

COVID-19 PANDEMIC AND SOCIAL FRACTURES IN NIGERIA: CHALLENGES TO BUILDING GENDER INCLUSIVE SOCIAL POLICY

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ABSTRACT

In response to coronavirus disease 2019 (COVID-19) Pandemic, the first primary and immediate response of countries all over the world, including Nigeria, has been to introduce series of protocol, including lockdown, with its subsequent “relaxation”, and other public health guidelines on the large section of the population and human activities, as attempts to reduce the spread of the pandemic. However, implicated in the lockdown protocols has also been “irreparable damage” on the people, and their socio-economic activities; unleashing twin problems of deprivation and anxiety, for people in Sub-Sahara Africa (SSA). The paper takes on a gender lens to analyze and provide a critical understanding of current dimensions and implications of COVID-19 pandemic, now referred to as “shadow pandemic”, as it exacerbates existing poverty and inequalities, on the lived experiences and livelihood of a particular category of Nigerian population, women and the vulnerable. It evaluates the current policy response, encapsulated in social protections and other policy intervention programs of public authorities in Nigeria, in mitigating the impact of the pandemic and its “shadow underbelly”. Evidence continue to show the “residualist” dimensions of social protection programs, even in the context of post COVID-19 pandemic, not only as it demonstrates a “gender tip” to quality of life and livelihood for women, but more significantly, as it once again illustrates the minimalist dimensions of neo-liberal framing of social protection architecture in Sub-Sahara Africa.

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1. INTRODUCTION AND CONCEPTUAL CLARIFICATION

As means of livelihood in many countries of Sub-Sahara Africa (SSA) are characterized with high level of informality and urban concentration (Ebrahim 2020; Ray et al. 2020), the implication in the context of current dynamics is that large section of the population would, prior COVID-19, have to leave their home daily to access means of livelihood. It also implies that many households and predominantly female dominated family members in the informal sector who live on a “hand-to-mouth basis” with limited savings, and also do not have the capacity to work from home (Dingel and Neiman, 2018), would be affected. The challenges of lockdown are mostly felt by those in the informal sector of self-own businesses, and of high-density urban neighbourhoods (Raju and Ayeb-Karlsson, 2020). This paper examines the extent to which lockdown and other COVID-19 pandemic protocols had affected the pre-existing socio-economic activities and conditions of livelihood of those in informal sector in Nigeria, particularly the women and other vulnerable.

In the context of COVID-19 pandemic, lockdown is broadly described as public health policy directives on the citizens, to stay at home and avoid public space gathering, as part of measures to mitigate irreversible damage to their health and welfare (Eva-Maria Egger et al. 2020). With insights from this conceptual understanding, attempt is made here to explore five “minimum dimensions” that influence and determine “readiness” of the citizens for lockdown amidst the pandemic. As noted by Eva-Maria Egger et al. (2020); within the household, the family is assumed to already have access to the basics. i.e. safe drinking water; basic hygiene/sanitation; source of reliable energy, and a means of information or communication, such as mobile phone, and more significantly, an assurance of means of livelihood that provide sufficient income, to limit going out, on a frequent basis. On the other hand, if at basic minimal levels, these are not met, members of the household will need to go out to places; to congregate for socio-economic purposes. And because their congregations for socio-economic activities, as means of livelihood, (employment or jobs) are characterized by informality, the understanding is that, these categories of people are not prepared for lockdown.

The informality of their source of income, therefore, remains a critical concern during period of lockdown, especially for those in urban settings, where also, the need for “social distancing” and other protocols remain imperative. Indeed, the vulnerability and uncertainty that characterized the informal employment sector intensify the impact and consequences of the lockdown on the population. Lockdown directives and subsequent ease in Nigeria, and in the context of high level of households’ poverty and socio-economic vulnerability are expected to impact negatively on informal sector, especially the women.

2. “EASE-LOCKDOWN”, STRICT PROTOCOLS AND THE CHARACTERISTICS OF INFORMALITY OF EMPLOYMENT IN NIGERIA

As noted by the International Labour Organization (ILO), over eighty per-cent of women are employed in the informal sector in Nigeria (ILO, 2018). The impact of lockdown could therefore be expected to be far-reaching, not only on their coping strategies for economic survival, but also exacerbating panics and anxieties, associated with the virus, in the first instance. Early, as part of public authorities immediate response, the lockdown directives were on States of commercial, businesses and government nerve centers of the country; Lagos, being the country’s major economic center as well as financial capital, and Abuja; the seat of government, and Ogun State, because of its proximity to Lagos and a major manufacturing hub in Nigeria. As expected, those terribly affected by the lockdown and its subsequent ease are predominantly urban informal sectors women. Broadly, their informal economic activities include micro and small scale enterprises and artisanship. On the street sides are also traders and vendors who are women. There are also home-based enterprises, informal employees of formal enterprises; making daily or weekly wages (Obiakor, 2020). These are the first category of people of households, and women of households, to bear the brunt of lockdown. Significantly, in their varying capacities and roles as household members, heads and “bread-winners”, their regular familial obligations and responsibilities are affected. The lockdown restricts their daily physical movement outside their homes to generate income for their households. Their vulnerability to negative consequences surrounding low-employment status goes further to their health, welfare and dignity; as their capability to access basic needs for decent living and health services, already compounded by lack of resources, is further restricted by the lockdown.

For this category of workers including women, in the informal sector (of all descriptions), the intensifying impact of lockdown reverberates on all aspects of their existential living, and obligations. In Nigeria, the strong interface between poverty and informality of jobs remain another dimensions of impact of COVID 19, and restrictions of human movement for means of livelihood. The employment characteristics of informal sector of varying descriptions, is underpinned by the same feature; “precarity”; a defining feature of their daily employment, characterized with low education and low-skill formation. Precarious existential living of the vulnerable is further characterized by poor income, insecure employment and social protection for sustainable wellbeing. While the informality of the sector remains a source of income, the security of the income now seem to have been disrupted by COVID-19, and restrictions of movement, thereby intensifying their precarity and deprivation, and that of their households’ members.

The endemic feature of low-income and income insecurity; reflecting the situation of “hand-to-mouth” mode of living makes it difficult for the urban informal sector workers of the description in the analysis, to save for the future. Even in the face of on-going challenges of COVID-19, the ability and predisposition to save for the future remains bleak, as they are daily preoccupied with survival, panic and anxiety. However, while they may be able to mobilize, and utilize their “social capital”, to smoothen consumptions-needs, their income and capacity could just be barely enough to sustain them for future. Their “meager saving” which also fluctuates may exclude them from formal access to asset saving. As observed by Obiakor (2020), the “micro-entrepreneurs” might be stuck with predatory loan repayment with high interest, especially the recipients of microloans and finance. For this category of workers, therefore, persistence of the pandemic and its attendant protocols could be expected to throw them and their households into long-drawn poverty and deprivation. The financial constraints, attendant of COVID-19, and the restrictions continue to stretch the coping capability of the overburden low employment workers of the informal sector, in Nigeria.

2.1 Shortages of Food amidst COVID-19 Pandemic

As the Pandemic crisis ravages, Nigeria is currently experiencing rising food prices and inflation, as food-supply chains are affected, not only because of poor and weak agricultural policy and implementation, but also as a result of lack of incentives for the subsistence farmers. As the devastation of the pandemic threatens food supply chains, speculative hoarding has started, triggering price increases. Higher food prices are already reflecting imminent shortages. These impacts can compound each other in a vicious circle likely to cause social unrest. For a period of months, public authority in Nigeria banned the importation of basic food commodities such as rice and edible oil, without adequate plan for local production of the staple food items, thereby increasing inflation and negatively affecting informal businesses and consumers. In addition, many small importers, traders, and poor consumers in Nigeria, are being seriously affected by the pandemic crisis as they earn their livelihood in trading Chinese products such as textiles, electronics, and household goods (OECD 2020)

2.1.1 Informal Workers, Health systems and Social Vulnerability

2.1.1.1 Impact on health systems

Even though the spread of the virus seems to be slower across the countries in Africa, Nigeria continues to record rise in the spread, with major strains on the health systems. According to World Health Organization (W.H.O) data, across Africa, there are only approximately 1.2 hospital beds per 1000 people. This is compared to 6.5 in France, 3.5 in Italy and 3 in Spain, the United States and the United Kingdom (OECD, 2020). Also, data collected by Afrobarometer Round 7 from more than 45800 respondents across 34 African countries over 2016-18 highlight that hundreds of millions lack access to health care (Howard, 2020) or clean water for frequent hand washing and cleaning (Howard, 2020); a critical means for curbing the spread of the virus. Lack of access to clean water and basic medical care, in many African countries, further compound the crisis of the pandemic, <http://afrobarometer.org/data>.

The growing number of COVID-19 patients risk overcrowding health facilities, and more unfortunately, patients with high burden diseases like Acquired Immune Deficiency Syndrome (AIDS), tuberculosis and malaria could lack access to adequate care. Patients with other active diseases such as Lassa fever, in Nigeria and Ebola in the Democratic Republic of the Congo may also be affected (OECD, 2020). The crisis of the pandemic could have an impact on treating other diseases in Africa. Moreover, the implementation of lockdown policies could have negative impact on other infectious diseases, such as tuberculosis (TB). The full health impact of the pandemic in Africa is not yet known, even as the health facilities are already weak. And where it is expected that infection could be offset by people's immune system, especially, the younger population, the capacity to test, isolate and treat, is limited by the weak health system. More pointedly, the unique needs of women and girls are negatively affected, "in periods of pandemic, they are less likely to have equal access to quality health services, essential medicines, and vaccines, maternal and reproductive health care" (Policy Brief. The Impact of COVID-19 on Women, 2020). Indeed, the normative assumptions surrounding gender relations do also "limit women's ability to seek or benefit from health services" (ibid), even in normal times.

2.2 Informality and social vulnerability

In Nigeria, the informal workforce bears the highest vulnerability, due to weak health system, poor safety conditions, and lack of sustainable social protection. About 86% of total employment in Africa is informal, with up to 91% in West African countries. (OECD, 2020). As more and more African countries go under coronavirus lockdown, survival for many may be threatened not only by COVID-19, but also job (work) insecurity. Informal workers such as traders, retail sellers, and manual workers are among the hardest hit as lockdowns protocols force them out of work. Given their poor working and living conditions, informal workers might be unable to heed many of the precautions suggested by health authorities, such as social distancing or self-isolation. Informal workers are "less accounted" for, and as a result, benefit disproportionately from social protection measures. The absence of comprehensive and sustainable "safety nets" to confront the impact of the Pandemic shock, thus, worsens its consequences on large segments of the vulnerable population. The ILO estimated that 82% of Africans are without social protection (ILO, 2017), with only a small part of the economically active population covered by statutory social security schemes, most of which are old-age pension schemes.

Without strong policy intervention, the crisis may further deepen already endemic inequality, and exacerbate resentments among the most vulnerable communities. In Nigeria, spike in COVID-19 cases may have primarily hit the "wealthier", the elites, and internationally mobile population, however as rigorous and concerted efforts are lacking in containing the spread, and as community transmission is on the rise, the pandemic now poses a high risk to lower-income communities who rely on public transportation to earn daily living through public gathering in the market space. They do not have sufficient saving and thus, must continue to commute to work. They rarely can afford hygiene products. They reside in informal urban settlements, and live in large household. Their pre-existing social and economic vulnerabilities-risks is magnified by pandemic. The World Bank estimates that the COVID-19 crisis could push 49 million people globally into extreme poverty in 2020, of which almost 23 million in Sub-Saharan Africa (World Bank, 2020). Nigeria is currently challenged by socio-economic and security conditions—such as violence and conflicts, food shortages, with high concentration of refugee camps, in the North East region of the country. They are most vulnerable to the impacts of the contagion. Based on socio-demographic dimensions of vulnerability, (Africa Center for Strategic Studies, 2020) reports have it that South Sudan, the Democratic Republic of the Congo, Sudan and Nigeria are the most exposed, mainly due to i) poor health systems, ii) existing armed conflicts, iii) large displaced populations in refugee camps, iv) total population living in urban areas, and v) low government transparency and trust in public institutions. (The New Humanitarian, 2020) The pandemic is already having serious impacts on the delivery of humanitarian assistance, in many conflict zones in Nigeria.

2.3 Gender Equity in the Context of Post-COVID Intervention Programs: Challenges to Equitable and Accessible Care

Understanding the extent of gender dimensions of the pandemic also requires an understanding of the impacts on the well-being and livelihood of women. The gender dimensions of the risk during pandemic and post pandemic is even more severe in developing countries like Nigeria, where majority of women that are vulnerable are in informal sector, of daily

wage earners, self-employed, female-headed households and communities' member. While such category of women have often being at increased risk due to poor health infrastructure, poor or lack of access to reproductive health programs, and more vulnerable to violence and impacts of crisis, they now face what is referred to as "double pandemic" (Clare, W. Smith, J. and Moragan, R 2020).

The debilitating impact of lockdown and other safety protocols in 2020 were mostly felt by women who provide most of the informal unpaid-care roles within the families, with dire implications on their roles as socio-economic care givers (ibid). Restrictions on movement and lockdown cause serious financial challenges and uncertainty to this category of women in the informal sector. Evaluations of impacts of past outbreak of epidemics such as the 2014-2015 West African outbreak of Ebola had shown that gendered social relations were more likely to be affected. Women were more infected by the virus given their predominantly gendered roles as care givers within the families (Davies, S. and Bennett, B. 2020). Also, as noted by Harman (2020), women were less likely than men to have influence in decision making around mitigating responses to outbreak, thereby affecting their gendered needs within the family. Further illustrations of gender dimensions of diseases such as COVID-19 pandemic, preparedness and policies responses in the work of Smith (2020), provides nuanced understanding of multi-level dimensions of gender gaps; indicating strongly, the lack of challenge to mainstream normative assumptions on gender, experiences and roles in the context of pandemic outbreak. Absence of equity-based approach in response, and the entrenched power asymmetry in gendered-relations dynamics in moments of disease outbreaks such as Ebola was further illustrated in a case analysis presented by Smith (2020) (Social Enterprise Network for Development (SEND), in her evaluations of series of diseases outbreaks and the gender dimensions.

According to Smith (2020), diseases outbreak and responses are both "physically" and "socially" constructed, reproducing gender inequality. And where gender roles and relations are concerned, women bear the disproportionate roles and burden of providing care at home. This is further compounded where there are poor emergency responses, poor health governance and facilities structure (Smith 2019). As noted by Smith (2019) policies responses to epidemic outbreak such as the Ebola, had been characterized by what is referred to as "tyranny of the urgent"; one in which there had been strong cognizance of the socio-cultural and gender relational dimensions. According to her, while health systems and policies research may have incorporated gender analysis broadly, specific attentions on "gender issues relating to diseases outbreaks and responses are few"

Davies and Bunnett (2016) had also noted that the vulnerabilities of women and girls are more acute during complex emergencies of public health outbreaks" (cited in Smith 2020:4). Drawing empirical illustrations from evidences and review of literature on gender and infectious disease outbreak; Ebola and Zika in 2018, Smith (2020) illustrates the gender impact of disease outbreaks and responses on the lived experience of women and girls during the West African Ebola outbreak in 2014-2016. Gender biases are still very conspicuous in much extant literature on policy debates and scholarly works. Thus, a more dynamic approach should focus more on gender-aware and gender visible policies that recognize differing roles and expectations of men, women and other social groups in post-pandemic academic studies (Smith 2020). With insights from "feminist economics", Folbre (2006) demonstrates how "conventional approaches to gender-study fail to recognize women un-paid labour, and the economic, social and opportunity cost women incur while performing care roles during pandemic" (in Smith 2020: 5). On the other hand, Hankivsky (2012), in utilizing "intersectionality" lens show how multiple, social and identity factors such as ethnicity, race, religion, sexuality and disability could shape individuals vulnerabilities, during pandemics and post-pandemic lived experience; showing their lack of capacities to cope.

Research work on post-pandemic experience of women, and gender relations, therefore need to reconceptualize policy perspectives in a manner that address multiple dimensions of vulnerability, rights of marginalized groups and structural inequalities in policy framing and up-take. This paper therefore contributes to scholarly concern for innovative approach in conducting in-depth analysis and understanding of the dynamics of intersecting identity factors that shape and influence gender/women lived experience of pandemic, and subsequent public authorities' responses. Absence of critical engagement with normative/mainstream assumptions in understanding lived experience of women and other vulnerable, of the intervention programs of government, reinforces and reproduces gender inequalities. The pandemic has been well described as "shadow pandemic", unleashing double burden, and exacerbating inequality. As noted in a *UN Report on COVID-19, and Girls and Women*, "the shadow pandemics underscore the rise in domestic violence against women and girls, the loss of employment for women who hold the majority of insecure, informal, and low-paying jobs".

In other words, from economy of livelihood, to their health systems, and to their homes; the pandemic is disproportionately affecting girls and women. The pandemic "amplifies" and "heightens" all existing inequalities, and further exposing their vulnerability to precarious existential living, (Policy Brief: The Impact of COVID-19 on Women 2020). Kabber (2020) notes that the pandemic exacerbates inequalities across gender and class; inequalities that are often overlooked in normal times. The current situations, world-wide, illuminates long-existing inequalities across gender and class within the labour market, with its "gender tip" on quality of life and livelihood for women.

2.4 Coping Strategies, and Government Intervention: “missing the Mark”!

As part of attempts to “cushion” the impact of lockdown and other protocols on those categories of workers and women in the informal entrepreneurship, and the most vulnerable of the larger populations, the public authorities in Nigeria have introduced a number of intervention programs. While detail analysis and empirical evaluations of the on-going interventions, in particular on women, recommend itself for further research work, it is instructive to note that the broad objectives and implementations of the programs, have nevertheless, thrown up some preliminary critical challenges. For instance, as noted by Obiakor (2020), the informal economy in Lagos alone, where the lockdown started, employs 5.5 million people; representing almost three-quarter of the States 7.5 million labour force population, with thirteen million non-working population (quoting National Bureau of Statistics). Impliedly, the “cash transfer” (conditional or non-conditional) component of the intervention could only cater for three-quarter (5.5 million), of non-working population; indicating, overall, a low significant impact on those in the category of the population. Also, the National Social Register consisting about eleven million people, of 2.6 million households, to which the safety nets programs are anchored, would not make any meaningful impact. This is apart from the poor/low coverage of the Register.

2.4.1 *Transformative Social Policy and Inclusive Development: towards theoretical reconceptualization*

Literature on theoretical analysis of various dimensions of social policy framing in Sub-Saharan Africa is replete with assumptions of its lack of sufficient comprehensiveness in dealing with “social questions”, as against what obtained from Welfare States. Apart from its emphasis on “basic needs approach”, which over the years is encapsulated in social protection, a comprehensive and coherent theory that sufficiently link development with social policy (Mkandawire 2011) is assumed to be lacking in developmental context of Sub-Saharan African countries. As such, many social protections initiatives have been evaluated to illustrate deficits in theoretical anchorage. Social protection programs in SSA remain a “shopping list”, with no “coherent sequencing” and “interlinks” (Mkandawire 2011). Lack of theoretical underpinning of social policy in SSA is accounted for, largely, by what is referred to as “historical bias” that undergirds theorization from Welfare States. The exclusion of particular experiences of social policy in theorizing social policy from developing countries explains this “bias” (Midglaey 1995 in Mkandawire 2011). Social policies in developing countries were rendered invisible in their “normative assumptions”. Implicit in this Welfare States bias was also the assumptions that developed countries were “developmental states”, with strong “productivist ethos”; features seen lacking in developing countries. Conceptualization of productivist ethos of Welfare States was seen to include “growth-oriented” imperatives that subordinate all aspects of state’s policy, including social policy to economic and industrial objectives (Hoiliday 2000).

Inherent in this bias is also the normative dissonance in the characterization of social protection programs coming from developing countries as ‘top-down’ nature and of ‘paternalism’, as opposed to ‘voice-driven’ Welfare States (Mkandawire, 2011). It is this normative dissonance that explains why developing countries prefer to embark upon “authoritarian developmental regimes” which were often seen at variance with Welfare State notions of social policy, and in which fundamental prerequisite for equity and justice were absent. Apart from this theoretical bias, social policy from developing countries have been characterized as “paucity in data” to support coherent social protections instruments.

However, this theoretical bias exists at odds with far-reaching social policy initiatives that have been documented as evidence of social policy from many developing countries of Africa (Mkandawire 2011). Examples of these are land reforms and tenured-rights in many African countries. Evidence of Social protection programs in Nigeria, for instance, was the creation of Commodity Stabilization and Policy Boards of 1970s. This interpreted as “social protection by other means” (Mishra 2004) was said to characterize social protections programs in Africa. Therefore, as observed by Mkandawire (2011), from Dependency School in the 1970s, theories of development had been dominated with “pessimism” about the effectiveness of “local nuances” in shaping social policy; a dismissive of any intervention measures by dependent states of Africa. At best such social protection programs are described as “redistributive populism” program. Indeed, the policy initiatives coming from developing countries have also been dismissed as “policy capture or clientelism” and “neopartrimonialism” by the neo-liberal forces of the 1990s and 2000s, (Gibson and Hoffman 2002).

Mkandawire (2011) had argued that a deep understanding of the dynamics of social policy framing indeed, requires greater recognition of relationship between economic development, national productivity and the specific welfare regimes. Thus, a new understanding of poverty and development, and social policy framing demands a much closer “elective affinity” with productivity and its redistribution for the greater good of the citizens. While noting lack of congruity in theory formulations and orientations between that of developing countries, and those coming from Welfare States, Mkandawire (2011) calls for normative attention to historic specificities and development that influence and shape social policy framing. According to him, institutionalization of welfare regimes must be understood as a long-term historical process in which “learning by doing” and “trial by error” would play a significant role. And this is more instructive for developing countries, where social policy framing must pay distinct attention to “efficiency-enhancing” side of policing framing for “endogenous growth”.

Indeed, as illustrated in UNRISD 2016 Social Development and SDG 2030 Report, social turn in emerging social policy framing puts emphasis on a shift in ideas and policies, that reassert social dimensions in development agenda.

Transformative social policy in this context has to do with identifying and attacking the fundamental cause that in the first instance generate and reproduce inequalities, and not merely focusing on the symptoms. The evolving normative turn stresses the importance of policy integration of institutional reforms, innovative policy and implementations, that focus, genuinely, on outcomes in terms of human wellbeing, right-based citizenship and inclusive development (UNRISD 2016). This therefore, would, comprehensively address the vicious circle of poverty and inequalities, across gender lines. This, in turn, engenders a holistic process and framework that re-balance poverty reduction and social goals with economic growth and productivity objectives” accompanied with equitable distribution of benefits (UNRISD 2016 Report). Underpinning such transformative objectives is the concern for gender equity in social policy framing for women and the vulnerable (UNRISD 2016). Deep complexities of risks are often gender-base, which therefore requires greater recognition of new analytical and methodological approaches, “involving multi-levels and interdisciplinary systems approach” (UNRISD 2016). As against conceiving social policy as “add-on” to economic policy or reduce its role to safety nets, transformative social policy is premised on its integrated nature and multiple functions.

3. DISCUSSION AND CONCLUSION

As with all institutional programs in Nigeria, the post-pandemic responses in form of intervention programs remain problematic, both in intention and implementation. The absence of reliable and comprehensive database had made it difficult to determine, in a sustainable process, the institutional financial needs of targets groups, even in the context of post COVID-19. At present, institutional evaluations to critically assess the impacts are still sketchy and unclear. Indeed, given the current circumstance of responses to the pandemic, sustainable framework is lacking to integrate women and girls, who are predominantly in the informal sector. Where the real sector of the economy is not fully producing, sustainable wealth distribution, through income, is also affected with impact on households. In Nigeria, COVID-19 pandemic will, for a long period deepens poverty and vulnerabilities of the large segment of the population, including women, even in the context of palliative measures currently being implemented by the public authorities.

For instance, in Nigeria, in 2020, a fiscal stimulus package in the form of a COVID-19 intervention fund of N500 billion (USD 1.4 billion), was approved by the Federal Government to support healthcare facilities, provide relief for taxpayers, and incentivize employers to retain and recruit staff during the downturn (Federal Government of Nigeria, 2020). While empirical evaluation is instructive, at present, preliminary and scholarly comments and observation arising from this policy directive is to note that such pronouncement from Nigeria public authority is no different from previous and numerous socio-economic plans without measurable and sustainable impact on the wellbeing and livelihood of the people.

This Paper further provides insights into understanding the impact of COVID-19 Pandemic, on those people who by their level of vulnerability are categorized as “vulnerable groups” in Nigeria; those living in poverty, those experiencing informality and precarious means of livelihood as a result of the pandemic crisis. The Paper offers an understanding of the limitations of the current policy response, and interventions, by the public authority, in tackling the broad consequences of the crisis on livelihood and wellbeing of large segment of the population, (women and girls) with a gender perspective.

Evidence continue to show that, as a result of the pandemic and the protocols put in place to contain and mitigate the spread of the pandemic, by the public authorities, many people in Nigeria, continue to face and experience the hard choice between “lives” and “livelihood”, as lockdown and protocols of social/physical distancing, and immanent anxieties and fears surrounding the pandemic undermine their pursuit of livelihood (UNRISD 2020). In Nigeria, this is further exacerbated by lack of comprehensive and sustainable complementary socio-economic measures to ensure effective social protections for the people. Beyond the dimensions of poverty and precarity; consequent of the pandemic, public policy framing and measures remain inadequate and unsustainable to lift the poor out of the poverty circle. Further research work and evaluation recommend itself to focus on the health related consequences of the COVID-19 pandemic, and more importantly, on the country’s productive sector. Impact of unemployment, job insecurity, and labour income shocks, as a consequence of the pandemic, and lockdown measures could be expected to exert more poverty rates in Sub-Sahara Africa (WIDER UNU Working Paper 2020/77). In the context of weak health system and poor institutional framework for managing the pandemic, the pandemic could be expected to portend dire consequences for the vulnerable and women, in Nigeria.

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