

## **An Analysis of the Reaction of the Nigerian Governments Against Covid-19 Pandemic in Tarauni Local Government Area of Kano State, Nigeria: 2020-2022 A.D.**

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### **Abstract**

*This study provides a comprehensive analysis of the Nigerian government's reaction against COVID-19 pandemic, specifically focusing on **Tarauni Local Government Area** in Kano State between 2020 and 2022 A.D. The research explores the historical and socio-economic context of Tarauni LGA, examining its geographical and demographic characteristics as well as its healthcare infrastructure prior to the pandemic. The study investigates the spread of COVID-19 within the area, analyzing government interventions, such as lockdown measures, healthcare policies, and contributions from Non-Governmental Organizations (NGOs) in mitigating the virus. Furthermore, the study highlights the political, social, and economic impact of the pandemic on the region. Challenges encountered during the pandemic management, such as inadequate healthcare facilities and logistical issues, are discussed in detail. Through a review of relevant literature, primary data*

*collection, and analysis, the research identifies both successes and shortcomings in the government's response, offering insights into future pandemic preparedness. The study highlights with a summary of findings, emphasizing the lasting effects of COVID-19 on **Tarauni LGA** and the lessons learned from the constructive efforts made by the governments at the various level in overcoming the disaster studied about herein.*

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## **Background of the Studied Subject Matter**

### **General Introduction**

Coronavirus Disease 2019 (COVID-19) is a type of viral pneumonia with an uncommon outbreak in Wuhan, China, in December 2019, which is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2). SARS-CoV2 is extremely contagious and has resulted in a fast pandemic of COVID-19.<sup>1</sup> On 30th January 2020, the World Health Organization declared the outbreak as a Public Health Emergency of International concern. As of February 14, 2020, 49,053 laboratory-confirmed and 1,381 deaths have been reported globally. Perceived risk of acquiring disease had led many governments to institute a variety of control measures.<sup>2</sup>

The first case of the COVID-19 was first reported in Wuhan, China, in 2019, and subsequently spread globally to become the fifth documented pandemic since the 1918 flu pandemic and the cause was a then new Coronavirus later named SARS-CoV-2. SARS-CoV-2 may have originated in an animal and changed (mutated) so it could cause illness in humans. In the past, several infectious disease outbreaks have been traced to viruses originating in birds, pigs, bats and other animals that mutated to become dangerous to humans. Research continues, and more study may reveal how and why the coronavirus evolved to cause pandemic disease. Symptoms show up in people within 2 to 14 days of exposure to the virus. A person infected with the coronavirus is contagious to others for up to 2 days before symptoms appear, and they remain contagious to others for 10 to 20 days, depending on their immune system and the severity of their illness.<sup>3</sup>

Nigeria according to NCDC (The Nigerian Centre for Disease Control) reported its first case of COVID-19 on 27th February 2020.<sup>4</sup> The patient was an Italian citizen who came from Milan through the Murtala Muhammad Airport, Lagos. Kano State being one of the epicenters in Nigeria during the early epidemic phase reported its first COVID-19 case on 11th April 2020. During the early epidemic period, community transmission of COVID-19 in Nigeria occurred very fast likely due to

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<sup>1</sup> Dousari, Amin et al. COVID-19 (Coronavirus Disease 2019): A New Coronavirus Disease, Infect Drug Resist, Vol.13, 2020, pp.2819-2828. DOI: 10. 2147/IDR. S259279

<sup>2</sup> Harapan, Harapan et al. Coronavirus Disease 2019 (COVID-19): A Literature Review, Journal of infection and public health, Vol.13, Issue 5, 2020, pp.667-673. DOI: <https://doi.org/10.1016/j.jiph.2020.03.019>

<sup>3</sup> Dan-Nwafor, Chioma et al. Nigeria's public health response to the COVID-19 Pandemic: January to May 2020, Journal of global health, Vol.10, No.2, 2020. DOI: 10.7189/jogh.10.020399

<sup>4</sup> Elikwu CJ et al. COVID-19 Pandemic in Nigeria: A review, BUMJ, Vol.3, No.1, 2020, pp.11-26. DOI: <https://doi.org/10.38029/bumj.v3i1.29>

the lack of effective contact tracing and delay of border/school closure as part of the proactive measures against the spread of the virus, that helps to prevent further outbreaks. The fact that the management and control of the pandemic depend largely on a country's health care system, by 20th February 2021, there were 150,908 and 1,813 cases and deaths, respectively, in Nigeria.<sup>5</sup>

The study area is Tarauni, Tarauni is a Local Government Area (LGA) situated in Kano state, North-west Nigeria with the headquarters of the LGA residing in the Unguwa Uku district of Kano city. Towns, districts, and villages that constitute Tarauni LGA include Unguwar Gano, Hotoro, Gyadi, Daurawa, Unguwar Uku, Darmawa, Babban Giji, and Tarauni. The estimated population of Tarauni LGA is put at 179,842 inhabitants with the area predominantly occupied by members of the Hausa/Fulani ethnic divisions. The Hausa language is commonly spoken in the LGA while the religion of Islam is widely practiced in the area. Notable landmarks in Tarauni LGA include the College of Arts and Islamic studies, Tarauni.<sup>6</sup>

This research work presents a concise response framework to highlight some specific multisectoral responses to the pandemic in Tarauni Local Government Area, Kano state. A combination of social and medical responses to a large extent helped Nigeria curtail the spread of the virus.

### **Statement of the Research Problem**

The outbreak of the COVID-19 pandemic posed an unprecedented global challenge, necessitating swift and effective responses from governments worldwide. Nigeria, including Tarauni Local Government Area in Kano State, faced unique circumstances that demanded strategic measures to control the spread of the virus and mitigate its impact on public health, the economy, and society. However, an in-depth analysis of the reaction of the Nigerian government specifically in Tarauni Local Government Area during the COVID-19 pandemic reveals several critical issues that gave impetus to this current research to further look into COVID-19 in Nigeria specifically in Tarauni Local Government Area in Kano State and how the government has adequately responded in containing the virus as well as reviving the society after multiple lockdowns and the socio-economic effects on the area under review.

### **Research Questions**

The study will come up with appropriate and relevant answers to the following research questions:

- ✓ What are the measures used by the Nigerian government in addressing the issue of COVID-19 pandemic?
- ✓ What are the achievements of Nigerian government in addressing COVID-19 pandemic
- ✓ What the impact of COVID-19 on the socio-economic and political activities in Tarauni local government?

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<sup>5</sup> Odukoya, Oluwakemi. Omeje, Uche. COVID-19 pandemic in Nigeria: A case study of Kano State – Challenges and lessons learned, *Journal of Clinical Sciences*, Vol.17, 2020, pp.91-92. DOI: 10.4103/jcls.jcls\_73\_20

<sup>6</sup>Tarauni local government area, Retrieved from [www.propertypro.ng](http://www.propertypro.ng)

### **Aim and Objectives of the Study**

The aim of this research is to study reactions of the Nigerian government on the COVID-19 Pandemic in Tarauni local government area Kano State 2020 to 2022. The research is designed to achieve the following objectives;

- ✓ To identify the measures used by the Nigerian government in addressing the issue of COVID-19 pandemic.
- ✓ To explain Nigerian government achievements in addressing COVID-19 pandemic
- ✓ To analyze the impact of COVID-19 on the socio-economic and political activities in Tarauni local government.

### **The main Focus of the Study**

The study encapsulates the medical history of Tarauni Local Government Area in Kano State offering Nigerian government's response to the COVID-19 from 2020 to 2022, The choice of 2020 as a starting period is significant because it was the time when the first case of COVID-19 was found in Kano while the termination period 2022 marked the time when government curtailed the pandemic. The limitations of this study included the constrained by the availability and reliability of data related to the government's actions, public compliance, and the impact of COVID-19 in Tarauni from 2020 to 2022. Incomplete or inaccurate data could affect the depth of the analysis. It also involved problems in terms of time, budget, and personnel may impact the comprehensiveness of the study. The depth of the analysis might be affected by the resources available for data collection, interviews, and fieldwork during the specified period. The project was influenced by external factors such as changes in government policies, unforeseen events, or the emergence of new information, which could affect the relevance and accuracy of the analysis during the specified timeframe. Generally, findings and conclusions drawn from the analysis may have limitations in terms of generalizability to other regions or contexts beyond Tarauni. The study primarily aims to provide insights into this specific locality during the years 2020 to 2022.

### **Significance of the Study to the Knowledge of the Field**

The study of the Nigerian government's response to COVID-19 in Tarauni local government area is an additional literature on medical history that acknowledged the diverse perspectives and narratives that literature brings to the understanding of the pandemic. By incorporating literary works into the study, it recognizes the invaluable role of writers in capturing the human experiences, emotions and socio-cultural dimensions of the pandemic. It evaluated the impact of the Nigerian government response to the COVID-19 pandemic on public health outcomes in Tarauni local government area, Kano State. By analyzing health related data, interventions and outcomes, the study contributes to our understanding of the effectiveness of health policies and strategies implemented during the pandemic.

Furthermore, providing insights into the resilience of the local healthcare system identifies areas for improvement and informs evidence based practices for future health emergencies. It contributes to academic discourse by offering a nuanced analysis of the Nigeria government response to the COVID-19 pandemic in Tarauni local government area, Kano State. It provides a case study for understanding the socio-economic and political dynamics influencing pandemic management,

fostering scholarly discussions on effective governance strategies and enhancing the body of knowledge essential for informed policy recommendations in public health crises.

### **Sources and Methodology of the Study**

This research relied on primary and secondary sources of data collection. The primary sources refers to the first hand information that the researcher gathered through interview with people who witnessed or participate in the event, while the secondary sources are informations from books, journals, articles, newspapers, magazines, and other published and unpublished government documents.

In order to obtain the primary sources, medical practitioners, government officials, and COVID-19 patients were interviewed for the purpose of getting more information on the roles government played in the hospitals, in isolation centres and the community at large during the Pandemic. To also get information's on the challenges being faced by the government and the people.

Secondary sources is obtained from both published and unpublished materials ranging from journals, textbooks, magazines, pamphlets as well as Internet press release, chapter in books and other publications. The findings of the research are therefore based on analysis of findings from these sources and materials stated.

### **Conceptual Clarification and Analysis of Some Major Terms Used in The Study**

Here are terms associated with the investigation into the Nigerian government's reaction to COVID-19:

**COVID-19:** According to the World Health Organization (WHO) the Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2)

**Pandemic:** This is an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.<sup>7</sup> for example, the 14th-century plague (the Black Death), cholera, influenza, and Human Immunodeficiency Virus (HIV)/AIDS.

**Epidemic:** This is an outbreak of disease such that for a limited period of time a significantly greater number of persons in a community or region are suffering from it than is normally the case.<sup>8</sup>

**Disease:** This is any harmful deviation from the normal structural or functional state of an organism, generally associated with certain signs and symptoms and differing in nature from physical injury. A diseased organism commonly exhibits signs or symptoms indicative of its abnormal state. Thus, the normal condition of an organism must be understood in order to recognize the hallmarks of disease. Nevertheless, a sharp demarcation between disease and health is not always apparent.<sup>9</sup>

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<sup>7</sup>Wuqi, Qiu et al. The Pandemic and Its Impact. Health, Culture and Society, Vol.9, No.10, 2017, p.3. DOI: 10.5195/HCS.2017.221.

<sup>8</sup>S. Lock, J. Last and G. Dunea. (2001). The Oxford Companion to Medicine, 3rd edn. Oxford University Press

<sup>9</sup>Williams, Burrows and Dante Scarpelli. Disease, Article History from The Editors of Encyclopedia Britannica, Available at [www.britannica.com](http://www.britannica.com) ( last updated July 15, 2024)

**Health:** This is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health, in humans, the extent of an individual's continuing physical, emotional, mental, and social ability to cope with his or her environment.<sup>10</sup>

**Public Health:** It is the science and art of preventing disease, prolonging life and promoting physical health and efficiency through organised community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organisation of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.<sup>11</sup>

### **Some Major Sources Reviewed as Literature**

Though there has been no book or literature specifically devoted to COVID 19 in Tarauni Local Government Area but numerous articles have been written on the general history of Kano State, on COVID-19 and on Nigerian government's responses to the Pandemic. In the introduction, the study discussed and gave insight on the subject matter which is the COVID-19, thus this literature review gives a review analysis of existing literature to further understand the subject matter. The study may agree or contradict the finding of the existing literature but this is to further develop knowledge on the subject matter.

The COVID-19 pandemic has had significant impacts on economies worldwide, and Kano State and Nigeria as a whole is no exception. This literature review aims to explore the beginning and effects of the COVID-19 crisis on the Nigerian socio-economy, to review the government responses and identifying the government's effort in addressing the pandemic.

COVID-19 is a highly infectious respiratory disease caused by the SARS-CoV-2 virus. The disease was first identified in Wuhan, China in December 2019 and has since spread rapidly throughout the world, leading to a global pandemic. The virus is primarily spread through respiratory droplets and close contact with infected individuals. Globally there had been over 439 million confirmed cases of COVID-19 and over 5.8 million deaths worldwide. The pandemic has had a significant impact on global health, social and economic systems, and has highlighted health disparities within and between countries.

World Health Organization (2020) reported the presence of unknown causes of pneumonia disease in Wuhan, China, which was later, confirmed as a novel corona-virus disease and further declared as a public health emergency call for international concern on January 30th, 2020. The novel virus was renamed by the International Committee on Taxonomy of Viruses, as severe acute respiratory syndrome corona-virus 2 (SARS-CoV-2).

In the context of COVID-19, this refers to how individuals, communities, or societies perceive and understand the virus. This encompasses factors like public awareness, risk perception, beliefs about preventive measures, and attitudes towards vaccination. It plays a crucial role in shaping behaviors related to COVID-19, such as mask-wearing, social distancing, and vaccine acceptance. Public

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<sup>10</sup>Health, Article History from The Editors of Encyclopedia Britannica, Available at [www.britannica.com](http://www.britannica.com) (last updated June 28, 2014)

<sup>11</sup>Winslow, Charles. The Untilled Fields of Public Health. Science. Vol.51, Issue.1306, 1920 pp.23–33.



health communication and education aim to influence this public awareness landscape to promote informed and effective responses to the pandemic.

Zaid et al., (2020) found that approximately 40% of the participants perceive that COVID-19 resulted from the genetic modification of a virus in a laboratory, which contradicts studies that have found COVID-19 to be 96% the same at the whole genome level to a corona virus detected in bats from Yunnan province in China. Nevertheless, the Jordanian public is in possession of some accurate information about COVID-19. Almost all of the participants knew that COVID-19 has many symptoms, and half of them had chosen at least one of the symptoms of dry cough, fever and shortness of breath, while only a few of participants thought that diarrhea and vomiting may be symptoms of COVID-19.

This aligns with studies like Huanget al., (2019) that have found fever and cough to be the dominant symptoms and gastrointestinal symptoms to be uncommon. Most participants agreed that healthy people can be carriers of the virus. In addition, more than three quarters of participants thought that the elderly and people with underlying health conditions (low immunity, diabetes or heart problems) are at an especially high risk of death from COVID-19.

Kurfi et al., (2020) discovered that Kano residents lack knowledge about COVID-19 and this resulted in distributing false information and photographs of individuals on social media. Some of them used social media like WhatsApp, Twitter, Facebook and Instagram to spread fear, project fake news concerning the source of the virus. Some believe that “COVID-19 is not real”, that “COVID-19 is a scam”, “Government is using it to generate money”, “it will not survive Kano’s hot temperature”, “it affects and kills only the old”, which made them rebuff Government guidelines for preventing the spread of the virus.

An article by Odukoya and Omeje (2020) stated Kano State, the most populous state in Nigeria going by the 2006 national census figures, recorded her first case of SARS-CoV2 on April 11, 2020 over a short period of time, the state gradually became a blazing hot spot for COVID-19 infections with the number of confirmed cases rising steadily. Shortly before confirmations of the index case, a spate of unprecedented deaths were reported in Kano. However, the government could not confirm its connection to the ongoing pandemic. The Kano state government claimed that investigations into the immediate and remote causes of the deaths pointed at complications from hypertension, diabetes, yellow fever, meningitis, and acute malaria. Nonetheless, the claims could not be verified objectively as conclusions were drawn from verbal autopsies. On the other hand, medical experts at Aminu Kano Teaching Hospital in Tarauni local government area indicated that the hospital had been recording cases with COVID-19 like symptoms before its confirmation of index case. Several elderly patients who visited the hospital were said to have presented symptoms such as fever, cough, breathing difficulties, and low oxygen saturation levels.

Acter et al., (2020) maintained that there are no proven treatments or vaccines available to control COVID-19 and this posed a significant threat to health care delivery. The epidemic curve is still rising in Russia, and some low middle-income countries like India, Peru, and Chile. However, Nations globally have hitherto responded to the pandemic using various response mechanism to control its spread and to find vaccines that could stem the devastating impact of the disease, yet, the impact of the pandemic still visible globally, thus countries are holding on to the preventive measures put in place to minimize the spread of the virus and flatten the curve.

According to Ozili (2020) the economic downturn in Nigeria can be attributed to a combination of declining oil prices and spillovers from the COVID-19 outbreak. The decline in oil prices not only led to a decrease in the demand for oil products but also disrupted economic activities when social distancing policies were enforced. As a result, businesses and households were adversely affected, necessitating government intervention.

In response to the crisis, the Nigerian government implemented various measures to properly investigate the economic impact. Financial assistance was provided to affected businesses and a limited number of households affected by the COVID-19 outbreak. Additionally, the monetary authority adopted accommodative monetary policies and offered a targeted ₦3.5 trillion loan support to specific sectors. These efforts were aimed at preventing an economic crisis; however, they did not fully succeed.

The inability of economic agents to freely engage in economic activities due to the fear of contracting the rapidly spreading COVID-19 disease contributed to the persistence of the economic crisis (Ozili, 2020). This observation highlights the interplay between public health concerns and economic activities during a pandemic. The findings from Ozili's research shed light on the Nigerian experience with the COVID-19 pandemic and its economic repercussions. Several studies have explored the effects of the COVID-19 pandemic on global and regional economies, providing valuable insights that can enhance our understanding of the Nigerian situation.

These studies, along with others in the literature, provide a broader perspective on the economic effects of the COVID-19 pandemic and the structural factors that shape these outcomes. By incorporating these insights, the present research aims to contribute to the existing knowledge by examining the specific Nigerian experience and its implications for policy-making, as well as the implemented measures to address the situation and the fear of the contracting disease hindering both social and economic activities.

According to the Institutional and Public Responses of a paper by Olakunle A, Ayomipo, Aderopo, Ugochukwu Uchendu (2020), The Nigerian government and the Nigeria Centre for Disease Control (NCDC) took proactive measures in response to the COVID-19 pandemic. Building on lessons learned from the West African Ebola epidemic in 2014, increased surveillance was announced at the country's five international airports, and plans were made to activate a coronavirus incident system. These preparations were initiated one month before the first COVID-19 case was reported in February 2020. The index case, an expatriate who arrived in Lagos, tested positive for the virus a day after arrival. Since then, the number of confirmed cases has progressively increased, with the majority concentrated in Lagos, a major commercial hub and home to one of the busiest international airports in the country. The high population density and socioeconomic inequalities in Lagos may contribute to the higher rates of infection in the state.

Further investigation revealed travel restrictions imposed on flights from 13 countries with high prevalence rates of COVID-19, and Nigerians abroad were advised to return and self-isolate for two weeks, however, the recommendation for self-isolation was largely ignored, possibly due to a low perception of risk and reliance on situational coping strategies, such as the belief that the virus could not survive in a tropical environment or that divine protection would prevent and cure COVID-19. To contain the spread of the virus, Nigeria implemented various measures, including the closure of international airports, schools, universities, stores, and markets, as well as the suspension of public gatherings. Experienced personnel from the polio emergency operations center were engaged and



trained by the Ministry of Health, and healthcare professionals were deployed to designated isolation centers. The NCDC publicized WHO-recommended public health measures, such as frequent hand washing, respiratory hygiene, and social distancing. Many Nigerian states implemented lockdown measures, with citizens encouraged or mandated to work from home to limit virus transmission. However, considering Nigeria's socioeconomic challenges and the initial negative economic impacts of the lockdown, it was eased after five weeks. During the lockdown period, the Nigerian government, in collaboration with private organizations, provided support to many households. However, the limited infrastructure posed challenges to the efficient delivery of this support, including not drivable roads hindering the delivery of essential supplies. These difficulties led to public demonstrations against the lockdown by individuals unable to meet their needs while complying with the restrictions.

Overall, the Nigerian government and NCDC demonstrated proactive measures in response to the COVID-19 pandemic, including early preparations, increased surveillance, travel restrictions, and the implementation of various containment measures. However, challenges related to perception of risk, infrastructure limitations, and socioeconomic factors have impacted the effectiveness of the response.

Many locals in Tarauni did not believe the Corona virus as pointed out in Kurfi et'al (2020), he and others in his article said community members believed it was a lie from the government, that even if at all the virus exists, it will not survive the scorching hot sun in the area. According to the critical evaluation of Nigeria's response to the first wave of COVID-19 by Ezekiel Damilare Jacobs and Malachy Ifeanyi Okeke, the epidemic in Nigeria has had a significant impact on the healthcare system. The COVID-19 pandemic has put a lot of pressure on the healthcare system, especially in terms of the availability of medical equipment and supplies as well as the ability of healthcare institutions to handle the rising number of COVID-19 cases.

Truly the local government area lacked complete medical equipment and supplies even before the advent of the Corona virus because I happened to go to a particular medical centre for treatment and what could be used for my diagnosis (which was a machine) was not available, this posed a serious fear at that point in my life because I wanted to know my health status at that time.

According to Bassey and Akaninyene (2020) Nigeria's first case of COVID-19 was reported on February 27, 2020, when an Italian citizen tested positive for the virus after arriving in Lagos from northern Italy, prompt action was taken, and the individual was isolated and received treatment in a hospital in Lagos. The National Emergency Operations Centres were activated to trace the contacts of the index case. By March 9, 2020, 27 suspected cases had been identified across five states, with two confirmed positive cases and no deaths. Efforts were made to monitor and follow up on 216 contacts linked to the index case.

In addition to having an effect on the healthcare sector, COVID-19 has had a big influence on Kano's economy. A number of economic sectors, including manufacturing, transportation, and hospitality, have been affected by the epidemic. The informal sector, which employs a sizable percentage of the workforce in the country, has been impacted by the limitations on travel and gatherings put in place to stop the virus' spread.

Educational system in Tarauni has also been impacted by the epidemic, with schools being halted for many months to stop the virus' spread. Significant disruptions have resulted from the closing of schools, especially for children without access to online learning materials. The local government

has responded to the epidemic by putting in place a variety of controls to stop the virus from spreading, such as closing borders, imposing lockdowns in particular areas, and encouraging personal cleanliness and physical separation. The government has also introduced a number of economic stimuli plans to aid those impacted by the epidemic, including companies and people.

Overall, COVID-19 has had a big influence on Kano State and Nigeria as a whole, changing many different facets of life there. However, the government's response to the pandemic has helped to lessen the virus's effects on the populace, and work is still being done to stop the disease's spread and lessen its effects. It is reasonable to assume that Nigeria has not always been immune to widespread epidemics and diseases, but what distinguishes the nation from other nations is how its leaders, medical professionals, and citizens respond to these crises. In this study, the government's response to these occurrences is our main focus.

In Recapitulation, this introductory part of the study has established the foundational framework for analyzing the Nigerian government's reaction to the COVID-19 pandemic within Tarauni Local Government Area, Kano State. The research problem has been outlined, alongside the key questions guiding the study, which aim to explore the government's response strategies, their implementation, and the overall impact on the local population. The scope and significance of the study have also been defined, indicating its relevance to public health management and policy development. The sources and methodology to be employed, as well as key terms used in the research, were clarified to ensure a comprehensive understanding. With a thorough review of existing literature on the subject, this chapter sets the stage for the subsequent chapters, which will delve deeper into the historical context and the specific aspects of the government's response in Tarauni LGA, Kano State.

### **A Brief Geographical and Historical Survey of Tarauni Local Government Area of Kano State, Nigeria.**

This section of the study discusses the geographical location of Tarauni LGA, Kano state, climate and vegetation. It emphasizes on the people, their culture, language, religion and their environment. Furthermore, it delves into the historical development of the area, how many healthcare facilities are there and how they are being administrated.

### **Geographical Location of Tarauni Local Government Area, Kano State, Nigeria.**

Kano state lies between latitude  $13^{\circ}$  N in the North and  $11^{\circ}$  S in the South and longitude  $80^{\circ}$  W in the West and  $10^{\circ}$  E in the East. It has a total land area of 20,760sq kilometres with a population of 9,383,682.<sup>12</sup> Tarauni Local Government Area resides in Kano State and occupies a total area of 28 square kilometres. The geographical coordinates of Tarauni Local Government Area are approximately between latitude  $12.0000^{\circ}$  N and longitude  $8.5167^{\circ}$  E. The LGA is part of the larger Kano State, which is known for its historical and cultural significance in Nigeria.<sup>13</sup>

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<sup>12</sup> I.A, Kurawa, Roll Call of Honour: Kano State 1967-2010, Kano: Research and Documentation Directorate, 2011. P.7

<sup>13</sup> Ilah, Sharfadeen. Ahmad, Ibrahim. An Evaluation of Occupational Hazards among Tricycle Drivers in Tarauni LGA, Kano State, Nigeria: The Study Area, Dutse Journal of Pure and Applied Sciences, Vol.5, No.2, 2019, pp.259-260

The Kano State Government House is located in Tarauni Local Government Area. Tarauni Secretariat is in the locality of Unguwa Uku within the city of Kano. It has an area of 28 km<sup>2</sup> and a population of 221,367 at the 2006 census and 299,468 as at 2015. The postal code of the area is 700. The Local Government has ten (10) Wards which include: Tarauni Ward, Gyadi-Gyadi Arewa Ward, Gyadi-Gyadi Kudu Ward, Darmawa Ward, Daurawa Ward, Babban Giji Ward, Hotoro Ward, Unguwa Uku Cikin Gari Ward, Unguwa Uku Kauyen Alu Ward and Unguwar Gano Ward.<sup>14</sup>

### **Climate and Vegetation of Kano Emirate**

There are four seasons in Kano regions. The first season is a cool and dry season 'Kaka' which lasts from November to February. The mean monthly temperature in this season is between 21 and 23 C. The second is dry and hot season 'Bazara'. This starts from March and ends in April. Its mean monthly temperature is in excess of 30 C. This season is followed by wet and warm season 'Damina'. It begins from April or May and stops in September or October. This season has monthly average temperature of about 25<sup>0</sup>C to 26<sup>0</sup> C. The fourth season is hot or dry warm season 'Rani'. Approximately, this season lasts from beginning of October to mid-November.<sup>15</sup>

The vegetation of Kano State is the semi-arid savannah. The Sudan Savannah is sandwiched by the Sahel Savannah in the north and the Guinea Savannah in the south. The savannah has been described as the zone that provides opportunity for optimal human attainment. This is because it is rich in faunal and floral resources, it is suitable for both cereal agriculture and livestock rearing, and the environment is relatively easy for movement of natural resources and manufactured goods.<sup>16</sup> Tarauni is predominantly characterized by elements of the Sudanian Savanna biome. This biome typically features a mix of grasses and scattered trees adapted to a tropical climate. Acacia species, grasses, and other drought-resistant plants are common in this region.

### **Land and People of Kano Emirate**

Tarauni LGA headquarters is located in Unguwa Uku within the city of Kano. It features a mix of urban and rural areas, with a diverse landscape that includes farmland, settlements, and various natural features. The land is significant in the context of Nigerian culture and history, with its own unique characteristics and contributions to the region. The area is known for its diverse population and cultural heritage; it is home to a diverse population, primarily consisting of people from various Hausa ethnic groups. The Hausa people are the dominant ethnic group in Kano State and, by extension, in Tarauni. The economy is primarily agrarian, crops such as millet, maize, sorghum, and vegetables are grown in the area even animal husbandry is also practiced. In terms of infrastructure,

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<sup>14</sup>Tarauni Encyclopedia, Science News and Research Reviews. Retrieved from [www.academic-accelerator.com](http://www.academic-accelerator.com)

<sup>15</sup> E. A., Olofin, 'The Physical Setting', in E. A, Olofin et al., Wudil Within Kano Region: A Geographical Synthesis, Zaria: ABU Press, 2008. Pp.14-17.

<sup>16</sup> Graham, Connah. African civilizations: Pre-colonial cities and states in tropical Africa: an archaeological perspective, Antiquity, Vol.62, Issue 235, 1988, pp. 389-390. DOI: <https://doi.org/10.1017/S0003598X00074317>

the area possesses basic amenities such as schools, healthcare facilities, markets and road networks. They have a rich cultural heritage and are known for their traditions, language, and way of life.<sup>17</sup> In addition to the Hausa people, you can also find other ethnic groups and individuals from different parts of Nigeria and even other African countries residing in Tarauni, contributing to the area's cultural diversity. It's important to note that Kano State, including Tarauni, is home to people of different backgrounds and traditions, making it a vibrant and culturally rich region in Nigeria.

### **Historical Origin and Development of Tarauni Local Government Area, Kano State, Nigeria.**

Kano was an Emirate in Northern Nigeria area and was inhabited by various ethnic groups, including the Hausa, Fulani, and others. The Kano kingdom was founded as one of the Hausa Bakwai (Seven True Hausa States) in 999 A.D by Bagauda, a grandson of Bayajida (Abuyazidu), the legendary progenitor of the Hausa people. Its capital was moved from Sheme (to the North) to the present site of Kano city in King Gajemasu's reign (1095–1134). Malinke scholars from the Mali empire introduced Islam into the region in the 1340s, and Yaji (reigned 1349–1385) was probably Kano's first Muslim Hausa king. Islam was blamed for Kano's defeat by Zaria about 1400 A.D and King Kanajeji renounced the faith; but in the 1450s new Malian teachers arrived, and Islam regained its influence.<sup>18</sup>

In King Dauda's reign (1421–1438), Kano became a tributary state of the Bornu kingdom (to the east), and under Abdullahi Burja (1438–1452) trade relations with Bornu were established. Camel caravans brought prosperity under Mohamman Rumfa (1463–1499), the greatest of Kano's Hausa kings, who established the Kurmi Market, built the Juma'at Mosque and a palace (now used by the Fulani emirs), and fought the first of a series of wars with Katsina (92 miles [148 km] northwest), Kano's principal rival in the trans-Saharan trade. Under Rumfa, Arabic writing was reintroduced and the administration codified under Islamic law.<sup>19</sup>

Kano became a tributary state of Songhai after its capture about 1513 A.D by Muhammad I Askia of the Songhai empire. Later in the century, the state paid tribute to Zazzau, a Hausa kingdom to the south. After defeats in 1653 and 1671 by the Jukun (Kwararafa) people from the southeast, Kano was eclipsed by Katsina as a commercial centre. By 1734 it once again paid tribute to Bornu. In 1804 the Fulani jihad (holy war) leader, Usman Dan Fodio, led a revolt against the Hausa overlords and, in 1807, Kano city was taken. One of Dan Fodio's pupils, Sulaimanu (Sulemanu), became Kano's first emir; his successor, Emir Ibrahim Dabo (1819–1846) of the Sullibawa clan, founded the present dynasty.<sup>20</sup>

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<sup>17</sup> Tarauni local government area, Retrieved from [www.propertypro.ng](http://www.propertypro.ng)

<sup>18</sup> Brief History of Kano State, Nigeria Galleria, 2021. Retrieved from [www.nigeriagalleria.com](http://www.nigeriagalleria.com). Last accessed on January 2024. [www.nigeriagalleria.com](http://www.nigeriagalleria.com)

<sup>19</sup> Ibid

<sup>20</sup> Ibid

By the 1820s Kano had become the greatest commercial power in West Africa. Its leather and cotton goods were widely transported northward by caravan across the Sahara to Tripoli, Tunis, and Fès, and hence to Europe, where its red goatskin products were known as morocco leather. By the 1880s, however, trade diminished because of changing political conditions along the routes, the end of the slave trade, and the arrival of Europeans on the West African coast.<sup>21</sup>

When Abdurrahman (Abdu), the Fulani Sultan of Sokoto (233 miles west-northwest), chose Mohammad Tukur as Kano's emir in 1893, war broke out among the Kano Fulani. Aliyu Babba, the victor in 1894, pledged allegiance to Muhammadu Attahiru I, the new sultan; but the British captured Kano city in 1903 and named Muhammadu Abbas Abdullahi emir of Kano. Kano emirate was the largest and most populous of the emirates in Kano province, created by the British in 1903.<sup>22</sup>

The British colonial administration took control of the Kano Emirate and the surrounding region in the late 19th century. Kano was incorporated into the Northern Nigeria Protectorate and later became part of independent Nigeria in 1960. After gaining independence, Kano State was created in 1967, with Kano City as its capital. Tarauni was formed as a result of the administrative reorganization and the creation of local government areas. It was created on October 1, 1996 after some parts of Kano State were separated to form Jigawa State. The development of the area started in the early 60s and had achieved a level of great development in the reign of the incumbent Emir Alhaji (Dr.) Ado Bayero. The creation of local government areas in Nigeria during that period was part of the government's effort to decentralize administration and improve governance at the grassroots level.<sup>23</sup> The state has remained a significant economic and cultural centre in Nigeria with diverse population, various ethnic and religious groups, but the majority remains the Hausa-Fulani Muslims.

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BriefHistoryofKanoState,NigeriaGalleria,2021.Retrievedfrom[www.nigeriagalleria.com](http://www.nigeriagalleria.com).LastaccessedonJanuary 2024.[www.nigeriagalleria.com](http://www.nigeriagalleria.com)

<sup>22</sup>Ibid

<sup>23</sup>Interview with Mrs Saratu Jibril, Civil Servant, 45 years, Tarauni, January 2024



### Healthcare Facilities in Tarauni Local Government Area, Kano State, Nigeria.

S/N	WARD	FACILITY UID	FACILITY CODE	FACILITY NAME	FACILITY LEVEL	OWNERSHIP
1.	Babban Giji	37115967	19/38/1/2/2/0004	Amity Hospital	Secondary	Private
2.	Babban Giji	75764114	19/38/1/1/1/0001	Babban Giji Primary Health Clinic	Primary	Public
3.	Babban Giji	71575346	19/38/1/1/1/0005	Hausawa Primary Health Centre	Primary	Public
4.	Babban Giji	25902732	19/38/1/1/1/0027	Ibrahim Muazzam Mainasara Health Clinic	Primary	Public
5.	Babban Giji	52344473	19/38/1/1/2/0002	Primier Hospital	Secondary	Private
6.	Babban Giji	84215290	19/38/1/1/2/0033	Rauda Health Clinic and Maternity	Primary	Private
7.	Babban Giji	72222033	19/38/1/2/1/0026	Sheikh Isyaka Rabi Paediatric Hospital	Secondary	Public
8.	Babban Giji	32675464	19/38/1/1/2/0018	Triumph Clinic and Maternity LTD	Secondary	Private
9.	Darmanawa	46080039	19/38/1/3/2/0002	Al-Ihsan Clinic and Surgery	Secondary	Private
10.	Darmanawa	12431302	19/38/1/1/1/0025	Aminu Kano Teaching Hospital	Tertiary	Public
11.	Darmanawa	22553870	19/38/1/1/1/0002	Dan Tsinke Primary Health Centre	Primary	Public
12.	Darmanawa	44553707	19/38/1/1/1/0025	Kano Dental Hospital	Secondary	Public
13.	Darmanawa	41879789	19/38/1/1/2/0013	Masjid Bilal Out Patient Clinic	Secondary	Private
14.	Darmanawa	41879789	19/38/1/1/2/0013	Masjid Bilal Out Patient Clinic	Secondary	Private
15.	Darmanawa	30904400	19/38/1/1/2/0017	MGK Clinic	Primary	Private
16.	Darmanawa	54439345	19/38/1/2/2/0009	Zaks Clinic And Maternity	Secondary	Private
17.	Daurawa	55220140	19/38/1/2/2/0002	Almu Memorial Hospital	Secondary	Private
18.	Daurawa	69821945	19/07/1/1/1/0018	Daurawa Primary Health Clinic	Primary	Public
19.	Daurawa	72814205	19/38/1/1/1/0010	Kundila Primary Health Clinic	Primary	Public
20.	Gyadi-Gyadi Arewa	40297833	19/21/1/1/2/0004	Access Clinic	Primary	Private
21.	Gyadi-Gyadi Arewa	83609780	19/38/1/2/2/0003	Al-noury	Specialist	Hospital
22.	Gyadi-Gyadi Arewa	35745908	19/38/1/1/2/0007	Crescent Clinic	Primary	Private
23.	Gyadi-Gyadi Arewa	32654069	19/38/1/1/1/0008	Ja'Oji Primary Health Centre	Primary	Public
24.	Gyadi-Gyadi Kudu	12713296	19/38/1/1/1/0004	Gyadi-Gyadi Kudu Primary Health Clinic	Primary	Public
25.	Hotoro	82864073	19/31/1/1/2/0003	Al-Amin Medical Centre	Secondary	Private
26.	Hotoro	29855450	19/38/1/3/2/0003	Aurora Specialist Hospital	Secondary	Private
27.	Hotoro	57902038	19/38/1/1/1/0034	Hafizu Kawu Primary Health Clinic and Maternity	Primary	Public

28. Hotoro	14337721	19/38/1/1/1/0025	Hassan Sulaiman ARTV Primary Health Clinic
PrimaryPublic			
29. Hotoro	16418670	19/38/1/1/1/0006	Hayin Dae Primary Health Centre Primary
Public			
30. Hotoro	44362165	19/38/1/1/1/0007	Hotoro Danmarke Primary Health ClinicPrimary
Public			
31. Hotoro	16293647	19/38/1/2/2/0005	Kings Gate Hospital LTD Secondary
Private			
32. Hotoro	34139258	19/38/1/3/2/0008	Sahara Specialist Hospital Secondary
Private			
33. Kauyen Alu	73345739	19/38/1/1/2/0003	Al-Huda Nursing and Maternity PrimaryPrivate
34. Kauyen Alu	58626447	19/38/1/1/2/0035	EXPERT ALLIANCE HOSPITAL Primary
Private			
35. Kauyen Alu	33007814	19/38/1/1/1/0009	Kauyen Alu Primary Health Centre Primary
Public			
36. Kauyen Alu	44865826	19/38/1/2/2/0006	Medicare Nursing and Maternity Primary
Private			
37. Tarauni	65878639	19/38/1/1/2/0001	Excellence Clinic and Maternity PrimaryPrivate
38. Tarauni	63110023	19/38/1/1/1/0025	Government House Primary Health Clinic
PrimaryPublic			
39. Tarauni	52357686	19/38/1/1/1/0025	Head of Service Primary Health Clinic Primary
Public			
40. Tarauni	61271357	19/38/1/2/2/0008	Standard Specialist Hospital Secondary
Private			
41. Tarauni	38716402	19/38/1/1/1/0013	Tarauni Primary Health Centre PrimaryPublic
42. Unguwa Uku	23801035	19/38/1/1/1/0014	Unguwa Uku Primary Health Centre
PrimaryPublic			
43. Unguwar Gano	32902756	19/38/1/1/1/0003	Godiya Clinic and Maternity LTD
SecondaryPrivate			
44. Unguwar Gano	46023136	19/38/1/2/2/0007	Oasis Clinic And Maternity Ltd
SecondaryPrivate			
45. Unguwar Gano	83669254	19/02/1/1/1/0025	Rinji Primary Health Clinic Primary
Public			
46. Unguwar Gano	84899160	19/38/1/1/1/0015	Yar Akwa Primary Health Clinic
PrimaryPublic			
47. Unknown	12625872	19/38/1/3/2/0001	Accord Surgery TertiaryPrivate
48. Unknown	50396590	19/38/1/1/2/0006	Barkallah Clinic and Diagnostics Primary
Private			
49. Unknown	33668637	19/38/1/2/2/0011	City Consultants Hospital Secondary
Private			
50. Unknown	71452499	19/38/1/3/2/0006	Dome Specialist Clinic TertiaryPrivate
51. Unknown	17709349	19/38/1/1/2/0008	Friends Clinic and Maternity PrimaryPrivate
52. Unknown	26787631	19/38/1/1/2/0010	Green-Field Medical Centre PrimaryPrivate
53. Unknown	82073764	19/38/1/1/2/0012	Kanmed Skin Care Clinic PrimaryPrivate
54. Unknown	71264942	19/38/1/1/2/0016	Medina Clinic PrimaryPrivate
55. Unknown	59308015	19/38/1/1/1/0012	Rinji Health Post PrimaryPublic

56. Unknown 20144280 19/38/1/3/2/0009 Sauki Gym and Physiotherapy Clinic Tertiary Private

### **Administration of Medical Centres in Tarauni Local Government Area, Kano State, Nigeria.**

The administration of medical centres in Tarauni Local Government Area is crucial for ensuring the delivery of effective and efficient healthcare services to the population. It's important to note that healthcare administration may vary from one region to another and Tarauni Local Government Area would be subject to the healthcare policies, regulations, and funding from both the Kano State government and federal health authorities in Nigeria. The specifics of administration may also vary based on the available resources, local demographics, and unique considerations in the local area. This may include overseeing the operation, management, and funding of these facilities.

The medical centres in Tarauni are typically organized under the local government health department, which oversees their operation and management. Each medical centre is headed by a medical officer-in-charge, who is responsible for the day-to-day running of the facility. Supporting staff includes doctors, nurses, pharmacists, laboratory technicians, and administrative personnel, all working collaboratively to provide comprehensive healthcare services.

Most of the medical centres in Tarauni LGA adheres to effective management practices because they are essential for smooth operation of these medical centres. These practices include the allocation of resources, maintenance of medical equipment, management of medical supplies, and ensuring the availability of essential drugs. Regular staff training and development programs are conducted to keep healthcare professionals updated with the latest medical knowledge and practices.

The administration of medical centres in Tarauni is guided by policies set by both the state and local government. These policies cover a wide range of areas, including healthcare delivery standards, patient care protocols, health information management, and community health programs. The implementation of these policies ensures that the medical centres operate in compliance with national healthcare standards and provide quality care to patients.

Despite the structured administration, medical centres in Tarauni face several challenges. These include inadequate funding, shortage of medical personnel, and limited access to advanced medical equipment. Additionally, the growing population in Tarauni puts a strain on the existing healthcare infrastructures, leading to overcrowding and longer waiting times for patients.

From the foregoing, we have explored the historical development of Tarauni Local Government Area, Kano State, by examining various facets of the region. We began with an introduction that set the stage for our analysis, geographical location that highlighted its coordinates, boundaries, and the significance of its position within Kano State, climate and vegetation of Tarauni were explored, noting the area's climatic conditions, seasonal variations, and the types of vegetation that thrive in this environment, the land and its people, discussing the demographic composition, ethnic groups, and cultural practices that define the community, a historical overview of Tarauni Local Government Area was provided, tracing its development from its origins to its current status, and identifying key historical events and figures that have shaped the region, the medical facilities available in Tarauni were noted, and lastly the administration of this medical centres. Understanding these aspects is crucial for appreciating the region's development and the context within which it operates. This foundation will support further discussions in subsequent chapters, particularly as we delve into the

impact of these factors on the overall progress and challenges faced by Tarauni Local Government Area.

### **The Emergence of Covid-19 In Tarauni Local Government Area 2020-2022 A.D.**

Furthermore, this study examines the emergence of COVID-19 in Tarauni Local Government Area, Kano State, from 2020 to 2022 A.D, which marked a critical turning point in the community's medical history and health landscape. It provides a historical overview of the pandemic's arrival and progression in Nigeria and Tarauni LGA specifically. The chapter also examines the various measures taken by federal, state, and local governments to control the outbreak, the contributions of non-governmental organizations (NGOs), and the challenges encountered in managing the pandemic. By exploring the responses and difficulties faced in Tarauni LGA, this chapter aims to shed light on the broader implications of the case on local communities in Nigeria. The analysis will help in understanding the effectiveness of the strategies employed, the role of community and external support, and the lessons learned for future public health crises.

### **The Genesis of Covid-19 in Nigerian State and Society.**

According to Shereen et al (2020), the first known occurrence of the virus began in December 2019 in Wuhan, the capital of the Hubei province of China. It began as a form of pneumonia cases in the province. The cases were reported to the World Health Organisation (WHO) country office and it was discovered to be a new strain of the SARS-CoV virus of 2002. The name COVID-19 was given to the virus by the WHO on the 11th of February, 2020.<sup>24</sup>

The first case of COVID-19 was confirmed in Infectious Disease Centre, Yaba, Lagos State, Nigeria on the 27th February, 2020. An Italian citizen arrived at the Murtala Muhammed International Airport, Lagos at 10:00 p.m. on 24th February, 2020 on-board a Turkish airline from Milan, Italy. He visited his company's site in Ogun State the following day where he presented himself at his company's staff clinic. The physician on duty had a strong suspicion of the presence of the virus. This led him to refer the Italian citizen to Infectious Disease Hospital (IDH) and the COVID-19 status was confirmed.<sup>25</sup>

The Nigeria Centre for Disease Control (NCDC) started the contact tracing of 'Persons of Interest' which included all persons on the manifesto of the flight that brought the index case to Nigeria, as well as people who had close contact with the index while in Lagos and Ogun State. After a period of two weeks, a spread cluster of cases was detected in Lagos and Abuja, this was noted to be the emergence of the nationwide of the virus. The Federal Government, through the Nigerian Civil Aviation Authority (NCAA), restricted International commercial flights into the country, effective from 23rd March, 2020. On the same day, Nigeria registered her first fatality; a 67 years old male

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<sup>24</sup> Muhammad, Shereen et al. COVID-19 Infection: Origin, Transmission and Characteristics of Human Coronaviruses, JAdv Res, Vol.24, 2020, pp.91-98. DOI: 10.1016/j.jare.2020.03005

<sup>25</sup> Oyeranti, Oluwaseun and Sokeye, Babajide. The Evolution and Spread of COVID-19 in Nigeria, Centre for Petroleum, Energy Economics and Law (CPEEL), Vol.2, p.3

returnee from the United Kingdom who already had medical issues that were been managed before his death. The death occurred in the Federal Capital Territory, Abuja.<sup>26</sup>

The Federal Government responded with the authorization of the closure of all non-essential services (businesses and industries) and restricted movement of people in Lagos State, Ogun State and the Federal Capital Territory, Abuja, on 29th March, 2020. Most State Governments restricted public gathering and there were restrictions on Inter-statemovement. The Federal Government later authorized the gradual easing of lockdown in the previously restricted states on the 4th of May, 2020.<sup>27</sup>

### **History of COVID-19 in Tarauni LGA, Kano State, Nigeria.**

Kano State recorded her first case of COVID-19 on April 11, 2020.<sup>28</sup> In Kano State there are different health care centres both public and private, but during the COVID-19, there were only two medical centres that were active in controlling the virus and accommodating the COVID-19 patients which were; Aminu Kano Teaching Hospital (AKTH) in Tarauni LGA and the Kwanar Dawaki isolation centre located in Dawakin Kudu.

The first patient confirmed to have the disease in Kano was a native of Tarauni who had travelled back home from Lagos, he was tested positive and promptly isolated at the Kwanar Dawaki isolation center. Over a short period of time, the state gradually became a blazing hot spot for COVID-19 infections with the number of confirmed cases rising steadily. Shortly before confirmation of the index case, a spate of unprecedented deaths was reported in Kano, however, the government could not confirm its connection to the ongoing pandemic.<sup>29</sup>

The outbreak in Kano became a major cause of concern after medical experts and members of the public began reporting a sharp increase in the magnitude of deaths on various parts of the State. As at September 24th 2020, Kano had 1,737 cases and according to the Technical Coordinator, Kano State Task Force on COVID-19, Dr. Tijjani Hussain said, Tarauni Local Government Area had the highest number of the COVID-19 cases, while Kano Metropolitan Area had the lowest number.<sup>30</sup> Kano being a large and commercial state in Nigeria attracted people from other parts of the country and case African countries which had made it easy for the virus to penetrate in.

All data on managed cases were reported to the Nigerian Center for Disease Control (NCDC) using NCDC tools. A new COVID-19 laboratory was established by 54 Genes Corporation in

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<sup>26</sup>NCDC (2020) The Nigeria Centre for Disease Control. NCDC COVID-19 Microsite. Retrieved from: <https://covid19.ncdc.gov.ng/>. [Last accessed on 2020 May 25].

<sup>27</sup> Oyeranti, Oluwaseun and Sokeye, Babajide. The Evolution and Spread of COVID-19 in Nigeria, Centre for Petroleum, Energy Economics and Law (CPEEL), Vol.2, p.5

<sup>28</sup> NCDC (2020) The Nigeria Centre for Disease Control. NCDC COVID-19 Microsite. Retrieved from: <https://covid19.ncdc.gov.ng/>. [Last accessed on 2020 May 25].

<sup>29</sup> Interview with Mallam Haruna, Cold Chain Officer, 52 years, Tarauni, January 2024

<sup>30</sup> Umaru, Pate et al. Public Awareness, Knowledge and Perception of COVID-19 in Tarauni LGA and Kano Metropolitan Area of Kano state, Nigeria, MCC, Vol.4, No.2, 2020, p.54



collaboration with the NCDC. Quality assurance (QA) was provided by the NCDC National Reference Laboratory Gaduwa, Abuja, Nigeria. The Kwanan Dawaki General Hospital was designated for severe COVID-19 case management in Kano.<sup>31</sup>

The Kano state government claimed that investigations into the immediate and remote causes of the deaths pointed at complications from hypertension, diabetes, yellow fever, meningitis, and acute malaria.<sup>32</sup> Nonetheless, the claims could not be verified objectively as conclusions were drawn from verbal autopsies. On the other hand, medical experts at Aminu Kano Teaching Hospital in the state indicated that the hospital had been recording cases with COVID-19 like symptoms before its confirmation of index case.<sup>33</sup> Several elderly patients who visited the hospital were said to have presented symptoms such as fever, cough, breathing difficulties, and low oxygen saturation levels.<sup>34</sup> The NCDC and the Federal Government then put in place some strict preventions and control measurements to control the spread of the virus including general lockdowns, obligatory home quarantine, and bans on public gatherings, international flight restrictions and health education on proper hand washing, hygiene, and sanitation as well as social distancing. There were delays in setting up surveillance systems for the prompt identification of cases, isolation, testing, and contact tracing.<sup>35</sup>

There also seemed to be some challenges with public health preparedness and emergency response. Public awareness was poor, ignorance and denial of the pandemic seemed apparent in the state. Compliance with lockdown orders and other guidelines seemed sub-optimal, as seen by the attendance of mass gatherings and youths organizing football tournaments. Furthermore, the prevailing presence of urban slums, dense population, and inadequate access to portable water, fragile healthcare system, and sharing of sanitation facilities with high degree of social mixing among the inhabitants of Kano may have made the implementation of hygiene and other public health measures necessary for the curbing of the COVID-19 challenging.<sup>36</sup>

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<sup>31</sup> Musa, Maiyaki et al. Profiles and Characteristics of Patients with mild to moderate COVID-19 Disease Phenotypes in a Teaching Hospital in Kano, Northern Nigeria, *International Journal of Translational Medical Research and Public Health*, Vol.6, No.1, 2022, pp.1-10, DOI: 10. 211061/ijtmrph.408

<sup>32</sup> Zundu C.C. What's Behind Nigeria's Unexplained Deaths in Kano? BBC News; 28 April, 2020. Available from: <https://www.bbc.com/news/world-africa-52454259>. [Last accessed on 2020 June 24].

<sup>33</sup> Maclean,R. (2020) New York Times, Kano Nigeria Hotspot. COVID-19 Outbreak in Nigeria is Just One of Africa's Alarming Hotspot. Available from: <https://www.nytimes.com/2020/05/17/worldafricacoronavirus>. [Last accessed on 2020 June 24].

<sup>34</sup> Zundu C.C. What's Behind Nigeria's Unexplained Deaths in Kano? BBC News; 28 April, 2020. Available from: <https://www.bbc.com/news/world-africa-52454259>. [Last accessed on 2020 June 24].

<sup>35</sup> Odukoya, Oluwakemi and Omeje, Uche. COVID-19 Pandemic in Nigeria: A Case study of Kano State – Challenges and Lessons learned, *Jclin Sci*, Vol.17, 2020, p.91. DOI: 10. 4103/jcls.jcls\_73\_20

<sup>36</sup> Odukoya, Oluwakemi and Omeje, Uche. COVID-19 Pandemic in Nigeria: A Case study of Kano State – Challenges and Lessons learned, *Jclin Sci*, Vol.17, 2020, p.92. DOI: 10. 4103/jcls.jcls\_73\_20

However, considering the socio-economic well-being of citizens and the economic challenges that arose as a result of some of the public health measures, some of these restrictions were gradually eased in some parts of the country. This is amidst the rising number of confirmed cases and deaths, as well as the spread of the virus to previously unaffected states. Accordingly, there is need to evaluate the trends of the COVID-19 epidemic in Nigeria, vis-à-vis government's public health response to contain and mitigate against the spread of the disease.<sup>37</sup>

As at 18th February 2021, COVID-19 vaccines became available all over the world, the vaccine was targeted at vulnerable population (elderly people) and prioritizes those at the highest risk (healthcare workers). The vaccination program was launched in Nigeria on the 5th of March 2021.<sup>38</sup> The vaccines were said to be imported and was provided by the government, with the help of some health organizations like WHO (World Health Organizations), there were able to administer it to the health workers and the community members, most locals refused to participate in it believing that the virus didn't even exist in the first place.<sup>39</sup>

The pandemic recorded over 500 million cases and over 6 million deaths worldwide as of May 1, 2022. Nationally, about 255,699 cases and 3,143 deaths were reported on April 24, 2022. Furthermore, Kano State reported about 4,986 cases and 126 deaths on April 24, 2022.<sup>40</sup>

### **Government's Response Against COVID-19.**

The nationwide spread of the virus led to the Federal government of Nigeria implementing certain measures to contain the virus. The available information on the virus and the welfare of her citizenry were guiding beacons in periodic restrictions to maximize containment. Educational and Religious institutions were the first bodies restricted before containment measures extended to non-essential services.<sup>41</sup>

The Federal Government with the aid of different ministries and governmental agencies put up a formidable response in the fight against COVID-19 in Nigeria. Leading the frontlines is the Federal Ministry of Health; the ministry is tasked the formulation and implementation of policies related to COVID-19 in Nigeria with collaboration with relevant ministries and agencies. The Federal Ministry

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<sup>37</sup> Odukoya, Oluwakemi et al. Evolutionary trends of the COVID-19 epidemic and effectiveness of government interventions in Nigeria: A data driven analysis, PubMed Central, Vol.1, 2020. DOI: 10.1101/2020.05.29.20110098

<sup>38</sup> Abdullahi, Abduljaleel et al. Assessment of Knowledge and Acceptance of COVID-19 Vaccinations among Healthcare Workers in Kano State, Nigeria, Assessment, Vol.9, No.2, 2022, p.2. DOI: 10.21522/TIJAR.2014.09.02.Art011

<sup>39</sup> Interview with Mallam Haruna, Cold Chain Officer, 52 years, Tarauni, January 2024

<sup>40</sup> Farouq, Dayyab et al. Determinants of mortality among hospitalized patients with COVID-19 during first and second waves of the pandemic: A retrospective cohort study from an isolation centre in Kano, Nigeria. PLOS ONE, 18(2), 2023. DOI: <https://doi.org/10.1371/journal.pone.0281455>

<sup>41</sup> Onyeji, E. (2020) Premium Times. Retrieved from Nigeria bans all International flights as coronavirus cases rise: <https://www.premiumtimes.ng.com/news/headlines/383095-updated>

of Health through its Accreditation Committee was involved with inspection of public and private treatment centres for COVID-19 confirmed cases. Furthermore, the ministry handled the training guidelines and Personal Protective Equipments [PPE] distribution for frontline workers for this novel disease. The ministry is strongly supported by the Presidential Task Force (PTF) for the Control of the COVID-19 and the Nigeria Centre for Disease and Control (NCDC).<sup>42</sup>

The Local government of Tarauni together with the State and Federal government of Nigeria collaborated with AKTH (Aminu Kano Teaching Hospital) to implement certain rules and policies during the COVID-19 pandemic in order to fight against the virus and stop the spread. The Chief Medical Director (CMD) of AKTH, Dr. Abhurrahman Abba Sheshe who came to office few months before the pandemic made an extraordinary effort, together with the local government, they activated the Infection Control Unit (ICU) which was always at alert to any COVID-19 cases by bringing them to the hospital or taking them to the isolation centres with the use of an ambulance meant for only COVID-19 patients.<sup>43</sup>

The NCDC (The Nigerian Centre for Disease Control) also played a vital role in responding to the pandemic. The NCDC had completed the training of personnel for rapid response teams across all 36 states in Nigeria by December 2019. As of January 28, the NCDC established a Coronavirus Group and activated its incident system to effectively respond to any emergencies. Additionally, the NCDC collaborated with 22 states in Nigeria to activate their own emergency operations centers, which were connected to the NICC (National Incidence Coordination Centers).<sup>44</sup>

The several containment measures which were taken by both Federal and State Governments to curb the spread of the virus included, restriction of interstate movements, closures of schools, markets and other business places, bans on religious and social gatherings as well Federally ordered lockdowns in the state. Other measures include social distancing, use of nose masks, good hygiene, proper hand washing and use of alcohol-based hand sanitizers, sneezing into elbows, etc. as advised by the NCDC.<sup>45</sup>

Generally, the government imposed travel restrictions on March 18, 2020, three weeks after the first confirmed case. Inter-state lockdown was also implemented on March 29, initially targeting three states with high case numbers. Subsequently, on April 23, 2020, all 36 states and the Federal Capital Territory (FCT) were placed under inter-state travel restrictions, 57 days after the index case was confirmed. The slow response in imposing the lockdown compared to countries like South Korea

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<sup>42</sup> Oyeranti, Oluwaseun and Sokeye, Babajide. The Evolution and Spread of COVID-19 in Nigeria, Centre for Petroleum, Energy Economics and Law (CPEEL), Vol.2, 2020, p.4

<sup>43</sup> Interview with Mrs Saratu Jibril, Civil Servant, 45 years, Tarauni, January 2024

<sup>44</sup> Ihekweazu, C. Agogo, E. Africa's response to COVID-19, BMC Med, Vol.18, No.151, 2020. DOI: 10.1186/s12916-020-01622-w. [Google Scholar]

<sup>45</sup> Odukoya, Oluwakemi et al. Evolutionary trends of the COVID-19 epidemic and effectiveness of government interventions in Nigeria: A data driven analysis, PubMed Central, Vol.1, 2020. DOI: 10.1101/2020.05.29.20110098

and Germany may have undermined conventional global COVID-19 prevention strategies and indirectly facilitated community spread in Nigeria.<sup>46</sup>

Social distancing measures were enforced and required a minimum of two meters of physical distance between individuals. The government prohibited large gatherings, implemented compulsory stay-at-home directives for non-essential public servants, and closed schools, markets, and churches. All the clinics were closed down to avoid the spread, whatever emergency or appointment one had pertaining to his/her health, you only had to call the doctor or the hospital through your phone.<sup>47</sup>

Also AKTH responded efficiently by mobilizing their staffs and opening the isolation and holding centre where suspected cases were admitted and treated. If suspected people are being tested and the test results happen to come out positive, they will be moved to Kwanar Dawaki which was also an isolation centre under Kano State Government. The hospital also created awareness about what COVID-19 is all about to the public and also to the staffs, they educated the staffs on how to handle the patients, by enlightening them more on the signs and symptoms of the disease so that when a patient is admitted to the hospital, they can identify whether it is COVID-19 or not.<sup>48</sup>

Self-isolation and quarantine measures were also implemented for returning travelers, individuals with contact with confirmed cases, and discharged COVID-19 patients. However, the implementation and compliance levels of these measures were uncertain. Initially, international passengers arriving in Nigerian airports were allowed to self-quarantine for 14 days without testing or supervision by the Nigerian public health authority. Later, obligatory supervised quarantine was introduced for all arriving passengers at airports and borders.<sup>49</sup>

The government conducted a public health education campaign to sensitize the population about the transmission and infection dynamics of the virus. The NCDC released jingles, videos, and leaflets for public awareness through television, radio channels, and social media. The government distributed funds as relief to vulnerable people, with 84,000 people in Kano each receiving N20,000. This payment covers four months (January to April 2020) under the Conditional Cash Transfer (CCT) program and was carried out in fifteen out of forty-four local government areas in the state. Additionally, the government sanctioned the allocation of 70,000 tonnes of grains from the National Reserve, including confiscated smuggled rice, to support vulnerable individuals nationwide. The Federal granted pardon to 2,600 inmates of the Correctional Centres nationwide. This was designed

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<sup>46</sup> Oyeranti, Oluwaseun and Sokeye, Babajide. The Evolution and Spread of COVID-19 in Nigeria, Centre for Petroleum, Energy Economics and Law (CPEEL), Vol.2, 2020

<sup>47</sup> Interview with Salisu Uba Muhammad, 37 years, Nurse, Tarauni, January 2024

<sup>48</sup> Interview with Mariam Musa, 42 years, Nurse, Tarauni, May 2024

<sup>49</sup> Ishor, D.G and Ioramee, S. Appraisal of Nigeria's Response to Curb the Spread of COVID-19 Pandemic, IJCRT, Vol.8, No.6, 2020, p.1377-1378 DOI: [www.ijcrt.org](https://doi.org/10.21961/ijcrt.1377)

to decongest centres and maintain social distancing policy aimed at containing the spread of the coronavirus. Kano Correctional Centres ceased receiving inmates due to the pandemic.<sup>50</sup>

Civil servants below grade level 14 were ordered to stay at home for month. Inter-state movement was restricted. Markets operations hours were reduced. Hand sanitizers were provided at the entrance of markets and super stores. This affected many businesses. Banks operation hours were also reduced. Some bank branches were closed. This created conjunctions and difficulties for banks and their customers. The pandemic caused inflation. Prices of face mask and hand sanitizers increased, and it made life boring. Most people stayed at home without any assignment.<sup>51</sup>

However, religious scholars were sensitized on the pandemic. Hand sanitizers were provided at some religious centres. Guidelines were set for religious gatherings. Hence, the five daily and Friday congregational prayers were not suspended until after the index case. Scholars organised special prayers against the pandemic. They enlightened public on the pandemic and its place in religion. Imams delivered Friday sermons on the pandemic. They enlighten the public and attributed the outbreak to the vices committed by some people in the society. They urged people to seek forgiveness from God and take preventive measures. Events and viewing centres were also closed.<sup>52</sup> Furthermore, government prepared two isolation centres at 'Yargaya and Kwanar Dawaki. Response committee was constituted with professional medical doctors and other health practitioners. Telephone numbers were provided to the public for reporting any suspicious case. Sensitization and awareness campaigns were created. The media organizations contributed immensely in the public enlightenment campaigns. Some public places and major roads were fumigated with the help of Lee Group of Companies (owned by Chinese investor/businessman based in Kano).<sup>53</sup>

The state task force on the virus engaged traditional rulers to join the crusade against pandemic. The committee discussed with traditional rulers on critical measures that need to be employed to curtail the spread of the pandemic in the state. They urged traditional institutions to help in the fight against the pandemic at the grassroots.<sup>54</sup>

The Nigeria Centre for Disease Control (NCDC) granted COVID-19 test permission to AKTH in the second week of April 2020. Bayero University's Department of Pure and Industrial Chemistry aided the fight against pandemic. It mobilized staff for the production of hand sanitizer.<sup>55</sup> Nevertheless, Kano state government inaugurated fund raising committee to generate fund for fighting against the

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<sup>50</sup>Dankullu, Mukhtar. Ibrahim, Halilu. Socio-economic Consequences of Coronavirus (COVID-19) in Kano, 2021, p.7-8

<sup>51</sup>Mukhtar and Halilu. Socio-economic Consequences of Coronavirus (COVID-19) in Kano, 2021, p.8

<sup>52</sup>Dankullu, Mukhtar. Ibrahim, Halilu. Socio-economic Consequences of Coronavirus (COVID-19) in Kano, 2021, p.9

<sup>53</sup> Ibid, p.9

<sup>54</sup>COVID-19: Kano Task Force Meets with Traditional Rulers <https://thetriumphnews.com/covid-19-kano-task-force-meets-with-traditional-rulers-accessed-last-on-09/04/2020>

<sup>55</sup> COVID-19: BUK Produces Hand Sanitizers <https://primetimenews.com.ng/covid-19-buk-produces-hand-sanitizers/accessed-on-03/04/2020>



pandemic. This committee was headed by Professor Muhammad Yahuza Bello, the then Vice Chancellor Bayero University, Kano State. The committee used UBA Account No. 1022751785 for cash donations, and warehouses for kind donations. Alhaji Aliko Dangote provided all necessary facilities for 600 beds isolation centre at Sani Abacha Stadium Kofar Mata. Alhaji Aminu Dantata donated N300,000,000. Alhaji Abdussamad Isyaka Rabi'u donated building for isolation centre at Court Road.<sup>56</sup>

The Lebanese community in Kano donated items worth N100m. L and Z Company donated 100 bags of rice and 100 packets of biscuits. The political office holders in the state donated half of their March salaries among others. A coalition of business enterprises under Namama Rice Mill initiated distribution of palliatives to communities. They launched the initiative in Shagari Quarters, where Alhaji Abdullahi Namama leader of coalition against the pandemic is residing. They collaborated with ward heads. Furthermore, the state witnessed total lockdown. The Lockdown started and ended gradually. On April 14, 2020, Kano state government announced the total lockdown of the state for one week with effect from Thursday April 16th, 2020 at 10:00 p.m. As a result, people rushed to markets across the state to buy items and prepare for Ramadan fasting.<sup>57</sup>

On Tuesday, May 12, 2020, Julius Berger Nigeria Plc (Julius Berger) donated 48 beds for hospitals with mattresses, to AKTH in Tarauni to support in the shoring up of hospital resources needed to tackle the COVID-19 pandemic. The beds were received by the Chief Medical Director (CMD), Professor Abdulrahman Abba Sheshe, who expressed his utmost thanks to Julius Berger Nigeria Plc for the apt gesture, stating "This is a very noble gesture from Julius Berger, donating critical infrastructure at this time. we are indeed very grateful". Julius berger page

### **Contributions of NGOs To Curtail COVID-19**

During the pandemic, it wasn't only the Nigerian government and the NCDC that responded positively, there were Non-Governmental Organizations (NGOs) that played active roles in pandemic management, there were organizations like CDC (Centers for Disease Control and Prevention) and PIN (Peace Initiative Network)

To shore-up government efforts to curbing the spread of the virus, international organizations, corporate bodies, religious associations, Civil Society Organizations (CSOs), NGOs and individuals donated money and other items to the Nigerian government to combat the spread of the virus, alleviate the suffering of the poor and the vulnerable in the society. These funds are expected to be used in procuring medical equipment and supplies (ventilators, test kits, surveillance-enabled ambulances, PPEs, etc.), as well as to set up and furnish COVID-19 screening, testing, isolation, and treatment Centers.

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<sup>56</sup>Dankullu, Mukhtar. Ibrahim, Halilu. Socio-economic Consequences of Coronavirus (COVID-19) in Kano, 2021, p.10

<sup>57</sup> Dankullu, Mukhtar. Ibrahim, Halilu. Socio-economic Consequences of Coronavirus (COVID-19) in Kano, 2021, p.10

Besides donations, the government had allocated funds for this purpose. However, the use of these funds and donated items had raised serious concerns among many people, prompting questions about accountability and transparency in the utilization of these resources. Recognizing that these funds don't need legislative approvals before disbursement, the necessity for transparency and accountability cannot be overemphasized, not solely in guaranteeing it is used for its primary purpose, however additionally to cut back potential corruption and profiteering.<sup>58</sup>

The Social and Economic Rights Accountability Project (SERAP), a Non-profit organization, had filed a lawsuit asking the Federal High Court, Abuja to “direct and compel 36 state governors to use public funds budgeted for security votes, and life pensions for former governors to fund healthcare facilities and to address the impact of COVID-19 on millions of Nigerians, as well as publish details of spending on COVID-19 in their respective states.”<sup>59</sup>

Peace Initiative Network (PIN), a Kano based Non-Governmental Organization (NGO), donated food items worth several millions of Naira to some selected residents of the Kano state, to vulnerable people affected by the lockdown imposed on the state, as a result of the COVID-19 disease. The food items which include over 500 units of face masks, and 40 bags containing 10kg of rice, carton of spaghetti, 3-liters groundnut oil, 1 packet of salt and food seasoning each, were presented to the vulnerable individuals, who were selected specifically from Tarauni and Kumbotso Local Government Areas of the state.<sup>60</sup>

In the same vein, the NGO also presented empowerment kits, such as sewing machines, Hair Dressing Equipment, and Carpentry tools to over 50 beneficiaries of the Training programme, for the vulnerable individuals. Speaking while making the donation, Michael Femi Sodipo, who is the executive director of the organization, said that the beneficiaries were carefully selected through a process that involves religious and community leaders, ward heads and leaders of community-based organizations. According to him, the organization resolved to embark on the public support program, as a way of cushioning the hardship caused by the locking down of the state, to prevent further spread of the COVID-19 pandemic.<sup>61</sup>

“What we are doing here today was borne out of the need to support some of the households that are feeding on hand to mouth in Gyadi-Gyadi Arewa and Sheka Sabon-Abuja sections of Tarauni and Kumbotso Local Government Areas of Kano State. “PIN is glad to be of help at this time of the

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<sup>58</sup> Ishor, D.G and Ioramee, S. Appraisal of Nigeria’s Response to Curb the Spread of COVID-19 Pandemic, IJCRT, Vol.8, No.6, 2020, p.1377-1378 DOI: [www.ijcrt.org](http://www.ijcrt.org)

<sup>59</sup> Managing COVID-19 Donations transparently, The Punch Newspaper, Retrieved from: [www.serap-nigeria.org](http://www.serap-nigeria.org). Last accessed on May, 2020.

<sup>60</sup> Adeola, Ajakaiye. COVID-19: PIN donates food items and empowerment kits to vulnerable people in Kano, 2020 DOI: [www.businessday.ng](http://www.businessday.ng)

<sup>61</sup> Adeola, Ajakaiye. COVID-19: PIN donates food items and empowerment kits to vulnerable people in Kano, 2020 DOI: [www.businessday.ng](http://www.businessday.ng)

COVID-19 pandemic, and we would continue to do whatever is necessary to support the government in providing support to vulnerable Nigerians” Sodipo said.<sup>62</sup>

"Save the Children" also an NGO that operates globally with a mission to improve the lives of children. During the COVID-19 pandemic in Tarauni, Save the Children ensured the safety and well-being of children in the midst of the pandemic, addressing issues related to child protection, and providing support to vulnerable children. With disruptions in education due to the pandemic, they implemented initiatives to support continued learning, whether through remote education programs or the distribution of educational materials. They raised awareness both about the unique challenges faced by children and families and advocated for policies that benefitted them and about the COVID-19.<sup>63</sup>

### **The 21<sup>st</sup> Century Challenges Against Pandemic Management**

The challenges that were encountered in the area were multifaceted, the government, the community members, the hospitals and their staffs, people's businesses etc. During the pandemic, many locals didn't believe in the existence of the virus, most people began using salt in their bathing water and mixing it in water to drink believing the salt will kill the virus, also some believed the Kano governments were just adding to the number of COVID-19 cases in order to embezzle public funds. The limited knowledge of the transmission of the virus among the general public was a huge challenge.<sup>64</sup>

Another problem at the onset of the pandemic was the problem of contact tracing, due to false or wrong contact addresses given by people who came in from Europe and other parts of the world. There were also handful of COVID-19 patients who ran away from the isolation centres. This further puts the State COVID-19 task force to commence and intensify contact tracing and immediate decontamination.<sup>65</sup> The rules of using facemasks and hand sanitizers when in public was implemented and many weren't following this instructions, some even engaged in sharing of used face masks, which resulted in increasing the risk of COVID-19 spread.<sup>66</sup>

In the aspect of the closure of places of worship, to curtail the spread of COVID-19 was seen by religious people as means of depriving them of their freedom of worship. This was flagrant violation of government order on social or physical distancing. Some Northern Nigerian Muslims' faithful went on rampage, when the LEA (Law Enforcement Agency) disrupted their Jumat (Friday) Prayer. In another development, there was also some sayings by some Christian folks that COVID-19 is genetically engineered to drive in the Anti-Christ. Some are of the opinion that the pandemic will enable the agents of Anti-Christ to produce vaccine that contain microchips. These chips will serve

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<sup>62</sup>Ibid

<sup>63</sup>Interview with Faith Ogah, 32 years, NGO Worker, Kano city, January 2024

<sup>64</sup> Interview with Mariam Musa, 42 years, Nurse, Tarauni, May 2024

<sup>65</sup> NCDC (2020) COVID-19 Situation Report

<sup>66</sup>Interview with Mr Hassana Umar, 44 years, Civil servant, Kano state, January 2024

as a means of identity (mark of the beast in the book of revelation) and at a later date will be used for buying and selling.<sup>67</sup>

In AKTH, most staffs were asked to stay back at home without any allowances, the ones who happened to be present in the hospital during the pandemic period weren't motivated because the working allowances wasn't adequately provided. Staffs ran shifts and due to the lack of movement and transportation, it wasn't easy to get to the hospital as some of them trekked, although staff bus were provided but not all benefitted from it. The ambulance was another problem factor, when picking a victim, most of the time the response team delays which will eventually cause more spread of the infection to others.

The number of hospitals and clinics in Tarauni LGA was insufficient to handle the influx of COVID-19 patients due to the fact that most of them were shut down and it was only AKTH that was running, there were shortage of beds, particularly in ICUs. The need for dedicated isolation and treatment centers for COVID-19 patients outstripped available resources. This resulted in delays in isolating infected individuals, increasing the risk of virus transmission within the community.

To some extent, there was an acute shortage of PPE, including masks, gloves, gowns, and face shields, for healthcare workers. This shortage not only put healthcare workers at risk but also contributed to the spread of the virus within healthcare settings.

The global nature of the pandemic disrupted supply chains, making it difficult to procure essential medical supplies and equipment. Delays in delivery and transportation further compounded these challenges.

Conclusively the COVID-19 pandemic significantly impacted Tarauni LGA, Kano State, from 2020 to 2022. The virus spread rapidly, exacerbated by population density and social gatherings. The federal and state governments, along with Tarauni LGA authorities responded by implementing various measures including lockdowns, curfews, mass testing, and relief distribution to curb the virus's spread. NGOs played a vital role by providing medical support, conducting awareness campaigns, and distributing essential supplies.

However, the pandemic highlighted numerous challenges, such as inadequate healthcare infrastructure, difficulties in ensuring public compliance with health measures, widespread misinformation, and severe economic repercussions. Despite these hurdles, the collective efforts of the government and NGOs were crucial in mitigating the pandemic's impact. Moving forward, there is a clear need for improved healthcare systems, better public health communication, and enhanced preparedness for future pandemics.

### **The Impact of Covid-19 On Tarauni Local Government Area of Kano State, Nigeria.**

Recent past studies conducted have stressed that the emergence of the COVID-19 pandemic had profoundly affected communities worldwide, challenging existing systems and reshaping societal norms. Tarauni LGA has not been immune to the far-reaching impacts of this global crisis. As we delve into the analysis of COVID-19's effects on Tarauni LGA, it becomes evident that understanding its multifaceted repercussions is essential for effective response and recovery efforts.

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<sup>67</sup>Kabiru, Akinyemi et al. Intrigues and Challenges Associated with COVID-19 Pandemic in Nigeria, Health, Vol.12, No.8, 2020, pp.954-971. DOI: 10/4236/health.2020.128072

In this chapter, we will delve into the profound impact that COVID-19 has had on Tarauni LGA and Kano state as a whole. The chapter begins with an introduction setting the stage for the subsequent sections, which explore the political, social, and economic repercussions of the virus on the community. The community has faced unique challenges in combating the spread of the virus, navigating the delicate balance between safeguarding public health and sustaining livelihoods. By exploring these complexities, we aim to gain a deeper understanding of the intricate interplay between a global crisis and a local context.

### **The Political Impact of COVID-19 On Tarauni LGA, Kano State, Nigeria**

One positive impact was the establishment of PTF (The Presidential Task Force). The Presidential Task Force on COVID-19 was established by President Muhammadu Buhari on March 9, 2020, to coordinate and oversee Nigeria's multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria<sup>68</sup>

After the COVID-19 pandemic, Kano State experienced several political changes and developments. The pandemic increased public demand for transparency and accountability in government spending, particularly concerning funds allocated for COVID-19 relief and healthcare improvements because it was rumored that some state governments were using the rise of COVID-19 cases to collect funds for their own personal gains. However, to some extent there was a push towards better governance practices, including more effective resource allocation, improved public health management, and stronger regulatory frameworks to handle future crises.<sup>69</sup>

The state government's collaboration with federal authorities during the pandemic set a precedent for continued cooperation on public health and economic issues. This collaboration was essential for securing resources and implementing effective policies. Nevertheless, relationships with international organizations and donors strengthened, leading to continued support for development projects and health initiatives post-pandemic.<sup>70</sup>

To enhance public health preparedness and response, new laws and regulations were passed. These legislative changes aimed at building a more robust health system and ensuring better management of future health emergencies. Legislation focusing on economic recovery and social welfare programs was introduced to address the long-term impacts of the pandemic on vulnerable populations.

On February 27, 2024, the Kano State House of Assembly under the leadership of its speaker, Rt. Hon. Jibril Ismail Falgore passed into law the Public Health Security Bill 2023, which was developed in partnership with Resolve to Save Lives. This landmark legislation, the first of its kind at the subnational level in Nigeria establishes a robust framework for public health surveillance, emergency management, and the protection of health care workers during crises. Prime time news reported that Kano State has become a trailblazer among Nigerian states by spearheading the bill as

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<sup>68</sup>Jambe, Nike. Nigerian's Presidential Task Force on COVID-19 gets new role, 2021. Gotten from [www.premiumtimesng.com](http://www.premiumtimesng.com)

<sup>69</sup>Ibid

<sup>70</sup>Interview with Sadiyu Uba Mohammed, 37 years, Nurse, Tarauni, January 2024



this crucial legislation was designed to fortify the state's capabilities in preventing, detecting, responding to, recovering from, and preparing for epidemic diseases.<sup>71</sup>

These political changes reflect the significant impact of the COVID-19 pandemic on Kano State's governance, policy-making, and civic engagement. The pandemic acted as a catalyst for political transformation, pushing leaders to adopt more responsive and inclusive approaches to governance.

### **The Social Impact of COVID-19 on Tarauni LGA, Kano State, Nigeria.**

COVID-19 had a profound impact on the educational and school system worldwide. The COVID-19 posed on policy makers the dilemma of either shutting down educational institutions or keeping them open, either saving lives by eliminating social contacts or maintaining every state's economy.<sup>72</sup>

In Tarauni, it necessitated the widespread adoption of remote learning as schools were forced to close to prevent the spread of the virus. This sudden shift to online education highlighted existing inequalities in access to technology and the internet among students, exacerbating the educational divide between those with and without adequate resources.<sup>73</sup>

The closure of schools disrupted traditional modes of learning and social interaction, leading to challenges in student engagement, mental health issues, and concerns about learning loss. Many students struggled with the transition to remote learning, facing difficulties in staying motivated and focused without the structure and support provided by in-person instruction. Students from economically disadvantaged backgrounds face significant challenges. These include a lack of access to necessary technology, the internet, basic digital skills, and suitable study environments, all of which hinder their ability to participate in remote learning. Additionally, the financial strain on their families, particularly pronounced for those already struggling financially, often leads to high dropout rates among these students.<sup>74</sup>

One positive impact of the COVID-19 in Tarauni were healthcare infrastructures being provided with tools and equipment for better treatment. According to a nurse at AKTH "if COVID-19 had not happened, government wouldn't have provided all this things". The state government took steps to enhance the capacity of the healthcare system. This included setting up isolation centers, increasing the number of hospital beds, and ensuring the availability of personal protective equipment (PPE) for healthcare workers. An example was the new emergency unit built and opened in AKTH after the COVID-19 pandemic. Mariam musa

Although the sudden influx of patients with COVID-19 overwhelmed hospitals and healthcare facilities, leading to shortages of beds, medical supplies, and healthcare workers. This strain compromised the ability of the healthcare system to provide adequate care not only for COVID-19

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<sup>71</sup> Mustapha, Salisu. Nigeria's Kano State Passes Public Health Security Bill Into Law; Resolve to save lives, 2024

<sup>72</sup> Olympia, Tsolou et al. The Impact of COVID-19 Pandemic on Education: Social Exclusion and Dropping out of School, *Creative Education*, Vol.12, No.3,

<sup>73</sup> Interview with Hamidat Jibril

<sup>74</sup> Interview with Hamidat Jibril, 37 years, Civil Servant, Tarauni, January 2024

patients but also for individuals requiring treatment for other medical conditions. It caused existing healthcare challenges in Tarauni much worse such as limited healthcare infrastructure, inadequate funding, and a shortage of medical personnel. These pre-existing weaknesses were amplified by the surge in COVID-19 cases, further compromising the quality and accessibility of healthcare services for residents.<sup>75</sup>

Overall, the healthcare strain caused by COVID-19 in Tarauni, underscored the importance of strengthening healthcare systems to better response to public health emergencies and ensuring equitable access to quality healthcare for all residents. It also heightened public awareness about health and hygiene. People became more conscious of practices like regular handwashing, wearing masks, and maintaining social distance. The critical role of vaccinations were emphasize, leading to increased acceptance and uptake of vaccines, not only for COVID-19 but for other preventable diseases as well.

Thirdly, individuals diagnosed with COVID-19 or suspected of having the virus faced social stigma and discrimination due to fear, misinformation, and uncertainty surrounding the disease. This stigma manifested in various ways, such as avoidance, social exclusion, verbal abuse, or even physical violence against individuals and their families. It led to negative psychological effects, including feelings of shame, guilt, and isolation, which could hinder individuals from seeking medical care or disclosing their illness to others. Moreover, stigmatization perpetuated misinformation and hindered efforts to control the spread of the virus by discouraging people from being tested, seeking treatment, or adhering to public health guidelines.<sup>76</sup>

Also, the COVID-19 pandemic disrupted cultural and religious practices due to the lockdowns, social distancing guidelines, and restrictions on gatherings on traditional customs, Churches, Mosques, ceremonies, weddings, rituals etc. In Tarauni, going to Mosques for prayers, going to the Church or even attending a wedding is an opportunity for community members to come together, strengthen bonds, and celebrate shared values. The inability to gather for these events due to COVID-19 restrictions resulted in a loss of social connection and support networks, influencing community cohesion and resilience. Many religious practices had to be adapted to comply with public health guidelines. For example, Church services moved online, and even after the COVID-19 pandemic, prayers in the Mosque were performed with social distancing measures in place with a compulsory washing of hands or using hand sanitizers frequently and wearing of facemasks that many locals complained it was uncomfortable and tiring especially during the heat periods.<sup>77</sup>

Despite the challenges posed by the pandemic, the disruption of cultural and religious practices also prompted reflection and innovation within communities. Many found creative ways to adapt, utilize technology for virtual gatherings, and support each other through acts of kindness and solidarity.

Furthermore, communities came together to support each other, particularly the NGOs in distributing relief materials and helping vulnerable individuals. This collective effort fostered a stronger sense

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<sup>75</sup> Interview with DR. Theophillus Kudu, 51 years, Doctor, Tarauni, May 2024

<sup>76</sup> Interview with Miss Ruth Olamilekun, 45 years, Civil Servant, Tarauni, May 2024

<sup>77</sup> Interview with Baba Gana, 61 years, Trader, Tarauni, May 2024

of community solidarity. Some were interested in education, whereas some were on distributing food, clothes etc.

These social changes reflect the profound impact of the COVID-19 pandemic on the daily lives and behaviors of the people in Kano State, shaping a new normal in various aspects of society.

### **The Economic Impact of COVID-19 on Tarauni LGA, Kano State, Nigeria.**

The economic impact of COVID-19 in Tarauni and Kano as a whole has been significant. Firstly, the lockdown measures and restrictions that were imposed to curb the spread of the virus disrupted businesses, supply chains, and daily livelihoods. Many small businesses struggled to survive. Additionally, sectors like tourism and hospitality, which are essential to Kano's economy, were severely affected due to travel restrictions and reduced consumer spending.

Secondly there was the suspension of international and local flights because of the pandemic, this seriously affected both import and export trade. The countries affected include China, United Arabs Emirate (Dubai), United States of America, United Kingdom, France, Germany and Saudi Arabia. These countries are major Nigeria's trading partners that supplied goods to Nigerian markets including Kano. Therefore, there was disruption of goods importation from these countries. Meanwhile, some Kano traders became stranded in other countries in their quest to import goods.<sup>78</sup> Connected to this is the banning of international pilgrims to perform both Umrah (lesser hajj) and pilgrimage (hajj) by the authority of Saudi Arabia. For centuries, thousands of pilgrims travelled to Saudi Arabia for annual hajj. However, in June 2020, the Saudi authority announced the banning of international pilgrims to participate in the exercise due to the prevalence of COVID-19. Only few Saudi residents were allowed to partake in this important exercise. Although hajj is primarily a religious rite, it also entails economic drain for many people. It provides sources of income to many people such as travel agents, airliners, transporters, food vendors and other traders.<sup>79</sup>

With the increasing spread of COVID-19, Nigeria's international borders were shutdown. It prevented the influx of traders from the neighboring countries of Niger, Mali, Chad, Cameroun, Ghana and Togo from attending Kano markets. In Kano, traders attend many international markets on daily basis from these countries. In order to contain the spread of COVID-19 in Nigeria, the federal government first imposed lockdown in Abuja, Lagos and Ogun states in March 2020. Between April and July, the lockdown later extended to other states such as Kano, Kaduna, Katsina, Borno, Akwa Ibom, Ekiti, Kwara, Jigawa, Osun, Rivers and Taraba.<sup>80</sup>

Lockdown had restricted the movement of people, goods and services across the country resulting to huge economic losses. It was estimated that during the lockdown period Nigeria's GDP suffered

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<sup>78</sup> Junaidu, Danladi. The Economic Impact of COVID-19 Pandemic on Kano, Nigeria, IFRA-Nigeria Working Papers Series 80, IFRA-Nigeria, 2021, pp.1-31. <https://hal.science/hal-03416168>

<sup>79</sup> Junaidu, Danladi. P.5

<sup>80</sup> Junaidu, Danladi. P.6

a 34.1 percent loss due to COVID-19, amounting to USD 16 billion, with two-third of the losses coming from the services sector.<sup>81</sup>

Lockdown and interstate movement restriction throughout the country had interrupted the flow of goods and services, which affected commercial activities in Kano. Meanwhile, during the lockdown there was stigmatization of Kano, as it was perceived by many states in the north as the 'Wuhan' or epicenter of transmitting the virus to other neighbouring states. Perhaps that was due to the high number of the virus cases recorded in the state and its strategic position as commercial centre that attract people from different parts of the world. However, despite the banning and all odds, traders never stopped coming to Kano to buy consumer goods that were not available in their respective areas.<sup>82</sup>

During the course of the lockdown, major markets were required to halt operations for approximately two months, with only two markets permitted to open sporadically on days designated as lockdown-free. Many people experienced loss of income as business owners and petty traders couldn't operate their businesses well, some lose their jobs while some had to stop working for a period of time, families faced financial strain and struggled to meet basic needs.<sup>83</sup>

COVID-19 also reduced the number of employers to between 50-70% in most of non-governmental institutions and 20-30% in governmental organizations (only a person who is grade 13 and above were allowed to walk out for work, others to work at home). This boosted the economic sector not only in Nigeria, but also in the whole world (NCDC, 2020). In 1 April 2020 federal government of Nigeria publicized that it would give out N20, 000 (US\$52) to those registered with National Social Register (NSR). The target people were 3.6 million which is equivalent to 72,000,000,000 (US\$187200000). This money relieved the tension and pressure on poor people and increased the money in circulation.<sup>84</sup>

The COVID-19 pandemic has also taken a heavy toll on the manufacturing sector. With lockdown measures in place, most manufacturing activities slowly stopped. Key industries such as food processing, cement production, metals, plastics, furniture, and textiles were severely impacted. This disruption led to a scarcity of goods in the market and a sharp rise in prices. Many companies were forced to lay off workers, significantly adding to the state's unemployment rate. Consequently, the shortage of goods persisted, exacerbating the economic challenges faced by Kano state.<sup>85</sup>

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<sup>81</sup> Kwaw Andam et al. Estimating the Economic Costs of COVID-19 in Nigeria, July IFPRI Nigeria Strategy Support Program Working Paper 63, 2020

<sup>82</sup> Junaidu, Danladi. The Economic Impact of COVID-19 Pandemic on Kano, Nigeria, IFRA-Nigeria Working Papers Series 80, IFRA-Nigeria, 2021, pp.5-6. <https://hal.science/hal-03416168>

<sup>83</sup> Interview with Baba Gana Hussein, a trader at Tarauni Market on 17<sup>th</sup> May, 2024 at his shop in Tarauni Market

<sup>84</sup> Ahmad, Abubakar et al. Assessment of Socio-economic effects of COVID-19 in Northwestern Nigeria: A Case study of Kano and Kaduna States, DUJOPAS, Vol.7, No.2, 2021, p.44

<sup>85</sup> Interview with Mr Silas God'swill, 42 years, Factory Worker, Kano city, May 2024

The immediate impact of the COVID-19 in Kano and indeed through Nigeria is high increase in the prices of goods and services. During the pandemic, Kano state like other parts of the country recorded high inflation. It was observed that since the beginning of pandemic, there has been growing inflation especially for essential commodities like food items, textiles water, medicines and building materials. According to the National Bureau of Statistics (NBS) the inflation rate increased by 13.22 percent in August, up from 12.82 percent recorded in July 2020, being the highest in two years. The CPI report showed that composite food index rose by 16 percent in August compared to 15 percent in July 2020. "This rise in the food index was caused by increases in prices of bread, cereals, potatoes, yam and other tubers, meat, fish; fruits, oils and fats and vegetables."<sup>86</sup>

According to (Mukhtar, 2020) Pre-COVID-19 poverty rate projection was 0.1%points from 40.1%in 2019 to about 40.2% in 2020. However, due to the impact of COVID-19, the poverty rate is expected to increase to additional 2.4%points, which translate into 42.5%in 2020 suggesting that an additional 7.2 million will be pushed into poverty. COVID-19 impact alone is expected to increase the number of individuals push into poverty by additional 4.9 million people in the country in 2020, while a projected 6 million people will be pushed into poverty by 2022 because of COVID-19.<sup>87</sup>

Conclusively the whole intellectual endeavor herein is to point out that COVID-19 pandemic had a profound and diverse impact on Taraui LGA, Kano State, affecting its political, social, and economic spheres. The political landscape saw swift policy adaptations and a test of governance efficacy as leaders navigated unprecedented challenges to protect public health and maintain social order. Socially, the pandemic disrupted traditional communal practices, exacerbated existing inequalities, and took a toll on the education system and mental health, yet it also sparked remarkable community resilience and solidarity. Economically, the crisis led to widespread business closures, job losses, and disruptions in supply chains, highlighting the vulnerabilities in the local economy and the urgent need for targeted support and recovery measures.

The pandemic emphasized on the importance of robust healthcare infrastructure, transparent and accountable governance, and strong social support systems. It also highlights the need for economic diversification and resilience to better withstand future shocks.

### **General Conclusion of the Studied Subject Matter**

This study aimed to analyze the reaction of the Nigerian government to the COVID-19 pandemic in Tarauni Local Government Area, Kano State, Nigeria from 2020 to 2022 A.D. The research provided

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<sup>86</sup> Junaidu, Danladi. The Economic Impact of COVID-19 Pandemic on Kano, Nigeria, IFRA-Nigeria Working Papers Series 80, IFRA-Nigeria, 2021, pp.14. <https://hal.science/hal-03416168>

<sup>87</sup> Mukhtar, Mustapha. Impacts of COVID-19 on Socio-Economic Characteristics of Households in Kano, Nigeria. Lapai Journal of Economics, Vol.4, No.2, 2020, p.163



a comprehensive examination of the government's response measures, the contributions of NGOs, and the pandemic's impact on the local community and Kano state as a whole.

The study of the government's response to COVID-19 in Tarauni LGA includes a mix of effective and less effective measures. Initial lockdowns and public health campaigns helped to contain the virus's spread, but resource limitations and enforcement challenges hindered the overall effectiveness. NGOs played a crucial role in supplementing government efforts, particularly in public education, provision of medical supplies, and support for vulnerable populations. The government's measures, including lockdowns, social distancing mandates, and public health campaigns, were instrumental in controlling the initial spread of the virus. However, the effectiveness of these measures was hampered by inadequate healthcare infrastructure, limited medical supplies, and logistical challenges in enforcing restrictions. Resource allocation was often insufficient, leading to gaps in healthcare delivery and support for affected individuals. Despite these challenges, the government's efforts provided a foundational response that was critical in managing the crisis.

Also, the pandemic had significant political, social and economic impact on the community, affecting governance, community behaviour and economic stability. The political impact of the pandemic included changes in governance and policy-making, with an increased focus on public health and emergency preparedness. Socially, the pandemic led to significant changes in community behaviour, social interactions, and mental health. Economic impact were widespread business closures, job losses, and economic instability affecting the livelihoods of many residents. These impacts have both short-term and long-term consequences, highlighting the need for ongoing support and recovery efforts.

Furthermore, in the course of the research, there were observations and lessons to be learned. One, effective communication and public health education are vital in managing a pandemic, as misinformation and public distrust can undermine response efforts. Two, adequate resource allocation and robust healthcare infrastructure are essential for an effective response and lastly collaboration between government and Non-Governmental Organizations can enhance the overall effectiveness of pandemic management. The findings of this study have broader implications for other regions and future pandemics. The insights gained can inform policy-making and public health strategies, emphasizing the importance of preparedness, resource allocation, and effective communication. By understanding the strengths and weaknesses of the response in Tarauni LGA, other regions can develop more effective strategies for managing similar crises.

In addition, the study also contributed to academic knowledge by providing a detailed analysis of the governmental response to COVID-19 in a specific local context. It offers valuable insights for public health officials, policymakers, and researchers, enhancing our understanding of effective pandemic management and response strategies. The study's findings can inform future research and policy development, contributing to improved pandemic preparedness and response. The study also faced several limitations, including constraints in data availability and access, potential biases in self-reported data, and challenges in conducting field research during the pandemic. These limitations may have affected the findings and interpretations, but they also highlight areas for future research and improvement.

Finally, this study provides a comprehensive analysis of the Nigerian government's response to the COVID-19 pandemic in Tarauni LGA. The findings highlight the importance of effective



communication, adequate resource allocation, and collaboration in managing a pandemic. By learning from the experiences in Tarauni, we can develop more effective strategies for future public health crises, ensuring better preparedness and response to protect communities and save lives.

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<b>SN</b>	<b>Name</b>	<b>Age</b>	<b>Place</b>	<b>Occupation</b>	<b>Date Of Interview</b>
1.	Mallam Haruna	52	Tarauni	Cold Chain Officer	January 2024
2.	Saratu Jibril	45	Tarauni	Civil Servant	January 2024
3.	Salisu Muhammad	37	Tarauni	Nurse	January 2024
4.	Mariam Musa	42	Tarauni	Nurse	May 2024
5.	Faith Ogah	32	Kano city	NGO Worker	January 2024
6.	Hassana Umar	44	Tarauni	Civil Servant	May 2024
7.	Hamidat Jibril	37	Tarauni	Civil Servant	January 2024
8.	Theophilus Kudu	51	Tarauni	Doctor	May 2024
9.	Ruth Olamilekan	45	Tarauni	Civil Servant	May 2024
10.	Baba Gana	61	Tarauni	Trader	May 2024
11.	God's will Silas	42	Kano city	Factory worker	May 2024

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