

Finding the Balance: Public health and social measures in Nigeria

This report describes findings from a telephone survey with 1,257 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the National Health Research Ethics Committee to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

Nigeria's third wave of COVID-19 peaked in August 2021 at 670 new cases per day, far fewer on average than in previous waves. The pandemic in Nigeria continues to be complicated by food insecurity, health care worker strikes, economic challenges and security incidents.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to all PHSMs have continued to decline since August 2020. Few new national PHSMs have been announced since March 2021.

Information and Risk Perception

Only one in five respondents believed that COVID-19 would affect them personally. Respondents did not consider the pandemic a top concern; they were instead concerned with unemployment, access to food and conflict. Only half of respondents in Nigeria reported being satisfied with the government's pandemic response — the lowest share of all surveyed Western Member States.

Vaccine Beliefs and Uptake

Six in 10 respondents reported having received at least one dose of the COVID-19 vaccine or being likely to get vaccinated. The top reasons for not intending to get vaccinated were low risk perception and not knowing enough about the vaccine.

Secondary Burdens

Disruptions to medical care remained a problem, with one in five respondents missing a needed health visit in the last six months. Most missed visits were for prevention, diagnosis and treatment of communicable diseases — concerning, given the presence of concurrent outbreaks in Nigeria. Pandemic-related income loss affected more than eight in 10 respondents, reflective of the profound economic challenges Nigeria is facing.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	2%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	10,927,520
Cumulative incidence per 100,000 people	100
Total reported cases	206,138
Total confirmed COVID-19 deaths	2,724

Data source: Africa Centres for Disease Control and Prevention

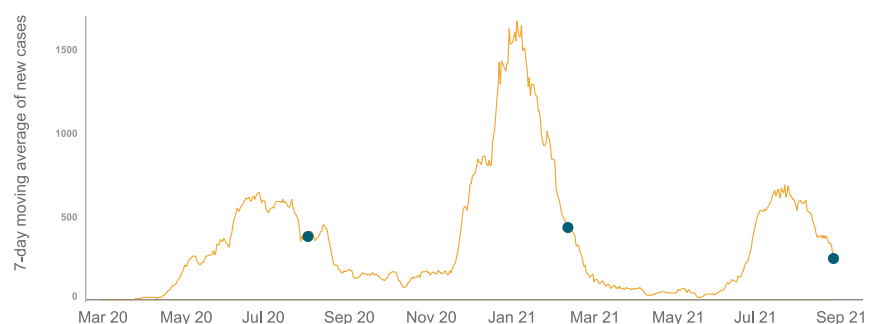
What are the key trends from this survey?

Despite experiencing its largest wave of COVID-19 cases in January, personal risk perception and support for PHSMs still declined among respondents in Nigeria.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	63%	↓ 53%	↓ 41%
Personal risk perception	30%	↓ 23%	↓ 18%
Satisfaction with government response	50%	↑ 65%	↓ 52%
Vaccinated/likely to get vaccinated	*	72%	↓ 64%
Income loss since pandemic start	88%	↓ 78%	↓ 64%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

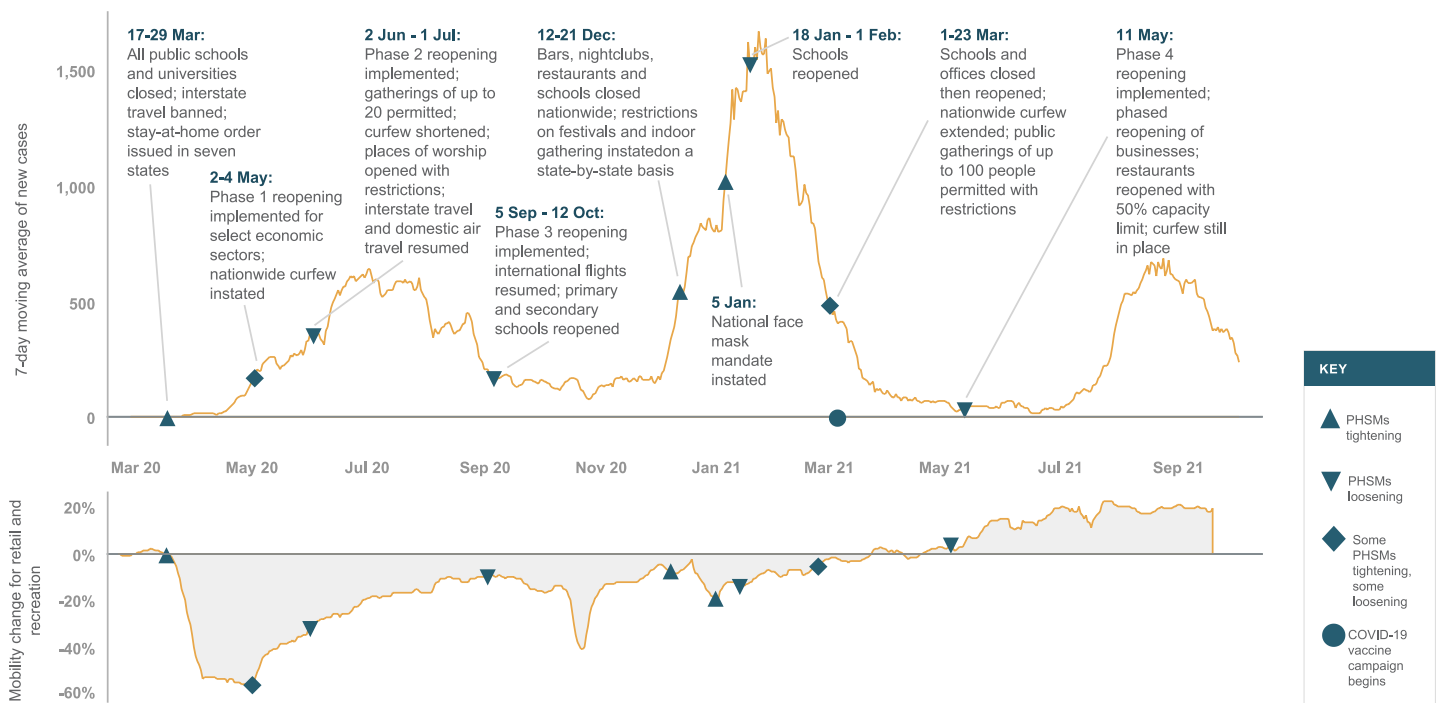
In January 2021, Nigeria experienced its second and [largest wave](#) of COVID-19 cases, which caused widespread oxygen shortages and overburdened health facilities, plunging the country into [crisis](#). As a result, the government maintained [Phase 4 restrictions](#) for much of 2021, including a curfew, restrictions on public gatherings and closures of all bars, nightclubs and entertainment venues; these restrictions were primarily implemented at the subnational level based on COVID-19 incidence and spread.

The country entered its third wave of COVID-19 cases in late July, after the detection of the [Delta](#) variant on 8 Jul. Cases peaked again in mid-August with an average of 670 reported cases per day, less than half of that seen during the previous wave and markedly lower than neighboring Member States also experiencing a surge in infections. Test positivity reached 9% at peak, suggesting that caseload may be somewhat underrepresented. Testing improved dramatically in August 2021 with the scale-up of [rapid diagnostic testing](#) across multiple states, compared to previous COVID-19 waves when test positivity exceeded 30%. COVID-19 testing is free in [government facilities](#) across the country, but medical supply shortages and lab delays continue to impair effective case detection.

Nigeria's COVID-19 [vaccination program](#) started on 5 Mar with an influx of [nearly 4 million doses](#) of AstraZeneca manufactured by the Serum Institute of India; [health care workers and adults aged 70 years and older were initially prioritized](#), but as of August 2021, eligibility has expanded to facilitate equitable distribution. Vaccines currently in use are AstraZeneca, BioNTech, Sinopharm, Johnson & Johnson and Moderna. As of 3 Oct 2021, Nigeria has vaccinated only 2% of the population with at least one dose. Inconsistent supply and poor supply pipelines are likely driving factors for why Nigeria may not reach the [40% vaccination goal](#) by the end of 2021.

The COVID-19 pandemic in Nigeria continues to unfold against a backdrop of ongoing food insecurity, health care worker strikes, economic challenges and security incidents. Unrelenting conflict in Northern Nigeria is contributing to 12.8 million people suffering from [acute food shortages](#). Further, one million children will likely miss school due to [ongoing mass kidnappings](#) and terrorist attacks, further exacerbating school interruptions caused by COVID-19 restrictions. Government health care workers were on [strike](#) for more than 60 days starting in August, citing delays in payment and staff shortages. The strike coincided with a spike in COVID-19 cases in Nigeria, likely having [serious consequences](#) for the battle against the third wave of the pandemic in some parts of the country. Between June and September, more than 2,300 people died as a result of one of the largest [cholera outbreaks](#) in Nigeria's history, with 25 of 36 states affected, further straining the health care system. The Member State is further dealing with [ongoing outbreaks](#) of Lassa fever, measles, vaccine-derived polio and yellow fever.

Nigeria's third wave of COVID-19 proved less severe; mobility increased and restrictions on public gatherings and movement were targeted subnationally.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

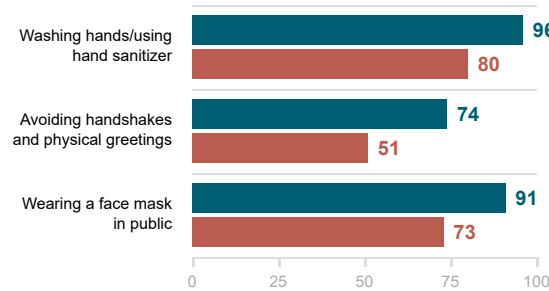
Support for and self-reported adherence to most PHSMs decreased dramatically — by a margin of 10 or more percentage points — since February 2021, in line with ongoing trends since the August 2020 survey. Few national PHSMs remain in place (only capacity limits on gatherings and face mask mandates in public), likely contributing to these decreases.

- While support for individual measures (such as face-masking and hand-washing) has remained high and unchanged since February 2021, self-reported adherence to these measures has decreased substantially (from 59% overall in February to 41% in September 2021). Campaigns to encourage mask-wearing [launched](#) in May 2021, and a red alert was [issued](#) prior to the August wave to urge people to take steps to prevent infection, but some [media reports](#) still indicate waning adherence to these measures.
- There was a sharp decrease in self-reported adherence to avoiding places of worship since February 2021 (from 36% to 25% in September 2021). This survey was fielded shortly after Eid-el-Kabir celebrations in Nigeria, when festivities would have included communal worship and prayer. Officials did [encourage](#) observance of individual measures during celebration, including social distancing and mask-wearing.

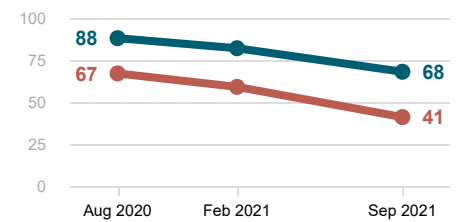
Individual measures

The portion of respondents reporting support for individual measures was the lowest among all surveyed Member States, driven by low support for avoiding physical greetings (74%).

Support for and adherence to each individual measure in Sep 2021



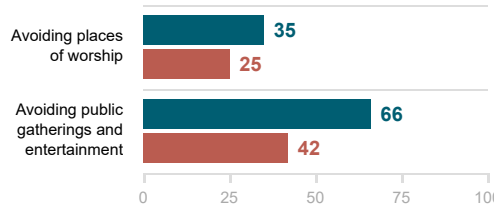
Trend in support for and adherence to all individual measures (composite score)



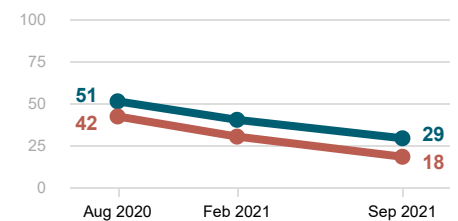
Measures restricting social gatherings

Both support for (35%) and self-reported adherence to (25%) avoiding places of worship were lower than in February 2021 (45% and 36%, respectively), likely due to the coinciding religious holiday just prior to the survey.

Support for and adherence to each social measure in Sep 2021



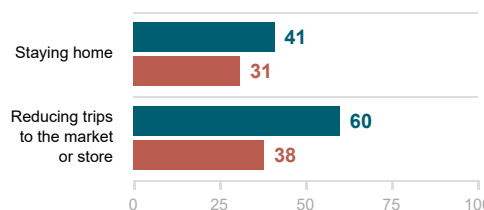
Trend in support for and adherence to all social measures (composite score)



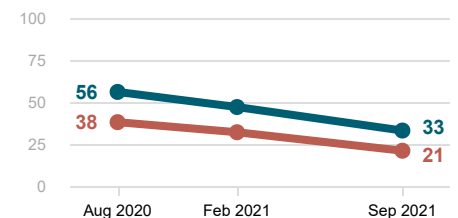
Measures restricting movement

Just one in three respondents reported adhering to measures restricting movement, likely because few such restrictions were in place. Mobility remained well above baseline levels even when cases peaked in August 2021.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



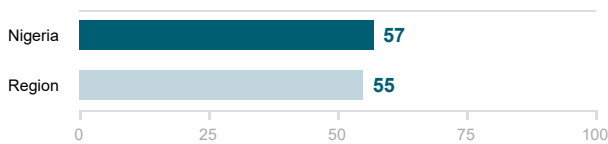
Information and Risk Perception

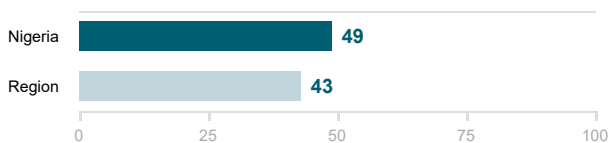
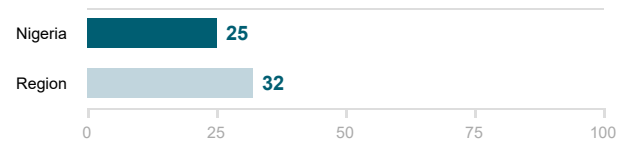
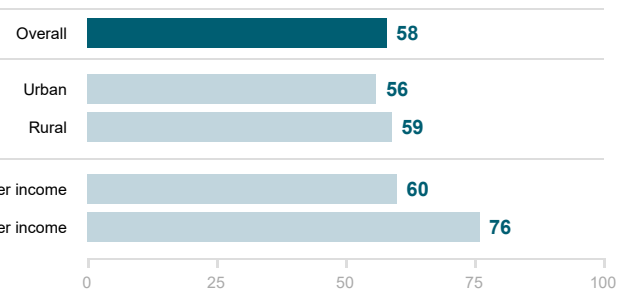
How do people understand risk?

What the data say

Almost six in 10 respondents felt that COVID-19 would affect many people in Nigeria; however, only one in five believed that their personal risk of being infected was high, on par with the regional average (20%). The relatively low reported caseload during the August wave may have contributed to low risk perception; additionally, the pandemic was not a top concern for the majority of respondents.

- Personal perceptions of risk among respondents were associated with greater support for and adherence to PHSMs, primarily those restricting social gatherings and movement. Of those who supported gathering restrictions, a higher share of respondents reported having high personal risk perception compared to low (41% vs. 26%); the same trend is seen in those who supported movement restrictions (45% vs. 30%), as well as those who adhere to both types of measures.
- Lower-income respondents reported both higher perceived risk of infection (26%) and severity of illness (65%), compared to high-income respondents (compared to 14% and 45%, respectively), potentially related to the financial barriers to accessing quality treatment.
- Unemployment, access to food and conflict/security/war were of primary concern to respondents. These results align with the ongoing crises of [economic distress](#) and [food insecurity](#), as well as the [banditry](#), separatist insurgency and other such [insecurity](#) affecting Nigeria.

How do people understand the risk of COVID-19?
57% believe that COVID-19 will affect many people in their country

18% believe that their personal risk of being infected with COVID-19 is high

49% believe that their health would be seriously affected by COVID-19

How concerned are people about COVID-19?
25% report COVID-19 as being a top concern

58% are anxious about resuming normal activities

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	63%
Access to food	46%
Conflict/security/war	37%

Information and Risk Perception

Whom do people trust?

What the data say

Less than half of respondents reported trusting the president's handling of the COVID-19 response (43%), likely due in part to persisting perceptions of government [corruption](#) and mishandling of COVID-19 relief funds. Further, unemployment and security challenges have dominated the national discourse, with some blaming [President Muhammadu Buhari personally](#).

- About three-quarters of respondents reported trusting the Nigeria Centre for Disease Control (NCDC) to manage the COVID-19 pandemic (72%), on par with findings from February 2021 (78%). NCDC has been leading the pandemic response in Nigeria and has [prioritized](#) combating misinformation narratives prevalent in-country.

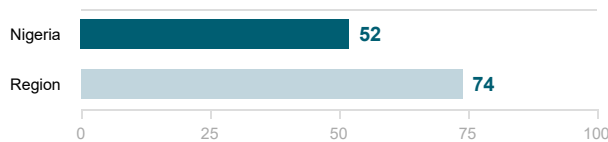
Health centers and television — both local and international channels — were the most trusted sources for information about the COVID-19 pandemic among respondents in Nigeria. Local media sources — television and radio — were used by almost three in five respondents.

- Social media did not seem to be a highly trusted source for COVID-19-related information, with 38% of respondents reporting trust in both Facebook and Whatsapp, and 23% in Twitter. However, Facebook was the third most-consulted source for information about COVID-19 in Nigeria (44%), suggesting it may still be an important platform for communications about the pandemic. Twitter, on the other hand, was used by less than one in 10 respondents, likely due to a [ban](#) instituted by the Nigerian government in June (and lifted after the fielding of this survey).

What do people think about their country's institutions?

Satisfaction with the government's response to COVID-19 dropped more than 10 percentage points since February 2021 (65%). While more than three in four respondents reported trusting the Ministry of Health's response, fewer than half reported confidence in the COVID-19 responses of the president, military or police.

52% are satisfied with the government's pandemic response



Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

World Health Organization (WHO)	83%
Hospitals/health centers	82%
UNICEF	80%

Do people believe accurate information?

A majority of respondents believed accurate information about COVID-19 in Nigeria, including the efficacy of wearing masks and hand-washing (90% and 91% respectively) to prevent disease transmission. In contrast, four in 10 respondents believed health care workers should be avoided because they transmit COVID-19 — unchanged since February 2021 and on par with the Western regional average (38%); these findings are consistent with reports of health care worker [stigmatization](#) more generally. Even so, almost 70% of respondents relied on health care workers for accurate information about COVID-19.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	68%
Local television	64%
International television channel	62%

68% understand that infected people may never show symptoms but could still infect others.

67% understand that infected people may not show symptoms for five to 14 days.

34% believe that COVID-19 can be cured with herbal remedies.

41% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

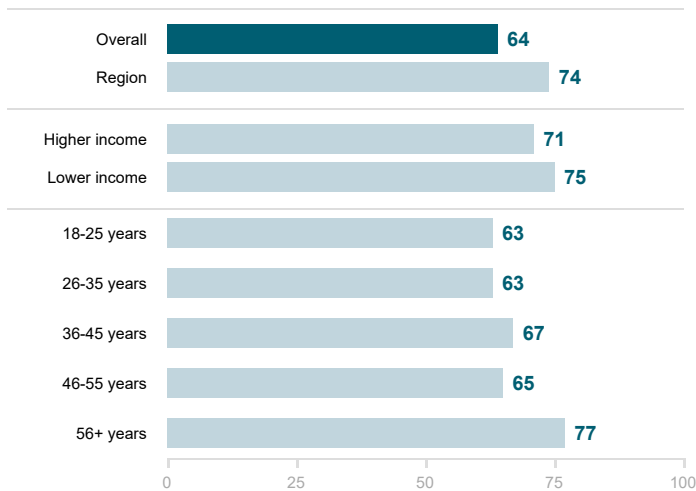
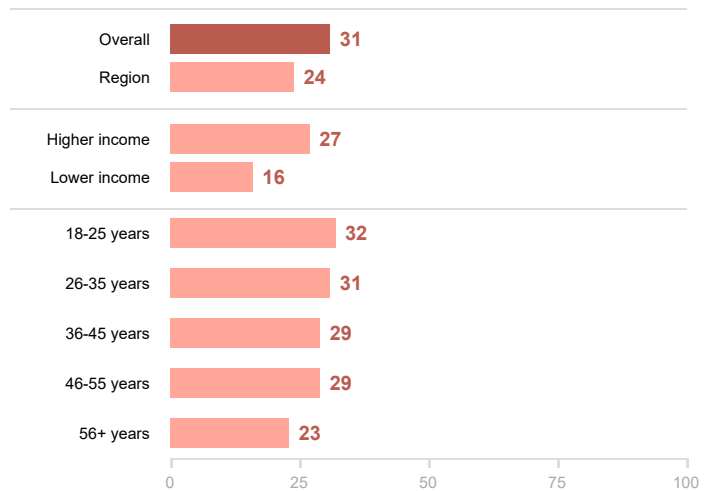
What the data say

More than six in 10 respondents reported having received or being likely to receive at least one dose of the COVID-19 vaccine, fewer than in February 2021 (72%); Nigeria is one of two surveyed Member States where the share of respondents reporting they were likely to be vaccinated decreased since February 2021 (in addition to Uganda), although the government is attempting to increase uptake through various [innovative strategies](#).

- Government satisfaction and trust were associated with vaccine acceptance: respondents who were satisfied with their government's COVID-19 response more often reported being vaccinated or likely to get vaccinated (58% vs. 38% those unlikely to get vaccinated); the same was true of those who reported trusting the president (51% vs. 31%) and Ministry of Health (81% vs. 70%).
- More higher-income respondents reported being unlikely to get vaccinated than lower-income respondents. Higher-income respondents also reported both a low perceived risk of personal infection and low risk of severity compared to lower-income respondents, and therefore may not feel the need to get vaccinated.
- More than half of all respondents and a quarter of those who did not intend to get vaccinated wanted more information about how the vaccine works. Trusted sources of information should be utilized to bridge this information gap among those most hesitant.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

64% are vaccinated or are likely to get vaccinated

31% are unlikely to get vaccinated

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	51%
How effective is the vaccine?	31%
When will eligible people receive a vaccine?	30%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	30%
I do not yet know enough about the vaccine to make a decision	25%
I do not believe that the virus exists	25%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

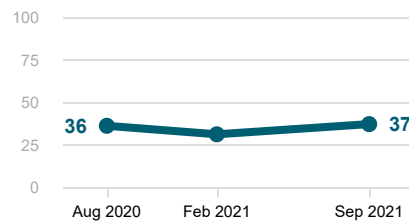
Among respondents needing health care, one in five reported skipping or delaying a visit in the previous six months, almost 20 points lower than survey results in August 2020 and on par with February’s findings. This is a promising trend in spite of persistent health care worker [strikes](#), but ongoing gaps remain concerning given the other health crises and [outbreaks](#) in Nigeria. Difficulty getting medicines in the previous three months remained steady at about one in three respondents.

- One in four respondents reported missing a visit after experiencing fever and chills, symptoms aligning with COVID-19 and [malaria](#), the peak season for which is in August (one month before this survey was fielded).
- Also of concern is that 13% of respondents needing health care reported skipping routine vaccination for them or someone in their household — an increase from 5% reported in February 2021 — further evidence that COVID-19 has [disrupted](#) the immense pre-pandemic gains made toward averting vaccine-preventable deaths.

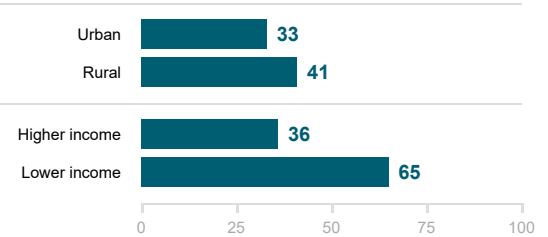
Difficulty getting medicines

Difficulty accessing medicines has remained largely unchanged since August 2020. A larger share of respondents living in rural areas reported challenges accessing medication compared to those in urban areas.

Trend in percentage of households having difficulty getting medicines in the past three months



Percentage having difficulty getting medicines by category

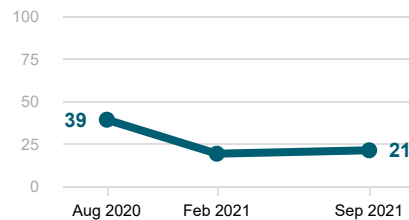


<50 respondents in the lower income group reported difficulty in getting medicines; results should be interpreted with caution.

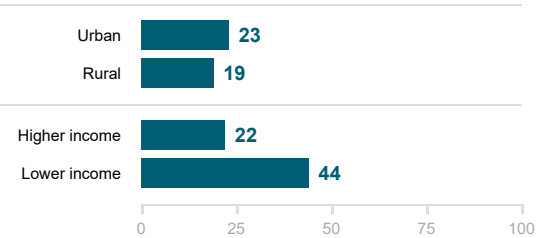
Skipping or delaying health visits

Male respondents reported missing a needed health visit at almost twice the rate of female respondents (26% vs. 15%).

Trend in percentage of households skipping or delaying health care visits in the past six months



Percentage skipping or delaying health care visits by category



<50 respondents in the lower income group reported skipping health care visits; results should be interpreted with caution.

Reasons for skipping or delaying visits

People could choose multiple responses

Cost/affordability	34%
Caretaker responsibilities	22%
Health facility disruption	15%
Mobility restrictions/transport challenges	9%
Worried about catching COVID-19	8%

Types of health visits that were skipped or delayed

People could choose multiple responses

Communicable diseases	38%
Diagnostic services/symptoms	31%
General/routine check-up	30%
Reproductive, maternal, newborn, child health	29%
Vaccinations	13%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Conflict and insecurity have been persistent in Nigeria since 2020, particularly affecting agricultural areas with [farming and cattle-grazing](#). Along with rising [food prices](#) due to pandemic-related supply chain issues, growing [unemployment](#) and barriers to food access, millions of people in Nigeria are experiencing hunger and poverty.

- More than eight in 10 respondents reported losing some or all of their income since the start of the pandemic, reflective of the profound [economic struggle](#) facing Nigeria at present.
- The portion of respondents missing a meal in the previous week rose from 55% in February to 64% in September; food security continues to worsen as conflict, risk of famine, income loss and rising food prices persist.
- The top barrier to food access reported by respondents was higher food prices (80%), followed by reduced income (74%). Rural households reported missing a meal more often than urban respondents (67% vs. 61%), potentially related to the conflict and insecurity disproportionately affecting rural regions.
- In response to the pandemic, the Nigerian government indicated [shifting priority](#) to social safety net programs such as legal recognition of Nigerians' right to social security, as well as the expansion of cash transfers and unemployment benefits for informal workers. The program has the potential to assist millions of people in Nigeria, given that only 8% of survey respondents reported receiving any type of government assistance.

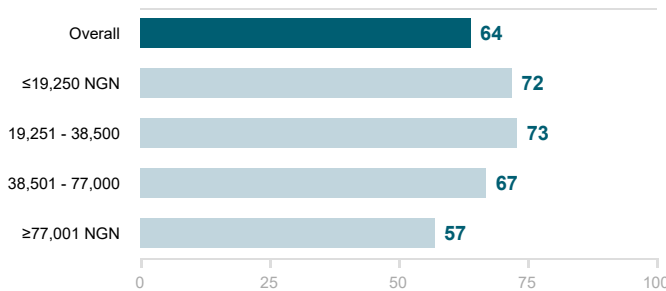
Reported barriers to food access

Percentage of people reporting each barrier

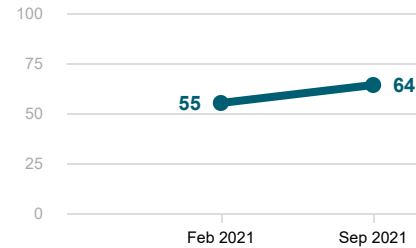
Less income	74%
Higher food prices	80%
Food markets closed	36%
Mobility restrictions	32%
Food market supply shortages	55%

Missing meals

Percentage of households **missing meals** by category



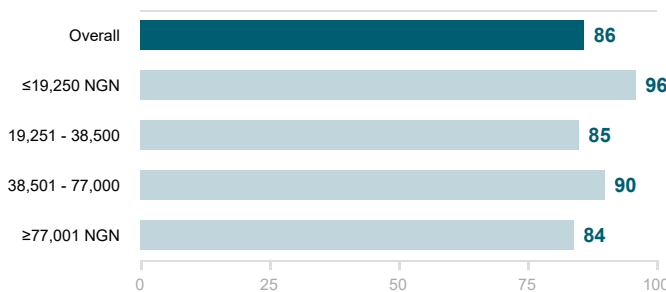
Percentage of households **missing meals** over time



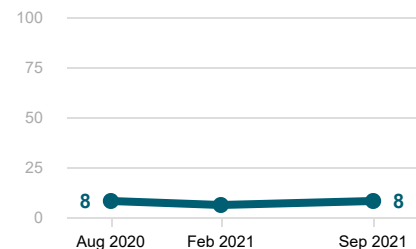
Note: Data on missing meals were not collected in Aug 2020.

Income loss and receiving government assistance

Percentage of households experiencing **income loss** by category



Percentage of households receiving **government assistance** over time



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from Nigeria consisted of 1,257 adults (562 urban, 695 rural), collected between 18 Sep and 4 Oct 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Lower income: Monthly household income 19,250 NGN and below
- Low-middle income: Monthly household income 19,251 NGN - 38,500 NGN
- High-middle income: Monthly household income 38,501 NGN - 77,00 NGN
- Higher income: Monthly household income 77,001 NGN and above