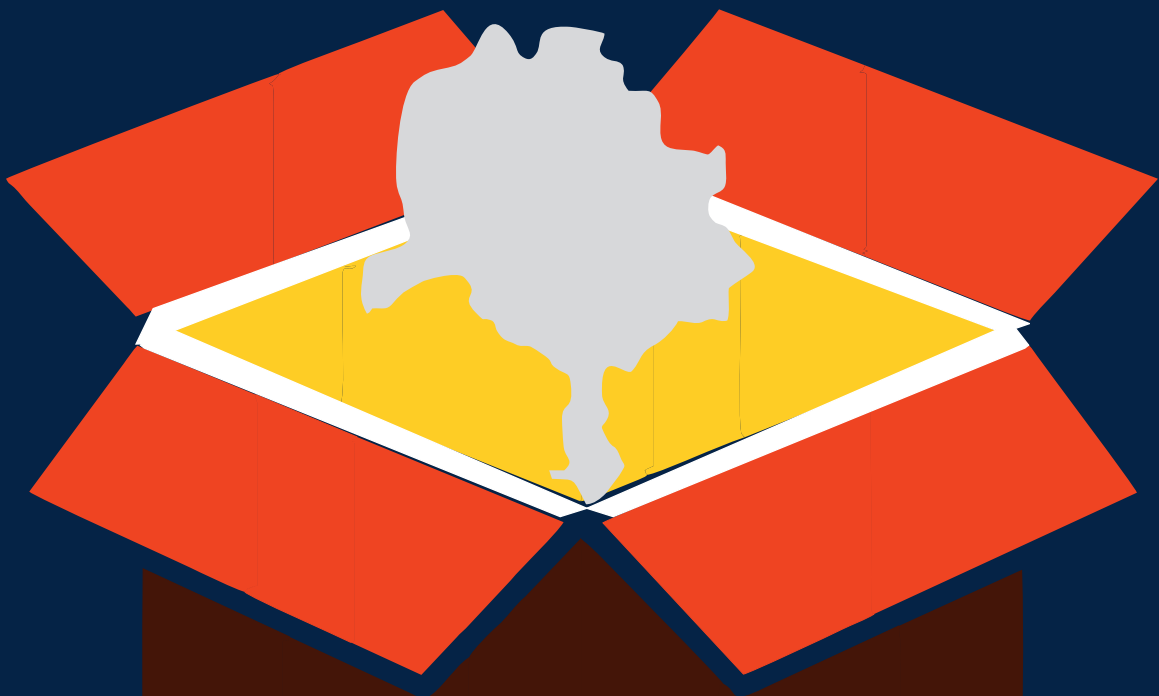




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# Unpacking Falsehoods:

COVID-19 and responses in Kano State



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Centre for Democracy & Development  
Centre pour la Démocratie et le Développement

# Introduction

The escalation in the situation in Kano has come as a shock. Reports of a spike in deaths coincided with the suspension of testing in the state. A Daily Trust [report](#) on 21 April suggested that around 150 people had died in Kano in the five days previous. Allegations that sent shockwaves of panic across Nigerian society and resulted in investigations to determine what was behind the sudden spike in deaths. Explanations claimed that the spike in deaths was the result of severe malaria and typhoid fever and a coronavirus-induced fear of going to hospitals. But there remains an elephant in the room; these deaths could be victims of the COVID-19 who went untested.

The initial response to the suspension of testing was incoherent. The head of the COVID-19 testing centre in Kano, Nasiru Magaji, said it was closed for routine fumigations. Isa Abubakar, a member of the Kano Task Force on COVID-19, attributed the closure to a shortage of testing kits. Osagie Ehanire, Minister of Health, said it was closed due to some staff being infected with COVID-19 as well as a shortage of testing kits. That state actors were not sure when the lab would be reopened was the only [uncontested point](#).

The uncertainty and incoherence surrounding this situation made it ripe for misinformation and disinformation. A hashtag [#NCDCFailedKano](#) started trending on Twitter not long after news of the spike surfaced. Tweets under this hashtag suggested that the Nigeria Centre for Disease Control (NCDC) was not taking the COVID-19 situation in the North as seriously as in the South. In situations like that of Kano, it is vital to have information from trusted sources on the ground, to clarify and prevent the weaponization of false information.

Thus, the Centre for Democracy and Development (CDD) held an online forum on April 28, 2020 to examine what was happening on the ground in Kano; to look into why Kano is experiencing the spike in deaths; to provide some clarity on the incoherent government response to the suspension in testing; and to potentially suggest policy solutions for state actors. The forum, held under Chatham House Rules, brought together five experts on communications, fake news, Kano politics, and Islamic principles. Four of the panelists were based in Kano at the time of the forum.

Six of the key conclusions from the panel are listed below:



1

There has been a significant spike in deaths from a combination of pre-existing conditions, COVID-19 and comorbidity.



2

The spike in deaths is less than reported on social media and by traditional media houses.



3

The Islamic position on autopsies is that they are allowed during pandemics.



4

The Kano State Government (KSG) was unprepared for a coronavirus outbreak and has been reactionary in dealing with the outbreak so far.



5

Misconceived citizen attitudes and false information have made implementing directives difficult.



6

The KSG should partner with private, civil society, traditional and religious actors, across a range of interventions, with a focus on behavioural change communication.

# Clarifications

## What is the Truth About The Spike In Deaths?

It is difficult to establish the veracity of the spike because no official records of death are kept. One cannot demonstrate a change in the rate of death without a baseline. However, emergent evidence suggests that there has been a significant spike in deaths. Three doctors conducted extensive interviews and found a significant increase in death rates in metropolitan Kano. People also personally feel that death rates are rising, because their contacts are dying at an increased rate from 2019. However, this perception could be biased; because they are at home they have more time to be observant of deaths.

The most extensive evidence comes from a survey of grave diggers in the Kano Metropolis. Across the board, grave diggers reported that the spike in deaths started earlier than was picked up by social media. Viral videos first appeared on Facebook on April 18 but grave diggers reported an uptick in deaths two weeks before that. The grave diggers also gave a sense of how significant the spike has been. According to some of them, before the outbreak of the virus, they were burying a single person every two or three days. In early April, five or six burials were taking place a day.

**Kuka Bulukiya  
in Dala LGA**  
biggest cemetery in Kano

**9-15**  
bodies per day in the  
same period

**Abattoir Cemetery  
in Fagge LGA**  
second largest cemetery

**12-18**  
bodies per day in the  
same period

**Farm Centre  
Cemetery in  
Tarauni LGA,**


**17** bodies  
per day in the same period

Kuka Bulukiya in Dala Local Government Area (LGA) is the biggest cemetery in Kano, receiving corpses from 40 communities. The grave diggers there reported burying between 9-15 people per day over the past three weeks. Abattoir Cemetery in Fagge LGA is the second largest; grave diggers there reported burying 12-18 bodies per day in the same period. The highest number that Abattoir Cemetery grave diggers buried in a day is 25. At Farm Centre Cemetery in Tarauni LGA, the highest number buried in a day was 17.

Evidently, there are three phenomena causing deaths: pre-existing conditions which were untreated due to a closure of health facilities; COVID-19; and comorbidity, or a combination of COVID-19 and underlying conditions. The three doctors in Kano who interviewed people also conducted verbal autopsies—they talked to close relations of people who died to ascertain what symptoms the victims exhibited before death. The verbal autopsies revealed that a lot of people who died are above 60 years old. Globally the virus has disproportionately

## Kano metropolis

most victims  
were at or  
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men accounted  
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**41%**

most frequent  
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a fever.

affected older populations. Many exhibited symptoms of well-known ailments: malaria, meningitis, hypertension and diabetes. This has been corroborated by a [community-based survey](#) which found that deaths were concentrated in the Kano metropolis, most victims were at or above 60 years old, and the most frequent symptom (41%) was a fever. The report also suggests men are disproportionately affected—men accounted for 91% of the deaths in their sample.

When the lockdown in Kano was announced, most private clinics and general hospitals stopped admitting new patients. Many people were forced to visit emergency wards to receive prescriptions. An inability to access adequate care has increased the risk of death. Also, according to the doctors, some of those who died showed symptoms of COVID-19. Finally, it is possible that people weakened by pre-existing

conditions eventually fell victim to the virus. This situation is known as comorbidity; if one is immunocompromised due to an underlying situation, there is a greater risk of death should one contract COVID-19. The community-based survey findings add an interesting dimension to these permutations—most deaths in their sample occurred within 10 days of seeing the first symptoms. Whether this provides support for COVID-19 is inconclusive.

A [global estimate](#) of the average time between the onset of symptoms and death is 17.8 days; the lower bound of their 95% confidence interval is 16.9 days. It is possible that Kano falls below the global average since the state was especially unprepared but without autopsies it is impossible to be certain.

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## What is the Islamic Position on Developments in Kano?

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Two popular Islamic clerics allegedly denied the existence of COVID-19. However, denial is a misinterpretation of what was actually said. One popular cleric expressed reservations about the closure of mosques. For him, during the calamity Muslims should be allowed to visit sacred spaces to pray, so that the calamity will be taken away by God. The other lamented the dearth of information on COVID-19 coming from the Muslim world. In his view, information has come from elsewhere, from people who are sometimes looked at as enemies. Muslims need to be able to interrogate information on COVID-19 and provide Islamic perspectives.

There have been allegations that Muslims in Kano are preventing medical staff from conducting autopsies on dead bodies. Anyone

doing so is wrong since autopsies are allowed for the sake of protecting others. In Islam, a lot of dignity is conferred on humankind. This honor is both for the living and the dead. Autopsies did not occur during the time of Prophet Muhammad, so there is no explicit statement from him on this. Contemporary Islamic scholars' position is that autopsies are generally unlawful, but permissible in specific circumstances. An autopsy is permitted when a dead body is the subject of a criminal investigation, and a court has ordered the autopsy to establish the cause of death for the sake of justice. During situations where people are dying in large numbers and on a daily basis, an autopsy is also allowed, because it is for the sake of protecting other people. Here authorities can exercise their discretion in carrying out autopsies.



# Challenges

## Structural Challenges



### Record-Keeping

Like the rest of Nigeria, Kano has poor statistical records. Deaths and marriages are not registered, and births are only registered voluntarily. The most pertinent deficit in the fight against COVID-19 is statistics on deaths. The inability to consult historical death records to construct a baseline imposes an uncertainty that complicates policymaking. It also made verifying the significance of the spike in deaths more difficult.



### Federal Structure

Recent developments suggest that the President could be bypassing democratic norms in trying to respond swiftly to developments. The two-week extension of the lockdown in Kano was made by the President for example, and there is no evidence that the KSG was consulted before making this decision.

What the COVID-19 response has revealed is that some states of the federation are much better prepared than others. For example, [Lagos](#), a densely populated state like Kano, has set up house-to-house teams who search for symptoms of the virus among communities, decentralized blood-sample collection to over 20 LGAs, and worked with the private sector to launch another laboratory, to augment its other [three](#). The NCDC reopened Kano's only testing centre on April 28. Bayero University Kano will now host a second testing centre which is expected to open in a week or two once it meets World Health Organization (WHO) standards.

# Challenges

## Challenges with the KSG Response



### Initial Response

The KSG was evidently unprepared to deal with a COVID-19 outbreak in the state. When the lockdown in the FCT, Lagos, and Kaduna was announced, a lot of people from these states moved to Kano. Kaduna also received an influx of people from Lagos and the FCT. The Kaduna State Government tested all migrants and quarantined those who were symptomatic. It was pressure from Kaduna State's measures that prompted the KSG to close its borders.

The implementation of the border closure [has been lacklustre](#). It remains possible to enter the state by paying bribes of between N200-N1000 depending on the type of car. People have also brought corpses into the state. For example, a family reportedly brought a corpse from Abuja to Bichi, a relatively remote LGA in Kano. The family's intention was to bury the corpse in Kano. They did not allow medical personnel to investigate the cause of the person's death.



### Lockdown Implementation

The KSG has also responded reactively to virus-related developments. The [index case](#) came into Kano on the 25th of March. He had been tested for COVID-19 before coming into Kano but was yet to receive the result. Upon his return, he felt ill and went to a private hospital. He did not let them know he had been tested. A day after he was admitted at the hospital, the NCDC sent a message that he had tested positive for the virus. The hospital was shut down and sealed off; medical staff were quarantined and tested. Their results came back negative.

At the onset of the COVID-19 outbreak in Nigeria, there was no testing centre in Kano. However, by the time the index case was discovered, Aminu Kano Hospital was in advanced discussions with the NCDC to create an interim testing centre. On April 11th, the centre was established. Figures then started to come in. The figures were higher than expected; thus, they alarmed both the government and the public. As a result, the KSG declared a statewide lockdown on April 14.



### Poor Communication

The state failed to communicate the lockdown restrictions effectively, especially with regards to how it would support people so that they would be able to stay at home. For example, there was no communication on what the palliatives would be and how recipients would be targeted. The KSG was also unclear on what services would be exempted from the lockdown. That some services should have been exempted from the start is certain. For example, a lot of communities in Kano depend on water vendors for water. The lockdown did not exempt them, effectively blocking these communities' access to water. It was also unclear whether medical facilities should be operating during the lockdown. This also effectively blocked access to medical care. Medical personnel, especially in private hospitals, were afraid of contracting the virus, given the way the index case unfolded. Many refused to attend to patients who did not present a certificate that they had tested negative for the coronavirus.

# Challenges

## Challenges with the Response of Citizens



### Misconceived Citizen Attitudes

Misconceived citizen attitudes have complicated the implementation of government directives. Kano State was not included in the initial NCDC updates on positive COVID-19 cases. Kano residents already believed the virus was not real; the fact that the state did not show up on NCDC updates strengthened this notion.

At the time the lockdown was announced, citizens' attitudes were divided. Some still did not believe the virus was real and sought to subvert the lockdown. Others did not obey the lockdown because of a general distrust for the government. Furthermore, Kano has a huge informal sector. A lot of informal sector activity is conducted outside the home. Thus, those in the informal sector have found it difficult to obey the directive. Elites have shown greater compliance because they can afford to. The lockdown has also had mixed results with regards to religious activity. The main mosque in Kano closed, but neighborhood mosques have continued offering the five daily prayers. People go for the prayers because they feel the government should not have a say in their observance of religious activities. Going to the mosque is a way to signal adherence to Islam. Not going may be seen as compromising Islamic principles. The proximity of neighbourhood mosques also makes it easy to go for daily prayers. However, it may also be because of a lack of understanding of what a lockdown really entails.

There is also evidence that residents of Kano are not giving the situation the seriousness it deserves. There is a widely circulated video depicting a truck fumigating an area of Kano. In it, children run behind the truck en masse crying out "death to the coronavirus!" in Hausa. Furthermore, some people have reportedly run away from the isolation centres. Observance of social distancing has been low, especially amongst the youth.

### Misinformation and Disinformation

A related challenge is that of misinformation and disinformation. False information has reinforced incorrect biases and attitudes, and worsened public alarm. The spate of false information has revolved around denying the reality of COVID-19, advertising false cures for symptoms of the virus, and inflating the number of casualties.

Most denials of the genuineness of the coronavirus came out before the NCDC started confirming positive cases from Kano. Some people latched on to news that





# Challenges

## Challenges with the Response of Citizens



COVID-19 could not survive in high temperatures, and that people in sub-Saharan Africa were immune. However, false information of this flavour has continued to circulate even after the confirmation of cases by the NCDC. For example, a video where people claimed to have been paid to pretend to have COVID-19 and isolate themselves went viral on WhatsApp.

After cases were confirmed, false information largely shifted to acknowledging the reality of the virus but proposing false cures and inaccurate symptoms. Traditional drugs have been popular—camel urine, hot water, ginger, and lime have all been put forth as cures. Furthermore, traditional media houses have misinformed citizens about common COVID-19 symptoms. Perhaps as a result of misunderstanding the technical terms, these local media houses have suggested that a runny nose, rather than a dry cough, is a symptom of the virus.

Social media has amplified false information about mass deaths. A Facebook user posted that 48 people had been buried at a cemetery in Kano. The next day, the same user posted that 28 more had been buried by noon, insinuating that there would be more that day. While there have been increased deaths, reports from grave-diggers suggest the numbers are substantially less than reported on social media.

Furthermore, according to a long-standing official at a cemetery, this number of deaths is not unprecedented. During a cholera outbreak after the Nigerian civil war, the official recalled having to carry out more burials than with the current COVID-19 outbreak.

Traditional media houses have also put out wrong numbers on casualties. Numbers in media reports range from 35 to 40, significantly higher than those from the grave diggers. A local radio station made a baseless report of 640 deaths within one week. On April 25, many media houses reported that the Kano State Governor announced 74 new cases in Kano. At the time of writing this brief, some houses have still not taken down this information, although it has been confirmed that the governor announced just four new cases; see [the Independent](#), [Daily Post](#), and [Ripples Nigeria](#), for example. This evidence suggests that established media organizations are not operating ethically in their COVID-19 reporting.

False information has also begun to emerge around efforts to cushion the effects of the lockdown. False reports of wealthy individuals and government institutions giving out money and making donations abound. For example, false stories about the Atiku and Dangote Foundations distributing palliatives have gone out. With the Dangote Foundation, the false stories preempted actual implementation as the Dangote Foundation has begun to support the government in cushioning the effects of the lockdown.

# Recommendations

## **Networked Governance**

Across all interventions, the KSG should seek to partner with as many relevant stakeholders as possible. Partnering allows for building ecosystems around solving governance problems; it recognizes that the KSG is one actor out of many with an interest in mitigating the challenges posed by COVID-19. The following partnerships are indicative; they do not represent the full extent of partnerships that is possible.

## **Partner with the Private Sector and Civil Society**

KSG needs to actively partner with the private sector and civil society organizations. Greater participation is needed with organizations that have a presence in Kano, such as the Dangote Foundation and the BUA Group, in procuring and distributing palliatives. The KSG and other stakeholders need to support the Kano Concerned Citizens Initiative, which has been doing good work with putting out the right information. CDD's daily fact checks in Hausa have also been dousing tensions in Kano; there is room for a partnership with the KSG in this regard.


At the federal level, the government should ask sociologists and communication experts how to communicate effectively with people across demographics: rural and urban dwellers, women, youth, businesspeople, and public servants. Health workers need a lot of training. Stakeholders need to support training on handling patients who have COVID-19. Furthermore, grave diggers complained that no one has taught them the procedure to handle bodies that are contaminated with the coronavirus, so any training programs should include them.

## **Partner with Traditional and Religious Institutions**

The government may feel as though it has had some success with stopping the Friday prayers, which tend to be larger and involve people traveling long distances to a central mosque. However, there is still the issue of neighbourhood mosques holding the five daily prayers. The KSG can partner with traditional rulers in this regard. The Mai Unguwa is the ward head and can be empowered to ensure people are staying at home. The Mai Unguwa can also go to the Imams at neighbourhood mosques and inform them not to hold the five daily prayers, considering that Allah can hear prayers said at home. The Dagaci, or village head, can also be brought on board during this exercise. In this arrangement, the call to prayer can still be made, but with the caveat to observe prayer at home. Prophet Muhammad said that when there is an epidemic, one should not go into the city, and those inside should not come out. The Prophet also said that during epidemics people should keep to their houses and let their houses be enough for them. Islamic scholars and traditional rulers should be recruited to drive this message home.

## **Behavioural Change Communication**

There must be greater coordinated public communication. Communication is important because Kano's high population size and density make social distancing almost impossible. Information needs to be provided on social media, but in Kano the radio is key. There are at least 17 radio stations in Kano; with three or four broadcasting across the whole state. KSG needs to dedicate Radio Kano, a public station, to exclusively provide verified information on COVID-19. Communication should focus on informing



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people of the severity of the tradeoffs such as how it is better to endure the two-week lockdown than to be in an overburdened isolation centre and be used to refute false claims.

**'Alternative' Medicine**

'Alternative' medicines should be allowed, as long as there is a clear caveat that there is no evidence they cure COVID-19. Whilst they may not be curative they can have general health benefits like strengthening immunity. Alternative medicines are part of the Nigerian cultural zeitgeist; they are only

'alternatives' to the West. Finally, a driver for the use of traditional medicine is desperation. The extension of the lockdown by two weeks (till May 11) will worsen a sense of hopelessness for many. It may be useful for morale to let people take traditional medicines that are relatively harmless, so that they feel some sense of control over the situation.

