



UNITED NATIONS  
NIGERIA

# NEWSLETTER



UN75  
2020 AND BEYOND

SHAPING  
OUR  
FUTURE  
TOGETHER

## FG, UN Launch Nigeria COVID-19 Basket Fund, Take Delivery Of Vital Medical Supplies



**Top:** Front row: L-R: Minister of Interior, Mr Rauf Aregbesola; Minister of Foreign Affairs, Mr Geoffrey Onyeama; Ministry of Humanitarian Affairs, Disaster Management and Social Development, Ms Sadiya Umar Farouk; Resident and Humanitarian Coordinator, UN Nigeria, Mr Edward Kallon; Secretary to the Government of the Federation & Chair, Presidential Task Force on COVID-19, Mr Bode Mustapha; Minister of Information and Culture, Alhaji Lai Muhammed; Minister of Health, Dr Osagie Ehanire; and National Coordinator of PTF, Dr Sani Aliyu at the launch of Nigeria/ UN COVID-19 Basket Fund on 6 April in Abuja.  
**Down:** L-R: Minister of Aviation, Alhaji Hadi Sirika; Minister of State for Health, Dr. Olorunnimbe Mamowora; Minister of Humanitarian Affairs, Disaster Management and Social Development, Hajiji Sadiya Umar Farouk; and UN Resident and Humanitarian-Coordinator Edward Kallon.

### HIGHLIGHTS

COVID-19: UN's Community Educators Lead Charge in Continuous Learning P. 3

Expanding COVID-19 Tests In Africa's Most Populous Nation P. 5

UN's Response To COVID-19 And Impact On Women And Girls P. 8

The United Nations system in Nigeria, in collaboration with the Federal Government of Nigeria, on 6 April 2020, launched the COVID-19 Basket Fund to complement ongoing resource mobilisation in support of the National COVID-19 Multi-Sectoral Pandemic Response Plan, developed by the Presidential Task Force on COVID-19.

"We applaud the Nigerian government at all levels for its efforts and measures to urgently mobilize resources to address the impact of COVID-19. But the Government cannot do it alone. For the country to succeed in fighting back the threat of the coronavirus pandemic, we must all come together across all sectors to support the government at this time of great need," said Mr Edward Kallon, United Nations Resident and Humanitarian Coordinator in Nigeria.

Following the launch of the Nigeria/UN COVID-19 Basket Fund on 6 April, the shipment of the first procurement from the Basket Fund arrived Nigeria on 14 April.

The consignment which arrived at Nnamdi Azikiwe International Airport, included 50 A30 ventilators and personal protective supplies procured with funds from the recently launched COVID-19 Basket Fund, including USD \$2 million mobilised within the UN system in Nigeria and a USD \$200,000 contribution from APM Terminals.

Under the Delivering as One framework, the UN in Nigeria, through the Basket Fund, has already mobilized and deployed over USD \$2 million from the...continue on page 2.

## Nigeria COVID-19 Basket Fund Launched...Continued from page 1



L-R: Hon. Minister of State for Health, Dr. Olorunnimbe Mamowora; Minister of Aviation, Alhaji Hadi Sirika; UN Resident and Humanitarian-Coordinator Edward Kallon; Minister of Humanitarian Affairs, Disaster Management and Social Development, Hajija Sadiya Umar Farouk; Officer-in-Charge, WHO Nigeria, Dr Fiona Braka and former OCHA Head of Office, Ms Edem Wosornu

...UN system for the procurement of essential medical supplies that will boost the efforts of the Nigerian Government in containing COVID-19 and caring for those confirmed cases in need of serious medical attention.

The Chairperson of the Presidential Taskforce on COVID-19 Response, Mr Boss Mustapha, stated that “the Government of Nigeria appreciates the role the UN is playing to rally partners to support the country’s efforts to fight the pandemic, and that the operationalization of the COVID19 Basket fund will be a great help in complementing Government’s own efforts to coordinate mobilization and rapid deployment of assistance where it is needed the most.”

Other key donors have welcomed the creation of the Basket Fund as a mechanism to channel urgent assistance. “At this time of need, Nigeria is not alone, the European Union is committed to supporting the Government of Nigeria in addressing the challenges of the pandemic. The COVID19 Basket Fund avails us with the opportunity to cooperate and act rapidly in the deployment of assistance that can help enhance the healthcare services and cushion the most vulnerable,” noted Ambassador Ketil Karlsen, Head of European Union Delegation to Nigeria and ECOWAS.

The Hon. Minister of State for Health, Dr. Olorunnimbe Mamowora; the Minister of Aviation, Alhaji Hadi Sirika representing the Presidential Task Force on COVID-19; and the Minister of Humanitarian Affairs, Disaster Management and Social Development, Hajija Sadiya Umar Farouk; were among those present to receive the consignment.

Dr Mamowora, who represented the Minister of Health, Dr Osagie Ehanire, noted that the arrival of the medical supplies and equipment procured through the UN in Nigeria would go a long way towards boosting the Government's efforts to strengthen healthcare services and manage the pandemic.

On 24 April, the UN intensified its support to the government and people of Nigeria in the fight against the coronavirus pandemic when it once again handed over to the government some essential medical equipment and supplies including an ambulance, over 4.7 million gloves, 10,000 face shields, over 19,000 face masks and thousands of other clinical management, surveillance and preventive and control items. Handing over the supplies, UN Resident-Coordinator Edward



The consignment of essential medical supplies on arrival at the Nnamdi Azikiwe International Airport, Abuja on 13 April.



One of the Ambulances donated by the UN to the Government of Nigeria.

Kallon, restated the UN Nigeria's commitment to supporting Nigeria to defeat COVID-19 pandemic. The items were received by the Director General, Nigeria Centre for Disease Control, Dr Chikwe Ihekweazu and the National Coordinator of the Presidential Task Force on COVID-19, Dr Sanni Aliyu, at the UN House, Abuja on Friday 24 April 2020.

Meanwhile, the United Nations in Nigeria, on 8 April, donated three ambulances to the Lagos State government as part of its support to the Government led-efforts in curbing the spread of COVID-19 pandemic in Nigeria.

## COVID-19: UN's Community Educators Lead Charge In Continuous Learning

*UNICEF's community educators in north-east Nigeria are modelling home lessons and hygiene practices to families and neighbours*



*Rosina Amos, a UNICEF-supported community educator in Borno State, giving her children English language lessons at home. UNICEF Nigeria/2020*

Working from home is a new concept for Rosina Amos, a UNICEF community educator in Maiduguri, Borno State, in north-east Nigeria.

But the mother of two has found a way to make the experience meaningful and rewarding.

Every morning, just after breakfast is served, Rosina gives her children and younger relatives English language lessons.

“Coronavirus has forced the world to take a holiday. Schools are closed and many people, including parents like me, are working from home.

Like Rosina, Josephine Dampo, who is also a UNICEF-supported community educator, is experimenting with offering children English language lessons at home now. But she says there is a pattern to her home lessons.

“We always start home lessons with handwashing with soap and running water, after which time classes start. Initially, we started with two-letter words. We are now on three-letter words and it is always fun because the children are all eager to respond to my questions. We also wash our hands with soap after the lesson ends,” she said.

Rosina and Josephine both work with UNICEF in Borno State to improve access to quality education in a safe learning environment for children affected by conflict. The work is challenging, especially since the conflict in north-east Nigeria has now gone on for more than ten years.

With the COVID-19 pandemic and closure of schools, Rosina and Josephine, who were trained with support from Education Cannot Wait (ECW) and the European Union (EU), are modeling for how to ensure continuous learning in the face of the COVID-19 outbreak.

The training they underwent exposed them to the importance of home learning and how it can bridge study gaps, especially during protracted health crises. Using the Ebola outbreak as an example, the trainees learned how to prevent child abuse, early marriage, teenage pregnancy and practicing good hygiene in their homes and communities.

Olayinka Adeseja, who also works with UNICEF, is adopting the same approach. The father of three is working to ensure that his children do not lose the learning rhythm already established in their school.

“Schools are on break globally, but parents should not go on break. I am closer to my children now and I teach them various subjects. I am happy that many families in my community are doing so too,” he said.

**SUSTAINABLE DEVELOPMENT GOALS**

## UN Supports Research To Facilitate The Establishment Of Market Linkages For Farmers And Herders



*Herd of Cattle Grazing Openly on a Pastureland*

The competition for scarce resources between farmers and herders has had devastating impacts on communities in Nigeria's Middle-Belt region. These disputes stem from the struggle for the use and management of resources including water, land, crops, livestock, and grazing routes. The conflict has resulted in the loss of lives and property, as well as the displacement and disenfranchisement of many.

The UN in Nigeria, with support from the Secretary General's Peacebuilding Fund, is addressing the crisis by supporting Nigeria's response to the conflict between farmers and herders. The targeted states include Benue, Nasarawa and Taraba.

To foster peaceful coexistence through the promotion of economic opportunities for communities, UNDP and FAO conducted a comprehensive mapping of markets and linkages for fodder and milk in Benue and Nasarawa states between December 2019 and March 2020. With support from the Human Security Trust Fund, the mapping study was carried out in Agatu, Guma, Kwande and Logo local government areas of Benue State, as well as Keana local government area of Nasarawa State. Findings from the mapping help to give greater insight to the underlying issues and actions, and to generate information which will be used to strategically promote and build mutually beneficial economic relationships between farmers and herders.

The findings from the market mapping also provide opportunities through which the UN can strengthen its support to government and partners, as well as establish market linkages for fodder, milk and other products for farmers and herders. The linkages will provide an opportunity to set up cooperatives which will support economic interdependence between farmers and herders in the target states.

The empirical findings have also established that there are strong interests and willingness among farmers to produce fodder for cattle herders' purchase. The incentives that will motivate them to produce fodder are better prices, access to market and access to production. Furthermore, the demand for fodder is expected to increase in view of the emerging and rising demand for animal protein, beef and dairy milk products which is orchestrated by an increasing population growth and recent policy reforms in the nation's livestock sector.

The Peacebuilding project puts forward key recommendations from the market mapping study in the promotion of economic and social cohesion between farmers and herders. This will be achieved through various strategies including the sensitization of farmers and internally displaced persons to adopt fodder production by educating them on the profitability and investment opportunities; training farmers on improved fodder production and specific impactful agronomic practices that directly optimize their production yield and outputs; developing and promoting market-based incentives that encourage and motivate private sector dairy farms in Nigeria to procure fodder produced by local smallholder farmers; and facilitating access to improved fodder seeds for smallholder farmers interested and willing to produce fodder.

To ensure that the two main target populations are adequately captured, key interventions such as the establishment of fodder banks will be made accessible to pastoralists. Key groups including youth and women will be trained on pasture and fodder management for community members. The targeted initiatives focus on livelihood and the empowerment of community members by promoting farming, livestock activities and establishing synergies between these industries.



*Cross-Section of Cattle Herder Elders in Nasarawa State*

## Expanding COVID-19 Tests In Africa's Most Populous Nation



compatible equipment was a hindrance to rapidly scale COVID-19 testing even though the country has several molecular laboratories.

### Wholesome response

A key strategy is to test, identify and isolate positive COVID-19 cases. However, increasing testing capacity must be aligned with a well-planned surveillance and contact tracing strategy as well as availability of health facilities to isolate and care for confirmed patients.

In Lagos state, the epicentre of the outbreak in Nigeria, multipartner response teams are working hard to support the state to scale up sample collection, a key requirement to enable increased testing. A decentralized approach at local government area (an administrative unit) level allows easier sample collection at the community level.

What does it take Africa's most populous country to curb the spread of COVID-19? When Nigeria reported its first case of the virus on 27 February 2020 it had only five laboratories in four states able to test for COVID-19. As infection spreads to more states the Nigeria Centre for Disease Control (NCDC) is ramping up testing capacity. There are now 17 laboratories and plans are afoot to set up one each in all the 36 states. Widespread testing sits at the heart of Nigeria's COVID-19 battle. Over the next three months, the NCDC targets to test about two million people. "To achieve this ambitious target, we have to perform 50 000 tests per state. This would require enormous investment and we are working with our partners to achieve this," says NCDC Director-General Dr Chikwe Ihekweazu.

As measures were readied to tackle COVID-19 before the first case was detected, Nigeria, with the help of World Health Organization (WHO), Africa Centres for Disease Control and Prevention and other partners, set up the National Reference Laboratory (NRL), in the capital Abuja, and was able to test for COVID-19 in early February. "It took a mammoth effort from NCDC, WHO and partners to buy and ship kits to Nigeria," said Dhamari Naidoo, the focal point on laboratories at WHO Nigeria.

WHO has provided technical support, reagents and consumables as well as supporting sample transportation at the State level, and more recently in collaboration with NCDC, using virtual training to scale up capacities for sample collection. The Organization also supported the development of the national testing strategy and is working closely with all partners to implement all prongs of the strategy.

### Challenges

A slowdown in global manufacturing of medical supplies against a high demand have made procurement difficult, explains Naidoo. Nigeria is currently testing 4000 samples per week.

"We are work with all partners to ensure we provide an uninterrupted supply chain to Nigeria. This includes working with private sector and very critically the UN agencies in Nigeria," says Naidoo. "We are also exploring ways to improve efficiencies in our laboratory processes for quicker testing and testing at larger volumes. We are also working with PEPFAR (The United States President's Emergency Plan For AIDS Relief) and the national TB network to integrate existing technologies and resources." Celestina Obiekea, a technical advisor at the NCDC, says that lack of

community level.

This expansion requires additional resources such as more investigation teams, vehicles and resources for sample collection and personal protective equipment. Teams need to move from house to house working long hours every day searching people who may have contracted the virus. Samples are collected from people who meet the criteria for testing and the sample is then transported to the distribution point at the Lagos State Biobank laboratory.

Dr Babatunde Saka of the State Biobank laboratory says that the efficiency of the laboratory relies on adequate manpower, good surveillance and well-designed sample collection and logistics plan. Increased testing also requires that hospitals have the right capacity to isolate and care for patients to avoid overwhelming an already fragile health system. Lagos state is currently increasing the number of hospitals available by re-modelling existing facilities and building additional facilities.

Dr Otim Patrick Ramadan, an epidemiologist with WHO, is working with a team to enhance surveillance in communities and in health facilities.

"Access to testing capacity is quite essential for the control of a highly transmissible disease like COVID-19 so that suspected cases identified in the community are quickly tested and once confirmed rapidly isolated to curb further transmission," he said.

**CORONAVIRUS FAQs**

**Does Nigeria have capacity to respond in the event of an outbreak?**

Nigeria has over 20 states with functional emergency operation centres, which can be activated to provide a coordinated response at the state level.

#COVID19  
#CoronavirusOutbreak

World Health Organization  
Nigeria

## UN Builds Quarantine Shelters As Conflict-Affected Borno State Records First COVID-19 Cases



*A quarantine shelter under construction*

Conflict-affected communities in north-east Nigeria are increasingly vulnerable to the COVID-19 pandemic as cases begin to be reported in Borno State. An outbreak would have devastating consequences for millions of internally displaced persons (IDPs) throughout the region, a majority of whom live in overcrowded and underserved camps.

The International Organization for Migration (IOM) is supporting health actors to construct 90 quarantine shelters across Borno, Adamawa and Yobe States to decrease the risk of COVID-19 spreading in densely populated camps and host communities. “Given the rapidly evolving situation in Nigeria and across the world, we must ensure that the health of displaced and host communities is a central part of our response,” said Franz Celestin, IOM Nigeria Chief of Mission.

North-east Nigeria remains highly prone to cholera outbreaks, and other diseases such as malaria, measles, Lassa fever, meningitis and hepatitis E are endemic. Lack of access to potable water and sanitation infrastructure increase the health risks of IDPs and returnees. The UN Office for the Coordination of Humanitarian Affairs (OCHA) reports that around 35 per cent of medical facilities have been destroyed or partially damaged due to the conflict.

In coordination with health partners and emergency response agencies, IOM is constructing quarantine shelters to serve internally displaced and host communities in the towns of Gwoza, Pulka, Bama, Dikwa and Monguno. These shelters will cater to people with travel and contact history who might have been exposed to the virus.

The quarantine shelters will consist of individual units with a latrine, shower, handwashing station and living quarters. Special provisions will be made for elderly groups and breastfeeding women. Facilities also have separate entrance and registration areas as well as restricted areas for health personnel.

According to the Nigeria Centre for Disease Control, 981 cases have been confirmed across the country as of 24 April. On 18 April, the first case of COVID-19 was confirmed in Borno State, the epicentre of a humanitarian crisis that has forced over 1.8 million people to leave their homes.

Ten years into a brutal conflict, a total of 7.9 million people need humanitarian assistance across the three most affected states of Borno, Adamawa and Yobe. An estimated 40 per cent of the displaced population reside in 298 displacement sites.

In 2019 alone, over 180,000 people fled following an upsurge in violence in the north-east. One in two camps in Borno State are currently overcrowded, which heightens the risk of disease transmission for the nearly 700,000 vulnerable people living in such conditions.

“Camp decongestion has been a challenge, but it is now a priority. I call on all stakeholders to urgently contribute to efforts being made to decongest camps in respect of people’s rights and dignity,” said Edward Kallon, the Humanitarian Coordinator in Nigeria.

To decongest camps, IOM is rehabilitating buildings to accommodate IDPs living in reception centres in Ngala town as well as relocating residents from overcrowded camps to new shelters in Monguno.

Since the start of the pandemic, IOM has been raising awareness among displaced communities on measures for preventing the spread of COVID-19 such as handwashing and coughing best practices.

In more than 80 IOM-managed sites, hygiene promoters, including camp residents, have been disseminating information in line with physical distancing. They conduct door-to-door household visits, air mobile speaker and radio announcements and host small group discussions with 15 people maximum sitting one metre apart from each other.

IOM teams are also repairing WASH facilities and installing handwashing stations while providing basic hygiene items to 48,000 individuals, including soap, and cleaning and disinfection supplies for latrines, homes, and health facilities.

As part of its overall response to the virus and support to the Nigerian authorities, IOM will manage the new UN isolation centre in Abuja and repurpose two of its laboratories for testing, once tests become available, and case management.

The nine-month project for quarantine shelters in Borno, Adamawa and Yobe states is funded by the United Nations Central Emergency Response Fund (CERF).

## A Lifeline In The Air



UNHAS staff members enforce COVID-19 preventive measures at the Nnamdi Azikiwe International Airport, Abuja.

As Nigeria grapples with the outbreak of COVID-19, the government has initiated measures including lockdowns and closure of borders to contain the spread of the virus. In the North East of the country, the main airport in Maiduguri, Borno State, is closed to all air traffic, except for military aircraft and flights operated by the United Nations Humanitarian Air Service (UNHAS). The service, managed by the United Nations World Food Programme (WFP), received a special presidential clearance to continue its emergency operations.

“There simply wouldn’t be any response outside of Maiduguri without UNHAS,” says Bruce Walker, the Head of UNHAS in Nigeria.

UNHAS provides safe and regular air transport for aid workers to reach 14 remote locations and also moves supplies and equipment to serve hundreds of thousands of people affected by a decade-long insurgency that has rocked the North East of Nigeria. But with COVID-19, it is not business as usual though. UNHAS has instituted strict measures for its crews and passengers. These include temperature checks for all persons boarding the flights.

“Those found to have high temperatures are not permitted to fly.” And there is a good reason for that. “This is most important for helicopter flights to the deep field to avoid spreading the virus into densely populated and hard to reach areas such as IDP camps,” Walker explains.

At a time of heightened concern that the outbreak of the COVID-19 pandemic in Nigeria could bring about extra demand for humanitarian and health workers to be deployed across the country — UNHAS, like other WFP-managed common services, is making contingency plans. But that would surely come at an extra cost.

“The funding situation is critical,” says Walker. “The air service remains the backbone of all humanitarian access, enabling UN agencies, non-governmental organizations, donors and members of the diplomatic community to reach affected populations safely and securely.”

For now, the focus is on serving the current needs. UNHAS hopes to continue effective and efficient services through its fleet of five fixed wing aircraft and four helicopters in Nigeria, including a 30-seat jet linking Abuja, Nigeria’s capital city, to Maiduguri and Yola in the North east. It is a relentless machine.

“We hardly take down-days, public holidays, etc. due to our emergency response capacity and maintenance schedules. There is no typical day as every planned mission is subject to change at a moment’s notice”.

Since it commenced operations in Nigeria in August 2015, UNHAS has successfully transported passengers and humanitarian cargo for 108 organizations. In 2019 alone, UNHAS carried out 30 life-saving medical evacuations from the conflict-affected communities, transported over 66,000 passengers and more than 150 metric tons of cargo in 2019.

Canada, USAID, UKAID, Germany, the European Union (DG ECHO), Korea, Sweden, Switzerland and UN CERF have contributed financially to sustain UNHAS operations in Nigeria.



## UN's Response To COVID-19 And The Impact On Women And Girls

Since the onset of the COVID-19 health crisis in Nigeria with the index case recorded on 27 February 2020, the UN System in Nigeria has supported the Government of Nigeria in taking an informed and measured approach to the COVID-19 response. With the recording of increased numbers of COVID-19 cases, it became necessary for the government to take decisive actions in the interest of public health and safety. The President of the Federal Republic of Nigeria, Muhammadu Buhari instituted a mandatory lockdown in Lagos, the Federal Capital Territory of Abuja and Ogun beginning from 31 March 2020. The lockdown measure in the three regions as well as other restrictive measures adopted by various states has had varying implications on the lives of women and girls.

Much like other crises, the COVID-19 pandemic further illuminates the grave inequalities which exist within societies. Women and girls across the world are at increased risk of gender-based violence (GBV) in the wake of government social distancing directives. Countries such as Cyprus and Singapore have recorded increases in reports of violence against women and girls (VAWG) by 30% and 33% respectively. In Nigeria, WARIF, a partner organization under the Joint EU-UN Spotlight Initiative, was compelled to keep the crisis centre open after reporting a 64% increase in the reports of domestic and sexual violence. This shadow pandemic has seen one-stop centers at increased capacity, affecting the quality of care provided to victims of VAWG. These factors threaten to undo the progress on gender equality efforts and further marginalize Nigerian women and girls.

Women make up 70% of the global health workforce which disproportionately puts them at risk of infection and high levels of stress. Due to the disruption of regular activity, essential healthcare for women including prenatal, postnatal and contraceptives, as well as lifesaving GBV response services may not be easily accessible to survivors of violence. Health information must be prioritised for the most vulnerable women groups including pregnant women, nursing mothers, women in internally displaced camps, detention facilities and women with disabilities.

During public health crises, community engagement is crucial to information dissemination for women and vulnerable groups. To ensure the provision of access to essential services for women and girls, and to underscore a zero-tolerance message on violence against women and girls (VAWG), UN Women has supported the Federal Ministry of Women's Affairs to produce a series of radio jingles in English, Hausa, Yoruba, Igbo and Pidgin. These messages underscore the importance of following the directives by the government and NCDC to keep safe during these times.

The messages which are targeted at women and girls also give information on what to do if one needs to report VAWG which has occurred to oneself or someone else, as well as encouraging men to participate equally in the burden of care at home. Traditionally, women in Nigeria are primarily seen as the caregivers who take on the burden of cooking, cleaning and caring for children. During this health crisis, as stress levels rise which children staying home and more strain on households, it is important to highlight more than ever that men are needed to take up more responsibility on the home front. The radio messages are expected to begin airing on select radio stations across the six geopolitical zones.

UN Women has recently launched the #HeForSheAtHome campaign. Spearheaded by UN Women in 2014, The HeForShe solidarity movement is the global campaign to engage men and boys to become change agents towards the achievement of gender equality. In Nigeria, the HeForShe campaign was officially launched on the 23rd of May 2017 by the Acting President, His Excellency, Professor Yemi Osinbajo, at the International Confer-



"The majority of health workers are women and that puts them at highest risk. Most of them are also parents and care givers to family members. They continue to carry the burden of care, which is already disproportionately high in normal times. This puts women under considerable stress"

- UN Women Executive Director, Phumzile Mlambo-Ngcuka

ence Center, Abuja. The launch was facilitated by the Federal Ministry of Women Affairs and Social Development and supported by UN Women. The national launch paved the way for the launch of the campaign in Plateau, Gombe and Adamawa, Yobe, Borno and Lagos states. Within the COVID-19 context, the #HeForSheAtHome reinforces the commitment of men and boys to adapt to the changing realities by stepping it up at home for gender equality by taking up more responsibility.

The implications of COVID-19 such as increased burdens of care on women and girls and increased levels of VAWG are further exacerbated by a lack of female representation leading the national response on COVID-19. UN Women has also mobilized elected female members of the National Assembly and members of the African Women's Leaders Network, in sharing messages on preventative measures against COVID-19, VAWG and women at the forefront of the National response. These messages will begin airing across the six geopolitical zones and on UN Women social media platforms.

In Bauchi and Benue states where UN Women is supporting the implementation of its Women, Peace and Security programme, gender concerns are being mainstreamed into the COVID-19 response. The weekly sponsored radio programmes on Women, Peace and Security are being broadcasted live on Globe FM in Bauchi and Radio Benue in Benue State, in partnership with International Alert and the State Ministries of Women Affairs. The radio interactive programmes have featured expert guest discussants who sensitize the public on the gender implications of COVID-19.

Discussion themes include susceptibility/risk factors of women to COVID-19, coping with pregnancy and nursing infants during the COVID-19 crisis, level of preparedness of health care centres in identifying and responding to suspected cases of COVID-19, cross-border and inter-state transmission of COVID-19 with implications for women, the role of security agencies and women in combating criminality, among other related peace and security issues in Nigeria. These on-air discussions have been complemented by the airing of several audio jingles on COVID-19 sensitization, produced by the Federal Ministry of Women Affairs.



## UN Raises Awareness Of COVID-19 Among Inmates Of Correctional Service

As COVID-19 outbreaks in prisons around the globe have shown, prisoners are particularly vulnerable to be infected. Once the virus has reached the inside of a detention facility, controlling it becomes difficult as social distancing options are limited, in particular when correctional facilities are overcrowded.

Also, prisoners due to their poor health profile are more likely to develop severe symptoms. Confirmed COVID-19 cases amongst prisoners and/or prison officers have been reported in many countries, including Austria, Belgium, Canada, China, France, Germany, the Islamic Republic of Iran, Italy, the Netherlands, Pakistan, South Korea, Spain, Switzerland, Moldova, South Africa, Turkey, the United Kingdom and the United States. This number, however, is almost certain to increase in the future.

Following international good practice, the Federal Government announced on 9 April 2020 the early release of 2600 inmates serving sentences for minor offences or whose prison terms were about to expire with a view to reducing overcrowding which has been plaguing Nigeria's correctional system for decades. Recent prison riots across the globe have shown that being infected is not the only COVID-19 related risk prisoners and staff are facing. Misinformation and misconceptions about the virus cause stress that can lead to panic, aggression and eventually violence.

Concerned by the vulnerability of inmates and complementing the laudable efforts of the Nigeria Correctional Service, UNODC has been cooperating with the Service in the production of information materials for staff and inmates providing basic



Deputy Comptroller General of Nigerian Correctional Service Husaina Bah Kori (second left) and UNODC Dr. Kayode Abiola Olaleye (second right) during the handover of the PPE to NCoS

facts about the virus as well as how to protect oneself and others. The materials have been produced in English, Yoruba, Hausa and Igbo and will be disseminated across the 244 Custodial Centres in Nigeria.

Receiving the materials on behalf of the Nigerian Correctional Service, the Comptroller General, Ja'afaru Ahmed, stated that "this noble donation will assist the Service in its prompt response to curtail and control the spread of COVID-19 and ensure the Service maintains its zero COVID-19 related deaths. At this period of health challenge, any effort made to make life easier for others is appreciated."

## UN launches DrugHelpNet, To Provide Over-the-phone Assistance To Drug Users In Need

Based on the 2019 Drug Use Survey in Nigeria, UNODC estimates that there are more than three million Nigerians living with some of a drug use disorder. Government imposed lockdowns as they are being implemented across most Nigerian States weigh particularly heavy on them. While access to drugs has become more difficult, accessing treatment and counselling services has become more difficult too. In addition, the self-imposed isolation can be experienced as particular burdensome by those suffering from drug use disorders as well as their families.

In order to provide immediate and practical relief, UNODC within the framework of the EU funded Nigeria Drugs Project, partnered with 80 frontline health workers, including medical doctors, drug counsellors and allied professionals across Nigeria to provide over-the-phone assistance for drug users or families who need such services during the COVID-19.

The health professionals who enthusiastically responded to UNODC's request to establish this network have been trained and certified under the project in drug treatment using the Treatnet methodology and/or Universal Treatment Curriculum (UTC).

The 2019 Drug Use Survey in Nigeria revealed that there is a clear gap in meeting the needs for treatment and care for people with drug use disorders. Around 40% among those reported that they had wanted to receive drug treatment but were unable to access such services. The vulnerability of the drug use population is of grave concern, especially as the global community grapples to contain the COVID-19 pandemic and flatten the curve of infections.

Due to their poorer health profile, drug users are more vulnerable to experiencing COVID-19 more severely. In case they have pre-existing conditions, they will be at greater risk. Given the stigma experienced by drug users, they might be unable to

access health care services at this time. In addition, during this period of lockdown, drug users can face drug-related health issues like withdrawals for which they might feel the need to talk to a health care provider. It is imperative therefore that the national responses to this public health emergency, takes drug users into consideration.

Drug users or their family members who experience distress during the lockdown and require advice whether medical or from a counsellor will be able to contact any of the underlisted doctors/counsellors in the geopolitical zones where they reside for advice. The distress could be related to drug or alcohol withdrawal, loss of appetite, inability to sleep, or more seriously, a psychotic episode that the user or their family is unable to manage during the lockdown.

Ensuring access to treatment services for drug users is key to achieving SDG3 – Good Health and Wellbeing and we must ensure that we Leave No One Behind by not excluding drug users from the COVID-19 response.

If you want to reach out to the doctors, psychologists, nurses, and counsellors who have volunteered, please open the link below.

[Click here for contact details of DrugHelpNet members in the six geopolitical zones of Nigeria](#)



## COVID-19 : Aid Agencies Ramp Up Awareness And Risk Communication In North-East Nigeria

The confirmation of Nigeria’s index case of COVID-19 on 27 February triggered serious safety concerns for millions of vulnerable people across Borno, Adamawa and Yobe (BAY) states in the north-east region where nearly 11 years of conflict have had devastating impacts on critical infrastructure, particularly health, that is crucial for the management of the pandemic. The over 1.8 million internally displaced persons living in overcrowded camps and communities relying on basic support provided by aid agencies were considered especially vulnerable.

With the pandemic projected to spread across all regions the country, UN and INGOs working in the BAY states have, since the beginning of March, rolled out several awareness and risk mitigation messaging across different media channels including TV, radio, print and social media.

Striking partnerships with leading media providers with the widest coverage in the region, aid agencies have designed and rolled out series of animation videos, public service announcement (PSA) messages, pamphlets, postcards, and myth busters to ensure that vulnerable populations and communities are aware of the nature of the virus, including symptoms, and how to mitigate the spread.

The awareness messaging which were jointly developed with Government authorities and community leaders, and delivered in Hausa and Kanuri (which are the most widely spoken languages in the region), harp on positive hygiene practices including regular washing of hands, maintaining social distance and immediately notifying health authorities in the event of suspected cases.

To ensure that affected populations and communities are able ask questions and seek clarifications when necessary, pamphlets including toll-free lines of health authorities have been distribut-

ed across camps and communities. Live radio programmes with call-in segments are also being aired on local radio stations to allow real time flow of information.

With the social media awash with rumors and misinformation about the virus, regularly updated “myth busters” have been designed to address misconceptions and provide factual information.

To address concerns and fears that aid workers, including international staff traveling or returning from high risk countries could potentially import the virus to camps and communities in the region, risk mitigation and protection measures adopted by aid agencies, including 14-day self-isolation procedure for returning staff, were incorporated into the PSAs.

With the pandemic spreading across states, the UN and partners on 31 March launched a COVID-19 preparedness and response plan for the BAY states, emphasizing prevention measures including the provision of clean water, soap and handwashing points across camps, while critical health equipment will also be delivered to support government response. A critical pillar of the response plan is risk awareness and mitigation communication which partners are already implementing and reviewing as the situation unfolds.



## Solidarity Across Countries During COVID 19: Putting People First

The dis-misinformation and conspiracy theories on COVID-19 pandemic have continued to present great challenges for medical professionals, social media platforms, journalists, government and concerned citizens. Strongly, the uncertainty induced by Covid-19, has stimulated fear, anxiety, hatred and hate speech. Under this circumstance, there is need for the right narrative; with credible and quality communication and information intervention.

In addressing this menace, UNESCO Abuja Office organized a Webinar on the theme, “Overriding influence of Dis- Misinformation on the COVID- 19 Pandemic” on April 28, in collaboration with UNIC, WHO and UN Women. According to Macaulay Olushola, the UNESCO Abuja Communication and Information Officer, “The objective of the webinar is to x-ray the various information circulating on Covid-19 and build competencies to empower people with critical thinking capacity for making informed decisions.”

In his opening remarks, the UNESCO Regional Director, Ydo Yao reiterated the role played by UNESCO in combating fake news and promoting freedom of expression and access to information under the framework of the UN Plan of Action on the Safety of Journalists and the Issue of Impunity. According to him, the webinar was organised to bring together the efforts from communication experts and international community to build resilience in the face of misinformation and ‘fake news’ that proceeded the Covid-19 pandemic.

In her presentation on the truth about COVID-19, Dhamari Naidoo, the Technical Officer for Laboratory Strengthening from WHO indicated that, disseminating correct medical and professional messages is very critical. She said that WHO has partnered with social media platforms like Facebook, TikTok and others to ensure that the right information is shared via these platforms.

In the same view, Patience Ekeoba from UN Women pointed out an increase rate in gender-based violence during the pandemic. She advised that women, especially in rural communities, should partner with local influencers and networks to access the right information.

Speaking on the main theme of the webinar, “Overriding Influence of dis- misinformation on the COVID- 19 Pandemic”, Edward Kargbo from BBC Media Action (Ethiopia) stated that Covid-19 is the first pandemic to occur in the digital and information age, and fake news, rumors, conspiracies and misleading information have become dominant today. “Since the outbreak of the disease, the explosion of dis/misinformation has been accompanied along. It became more difficult for people to get and detect accurate messages,” he stated. He added that the ‘infodemic’ should not be treated as a ‘seasonal’ issue. He believes that joint efforts and support to empower media development are needed at a time like this.

In his contribution, Jide Atta, a media and gender consultant emphasized that the negative impact induced by dis/misinformation should receive serious attention. Atta reminded the audience on the havoc that misinformation could cause, namely, mental health and stigma of health services. He proposed that, a corresponding and harmonizing framework should be put in place to combat fake news, with cultural sensitivity. Efforts should also be made to reach out to the community level to curb the spread of fake news.

Discussing on another sub-theme, “Engaging the Media and Information Literacy (Educated) Citizens in the COVID-19 pandemic Narrative,” Dr. Olunifesi Suraj, a senior lecturer at the University of Lagos concentrate on the sources and contents of information itself. Suraj’s presentation, calls for the reflection and check on the current narrative of Covid-19, including the channels and publishers, spreading the information. In his point of view, knowledge must guide information, and so that, it will be

the light to guide humanity. In his point of view, people should always keep questioning on the terms of ‘truth’ and ‘reality’.

On his part, Mr. Oluwamayowa Tijani, a youth leader reflected on the power influence. He pointed out that forces behind dis/misinformation include political powers, financial powers and soft power (fun, comedy) which is to achieve various gains. Aside from this, Tijani charges the youth who are the majority in the digital era to make best of their time in promoting good values. “Young people have great potential in forcing solidarity to combat dis-misinformation together”, he said.

While reflecting on the UN interventions over the pandemic, Mr. Oluseyi Soremekun introduced the work that has been and are being done on combating the dis/misinformation on COVID 19. Aside from that, he emphasized that people should validate the information before sharing it with anyone else.

At the end of the meeting, it was agreed that, only joint efforts and solidarity among the universal would help the society to find the beacon showing the way forward out of uncertainty, and finally, lead everyone to the shore.

The webinar has in attendance over 100 participants across Africa.

### COVID-19 Lockdown: UN Staff Reach Out To Vulnerable People

Amidst a complex lockdown separated by distance and distress, shines a ray of hope as UNAIDS Staff reaches out to support the most vulnerable people in the society.

In a recent incident, UNAIDS country office in Nigeria was contacted by UNAIDS China requesting to assist a person living with HIV from China who got stranded in Lagos during the lockdown. He was unable to return to his country, exhausted his ARV drugs and was unable to refill his medicines due to the COVID-19 situation.

Our staff in Lagos contacted him and came to his immediate rescue. She understood his needs and connected him to the Implementing partner, Centre for Integrated Health Program (CIHP) who then delivered the ARVs to the person at his doorstep.

Solidarity and Compassion for people in need without discrimination is critical particularly at these unprecedented times.

In Nigeria, it was reported that people living with HIV who have travelled to other states got stuck during the lockdown. To avoid disruption on their medication, National AIDS and STI Control Programme (NASCP) under the Federal Ministry of Health quickly issued a policy guide for healthcare providers urging them to be flexible during Covid-19 period. The policy stated ARVs must be available to people living with HIV when they show up for refills in health facilities which are not their usual places of receiving care. An identification showing, s/he is on treatment, is all that is required.

We are pleased to note that same flexibility is also extended for foreigners.

UNAIDS Nigeria commends NASCP and the CIHP for being responsible and enabling accessibility without any delay and helping the most vulnerable people irrespective of the nationality.

We celebrate this shared sensibility and solidarity across UNAIDS offices and countries, during these trying times and the impacts we can make in the lives of PLHIV no matter where they are.



**Captions, from left to right in a clockwise direction:**

1. *R-L: Minister of Aviation, Alhaji Hadi Sirika; UN Resident and Humanitarian-Coordinator Edward Kallon; Hon. Minister of State for Health, Dr. Olorunnimbe Mamowora; and another dignitary at the Nnamdi Azikiwe International Airport, Abuja to take delivery of vital medical supplies and hand them over to the Federal Government in support of COVID-19 response. Held on 14 April.*
2. *R-L: UN Resident and Humanitarian-Coordinator Edward Kallon (right) hands over to the Director General of Nigeria Centre for Disease Control (NCDC), Dr Chikwe Ihekweazuhe (left), the documentation of the essential medical supplies being donated by the UN to the Government of Nigeria, held at the UN House on 16 April.*
3. *A cross-section of UN Country Team members at the engagement with the Director General of the Director General of Nigeria Centre for Disease Control (NCDC), Dr Chikwe Ihekweazuhe and his team to discuss further support and strengthen Nigeria's response to #COVID19. Held on 16 April at the UN House.*

**Editor:** Oluseyi Soremekun (UNIC)

**Editorial Team:** UNCG members— Ronald Kayanja (Chairman) - UNIC; Charity Warigon (WHO); Eliana Drakopoulos, Geoffrey Njoku & Oluwatosin Akingbulu (UNICEF); Rupa Bhadra (UNAIDS); Ngele Alli & Rejoice Emmanuel (UNDP); Vanessa Curney & Kori Habib (UNFPA); Pius Udo & Wura Ladipo-Ajayi (ILO); Husam Eldin Suliman, Gabriel Adeyemo (UNHCR); Mercedes Alfa & Maimuna Aboki (UN Women); Jorge Galindo & Mariam Owoeye (IOM); David Tsokar (FAO); Olushola Macaulay (UNESCO); Sylvester Atere (UNODC); Chukwuemeka Ezekiel (UNIDO), Eve Sabbagh, Leni Kinzli & Abiodun Banire (UNOCHA); Chi Lael, Kelechi Onyemaobi and Adedeji Ademigbuji (WFP); Katrien Nollen (UNMAS).

**Advisory:** United Nations Country Team (UNCT)

*All correspondence should be directed to **The Editor, UN Nigeria Newsletter. United Nations Communication Group (UNCG) c/o United Nations Information Centre (UNIC), Lagos. E-mail: [lagos@unic.org](mailto:lagos@unic.org)***