehension. The following is a list of those Lawyers Alert partnered with.

1.1.1 Persons with Disabilities (PWDs)

Persons with Disabilities (PWDs), according to the UN Convention on the Rights of Persons with Disabilities, include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder effective participation in society on an equal basis with others. Globally, over 1 billion people, or approximately 15% of the world's population, have some form of disability. As at 2020, there are reportedly over 27 million Nigerians living with some form of disability. More than 50% of the 25 million disabled Nigerians are females. Women and girls with disabilities are at 3 times greater risk of suffering physical, sexual and economic abuse than women without disabilities.

1.1.2 Persons Living With HIV (PLWHIV)

Nigeria has approximately 3.8 million people living with HIV, the second largest globally.

1.1.3 Persons Who Use Drugs (PWUD)

PWUDs are among the groups most vulnerable to HIV infection. It is estimated that people who inject drugs are 22 times more likely to acquire HIV than the rest of the population.

1.1.4 Female Sex Workers (FSW)

FSWs have been identified as a key population. FSW vulnerability is linked to poverty, violence, criminalization, drug use, high mobility.

1.1.5 Sexual Minorities (SM)

This is a group whose sexual identity, orientation or practices differ from the majority of the surrounding society. Primarily referred to as Lesbian, Gay, Bi-sexual or non-heterosexual individuals, the term can also refer to transgender, non-binary (including third gender) or intersex individuals.

CHAPTER TWO – PEOPLE WITH DISABILITIES

2.1 EXPERIENCES SHARED BY PERSONS WITH DISABILITIES (PWD)

Though the needs of PWDs generally tend to be overlooked in Nigeria, the pandemic further exacerbated the situation as this study revealed. Lawyers Alert interrogated the experiences of the PWDs through the pandemic especially during the lockdown with focus on health rights, access to justice, services and resources. The pandemic's effect on the organizations, persons or constituencies being served are highlighted below:

Health Care Challenges: This group had difficulty accessing health services and institutional care or routine health checks during the pandemic. The health system, even before the advent of COVID-19, has been discriminatory. The pandemic worsened the situation. Most of the health-workers could be described as incapable of attending to the needs of PWDs as the following challenges were enumerated by the group:

- Difficulty accessing health facilities/services owing to structural design defects (e.g. lack of ramps for wheelchairs for the physically challenged)
- Communication challenges as evidenced by the lack of sign language interpreters in the hospitals for the hearing or speech impaired.

The lockdown called uncovered the fact that health personnel in Nigeria are not adequately trained to handle PWDs as enshrined in the *Discrimination against Persons with Disability Prohibition Act 2018* and other global and regional treaties.

Inadequately Equipped COVID-19 Isolation Facilities: Owing to the varied nature of the disabilities, which range from physical challenges to cerebral palsy, isolating PWDs infected with COVID-19 is one that must be planned for. Most would need more care than the average patient depending on the level of challenge involved. Regular isolation centres are currently not equipped for handling such cases.

Socio-economic challenges: The lockdown deprived many of the PWDs who rely on alms a means of livelihood as mobility was hindered. The increase in fuel prices also caused a hike in transportation fares further limiting access to locations for alms seeking. The ripple effect is that everything else, including ability to feed and seek health services as and when due, is compromised. Additionally, a large number of PWDs in Nigeria are unemployed and without a means of earning a living. Among the self-employed, clientele dwindled

dramatically owing to the lockdown. These factors working together have had a negative effect on PWDs capacity for self-sustenance.

Challenges Accessing COVID-19 Related Information. While there has been a deluge of information relating to COVID-19 across all mass media platforms, there is a paucity of messages targeting the hearing or sight impaired. Print publications, posters and billboards could fill this gap for the hearing impaired, but such publications are sparse and of no value to the un-schooled. The sight-impaired, on the other hand, rely on content assimilated aurally and yet there are not enough radio messages in different Nigerian languages to ensure that the messages are widely and sufficiently disseminated. Nigeria, with a population of approximately 200 million people has about 500 known languages. Most of the messages being disseminated are in English and the 3 main languages which are grossly inadequate even for the general population.

Omission from State-Funded Palliatives: Nigeria's Federal Government through various instruments of state has instituted COVID-19 palliatives support subsidiary as a means of cushioning the effects of the pandemic on the populace. Though a laudable initiative, PWDs have been omitted. Noting the omission, PWD groups have embarked on advocacy campaigns to correct the irregularity. These efforts are yet to yield tangible results.

Increased Sexual Abuse and Violence: This study also uncovered allegations of sexual molestation and violence toward PWDs by caregivers during the lockdown. Fear of abandonment or ejection from places of abode purchased silence from the victims further emboldening the abusers.

Increase in Stigma and Discrimination: Owing to the usually cramped living conditions and generally resource-constrained circumstances of PWDs, this group is perceived as a high risk population for COVID-19 by the general populace. This perception has deepened feelings of stigma and discrimination toward the group.

2.2 RECOMMENDATIONS

Addressing Health Care Challenges: There is a need for government to note the challenges within the healthcare sector that the pandemic has further exposed. Issues around the care of PWDs are just some. While reforms cannot be instituted proximately, deliberate steps must be taken by government to initiate the process now.

COVID-19 Isolation Facilities: The FMOH working through the state branches should liaise with state governments to make special provision for PWDs at isolation centres or for the establishment of separate facilities to cater to the needs of such. Additionally, effort should be put into encouraging them to voluntarily go for testing to ascertain their COVID-19 status.

Cushioning Socio-Economic Challenges: Federal Government through various state instruments should create a database of PWDs in Nigeria disaggregated by demography. This data base should be used to ensure that a separate palliative policy is drawn up to cater to the groups needs pending the return of normalcy. The data base will also come in handy for rehabilitation of PWDs subsequently.

Challenges Accessing COVID-19 Related Information: The Federal Ministry of Information and Culture, FMIC, which is vested with the responsibility for managing state owned media organizations has made some efforts in sensitizing the public. However, there is a need to draw attention to the gaps spotted in the information dissemination strategy adopted by these various organizations with regard to the pandemic. Suggestions for improvement, if implemented, will solve the problem information assimilation for this group.

Inclusion in State-Funded Palliative Programs: The fact that the PWD group is already in talks with the authorities to reverse the situation is laudable. There is however a need to galvanize other pressure groups to add voice to ensure that government accedes to these urgent demands.

Increased Sexual Abuse: Hotlines specially dedicated to resolving challenges of PWD assault or abuse should be established and the numbers publicized. Victims should be able to report incidents anonymously without fear of coming to harm when the abuser is apprehended. The government needs to work closely with CBOs and NGOs that already work with PWDs to assure this.

Mitigating Stigma and Discrimination: Stigma and discrimination are best dispelled through adequate sensitization and knowledge dissemination. Myths, fallacies and false information should be tackled via adequate sensitization campaigns which could equally be provided by CBOs, FBOs and traditional community gate keepers and community leaders. The government should be sensitized on the need to work with the aforementioned groups to ensure that the right information is cascaded down to all strata of the community.

CHAPTER THREE – PEOPLE LIVING WITH HIV

3.1 EXPERIENCES SHARED BY PLWHIV

Listed below are the experiences encountered by PLWHIV in managing the pandemic during the lockdown as documented by various groups. The focus is on health rights, access to justice, services and resources.

Mobility Restrictions: PLWHIVs could not access healthcare facilities, workplaces and other social services owing to the high cost of transportation occasioned by the lockdown and an increase in fuel prices. This also caused challenges in getting regular drug-refills.

Inadequately Equipped COVID-19 Isolation Centres: At the moment, information at Lawyers Alert disposal shows that the facilities are not adequately equipped with anti-retroviral medication to handle PLWHIVs.

Economic Impact: As the economy crumbled, PLWHIVs means of livelihood were also compromised. Job losses occurred with the attendant difficulty getting new employment. The self-employed suffered loss of patronage which also negatively affected income.

Domestic Violence: There has been an increase in incidents of Domestic Violence which has also affected PLWHIVs. This has been occasioned by the general restiveness brought on by the lockdown as a result of the pandemic and also the general loss of livelihood of many heads of household leading to acts of violence against family members and dependents some of who are PLWHIVs.

3.2 RECOMMENDATIONS

Exploring Alternative means of Ensuring Drug Refills: Doubling or tripling the usual quantity of drugs ordinarily dispensed each time is the most practical solution to this problem.

Another option would be to partner with patent medicine stores already located in various communities to serve as collection centres for those experiencing difficulties of access to healthcare facilities. This should be done in partnership with CBOs and NGOs.

The FMoH should also explore other means of getting medication across. Where possible, drones could be used to effect drop-offs in well co-ordinated operations

that are communicated to the beneficiaries ahead of time. This should also be done in conjunction with established CBOs and NGOs.

Economic Impact: The palliative measure instituted by the FG should be expanded to include all vulnerable groups. This will serve as a safety net pending the return to normalcy.

Mitigating Domestic Violence: The provision of hotlines for attending to incidents of DV is strongly recommended. Government should partner with CBOs and NGOs involved in handling issues of DV to provide succor to victims.

Equipping COVID-19 Isolation Centres: These centres should be equipped with adequate facilities and medicines to handle COVID-19 patients who also happen to be HIV positive.



CHAPTER FOUR - PERSONS WHO USE DRUGS

4.1 EXPERIENCES SHARED BY PWUDs

PWUDs are often subjected to much stigma and discrimination as their challenges are viewed through the prism of morality. Their experiences with the COVID-19 outbreak have been captured in this study.

Health Issues: Owing to the highly contagious nature of COVID-19, rehabilitation centres were closed down and PWUDs were dismissed from these facilities thereby losing access to much needed health services. Additionally, PWUDs in many instances could not be revived after incidents of overdose because of a lack of Personal Protective Equipment in hospitals and the need for medical personnel to be protected from exposure to the virus. A number of PWUDs have died as a result. Health service providers have also had difficulty accessing bunks in order to provide PWUDs with required healthcare. Pregnant PWUDs cannot be provided ante-natal care owing to restrictions of movement.

Rights Infringements: PWUDs, like PLWHIVs and Sex Workers, tend to be viewed from a moral prism by the general public. This means there is a tendency for PWUDs to be treated as criminal elements which results in frequent run-ins with the law even at the best of times. With the COVID-19 outbreak and subsequent militarization of the civic space, these incidents have increased significantly. Many PWUDs have difficulty getting their usual drugs and therefore experiment with other substances which can cause them to be erratic and viewed as disturbing the peace. This has led to a host of detentions resulting in further exposure to the virus as the cells tend to be overcrowded.

Lack of Access to Drugs: The lockdown also caused a scarcity of drugs preferred by PWUDs. This has led to experimentation with substitutes (as mentioned in the preceding paragraph) which in some cases results in more harm. Overdoses have been recorded with no recourse to professional medical care. Those who inject have also resorted to sharing needles which could facilitate the spread of other diseases.

Movement Restriction: The lockdown has led to limited mobility. This translates to an inability to earn a living or search for alternate means of livelihood. It also limits access to healthcare facilities and drug sources. This has affected access to drugs of choice and ability to socialize thereby increasing mental health challenges amongst this group.

Economic Impact: Most PWUDS earn their living on a daily basis. The lockdown has hindered their ability to earn their source of income. This also affects their capacity to purchase their drugs and generally sustain themselves or take care of their responsibilities. For those who are self-employed, there is now a scarcity of clients owing to the general downturn in the economy.

4.2 RECOMMENDATIONS

Government Support Required for Strengthening Support Systems: Rehabilitation centres should be given the proper COVID-19 protocols and allowed to re-open under strict compliance. The Federal Government has provided free testing for COVID-19 at designated centres. It is vital that PWUD that were being rehabilitated be mobilized for testing and if free of the virus, be returned to the rehab centres to continue treatment. This will reduce the number of PWUDs looking for alternatives to their preferred drugs.

The Federal Government should also acquire and distribute more PPEs in states showing higher number of infections to enable medical personnel carry out their work effectively.

Sensitizing State Security Agents on Human Rights: There is a need for state security agents to be adequately sensitized to the nature of the virus so that methods which do not include detention can be adopted for dealing with persons who break the law. This, in addition to human rights training for officers should be provided by Human Rights NGOs.

Implementation of General COVID-19 Protocols: The current restrictions on movement can be eased in favor of a regime of personal hygiene, social distancing and wearing of masks. This will have a positive impact on the economy and social life while government works toward a return to normalcy.

Economic Impact: Government's efforts at cushioning the effect of the pandemic, while laudable, were not inclusive. Many vulnerable groups were left unattended to. This should be remedied to ensure that vulnerable populations receive the support they require to face the current economic downturn.

Equipping COVID-19 Isolation Centres: This is also a problem which cuts across all the identified groups. The solution as stated earlier lies in the FMOH liaising with state counterparts to redress the situation and make adequate provision for all groups.

CHAPTER FOUR – FEMALE SEX WORKERS

4.1 EXPERIENCES SHARED BY FSWs

This group of vulnerable persons is also constantly at odds with state security agencies. Illegal arrests and detentions have always been a challenge for those in sex work particularly in big cities in Nigeria such as the FCT. The pandemic worsened the situation on all fronts.

Rights Infringements: Sex Workers tend to be viewed through a moral prism by society. This results in frequent and unpleasant encounters with law enforcement. With the COVID-19 outbreak and subsequent militarization of the civic space, these incidents have increased significantly. There have been a range of complaints about rights violations. Those found in violation of lockdown rules have been arrested and in the process sometimes sexually assaulted, robbed or had drugs planted on them by police officers. Some have also been physically assaulted.

Movement Restriction: The lockdown has led to limited mobility. This has hampered access to clients significantly and caused a loss of income and clientele.

4.2 RECOMMENDATIONS

Sensitizing State Security Agents Rights: There is a need for state security agents to be adequately sensitized to best practices in their profession. This will reduce the number of complaints about rights infringements each time security agents try to enforce the law. Additionally, there is a need for options to detention during the pandemic to avoid the possibility of spread.

Implementation of General COVID-19 Protocols: The current restrictions on movement can be eased in favor of a regime of personal hygiene, social distancing and wearing of masks. This will have a positive impact on the economy and social life while government works toward a return to normalcy.

Economic Impact: Government's efforts at cushioning the effect of the pandemic should be inclusive of all vulnerable groups.

CHAPTER FIVE - SEXUAL MINORITIES

5.1 EXPERIENCES SHARED BY SMs

The pandemic brought about certain challenges which hindered access to LGBTIQ members. Given that the courts were also affected by the lockdown, arrest of LGBTIQ community members, which has been an issue owing to sexual orientation and gender identity, increased. This resulted in more detentions at the Police stations with impunity. Those who are HIV positive and already on antiretroviral drugs were denied access to both healthcare and lawyers which infringed on their rights to health and justice.

Highlighted below are other challenges and experiences as alleged by the group: **Collapse of Outreach Programs:** Covid-19 imposed a serious setback on the gains achieved with reactive community members. Client trackers who acted as the link to the clinics were shut down and the link broken, subjecting reactive community members to further health hazards. Adherence levels reduced drastically since most could not sustain a nutritious diet as a result of the lockdown. Outreach programs also buckled due largely to mobility challenges.

Increased Stigma and Discrimination: Sexual Minorities experienced a surge in stigma and discrimination within their immediate communities which in some instances translated to aggression and violence. These incidents went largely unreported as a result of the lock down and also owing to perceived hostility from the authorities. SM lifestyles are criminalized in Nigeria.

Economic Challenges: The challenges already outlined in previous chapters are applicable to this group as many have lost their means of livelihood owing to the economic meltdown.

5.2 RECOMMENDATIONS

Rejuvenating Outreach Programs: The health needs of SMs during the pandemic can only be catered to if the outreach programs are revived. Since the SM lifestyle is criminalized in Nigeria, there is a need for members of the community to embark on self-help initiatives where necessary by reaching out to sympathetic NGOs. There is a need for SM to be sensitized to this option.

Stemming Stigma and Discrimination: This is fuelled in part by the state owing to its stance of SMs. Cultural beliefs and religion have also played a part in the hostility directed at SMs. There is also a need to start conversations with influential groups in the larger community on the need to see SMs as fellow

humans and not just as sexual beings. This strategy will minimize the attacks on SMs.

Providing Economic Palliatives: Making a case for this will be more challenging for the SM group than any other because same-sex relationships and the like are criminalized in Nigeria. SMs can therefore not demand any rights from the state. It is, therefore, not a surprise that the group has also been omitted for palliative support by the government. NGOs that cater to SMs might need to be equipped to discharge this duty as the government instead.



CHAPTER SIX – CONCLUSION

6.1 Summary

In summary it can be seen that a number of the challenges identified in this study cut across all the groups. These are Health Challenges (lack of access to facilities, personnel, services and or commodities); Economic Challenges (livelihoods negatively affected owing to lockdown, scarcity of clients or work); Movement Restrictions; Inadequate provision for different groups at Isolation Centres; and Omission of groups in state-designed palliative programs. Group specific challenges have also been highlighted

6.2 Immediate and Long-Term Steps

In the immediate, advocacy and sensitization visits should be paid to relevant state agencies to draw their attention to gaps observed in the COVID-19 implementation plan. These will include the FMH, FMI&C, FMWASD, and the NCDC.

In the long term, it is important to ensure that marginalized and vulnerable persons/groups are given consideration at every step of the development of a response to a pandemic and also in the policy-making process as a whole. These vulnerable groups should also be included in all aspects of the decision-making process. This will ensure overall development across different strata.

6.3 Conclusion

While this report cannot be described as a comprehensive research into the phenomenon, a survey was carried out involving many CBOs and NGOs across the various groups. The findings presented here are conclusions drawn from data presented to Lawyers Alert by these organizations.

It is hoped that the information contained therein will be valuable in efforts to stem the tide of the pandemic while making provision for the vulnerable.