The Homeless-Poor and the COVID-19 Stay-at-Home Policy of Government: Rethinking the Plight of Homelessness in Nigeria

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Abstract

The Government Stay-at-Home policy regarding the COVID-19 pandemic has seemingly aggravated the plight of the homeless, especially in Nigeria that has about 108 million homeless people who require special attention. Observations show that most of them situate randomly across urban centers in Nigeria and have no access to pronounced shelter, healthcare facilities, hygiene materials, and defined source of income. In response to the global COVID-19 pandemic currently ravaging many countries, most governments adopted the Stay-at-Home policy among some other policy measures that were recommended by the World Health Organization toward containing the spread of the virus. Given the COVID-19 Stay-at-Home policy of Nigerian Government, this study looked into the plight of the homeless-poor with a view to evolve an inclusive pro-poor housing strategy for the country. Findings show that the homeless poor have negative perceptions of the Stay-at-Home policy, which they see as being rather inimical to their survival. The study highlights lack of space and shelter as major reasons for their aversion to social distancing. Their reasons have serious implications for compliance to the COVID-19 Stay-at-Home policy as well as the spread curve of the virus. The study therefore recommends a review of the COVID-19 Regulation toward incorporating “Pro-Poor Housing Provisions” measures strictly for the homeless poor in the country. Strong collaboration between government and established institutions, such as Government-Church/Mosque strategy, is also recommended.

Keywords

COVID-19, homelessness, housing, stay-at-home, the poor

Introduction

The outbreak of the Corona virus disease in 2019 calls for a global rethink of the plight of homelessness especially in developing countries like Nigeria. The Corona virus has exposed the extent of neglect on homeless people hence, the need to examine their plight in view of the Stay-at-Home regulation. The United Nations as at 2005 estimated that globally 1.6 billion people were believed to lack proper housing while no fewer than 100 million people were without roofs above their heads (Kayode, 2018; United Nations Organization, 2005). Nigeria is perceived to have the largest homeless populations in the entire world due to numerous and complex reasons: displacement through natural disasters like flooding, terrorism, such as Boko Haram, forceful evictions by governments, among others. It was indicated in the Borgen Project reported by Roberts (2020) that over 1 million people had lost their homes to forced evictions in Nigerian cities, such as Lagos. According to Roberts (2020), persistent flooding in various parts of Nigeria has rendered over 300,000 Nigerians homeless while terrorist activities have also rendered over 2 million Nigerians homeless, especially in Northern Nigeria where the Almajiri system still persists. Technically speaking, 108 million Nigerians are without proper housing, while an approximate 24.4 million people; accounting for roughly 13% of the nation’s overall population are without a roof above their heads (Guardian Newspaper, 2017; Kayode, 2018; Roberts, 2020; World Bank, 2020). Homelessness therefore poses great problems for Nigeria, the most populous country in Africa with estimated population of 202 million people.

The emergence of Corona virus that is linked to Severe Acute Respiratory Syndrome (SARS), code-named COVID-19 by the World Health Organization (WHO), became a great threat to the entire world population, and the homeless in...
Nigeria in particular. The disease, which began in Wuhan, China, in December 2019, has spread rapidly to over 212 countries and territories as at 30th of April, 2020. Countries with very large proportion of their population affected include Spain, Italy, United States of America, Russia, South Africa, Egypt, Brazil, Canada, and India among many others. By January 2020, the rapid spread of the virus made the WHO to declare it a “Public Health Emergency of International Concern” (PHEIC). By that time, the disease had caught up with at least 25 countries, with 28,276 confirmed cases and 565 deaths as documented by the WHO. At the end of March 2020, COVID-19 has spread to 114 countries, with more than 118,000 cases confirmed and 4,291 deaths recorded (World Health Organization [WHO], 2020a). Due to these ravaging effects across continents, the WHO declared the disease a “Global Pandemic.” As at 22 April 2020, more than 2.59 million cases were reported across 185 countries and territories, with more than 179,000 deaths and over 698,000 recovered from the virus (WHO, 2020b; Wu et al., 2020).

From this global figure, Africa alone had about 19,897 cases as at 19th of April, 2020. Most of the confirmed cases were as follows: Egypt (2,844), South Africa (2,783), Morocco (2,564), Algeria (2,418), and Cameroon (1,016) among others. There were reports of about 1,016 deaths as noted in some of the following countries: Algeria (364), Egypt (205), Morocco (135), South Africa (50), and Tunisia (37) while Nigeria had 7 deaths with 59 recovered and 473 confirmed cases of the virus (WHO, 2020b; Wu et al., 2020). Incidentally, the WHO (2020b) indicated that the numbers of the COVID-19 cases have been increasing geometrically as the situation changes on daily basis. This is an alarming situation. Table 1 depicts the reported monthly changes of the virus infection up to 30th of April, 2020.

The rapid spread and increase in COVID-19 confirmed cases warranted the WHO (2020b) Protocol measures toward containing the spread of the virus. Prominent among the measures was the “lockdown” by which governments adopted the Stay-at-Home policy. This entails that people should stay and work from home, with the exception of those who are on essential duties such as the medical personnel, security officials, food sellers, and journalists. As suitable as it may appear, this policy directive overlooked the plight of homeless people since the intention of the stay-at-home policy was to prevent people from contracting the deadly virus. Incidentally, some other intricate determinant factors, such as homelessness, were seemingly not considered while formulating the Stay-at-Home policy, especially in Nigeria. Although some palliatives such as food, electricity, communication, medical facilities, money, and transportation facilities were considered for residents, no consideration was made for provision of housing or homes for the homeless people. This therefore calls for great concern because the Stay-at-Home policy entails first, the home before any other utility is put to good use. The Stay-at-Home policy implied that everyone has a home to stay while the government is to provide some palliatives for residents as stimulus to sustain compliance. However, the situation is different for homeless people who have no home to stay.

As a global control measure, the WHO and the various Governments’ policies provided some public health measures on COVID-19 with much emphasis on “isolation centers.” Public health measures that are preventive actions to help control the spread curve of the virus were also put in place. For clarity, such measures are here compiled and categorized as follows:

1. **Stay-at-Home:** no movements, work from home.
2. **Lockdown:** no travels, no businesses, no gatherings for social, cultural, economic, and religious activities.
3. **Quarantine:** stay at home when sick, self-isolation, get tested, get early medical care, get isolated at isolation centers.
4. **Social and physical distancing:** no handshakes, no touching, no kissing, no close contacts, maintain a minimum distance of 6-feet apart even in public transports and places.
5. **Personal hygiene:** use of face masks, covering mouth and nose with flexed elbow or tissue when coughing or sneezing, dispose used tissue immediately after coughing or sneezing, washing of hands often with soap and running water, use of alcohol-based sanitizers to disinfect the hands, cleaning-up frequently touched surfaces and objects, avoid touching eyes, nose, and mouth.
6. **Information:** stay informed and put into practice advices given by healthcare providers.

The above compiled control measures apply in both developed and developing countries of the world according to their peculiarities. Going by the recommendations of the WHO, the Nigerian Centre for Disease Control (NCDC) advised the Federal Government of Nigerian on measures to curtail the pandemic. The Federal Government of Nigerian in effect enacted the COVID-19 Regulation, 2020 on 30th of March and adopted the Stay-at-Home and Lockdown policy. To this effect, schools, markets, Churches, Mosques, and other religious houses, factories, and shops therefore remained closed. The closures were part of additional measures to facilitate the practice of social and physical distancing to break the transmission chain of the virus and flatten the spread curve. This study therefore looked into the plight of the homeless-poor in view of the COVID-19 Stay-at-Home policy.

**Homeless-Poor and the COVID-19 Stay-at-Home Policy of Government**

**The COVID-19 Pandemic at a Global Perspective**

At present, containing the spread of the COVID-19 pandemic has proved to be difficult globally. The global
casualty figure of the virus cases as at 30th April, 2020 has galloped to approximately 3.13 million people, with about 227,328 deaths and about 1.3 million who recovered (ECDC, 2020; WHO, 2020b). Yet, there was no official vaccine for the cure of the virus. The Sit-at-Home policy and perhaps lockdown has been the major known effective policy strategy officially adopted by countries for containing the spread of the virus globally. In view of the devastating effect of the pandemic, Governments are making frantic efforts to compel people to comply with the Stay-at-Home policy directive. Incidentally, this life saving effort does not seem to reckon with the plight of the homeless people even with palliative offers as relief packages to residents. This situation therefore needs examination toward rethinking the situation of homelessness, particularly, as the “Home” is a key factor in this period of global pandemic. Such situation is even more pathetic in Nigeria where an estimated 108 million people were reportedly homeless, according to the World Bank Projection of 2018. This also has implications for the compliance level for the Stay-at-Home policy directive of Governments in the country. On the other hand, considerations for human needs are very essential for workable policies for the safety of the homeless people and the society.

The Human Needs theory

This paper is anchored on the human needs theory. Though the theory has no universal definition, proponents approached it according to their discipline: Maslow (1943) from the aspects of psychology; Burton (1986) from the aspects of conflict and resolution; Roger and Gerald (1990) from political science discipline, among other perspectives. One thing however is certain and common among the proponents of human needs theory; and that is, that man has needs. Human needs expand beyond any particular needs in psychology, sociology, security, health, food, politics, or culture. Human needs have wide applications and are the driving force of change in any human behavior. According to Burton (1990), human needs theory is defined as “the state of felt deprivation and necessity which have to be satisfied.” It follows therefore that human beings need many things to satisfy. Such includes safety, shelter, food, life, values, and education among others. Maslow (1943) identified the hierarchy of needs, which have to be satisfied. There is the need for health, home, food and water, clothing, and shelter. There is also important need for security of life, health, finance, and emotion. Social belonging is very necessary for human beings. Friends and family are also needed. It is pertinent to note that the “homeless poor” are also in need of these human needs especially in this era of the COVID-19 pandemic. In the view of Bradshaw (1972), four types of social needs were itemized as necessary for this paper. Everyone experiences each of these needs: the homeless, the homeowner, and the tenants alike. It is therefore each person’s right to feel the needs for shelter, health, home, and care, including the homeless poor in the society who have no home to go in this Stay-at-Home regulation of the government. Table 2 explains the categories of human needs.

The Concept of Homelessness

Authors have variously defined the term “homelessness.” Wright (2007) in Akinluyi and Adedokun, (2014, p. 264) defined it as the “condition of people who lack regular legal access to adequate housing.” The Encarta Concise Dictionary (ECDC, 2001) defines homelessness as a person or people without home of any kind. Furthermore, The United States Department of Housing and Urban Development (2009) in Akinluyi and Adedokun, (2014, pp. 264, 265) identified and defined chronic homelessness as “the person of unaccompanied homeless with a disabling condition, who has either been continuously homeless for a year, episodes of times or up to three years.”

On the other hand, homelessness has various categories. Speak (2004) categorized homelessness in developing countries, including Nigeria, based on the degree of choice of the homeless persons to improve on their condition if given the opportunity. Accordingly, the identified categories were as follows:

(i) Supplementation homelessness—is the type that is conscious, strategic, and temporary in nature with the intention to return to a normal situation;

(ii) Survival homelessness—is the type in which the affected persons accept the situation and hope for a better condition;

(iii) Absolute homelessness—is the type involving the perpetual street sleepers who have no choice of their own.
Furthermore, the Institute of Global Homelessness (2019) identified three types of homelessness. The first, according to the Institute, are people without accommodation. These people are those that live on the streets, sleeping at public spaces, in abandoned vehicles and pavements. The second group comprises those who have temporary or crisis accommodation and who renegotiate their shelter on daily basis or sleep in abandoned buildings, in the Internally Displaced People’s (IDP) camps, or sleep at social event centers. The third group consists of people with severely inadequate and insecure accommodation. These are chronic squatters, or those who sleep in uncompleted buildings, overcrowded places, slums, and squatter settlements.

There are also some identified drivers of homelessness. They include the various factors that induce homelessness. In rethinking the plight of homelessness in relation to the COVID-19 Stay-at-Home Policy of Government, this study therefore, looked into the drivers of homelessness.

**Drivers of Homelessness**

One or more of the following factors can drive people into homelessness. These drivers may not be something universal but may be obtainable in sub-Saharan Africa. The factors include:

(i) **Poverty:** Homelessness is often attributable to poverty. In his work, Robert, (2015) analyzed the various meanings of poverty. He classified it into material poverty and spiritual poverty. Material poverty is lack of economic goods and it dehumanizes people and renders them helpless. Spiritual poverty was seen as an interior attitude of detachment from the good things of this world and is related to Biblical poverty, which construes spiritual poverty as openness to God and a commitment to solidarity and protest. The focus of this study is however concerned with material poverty that renders people homeless. Since they lack the economic power to own a house in any way, and without jobs or any means of livelihood or government assistance, they are rendered homeless.

(ii) **Corruption:** Homelessness can be driven by the corrupt activities of some people especially those in authority. Corruption can induce homelessness through embezzlement of public funds meant for housing provision, diversion of resources meant for public welfare, including shelter, water, electricity, access roads, among other infrastructural facilities and amenities. Such acts render many homeless as they affect housing policies and plans of the government. They deprive and impoverish many and render others jobless. When individuals or groups of people misuse funds meant for general welfare of the people, it is termed corruption. Related to corruption is marginalization of the poor by policy makers and those in charge of public administration. The sheer neglect of the welfare of the poor and providing them with security of life and shelter will render them homeless.

(iii) **Social inequality:** Homelessness is induced in the society by the glaring divide in the social ladder between the poor and the rich. Usually, the rich are the policy makers. More often than not, these policy makers by their policies create barriers that are exploitative, full of injustice, and inhuman to the poor. The poor are therefore the usual victims of marginalization and exploitation. The poor are often not carried along in urban housing planning and provision, health insurances, and welfare among others, especially in developing countries like Nigeria. These basic needs such as housing, social welfare, health, among others are however necessary for both the poor and the rich, but the poor and homeless are most times denied these needs. A good example of social inequality is the Almajiri system in Northern Nigeria, where children as young as 7 years are left to fend for themselves under Islamic teachers. In this regards, Nweze (2019) noted that such children are usually sent out for regular begging for their upkeep. They grow up in the Islamic educational centers without regular homestead. They are often prone to diseases and crimes due to their poor state of life.
Culture and tradition: Homelessness is induced by some culture and traditions, especially the one that practices outcast, banishment, etc., as penalty for offence against the culture and tradition of the people. Punishment for offences against cultural practices renders people homeless. The situation is contrary to imprisonment, detention, and asylum in modern times. For serious offence against tradition and crime against culture, offenders are forced out of their ancestral homes by their kinsmen especially in some parts of Africa and Nigeria in particular. They have no choice of their own nor right to the environment.

Occupation: Homelessness can be induced by occupations, which requires regular movement for the trade. Such trades or occupations as herders or pastoralists are seen as homeless people particularly in Nigeria where they roam about with their herds of cattle in search of green pasture. Homelessness induced by occupations is often temporal in nature.

Global View of the Plight of Homelessness: Implications for the COVID-19 Pandemic

The plight of homelessness can drive people toward defiance against stipulated regulations in the society. Such can therefore affect the level of compliance to the COVID-19 Stay-at-Home policy. Homelessness is not a crime on its own, but it can breed some criminal behaviors. In most cities of the world, social factors such as homelessness have led to the emergence of slums and incidence of crimes, including loitering, stealing, robbery, rape, burglary, kidnapping, banditry among some other criminal behaviors. Furthermore, some homeless people are made agents to drug peddlers. Drug addiction can as well lead to some other social vices and health issues such as mental illness. Some homeless people do suffer in the hands of ritual killers, kidnappers, rapists among other social vices by miscreants.

For the millions of homeless people around the world, including Nigerians, the spread of COVID-19 presents a great threat while the Stay-at-Home regulation seems an impossible order as it impedes the chances of their survival occasioned by their movements (Nweze, 2019; Speak, 2004). Since homeless people have no homes, they move from street to street, city to city, searching for daily bread. Besides streets and home begging, they also approach the churches and charity homes for food, alms, and medical attention. With the spread of COVID-19 and the lockdown, it becomes difficult for them to access food, alms, and medical attention from the Churches, Mosque, and charity homes. These non-governmental institutions have been supportive to the plights of the homeless people. Governments and donor agencies such as the World Bank, International Monetary Fund (IMF), United Nations Organization (UNO), European Union (EU), among others, have assisted toward the welfare of the society. In spite of this, Dalma (2020) noted that the plight of homeless people are as threatening as ever and affirmed that homeless people often have many complex health issues. They are often vulnerable to diseases such as COVID-19, tuberculosis (TB), among others. This is usually due to their compromised immune systems, poor hygiene, and poor nutrition.

Some homeless people moreover do not have access to media and communication gadgets for information such as television, radio, phones, internet facilities, nor daily newspapers and magazines due to abject poverty. These might make their plights more difficult and make self-isolation, strict social distancing, stay-at-home, increased hygiene among other measures against the virus very difficult and unrealistic. Table 2 shows the homeless population of some selected countries in the world with Nigeria as the highest.

The Study Area: Nigeria

Nigeria has recorded increasing cases of the COVID-19 pandemic thereby adding to the increasing number of countries of the world that are ravaged by the virus. The Federal Government in view of this development adopted the Stay-at-Home policy as one of the measures toward containing the pandemic. This is especially important as Nigeria is a major regional player in Africa.

Geographically located on 9.0820°N, 8.6753°E, Nigeria is in West Africa within the tropics and with a tropical hot climate. The country is bordered by Cameroon and Chad in the east, Republic of Benin in the west, Niger in the north, while its coast lies on the Gulf of Guinea in the south and Lake Chad to the northeast (National Population Commission [NPC], 2006). Incidentally, the COVID-19 pandemic has traversed these neighboring countries despite the seemingly preventive measures put in place by governments as indicated in the WHO (2020b) report. This is a critical situation given the enormous population of the Nigeria.

Demographically, Nigeria is the largest and most populous country of Blacks in the world. The population of Nigeria has been increased over the years from the 1952 census figure of approximately 37 million people to the 2006 census figure of approximately 240 million (NPC, 2006). The World Bank in 2018 estimated Nigeria’s population to be approximately 202 million people, and with one of the largest populations of youths in the world. This multi-ethnic and culturally diverse population is spread across 36 states of the Federation and the Federal Capital Territory. This population of the country is delineated into six geopolitical zones (i.e., Southeast, South-south, Southwest, Northeast, North-central, and Northwest zones of Nigeria).

Economically, the human capital development of Nigeria is reportedly weak. According to World Bank (2018), this is due to under-investment despite abundant natural resources deposits and being Africa’s biggest oil exporter and with the largest natural gas reserves in the
continent. Nevertheless, Nigeria faces enormous developmental challenges including poor housing-infrastructural development as well as poor governance issues and poor public financial management systems. To this end, World Bank (2018) observed that inequality in terms of income and opportunities have been growing rapidly and have adversely affected poverty reduction efforts. The rate of homelessness in the country has also been increasing drastically given the increasing rate of poverty in Nigeria. This has grievous implications for the spread and curve of the COVID-19 pandemic in the country.

Research Method and Analysis

This study adopted a mixed research method. Secondary and primary data were utilized. Secondary data on COVID-19 and homelessness were got from published reports and literature. Primary data for information on COVID-19 issues were generated from observations, interview segments, commentaries, and official reports of the NCDC as well as the Nigerian Presidential Task Force on COVID-19.

In examining the plight of homelessness and the Stay-at-Home policy, the study identified homeless clusters. These were found around urban slums, informal/squatter settlements, Churches, Mosques, Charity Homes, markets, motor parks, recreational centers, abandoned/uncompleted buildings, and under overhead bridges. Focus was on Lagos, Ogun, and Abuja the Federal capital, which were stipulated in the Federal Government of Nigeria COVID-19 regulation 2020 as areas of escalating infections. The cluster inhabitants were randomly selected in accordance to the rule of “Thumb,” in which a total of 300 respondents who consented to the interview were sampled for the study. The media houses including print media were utilized, such as Newspapers, Television, and Radio Houses among others. The information from the primary and secondary sources was empirically analyzed to arrive at the findings.

Research Findings and Discussions

Findings showed that the Federal Government of Nigeria was not prepared to contain the spread of the COVID-19 Pandemic despite the 31st January WHO alerts and listing of Nigeria among other 13 African countries identified as high-risk areas for the spread of the virus. It was rather after the first Corona virus case on 27th February, 2020, that the COVID-19 policy of the Federal Government of Nigeria was enacted on 30th March, 2020, when the country had already recorded 131 Corona Virus cases, eight recoveries and two deaths as announced by NCDC.

It was found that the Federal Government of Nigeria COVID-19 Regulations of 2020 was enacted on the 30th of March, 2020 with the Stay-at-Home order to citizens. The law also had a Presidential directive in paragraph 5(1) for direct distribution of foods/cash to 2.6 million poor households and the most vulnerable groups who are residents at satellite and commuter towns of Lagos, Ogun, and Abuja. However, there was no provision made for the shelter of the homeless. There was also no provision of palliatives for these vulnerable homeless clusters that have no residences in the area. Incidentally, Nigeria has over 108 million people who are technically without proper housing as reported by World Bank (2020). These homeless people who are highly vulnerable to contracting the ravaging deadly Corona virus as depicted in Tables 1 to 4, respectively, should have been considered.

The study further revealed that the Federal Government of Nigeria had called for donations and supports to cushion the socio-economic effects of the Stay-at-Home policy. The call attracted responses from some international donor agencies, countries, corporate bodies, businesses, and individuals including, the United Nations (UN), European Union (EU), International Monetary Fund (IMF), and the World Bank. The donations worth billions of dollars in funds, foods, face-masks, medical equipment, personal hygienic, and other relief materials as well as isolation centers and other medical supplies went to the government for distribution to the vulnerable as announced by the Presidential Task Force on COVID-19 and NCDC official report, 2020.

The study found that the homeless urban poor are randomly situated at various urban slums, informal/squatter settlements, Churches, Mosques, Charity Homes, Markets, Motor Parks, recreational centers, abandoned/uncompleted buildings, and under the overhead bridges of the 36 states of Nigeria and the Federal Capital Territory, Abuja. These were beyond the Three-States (Lagos, Abuja, and Ogun); stipulated in the COVID-19, Regulations of the Federal Government. Some of these identified urban slums and squatter settlement areas were found in such places as Maroco, Ajegunle, Agege, Bariga, Mushin, Kokomiko, Ojuelgba of Lagos among others. Some other cities and towns include, Coal Camp area, Ugboogwu, Ugwu Aaron, Abakpa area in Enugu, Utako, Zuba, Yaya, Maraba in Abuja; Barnawa, Ungwanrimi in Kaduna; the World Bank area, Old Owerri, Nekede axis in Owerri; Rijiji Lemo, Kofar Dawanau areas in Kano as well as Moniya area in Ibadan.

Findings also showed that among the homeless poor in the society, the COVID-19 Stay-at-home order of the Federal Government of Nigeria was found not to be effective in the cluster areas right from inception of the policy. Social and physical distancing had not been effectively complied with.

The study found from the official reports of the NCDC and the Presidential Task Force that there was poor compliance to the Stay-at-Home policy, and social and physical distancing. Further inquiries indicated that the “homeless population” was a factor, which was not considered by the Federal Government while making the regulations. However, the views of the members of the homeless clusters were averse to the policy and perceived the Corona virus as the problem of the rich.
The study revealed that the homeless urban poor across the urban centers in Nigeria complained bitterly against the COVID-19 Stay-at-Home policy of Government. The members of the homeless clusters lamented of poor access to pronounced shelter, water, medical and healthcare facilities, sanitation and hygienic materials, and no good source of income. Some of them admitted being propelled to sleep under abandoned vehicles, overhead bridges, abandoned or uncompleted buildings, and at available open spaces on the streets. They therefore expressed negative perceptions of the Stay-at-Home order, which they see as being rather inimical to their survival. The members clamoured therefore for government housing intervention.

Interestingly, the study found that since inception of the COVID-19 regulation, the Stay-at-Home order has undergone extensions in terms of time and coverage. On 13th of April, 2020, the extension order came with an increase in the number of palliatives to households from 2.6 to 3.6 million households. Despite these, the casualty figures have been rising rapidly and spreading across the states in the country as depicted in Tables 4 and 5.

The findings indicated that the homeless poor were particularly averse to social distancing with the major reason that they lack space and shelter even for comfortable sleep. They expressed opposition to the COVID-19 Stay-at-Home policy, which according to them, is subjecting them to further hardship, confinement and denials that are more grievous and unacceptable. They regretted incessant police harassments and arrests when caught on the streets.

The study further revealed that the increasing incidences of looting of properties, scrambling for the palliatives at distribution centers as well as physical fights with police and other security personnel who were on duty to enforce the COVID-19 Stay-at-Home policy among other anti-social behaviors were the reactions attributed to the plights of homeless people on the streets. Cases were reported at Lagos, Nkpor at Onitsha, Warri, Ohafia, Umuahia, Abuja, Kano, and Kaduna, among many others.

The study also revealed the case of the *Almajiri* system in Northern Nigeria in relation to COVID-19. The Almajiri is a part of the Islamic education system based on the Koran. The Almajirai are mostly migrant children as young as 5 years old from poor homes that live up to 10-years in a boarding-house style setting to memorize the Koran under a teacher called Mallam. The case of these migrant children who have no homes except for the boarding house style setting is observed to have taken a new dimension. Findings showed that these children were subjected to different abuses equitable to slavery and devoid of Islamic precepts. They roam about the streets and indulge in begging and criminality, as reported by Orjinmo and Abubakar (2020) of the BBC. In a bid to enforce the COVID-19 Stay-at-Home policy of Government toward containing the spread of the virus, there were incidences of arrests, eviction, deportation, or exportation of the Almajirai to other states that in turn rejected them. All these actions against the children infringes on their fundamental human rights. Such ill treatment is not expected from government officials.

Unfortunately, findings showed that the NCDC identified many of the Almajiri that have tested positive to the COVID-19 virus. Reports as at 30th of April 2020 indicated that there were over 41 active COVID-19 cases of the Almajirai, with one death. These were especially in Kano State. Yet, the figure of COVID-19 infected Almajirai has been increasing across such states as Kaduna, Kano, Adamawa, Bauchi, and Taraba, among other states of Northeast Nigeria, where the Almajiri system is active and many homeless people abound.

The study revealed a policy-somersault by some state governments like Kano, Lagos, Admawa, Taraba, Abuja among others, who rather than providing housing for the homeless poor in their states, reject and “deport” them to other states despite the Social Welfare Policies and palliatives for the vulnerable in the state.

Furthermore, findings indicated that the rate at which the homeless poor Almajirai were moved from the North to

### Table 3. Homelessness and COVID-19 Cases in Selected Developed and Developing Countries of the World.

| S/n | Country   | Homelessness | Year | COVID-19 cases as at April 30th, 2020 |
|-----|-----------|--------------|------|-------------------------------------|
| 1.  | China     | 2,579,000    | 2011 | 82,874                              |
| 2.  | Francis   | 141,568      | 2012 | 129,581                             |
| 3.  | Germany   | 650,001      | 2018 | 159,119                             |
| 4.  | Japan     | 4,555        | 2019 | 14,281                              |
| 6.  | Italy     | 48,000       | 2014 | 205,463                             |
| 8.  | Spain     | 40,000       | 2012 | 243,991                             |
| 9.  | USA       | 552,830      | 2018 | 1,062,675                           |
| 10. | Nigeria   | 108,000,000  | 2018 | 1,932                               |
| 11. | South Africa | 7,000,000 | 2007 | 5,647                               |
| 12. | Egypt     | 12,000,000   | 2013 | 5,537                               |
| 13. | India     | 1,770,000    | 2011 | 33,610                              |

Source: World Bank 2018; COVID-19 Pandemic Cases by Country; WHO Worldometer, 2020; Compiled by Researcher, 2020.
Southern Nigeria was rampant despite the border closure order of the Federal Government as well as the Nigerian Governors Forum, which adopted an inter-state border closure as a measure to containing the COVID-19 pandemic. It was also revealed that these Almajiria were usually upon evacuation dumped at a place and left to fend for themselves without any home. As they roam about, they are exposed to the danger of contracting and or spreading the Corona virus. These have implications for the spread curve of the virus across the states making up the six geopolitical zones of Nigeria.

As indicated in Table 4 and Figure 1, there were increasing incidences of COVID-19 cases over the first quarter of 2020, with an increasing number of affected states in Nigeria. According to NCDC reports, confirmed case started in Lagos, Southwest Nigeria on 27th February, 2020 and by 29th February there were 32 confirmed cases and 2 deaths involving Lagos and Ogun States of Southwest and Abuja in the North-central zone of Nigeria. By 31st of March, 2020, there were 131 confirmed cases, with 8 deaths. The affected states were Edo and Rivers States in South-south zone, Enugu State in Southeast, Benue and Abuja in North-central, Bauchi in Northeast, and Kaduna in Northwest. Ondo State, one of the six states in Southwest zone was not affected by the virus at this point. On the escalation of the virus, the COVID-19
regulation and the Stay-at-Home order of the Federal Government was enacted on 30th of March and later underwent extensions in terms of time and coverage on 13th of April 2020. The regulation was adopted by other states of the federation. By the end of April, all the states in the Southwest, Southeast, Northwest, and the Northeast geopolitical zones were affected with the exception of Cross River in Southsouth and Kogi in North-central zones. At this point (April 30th, 2020) there were 1,932 confirmed cases and 58 deaths across the 35 affected states in Nigeria as shown in Table 4.

**Table 5. Breakdown of COVID-19 Cases in Nigeria by Months.**

| S/n | Months           | Total cases | Total recovered/discharged | Total deaths |
|-----|------------------|-------------|---------------------------|--------------|
| 1.  | February         | 32          | —                         | 2            |
| 2.  | March            | 131         | 8                         | 2            |
| 3.  | April            | 1,932       | 319                       | 58           |
| 4.  | Total (at 30th April, 2020) | 1,932       | 319                       | 58           |

*Source. Nigerian Centre for Disease Control, 30 April 2020.*

For summary, policy-makers should ensure that due attention is paid and resources allocated to meet the needs of the homeless-poor people. They should be remembered during policy formulation and implementation in order to include them in the palliative lists. The palliatives should really reach them rather than merely “targeting” at them.

**Recommendations and Conclusion**

The omission of shelter and palliatives for the homeless people in the Federal Government of Nigeria COVID-19 Regulations of 2020, enacted on the 30th of March, 2020 with a Stay-at-Home order and a directive in paragraph 5(1) for direct foods/cash distributions for residents, is a grievous policy oversight. This has seriously affected compliance level to the COVID-19 Stay-at-Home policy of the Federal Government of Nigeria as well as on effectively containing the spread curve of the virus. In this period of the “Stay-at-Home” policy measure, the homeless-poor appears to be the most vulnerable to contracting the corona virus and spreading it.

The study therefore recommends a review of the COVID-19 Regulation, 2020 policy interventions toward incorporating “Pro-Poor Housing Provisions” and “Palliatives” strictly for the homeless poor in the country. It further makes case for a meaningful collaboration in the fight against COVID-19 pandemic to effectively reach out to the targeted poor and vulnerable population in the country. A Government-Church/Mosque/Charity-homes collaboration strategy is therefore required and recommended toward addressing the situation in a holistic and proactive manner. A long-term policy plan for shelter homes for the Nigerian homeless people, in collaboration with the Churches is further advocated in this study. Further research on the effect of COVID-19 on the homeless population is also recommended.

In summary, policy-makers should ensure that due attention is paid and resources allocated to meet the needs of the homeless-poor people. They should be remembered during policy formulation and implementation in order to include them in the palliative lists. The palliatives should really reach them rather than merely “targeting” at them.
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