

COVID-19 PANDEMIC: THE PENDULUM FOR RECONSTRUCTION OF INSTRUCTIONAL SYSTEM IN NIGERIA

CHAPTER NINE

Threat of COVID-19 and Improved Mechanisms for Long-Term Institutional Capacity

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Abstract

The impulsive influx of COVID-19 pandemic on the shores of Nigeria has affected stakeholders educationally, economically, psychologically, socially and even physically. The aim of this paper on account of this is to examine the improved mechanisms for long-term institutional capacity during the period of COVID-19 pandemic for educational goals achievement. The paper explicates what the acronym of COVID-19 etymologically stands for and the basic characteristics that redline it from other previous viruses. It also expounds the threats of COVID-19 pandemic on the academic calendar and the ongoing challenges faced in the global control of COVID-19 pandemic. The paper discusses the improved mechanisms of handling COVID-19 pandemic in the school system despite the nature of its threats. It equally enunciates World Health Organization's (WHO) key outbreak response framework elements including school roles towards COVID-19. The paper surmises key opportunities to leverage planning for high education post COVID-19 in Nigeria. The paper concludes that a long-term institutional capacity can be realized by taking cognisance of closer collaboration between education, health sectors and other relevant departments of government. It recommends among others that top global educators should share videos explaining how they are orchestrating and managing distance learning in the midst of the COVID-19 pandemic to ensure quality instructional delivery.

Keywords: COVID-19, Improved mechanisms and long-term institutional capacity.

Introduction

According to the World Health Organization (WHO), COVID-19 are a family of viruses that cause illnesses ranging from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS).

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These viruses were originally transmitted from animals to unsuspecting human beings. SARS, for instance, was transmitted from civet cats to humans while MERS moved to humans from a type of camel. Several known coronaviruses are circulating in animals that have not yet infected humans. The name coronavirus comes from the Latin word corona, meaning crown or halo. Under an electron microscope, it appears to be surrounded by a solar corona. The novel coronavirus was identified by Chinese authorities on January 7 and named SARS-CoV-2. It is a new strain that had not been previously identified in humans. Little is known about it, although human-to-human transmission has been confirmed (WHO 2020).

In fact, Chinese health authorities are still trying to determine the origin of the virus, which they say likely, came from a seafood market in Wuhan, China where wildlife was also traded illegally. On February 7, Chinese researchers said the virus could have spread from an infected animal species to humans through illegally-trafficked pangolins, which are prized in Asia for food and medicine. Scientists have pointed to either bats or snakes as possible sources of the virus. According to the WHO, the signs of infection include but not limited to fever, cough, shortness of breath and breathing difficulties. In more severe cases, it can lead to pneumonia, multiple organ failure and even death (WHO 2020). Current estimates of the incubation period - the time between infection and the outset of symptoms range from one to 14 days. Most infected people show symptoms within five to six days, depending on the nature of the immune system. However, infected patients can also be asymptomatic, meaning they do not display any symptoms despite having the virus in their systems (Wikipedia, 2020). Therefore, it may be deduced that the yelling number of fatalities from the new coronavirus has overwhelmingly surpassed the toll of the 2002-2003 SARS outbreaks, which also originated in China. SARS killed about 9 percent of those it infected - nearly 800 people worldwide and more than 300 in China alone. MERS, which did not spread as widely, was more deadly, killing one-third of those infected.

The Etymology of COVID-19

COVID-19 is the name given by the World Health Organization (WHO) on February 11, 2020 for the disease caused by the novel coronavirus SARS-CoV-2. It started in Wuhan, China in late 2019 and has since spread worldwide. COVID-19 is an acronym that stands for coronavirus disease of 2019. It is the name of the disease caused by the SARS-CoV2 virus. Viruses and the diseases they cause have different names. For instance, AIDS is the disease caused by the human immunodeficiency virus, HIV. COVID-19 is an acronym

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which stands for coronavirus disease of 2019. On December 31, 2019, a strange new pneumonia of unknown cause was reported to the Chinese WHO Country Office. A cluster of these cases originally appeared in Wuhan, a city in the Hubei Province of China. These infections were found to be caused by a new coronavirus which was given the name “2019 novel coronavirus” (2019-nCoV). It was later renamed “severe acute respiratory syndrome coronavirus 2,” or SARS-CoV-2 by the International Committee on Taxonomy of Viruses on February 11, 2020. It was named SARS-CoV-2 because the virus is a genetic cousin of the coronavirus which caused the SARS outbreak in 2002 (SARS-CoV). On the contrary, Cseaafrica (2020) submitted that the unofficial name for the virus is “the COVID-19 virus.”

Likewise, COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV. As of April 4, more than 60,000 people worldwide have died of COVID-19 from the highly infectious respiratory disease caused by the coronavirus (WHO, 2020). The number of people who have tested positive for COVID-19 has exceeded 1 million, according to data compiled on 4th April 2020 by Johns Hopkins University. While the new coronavirus is more widespread than SARS in terms of case numbers, the mortality rate remains considerably lower at approximately 3.4 percent, according to the WHO. Scientists around the globe are racing to develop a vaccine but have warned it is not likely one will be available for mass distribution before 2021. There have been five global health emergencies since 2005 when the declaration was formalized: swine flu in 2009, polio in 2014, Ebola in 2014, Zika in 2016 and Ebola again in 2019. As of April 13, more than 70,000 people worldwide have died of COVID-19, the highly infectious respiratory disease caused by the coronavirus. The coronavirus COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge mankind has faced since World War Two. Since its emergence in Asia late last year, the virus has spread to every continent except Antarctica. Cases are rising daily in Africa, the Americas, and Europe. Countries are racing to slow the spread of the disease by testing and treating patients, carrying out contact tracing, limiting travel, quarantining citizens, and cancelling large gatherings such as sporting events, concerts, and schools (Democracy now, 2020). The pandemic is moving like a wave—one that may yet crash on those least able to cope.

But COVID-19 is much more than a health crisis. By stressing every one of the countries it touches, it has the potential to create devastating social, economic and political crises

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that will leave deep scars. Dozens of the world's greatest cities are deserted as people stay indoors, either by choice or by government order. Across the world, shops, theatres, restaurants and bars are closing. Every day, people are losing jobs and income, with no way of knowing when normality will return. Small island nations, heavily dependent on tourism, have empty hotels and deserted beaches. The International Labour Organization estimates that 25 million jobs could be lost. Nigeria braces itself to be part of what is likely to be a third wave of the COVID-19 outbreak, where the coronavirus will interact with low healthcare infrastructure and many pre-existing fragilities. From preliminary macro and micro social economic analysis, the COVID 19 Pandemic is expected to place immense pressure on Nigeria's healthcare system and could result in a serious economic and fiscal pressure. Proactive measures need to be taken to prevent, prepare, respond and cushion communities from the socio-economic impact of the Pandemic (Simon and Hans, 2020).

According to Jegede (2020), as the spread of the coronavirus intensifies, Nigeria's services, trade and financial sectors that contribute over 30 percent of the GDP would suffer significant disruptions. Contraction in these sectors could result in significant job losses both in the formal and informal job markets. This could be a severe blow and could be a threat to instability as youth unemployment or underemployment is approximated to be at 55 percent high. Consequently, in a country that is overwhelmingly tied to the informal sector, the COVID-19 pandemic will affect livelihood and spending patterns, which in turn could have a negative impact on the economy and wellbeing of the people.

Threats of COVID-19 pandemic on the Academic Calendar

More than 1.5 billion students and youth across the planet are affected by school and university closures due to the COVID-19 outbreak. It is advised that individuals should find some of the recommendations for higher education institutions to carry on with teaching and learning activities during this socio-economic, cultural and health crisis and as well on how to address the future. Despite that Nigeria's education system encompasses three different sectors: basic education (nine years), post-basic/senior secondary education (three years), and tertiary education (four to six years, depending on the program of study), the COVID-19 pandemic has negatively affected the calendar of Nigeria's National Policy on Education (2004), basic education covers nine years of formal (compulsory) schooling consisting of six years of elementary and three years of junior secondary education. Post-basic education includes three years of senior secondary education. At the tertiary level,

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the system consists of a university sector and a non-university sector. The latter is composed of polytechnics, monotronics, and colleges of education. The tertiary sector as a whole offers opportunity for undergraduate, graduate, and vocational and technical education. The academic year typically runs from September to July. Most universities use the semester system of 18 – 20 weeks. Others run from January to December, divided into 3 terms of 10 -12 weeks.

The National Policy on Education (FGN, 2014), defines Higher Education as the Post - Secondary Section of the National education system, which is given of Universities, Polytechnics and Colleges of Technology including courses that are given by the Colleges of Education, Advanced Teachers' Training colleges, Correspondence Colleges and such Institutions as may be allied to them. According to Simon and Hans (2020), the objectives of higher education in Nigeria includes: the acquisition, development and inculcation of the proper value orientation for the survival of the individual and societies; the development of the intellectual capacities of individuals to understand and appreciate environment; the acquisition of both physical and intellectual skills which will enable individuals to develop into useful members of the community; the acquisition of an overview of the local and external environments (FGN, 2014). The National Policy on Education again stated that higher educational institutions should pursue these goals through: teaching, research, the dissemination of existing and new information, the pursuit of service to the community; and by being store- house knowledge (FGN, 2014). The Nigeria higher education system comprised of universities, polytechnics, and colleges offering programmes in teacher education and agriculture. Apart from the fact that higher education institutions are a community of scholars, free to pursue knowledge without undue interference from anywhere, the Federal Capital Territory is the capital of Nigeria- the Capital city is a host to many higher institutions. The direction therefore is that all educational institutions in Nigeria should be shut down and allow students to go home is a measure to contain the spread of the virus. This paper therefore is aimed to diffuse the threat of COVID-19 and engender improved mechanisms for long-term educational institution capacity.

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International Human Rights Law, the Right to Education and Corresponding State Obligations

Education is a fundamental right enshrined in Article 26 of the Universal Declaration of Human Rights (UDHR) and Articles 13 and 14 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), two of the core United Nations human rights treaties. Various other global and regional human rights instruments also recognise the right to education and further expound on its specific dimensions. The UDHR and ICESCR provide that primary education ‘shall be compulsory and available free to all’. On the other hand, secondary and higher education are not compulsory but ‘shall be made generally available and accessible to all by every appropriate means. As with all economic, social and cultural (ESC) rights, the right to education is subject to progressive realisation and the availability of State resources (see Article 2 of ICESCR, 1966).

Ongoing Challenges Faced in the Global Control of COVID-19 Pandemic

The recent pandemic caused by SARS-CoV-2 has now spread worldwide and caused more than 51,000 deaths, by April 2nd 2020. As predicted, there are several obstacles for medical and governmental authorities to efficiently manage this respiratory illness. In spite of appropriated supplies, most hospitals are suffering from a scarcity of free beds, protective masks, sanitizing liquids and even ECMO machines for patients with severe cases. This suggests that defeating this pandemic is impossible without a united and coordinated international attempts shaped by all countries of the world. It is believed that an international scaled-determination is required to diminish the complex impacts of the pandemic. To this effect, UNESCO (2020) suggested that the most important priorities are supposed to be:

- i) The development of potential vaccine candidates to provide protection and interrupt the transmission of SARS-CoV-2.
- ii) To ensure enough supplies for hospitals and their homogeneous distribution among the countries with the worst number of severe cases.
- iii) There is a need for more studies to identify potential treatments that are effective for the control of this viral infection and
- iv) It is imperative to provide easy access to diagnostic kits for all countries affected by this pandemic.

In the light of these suggestions, it would be recommendable to at least temporarily abandon the political checkouts in both national and international levels; therefore, all partners will be potentially able to efficiently enforce their strategies for the elimination

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of this unique threat to the human populations. The COVID-19 pandemic has tremendously changed the world as no other recent phenomenon has. Higher education did not escape the storm. According to UNESCO, on 1 April 2020, schools and higher education institutions were closed in 185 countries, affecting more than 1.5 billion learners, constituting 89.4% of total enrolled learners. In order to better understand the disruption caused by COVID-19 on higher education and to investigate the measures undertaken by higher education institutions around the world to respond to the crisis, the International Association of Universities (IAU, 2020) launched the *IAU Global Survey on the Impact of COVID-19 on Higher Education around the World*. Findings suggest that:

1. Distance learning will reinforce teaching and learning approaches that may not work well.
2. Educators will be overwhelmed and unsupported to do their jobs well.
3. The protection and safety of children will be harder to safeguard.
4. School closures will widen the equity gaps.
5. Poor experiences with ed-tech during the pandemic will make it harder to get buy-in later for good use of ed-tech.

These challenges affect not only educational goals attainment but also the state of the market for supplies and workforce that are vital to contain and combat the pandemic. It leads to an unprecedented situation, where there is neither an automatic correction of the markets nor a global regulation in place to address market failures. Goods and services are not readily available, and we're seeing price inflation as demand across the globe far exceeds the supply. And as COVID-19 is progressing very rapidly, new cases are being reported in many countries across the world, which makes the assessment of needs very difficult.

Improved Mechanisms of Handling COVID-19 in the School System

Education systems have a part to play in response to prevent, limit or slow the spread of the virus and curtail its impact. Compared to the education system, the public health system has a smaller presence. The education system has a large institutional base that links it to the community, especially through the parent body. Schools are the primary institutional form of government with a physical presence and relationship through parenthood with a significant proportion of adults in the population. Information and knowledge can be communicated with learners and their parents about potential health threats to people and the community at large. The range of ways in which schools might support a campaign to limit the impact of a virus-like COVID-19 requires investigation.

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This involves taking cognisance of the processes that might be undertaken and the materials and instruments these would need. For this reason, closer collaboration between education and health sectors may prove fruitful and joint interaction between Education, Health and other relevant government departments might be needed to explore the potential for collaboration (WHO, 2020).

In its Managing Epidemics handbook of 2018, the WHO sets out a basic framework or model for a comprehensive outbreak response at an individual country level. This model is a standardised basis for managing an epidemic in every country and is necessary for international cooperation. The framework provides a starting point for identifying areas of outbreak response in which educational institutions can play a role. Generally, Table 1 (WHO, 2020: 31) identifies four key response elements. In the right-hand column, ‘Role for education institutions’ has been inserted to map potential roles for education departments, and specifically schools, in relation to the WHO outbreak responses. Education institutions would play a limited role in outbreak response (A) ‘Coordinating Responders’, (B) ‘Health Information’ or (C) ‘Health Interventions’ but could play an important role in (D) ‘Communicating Risk’.

Key outbreak response framework elements including a role for schools

Outbreak response in WHO handbook for country level	Definitions	Roles of Education institutions
A) Coordinating Responders	The team of national and international partners who plan and coordinate the response	May include Education Ministry as a partner
B) Health Information	Information from surveillance of the outbreak and about interventions undertaken	No,
C) Health Interventions	Reducing transmission, morbidity, mortality and impact on health systems	No core health competence
D) Communicating risk	Relaying information, listening to and engraving communities, and managing rumours and misinformation	Yes, Education can play a crucial role

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According to the WHO (2020), community engagement needs to be achieved through dialogue. The following three elements are important to ensure effective community engagement (WHO, 2018: 39, 40–41):

1. **Knowledge:** communities must know what the disease is, how it is transmitted, and how to protect against it.
 2. **Self-efficacy:** communities must be able to implement control measures (e.g. access to soap and water, to gloves, to waste management).
 3. **Trust:** this is an important influence to ensure that communities heed public health advice.
1. Schools can provide access to reliable information resources, strengthening household and community capability and retaining trust in government during the crisis. A national public COVID-19 education awareness campaign at schools and circuit/district offices could involve the following elements. Some of these activities may be taken forward depending on the time available for preparation, consultation and implementation. Create capacity at District and Circuit Offices (communication with schools, school management and closure, teacher infections and learner infections, testing protocols).
 2. Create capacity for School Management Teams (how to take care of/manage and isolate students with fever and respiratory symptoms until collected from school).
 3. Create capacity including a curriculum component for teachers to take into classrooms (background and support to facilitate a lesson on the COVID-19).
 4. Awareness of self and family care and protection information for learners (campaign materials and activities to provide information about COVID-19 that are related to relevant subject areas in the curriculum).
 5. Capacity and awareness campaign for parents on how the schools will be responding to COVID-19 (clear information about protection of themselves and family members and how schools can respond).

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6. Education awareness campaign for custodial staff (self-care and role in sanitising the school environment). However, school closures do not remove learners from the risk of infection. Social sources of infection in the neighbourhood are therefore a matter of concern. The activity patterns of children in the community, and who their care giver is, is relevant information

Opportunities to Leverage Planning for High Education Post COVID-19

In the midst of the evolving pandemic, the critical question is how affected communities will bounce back and in a sustainable manner recover from the COVID-19 crisis. The economic distress associated with the pandemic, health implications to those affected especially the most vulnerable in the community, strain on service delivery infrastructure and the societal cost in terms of well-being could be enormous. For Nigeria, like any other country affected by the crisis, recovery will require investment in innovative approaches for restoration of health systems; co-creation of culturally sensitive social-protection mechanisms, peace and cohesion building measures that integrate recovery of lost livelihood.

A conflict-sensitive approach in such a case will be critical in the identification of risk and opportunities to ensure strategies do not worsen existing (latent) fragility, but rather help strengthen social cohesion where possible. Any post-COVID-19 recovery strategy will need to re-establish the conditions for a quick return to a path of economic growth, improved social contract, and overall human development that can foster more inclusive societies in the future. In addition, the survivors and others directly affected by the coronavirus must be assisted to overcome possible stigmatization, regain their dignity and for affected communities, supported to recover their livelihoods. Therefore, technology needs to save us from this pandemic to manage the loss at this time.

Conclusion

COVID-19 is the name given by the World Health Organization (WHO) on February 11, 2020 for the disease caused by the novel coronavirus SARS-CoV-2. Etymologically, it started in Wuhan, China in late 2019 and has since spread worldwide. COVID-19 is an acronym that stands for coronavirus disease of 2019. COVID-19 is the name of the disease caused by the SARS-CoV2 virus. Viruses and the diseases they cause have different names. The tertiary education sector as a whole offers opportunity for undergraduate, graduate, and vocational and technical education. The academic year typically runs from September to July. Most universities use a semester system of 18 – 20 weeks. Others run

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from January to December, divided into 3 terms of 10 -12 weeks. According to UNESCO, on 1 April 2020, schools and higher education institutions were closed in 185 countries, affecting more than 1.5 billion learners, constituting 89.4% of total enrolled learners. Information and knowledge can be communicated with learners and their parents about potential health threats to people and the community at large. The range of ways in which schools might support a campaign to limit the impact of a virus-like COVID-19 requires investigation.

Suggestions

The Top Global Educators should share videos explaining how they are orchestrating and managing distance learning in the midst of the COVID-19 pandemic to ensure that quality learning would not stop. Besides:

1. Blended learning approaches should be tried, tested, and increasingly used by the teachers.
2. Teachers and schools should receive more respect, appreciation, and support for their important role in society.
3. Quality teaching and learning materials should be better curated and more widely presented and used.
4. The state and federal Government should assist Teacher's collaboration to grow and help improve learning.
5. There should be improved healthcare systems with enhanced medical equipment, medication and sanitary materials.

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