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Torn between two pandemics: Poverty Pandemic and Coronavirus Pandemic in Nigeria

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The wave of coronavirus pandemic that hit the world coincides with Nigeria's struggles with her newly attained position as the poverty capital of the world. This paper argues that prevalent poverty is a pandemic that the world has learnt to live with, and that Nigeria is struggling to overcome. The agony of poverty in the country coupled with the coronavirus pandemic subjects the country to a quandary of a dual-pandemic scourge. The paper relies on secondary data and adopts a descriptive and analytic approach. It concludes that multidimensional poverty in Nigeria is pervasive and has become deepened by the pandemic which led to a shutdown of economic activities in various countries of the world. The paper recommends that the government should commit to schemes, policies and projects that aim at reducing [multidimensional] poverty to avoid the rise of new poor as well as be proactive in treating poverty as a pandemic capable of plunging the country into an abyss of underdevelopment.

I. Introduction

In 2021, 19 per cent of the world's population (i.e., 1.3 billion people) are multidimensionally poor. Half of these extremely poor people lived in five countries: India, Bangladesh, the Democratic Republic of Congo, Ethiopia, and Nigeria. These countries belong to two continents: Asia and Africa. Further, Sub-Saharan Africa and South Asia alone account for 85 per cent (i.e., 629 million) of the world's poor (Katayama & Wadhwa, 2019; United Nations Development Programme, 2021). In realization of this global poverty level, the United Nations agreed to – as part of its sustainable development goals – reduce inequality, end hunger, promote inclusiveness and end poverty in all its forms everywhere (Boto-Alvarez & Garcia-Fernandez, 2020).

To be sure, poverty is a universal phenomenon that plagues the world generally. As a global challenge, poverty can be argued to be a pandemic. As Suckling, Christensen & Walton (2021) contend, the incidence of global poverty is associated with global economic downturn causing about 9 per cent of the world population to live on less than \$1.90 a day. Despite this global prevalence, poverty is pervasive in sub-Saharan Africa. The poverty rate in Nigeria is high and continues to increase in defiance of abundant human and material resources (Akinyetun et al, 2021a). Omoniyi (2018) observes that poverty has become widespread in Nigeria in the last four decades despite the economic boom of the 1970s. Alkire & Housseini (2017) submit that Nigeria alone is home to 15.4 per cent of the total number of Sub-Saharan African poor. Nigeria is also the country with the second-largest number of destitute in Sub-Saharan Africa, having 42.5 million destitute after Ethiopia which has 50.6 million destitute. Poverty in

Nigeria is widely observable whereby 40.1 per cent (i.e., 82.9 million) of the total population are vulnerable (Nigeria Bureau of Statistics, 2020). This is corroborated by the World Bank (2022) that with 4 in 10 Nigerians living below the national poverty line, about 100 million Nigerians are in extreme poverty and subject to the lack of education, sanitation, safe drinking water and electricity.

Etymologically, the word pandemic is derived from the Greek word *pándēmos* which means “of all the people, public, common, widespread.” (Merriam-Webster dictionary, n.d.). It is derived from two words, *pan* (all) and *demos* (people) translating to ‘involving all people’ (Collins dictionary, n.d). A pandemic is also defined as “occurring over a wide geographic area (such as multiple countries or continents) and typically affecting a significant proportion of the population.” (Merriam-Webster dictionary, n.d.). In this paper, emphasis would be placed on the following factors of poverty: ‘occurring’, ‘wide geographic area’ and ‘significant proportion of the population’. This paper draws on the occurrence of poverty in a wide geographic area, such as is found in sub-Saharan Africa, Asia, Latin America and Europe, and among a significant proportion of the people, i.e. 19 per cent of the world’s population, to classify poverty as a pandemic. The definition above suggests that a pandemic does not necessarily have to be a virus or flu rather a pandemic generally refers to a phenomenon that satisfies three major conditions i.e., it is expected to have occurred or been occurring, be prevalent in a wide geographic area, and affect a significant proportion of the population. Poverty can be considered a pandemic because poverty satisfies the conditions of occurrence in a wide area and among a significant number of people, and these characteristics fall under the definition of a pandemic. It is based on the premise that this study categorizes poverty as a pandemic.

Nigeria is the poverty capital of the world (Banjo, 2019; Kazeem, 2018) and this has led to the prevalence of phenomena such as infant and maternal mortality, low school enrolment rate, criminality, unemployment, inequality, deprivation, and exclusion (Iheonu & Urama, 2019). Shortly, after the declaration of Nigeria as poverty capital in 2018, there was an outbreak of Coronavirus disease in Wuhan, China, on December 8, 2019 – which was declared a pandemic on March 11, 2020, and has since spread to over 114 countries (Anjorin, 2020). This led to a forceful shut down of economic activities and social gatherings in countries of the world (Nigeria inclusive) (Amzat et al., 2020).

The thrust of this paper, therefore, is that just like the Coronavirus disease, poverty is a pandemic because it occurs simultaneously in a wide geographic area and affects a significant proportion of the world’s population. This paper addresses a global issue that has serious implications for policymakers, governments, civil society organizations and the private sector actors. This paper is relevant to the literature on the studies conducted on poverty in Nigeria – the majority of which focus on the monetary aspect of poverty with little or no attention to other dimensions. The paper fills this gap by appraising poverty from a multidimensional perspective and further examines how it is compounded by the Coronavirus pandemic. To achieve the stated objectives, the paper adopts a qualitative approach that analyzes secondary data sourced from journal articles, newspaper articles, brief reports and government reports relating to the subject matter.

II. Poverty Incidence in Nigeria

The concept of poverty has evolved, from the inability to access food and other necessities to the inability of a large section of society's population to satisfy their basic needs (Rohwerder, 2016). Poverty, although having no prejudice for colour, race, region or endowment, remains related to the culture, beliefs, habits and environmental (both social and economic) conditions of the area in which people live (Nijara, 2017). As Chaturvedi (2019) argues, the concept of poverty is understood differently by people across the globe. That is, poverty is interpreted according to the realities of a particular people or population. This explains why Wolff (2020) claims that the concept of poverty is unstable. That is, what counts as extreme poverty in one area may be treated as mild in another. Nonetheless, as Egwea (2019) would have us believe, no matter how one looks at it, the concept of poverty centres on lack of access to resources or inability to meet one's needs. Egwea's view is supported by Townsend when Townsend (1979:31) asserts that "individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong."

Meanwhile, poverty eradication, sustained, inclusive and equitable economic growth has been a challenge for developing countries. This makes the elaboration of sustainable development goals critical to Africa and global development. Africa was off track in achieving the targets of the Millennium Development Goals that expired in 2015 (Kindra & Wasswa-Mugambwa, 2015). A cursory look at the sustainable development priorities in Africa reveals that besides from peace and security, governance and institutions, financing, and capacity development, the various regions and sub-regions of the continent are faced with other developmental issues. In West Africa (to which Nigeria belongs) for example, poverty; gender equality; low quality of education; restricted access to affordable and good-quality health care; lack of sustainable water; non-inclusive growth; and lack of social protection for the poor and vulnerable, are salient issues the member countries are faced with (Economic Commission for Africa, 2015). Indeed, the rising profile of poverty in Nigeria is alarming. For instance, about half of the Nigerian population lives in abject poverty; a number more than the total population of several African countries put together. It is unarguably factual that poverty has been massive, pervasive and engulfs a large proportion of Nigerian society. This results in hunger, ignorance, malnutrition, disease, unemployment, poor access to credit facilities and low life expectancy as well as a general level of human hopelessness (Orokpo et al., 2018). More so, the poverty trend in Nigeria is a paradox; the poverty level rises alongside economic growth. In other words, Nigeria is experiencing rapid economic growth but worsening poverty. That is, poverty amid plenty (Ajakaiye et al., 2016; Akinyetun et al., 2021a; Omoyibo, 2013). This view was substantiated by Danaan (2018) that the high level of poverty in the country comes amidst an abundance of human and natural resources and increasing national income.

Akinyetun (2016) argues that despite the revenue accruals from oil sales, Nigeria is still largely characterized by poverty and underdevelopment. However, this trend has

persisted in the face of a multitude of poverty eradication programmes. Danaan (2018) submit that various programmes and schemes have been advanced to combat poverty in Nigeria, yet poverty alleviation remains a mirage. This failure is attributable to corruption, policy failure, poor design, lack of implementation as well as poor funding and discontinuity of anti-poverty programmes. Other challenges include overdependence on scarce public jobs, poor resource utilization and the lack of private initiative (Khan & Cheri, 2016). Emphasizing the above, Alemika et al (2015) assert that public funds appropriated for poverty alleviation programmes have been mismanaged by the legislators, ministers, state governors, and Ministries Departments and Agencies (MDAs) who control the deployment of resources for development. Meanwhile, the private sector that collaborates with the government on anti-poverty programmes has also been involved in corruption, either in the form of kickbacks, non-performance, or under-declaration of internal operations.

According to Obamwonyi & Aibieye (2014), many public policies directed at alleviating poverty in Nigeria have not lived up to their expectations and have failed due to paucity of funds, poor governance, and political interference. For instance/example, the programmes that have failed in Nigeria include: Operation Feed the Nation, Green Revolution, Nigerian Agricultural Insurance Cooperation, National Agricultural Land Development Agency, Nigerian Agricultural Cooperative and Rural Development Bank, Forestry Development Programme, National Economic Empowerment Development Strategy, Directorate of Food, Roads, and Rural Infrastructure, National Directorate of Employment, Better Life for Rural Women, Family Economic Advancement Programme and Family Support Programme – in no particular order. Taiwo & Agwu (2016) opine that these programmes usually fail because they do not focus directly on the poor; have been inflicted by severe budgetary; are often designed to serve as conduit pipes for draining national resources; lack vision for sustainability and are inappropriately and hurriedly designed.

Due to poverty, a majority of Nigerians find it difficult to access basic needs such as food, potable water, clothing, shelter, and sanitation. A majority also lack education, gainful employment, access to social and economic infrastructures, assets, skills, and self-esteem. This significantly limits the citizens' chances of advancing their capabilities and functionalities. As such, these poor people are often illiterate, in poor health and have a short life span (Orokpo et al., 2018). As such, Nigerians are subjected to extreme poverty from various dimensions, otherwise multidimensional poverty. This area has received less attention in the literature on poverty studies in Nigeria despite its growing significance. As a result, this paper will now examine the incidence of multidimensional poverty in Nigeria.

III. Multidimensional Poverty in Nigeria

The traditional conception of poverty is entirely based on the notion of income which in recent times has become inadequate in explaining the arbitrariness of deprivation observable in health, education, and living standards (Bourguignon & Chakravart, 2019). According to WHO (2012:12), "poverty is not only lack of income". Rather, "The implication, both of the social gradient in health and the poor health of the poorest of

the poor, is that health inequity is caused by the unequal distribution of income, goods, and services and of the consequent chance of leading a flourishing life. This is not in any sense a 'natural phenomenon.' The argument here presumes that poverty is beyond income [or the lack thereof]. The inadequacy of the concept of 'poverty to provide adequate explanations to these realities led to the outset of "multidimensional poverty" which presupposes a wide-ranging notion of poverty beyond income or consumption expenditures per capita (Oxford Poverty and Human Development Initiative, 2021).

As Wolff (2020) observes, defining poverty as the paucity of resources to meet a defined set of needs is restrictive because a defined level of financial resources is rarely sufficient to meet one's needs, without the critical input of other factors. Indeed, in certain cases, financial resources have proven less necessary than good health, in the achievement of set goals. Whereas in some other cases, the provision of public goods, or forms of social change have proven sufficient enough. Hence, the concept of multidimensional poverty seeks to define the poverty level among various individuals without basing the poverty line solely on income.

In measuring poverty, Nigeria favoured the consumption expenditures approach. Unlike the income approach, consumption expenditure is a true reflection of the satisfaction of a utility by a household (NBS, 2020). This is because income reflects the opportunity of attaining a particular state of well-being and as such has proven ineffective given that the sources of household income are multivarious and often difficult to remember or report accurately. However, the measurement of consumption is more comprehensive as it considers: (i) expenditures on food; (ii) expenditures on schooling and education; (iii) expenditures on health care of household members; (iv) expenditures on housing; and (v) expenditures on other non-food goods and services, like clothing, household items, small appliances, repairs, fuel, recreation, etc. (NBS, 2020). It is therefore apt to conclude that the Nigerian poverty measurement technique puts into consideration the multidimensional indices of poverty such as health, education, and living standard.

Amao, Ayantoye & Fanifosi (2017) employed the Alkire-Foster approach to estimate multidimensional poverty in Nigeria using education, living conditions, health, and assets as selected dimensions. The result of the study shows an inverse relationship whereby a reduction in the number of poor households, increased the intensity of poverty. It also shows that despite a generally high MPI in Nigeria, poverty is more prevalent in the northern part of the country. Meanwhile, Ajakaiye et al. (2017) measured multidimensional poverty in Nigeria and present evidence that poverty reduction in Nigeria is at variance with the rapid economic growth recorded in the last decade. For emphasis, health, housing, and education have deteriorated while the rural areas are experiencing the most significant declines in housing and education. The foregoing establishes that the incidence of multidimensional poverty is predominant in Sub-Saharan Africa and other parts of the world thus giving poverty a pandemic posture. Hence, we shall proceed to examine poverty as a pandemic.

IV. Poverty Pandemic

Kelly (2011) opines that the classical definition of a pandemic which describes it as an epidemic with a transnational presence or occurring in a wide area and affecting a large number of people is not restrictive. This is so because the definition does not lend itself to particularities on virology or disease severity. That is, a pandemic occurs on a global scale and affects a large number of people. This explanation is not in any way restricted to diseases or viruses but emphasizes the occurrence of a phenomenon on a global scale and involves a large population.

According to Downs (2005:1), a “pandemic is a global epidemic -- an epidemic that spreads to more than one continent”. Like Kelly, Downs’ idea of a pandemic is not suggestive of disease. Rather, it emphasizes the bloating of an epidemic in more than a continent. As Downs (2005) further argues, the definition of an epidemic is not so different from a pandemic except that a pandemic involves the occurrence of a trend in a widely defined area and involves an excessively high number of the population.

Research suggests that there is a causal relationship between poverty and disease, proposing that poverty is like a disease (Cooper, 2017; Heijmans, 2008). Cooper (2017) argues that even though the science that seeks to explain the biological effects of the stresses of poverty is preliminary, it nevertheless presents multiple mechanisms through which the effects of poverty on disease could happen, showing an inheritable component. Cooper’s submission advances the argument that like disease, poverty can be inherited and passed down across generations. In his example, Cooper states that if a pregnant woman, is exposed to the stresses of poverty, her fetus and the fetus's gametes can both be affected, thus extending the effects of poverty to at least her grandchildren – which could go further. Heijmans (2008) observes that inheritable effects of stress have been observed through at least three generations from parents who survived mass starvation (Dutch Hunger Winter). Corroborating this stance, Cooper (2017) notes that the stresses of being poor have a biological effect that can last a lifetime. More so, there is evidence suggesting that these effects may be inheritable, whether it is through an impact on the fetus, epigenetic effects, cell subtype effects, or other means.

Given the above, poverty can also be classified as a disease and not merely an economic phenomenon. This is supported by Goodman & Conway (2016) that there is a fundamental difference in brain function of 8 to 12-year-old kids from low-income and affluent families as they played a game with electroencephalogram (EEG) caps on. The result indicates that kids from poor families had lower IQs and less effective executive functioning, which takes place in the prefrontal part of the brain – where working memory, semantic fluency and cognitive flexibility and the capacity to readily switch tasks take place. This lends credence to the argument that such socioeconomic disparities in brain structure and function are the direct consequences of early rearing in impoverished, chaotic, and stressful conditions (Goodman & Conway, 2016).

The asymmetry of outcomes for the poor is enormous because it is so expensive to be poor (Cooper, 2017). According to the World Health Report (2012), the costs associated with poverty manifest in infectious and parasitic diseases, infections, deficiencies, and death. To be very sure, most of the disease burden in low-income countries finds its

roots in the consequences of poverty, such as poor nutrition, indoor air pollution and lack of access to proper sanitation and health education. The WHO estimates that diseases associated with poverty account for 45 per cent of the disease burden in the poorest countries. Moreover, infectious diseases are intricately associated with poverty in a vicious cycle. These diseases are characterized by high morbidity and mortality and mainly occur in resource-limited areas. They are more prevalent among the poor and vulnerable populations. They are among the ailments for years lost due to ill-health, disability, or early death. This, from a global perspective, leads to huge economic losses, both for the individual and society. This magnitude of economic loss occasioned by poverty has persisted for years and is becoming increasingly expected.

No doubt, the Coronavirus pandemic sent shockwaves around the world by claiming the lives of many people and engendering enormous economic loss. In the same manner, poverty has over the years given rise to the spread of diseases, death, and economic loss (Murray et al., 2014; Wang et al., 2017; Xia, et al., 2013), thus emphasizing its devastating consequence. This view was substantiated by Rees (2015) that with an estimated 1.2 billion living in extreme poverty (i.e., living on less than \$1.25 per day) worldwide, the statistics of global poverty and infectious diseases run in parallel. Widely recognized diseases such as HIV/AIDS, malaria and tuberculosis are prevalent in poor areas, indicating that the relationship between poverty and diseases is emphatically intertwined. Rees, however, cautioned against assuming that infection reduces as poverty declines. Spikes in infection rates do occur when disastrous events such as natural disasters, conflict, or the outbreak of a disease like a coronavirus take place.

Rees (2015) further opines that poverty is also linked to health in a chicken-and-egg way, wherein one exists in part, because of the other. Poverty and poor health have a causal relationship whereby poverty increases the chances of poor health, while poor health creates an entrapment for communities susceptible to poverty. This view is rooted in the submission of WHO (2012:12) that posits “poverty creates conditions that favour the spread of infectious diseases and prevents affected populations from obtaining adequate access to prevention and care. Ultimately, these diseases...disproportionately affect people living in poor or marginalized communities. Social, economic and biological factors interact to drive a vicious cycle of poverty and disease from which, for many people, there is no escape.”

The above submissions are true in the case of Nigeria where poverty permeates the country, with devastating effects on the majority of the population whilst increasing the chances of disease and illness. Akinyetun et al (2021a) note that poverty in Nigeria is extensive. This is evidenced in the number of people who: are exposed to unhygienic environments; lack access to electricity, water, and medical facilities; suffer from ignorance and illiteracy; are plagued by insecurity such as Boko Haram insurgency, banditry, unknown gunmen attacks, Fulani-herders attacks and identity crises; experience social and political exclusion; lack of access to government utilities and services; and are experiencing poor health, poor infrastructure and environmental issues. Akinyetun et al (2021a) measured multidimensional poverty in Nigeria using five indicators (clean water, stable power supply, quality education, housing/sanitation,

and access to health facilities) and found that there is a widespread poverty incidence in Nigeria. They reported that for a more economically developed state like Lagos, the rate of illiteracy, unemployment, living conditions, access to electricity, water and toilet facilities is worrisome. For instance, 9% of Lagosians are illiterates; 15% are unemployed; 10% live in uncompleted buildings; 15% rely on an unconventional source of water; 50% depend on the unconventional method of electricity, while 8% engage in open defecation.

Akinyetun et al findings were corroborated by Onwuka (2021) that about 44% (i.e., 92.5 million) of the Nigerian population are poor, while half of the population live in absolute poverty. This high poverty rate is more pronounced in the rural areas where about 80% live below the poverty line. In addition to women being vulnerable due to restricted access to formal education and training, a high rate of children from the north are out of school and suffer from various diseases. Widespread poverty has also been worsened by a lack of access to credit facilities, infrastructure, and social services. Akinyetun and Ambrose (2021) opine that poverty is reinforcing, such that when not addressed, it becomes endemic and generational. This explains why the failure of past governments to tackle poverty in Nigeria has made it a recurring issue in the country's sociopolitical discourse with a devastating and disproportionate impact on the health of the people. The authors further submit that "poverty subjects people to a myriad of health challenges, diseases, and illnesses. Chronic childhood diseases, mental health problems, substance abuse, infant mortality, earlier adulthood mortality, ear and eye impairment, and vulnerability to fever are common among poor people in Nigeria" (p. 4).

From the foregoing, it is established that poverty, like a pandemic, occurs in a wide geographic area and affects a significantly large proportion of the world's population. More so, poverty is not just linked to diseases, it can be a stressor for the festering of diseases and can be inherited. In this regard, the simultaneous worldwide experience of poverty and its persistence over time is sufficient to categorize poverty as a pandemic as this is consistent with the classical definition of a pandemic as "an epidemic occurring worldwide". The poverty pandemic is a global challenge that plagues Nigeria particularly and threatens to stay with us indefinitely without decisive and actionable plans taken to fight it. Combating this has become imperative given that the onset of the coronavirus pandemic worsened the poverty incidence in the country and created a dual pandemic that is fast becoming a predominant new normal. This paper thence turns to appraise the incidence of the Coronavirus disease in Nigeria.

V. Incidence of Coronavirus Disease

The Coronavirus disease of 2019 (Covid-19) emerged in December 2019 in China in Wuhan city in Hubei province of China, and has since, spread across 210 countries and territories around the world. The World Health Organization (WHO) declared the novel human coronavirus disease (Covid-19) outbreak, a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO, 2020). Since its outbreak in China, the virus moved to new epicentres: the United States of America, Spain, Italy, France and Germany, with over a hundred thousand confirmed cases. Amidst the risk posed by this virus to public health, the World Health Organization (WHO) has declared it a global pandemic and calls for health sectors of the world and government to take it seriously. Following WHO's declaration of the disease as a pandemic, and categorization of Nigeria as one of the 13 high-risk African countries concerning the spread of Covid-19, a Coronavirus Preparedness Group was constituted on January 31 in Nigeria. This became necessary since Nigeria is among the vulnerable African nations, given its weak healthcare system (Aifuwa, Musa & Aifuwa, 2020).

The first Covid-19 case in Nigeria was reported on 27th February, when a 44-year-old Italian was diagnosed with the disease in Lagos State. The case arrived at the Murtala Muhammed International Airport, Lagos on 24th February 2020 aboard a Turkish airline from Milan, Italy. He travelled on to his company site in Ogun state on 25th February. On 26th February, he presented himself at the staff clinic in Ogun and there was a high index of suspicion by the managing physician. He was referred to IDH Lagos and Covid-19 was confirmed on 27th February. As a result, a multi-sectoral emergency operations centre (EOC) led by NCDC was activated on the 28th of February at Level 3 (which is the highest level of response to public health emergencies). Meanwhile, Lagos and Ogun State Ministries of Health activated State-level Emergency Operations Centres. The Executive Governors and Honourable Commissioners in both States also held press briefings while two NCDC Rapid Response Teams were deployed to Lagos and Ogun State to support response activities on 28th February (NCDC, 2020). As of 13th October 2021, the number of confirmed COVID-19 cases in Nigeria was 208,154; 195,936 discharged cases and 2,756 confirmed fatalities (NCDC, 2021).

Meanwhile, various strategies have been adopted by countries of the world to control the spread of the virus. This includes containment, an individual measure of protection, authorization of the use of Hydrochloroquine and other drugs that have not been clinically tested, herbs, hygiene practices, stay-at-home campaigns, social distancing, and shutdown of economic activities (Addi et al, 2020). Without a doubt, Covid19 affects the way of life of people, as well as businesses across the globe (Addi et al, 2020) and gives impetus to the persistence of multidimensional poverty and hunger in Nigeria (Akinyetun & Ambrose, 2021). As a result, the next section turns to appraise the impact of Coronavirus disease on multidimensional poverty in Nigeria.

VI. Coronavirus Disease and Multidimensional Poverty in Nigeria

It has been suggested that covid19 increases the chances of multidimensional poverty in

Africa. Kharas and Dooley (2021) have observed that the pandemic led to a long-term concentration of poverty in sub-Saharan African countries characterized by conflict, fragility, and violence. It is projected that nine of the ten countries with the highest number of the extreme poor by 2030, will be from Africa. These countries include Kenya, South Sudan, Angola, Democratic Republic of Congo, Mali, Tanzania, Burkina Faso, Uganda, Venezuela, and Nigeria. It is further projected that the number of poor in Nigeria which was predicted to be 96 million by 2030 before the advent of covid19, is now predicted to increase by 16 million to 112 million by 2030. It is however important to note that the challenge of poverty in Nigeria is worrisome, despite the country's earnings from crude oil sales.

Akinyetun (2016) submits that crude oil is Nigeria's major foreign exchange earner, a major contributor to gross domestic product (GDP) and Federal Reserve's booster. External trade has increased since the discovery of oil in Nigeria and the economy has become heavily dependent on the oil industry; which continually serves as the life-blood of the Nigerian economy. As a result, the Nigerian economy is highly unshielded from the swing and volatility that characterizes the world energy price. Thus, the volatility in the price and sales of crude oil in the international market as affected by the Covid19 pandemic has exposed Nigeria's economy to shock.

Akinyetun et al (2021b) opined that the covid19 pandemic which occasioned a decline in the demand and supply of crude oil following the lockdown in many countries led to the plummeting of oil prices. This underscores the reduction in revenue from oil sales and reduced spending by the Nigerian government, as well as the subsequent inflation. For emphasis, there was an increase in the consumer price index resulting in to increase in the price of food items, pharmaceutical products, medical, as well as paramedical services. As Howton (2020) and Ozili (2020) note, due to the Covid-19 crisis and its consequent oil price drop, the poor have been disproportionately subjected to job loss, loss of remittances, rising prices, and disruptions in services such as education and health care. In other words, for a country like Nigeria that is already enmeshed in poverty, Covid19 posed an economic conundrum. Given that the pandemic disrupted access to school, health care facilities, and other critical services, it made living standards poorer – leading to a two-fold pandemic. Lain et al. (2020), submit that Nigeria is faced with the simultaneous challenge of combating the public health crisis of the pandemic alongside trying to bolster a weakening economy. This submission further emphasizes the significance of the dual scourge.

According to Nguyen et al. (2020), Covid19 created a new category of poor people: the new poor. New poor refers to those who were non-poor in 2020 but are now poor due to the Covid-19 outbreak. Montes et al. (2020) add that the pandemic particularly hurt sectors such as services and manufacturing where workers are in close proximity with other workers and other members of the general population. The incomes of self-employed workers outside of agriculture also fell because of the general slowdown in economic activity and mobility restrictions. In a survey carried out by Dabalén & Paci (2020) in Nigeria, 79% of respondents reported income losses and 42% of those who were previously employed are no longer working. Transfers from local and international remittances have also evaporated as workers in domestic urban areas and international migrants are hit hard simultaneously.

Lain et al. (2020) report that the majority of Nigerians see the pandemic as a threat to their households' health and financial future. The pandemic has led to a reduction in food consumption; increase in the price of farming/business inputs; job loss; school closure; lack of access to health care and staple foods; lack of income; and disruption of employment and income-generating activities. Since the coronavirus outbreak, most households have suffered economic shocks that far exceed any faced in recent years. The Covid19 pandemic threatens labour and non-labour income, with commerce and services being the hardest hit. Both non-farm enterprises and farming activities have been disrupted by Covid19. The authors report that rice, soap, and cleaning supplies were reported by households to be the most commonly needed items, but these items were not always accessible, and that school closure prompted by the pandemic greatly reduced children's opportunity to learn. In another study carried out by Andam et al. (2020:1) on the impacts of Covid19 on food systems and poverty in Nigeria, findings reveal that total "GDP fell by 23% during the lockdown. Agri-food system GDP fell by 11%, primarily due to restrictions on food services. Household incomes also fell by a quarter, leading to a 9% points increase in the national poverty rate." The authors also found out that there was a substantial increase in the national poverty rate of 8.7% points due to Covid-19, and that households lost almost a quarter of their incomes on average during the lockdown period. As such, 17 million more people fell into poverty in Nigeria. The estimated poverty impacts due to Covid-19 are mainly due to reductions in employment income.

Although Nigeria had a social welfare program termed N-power for the youth before the pandemic, it failed to mitigate the economic effect of the pandemic. N-power which was meant to provide job training and skills to young, educated Nigerians with a monthly stipend of N30,000 (i.e. \$75), is largely restrictive. It conspicuously isolates the older citizens, the needy children and the uneducated. It does not consider all citizens vulnerable to unemployment and poverty in the country (Godwin, 2019). More so, Nigeria does not have a national database of her citizens who need a social welfare program or one that captures the number of households in need of disaster relief, educational assistance, health care assistance, food stamps, and unemployment compensation benefits. To be certain, since the wave of the pandemic hit the country, N-power's functioning has been erratic, thereby constraining the economic realities of its beneficiaries (Adeyeye, 2020; Anyanwu et al., 2020). Buttressing this submission, Ozili (2020) notes that the necessities of a national database and national social welfare program became expedient during Covid19. During the outbreak, "people had little to rely on, many poor citizens did not have welfare relief that could help them cope with the economic hardship at the time. There were no housing subsidies, no energy and utility subsidies to individuals that were most affected by the coronavirus outbreak" (p. 14). This inadequacy further exposed vulnerable people, households and poor individuals to severe pain and economic hardship during the outbreak as there was no way to reach them with relief packages or cash remittances.

The pandemic also led to an upsurge in unemployment, thus increasing the chances of poverty. In a study carried out by Akinyetun et al (2021c) to assess the impact of the Covid19 pandemic on youth unemployment, it was reported that:

Covid19 pandemic significantly limited human capital development in Nigeria as citizens could not acquire skills, training and education during the lockdown. They were also denied access to standard healthcare services due to the poor state of the sector and its strains occasioned by the need to cater to Covid19 patients. Given the postulations of the human capital theory that citizens are the economic units of the economy, the economic mishap attributable to the Covid19 pandemic, therefore, incapacitated the economic productivity of Nigerians.

The incidence of Covid19 impacted the pointers of human capital development like education, economic development and access to health care services. Schools were closed, businesses were shut down (some collapsed) while hospitals became overstretched. As a result, human capital became undermined. There is no gainsaying that Covid19 deepened the prevalence of unemployment and impaired the social and economic capital of citizens (p. 51).

According to Assessment Capabilities Project [ACAPS] (2020), because half of Nigeria's total urban population lives in slums, cases of malnutrition, untreated health issues, limited food and access to health services are not unexpected. These slums, particularly in Lagos and Ibadan, are characterized by a lack of clean water and electricity which increases the chances of waterborne diseases and malnutrition, as well as encourages the spread of Covid19. Onwuka (2021) claimed that the pandemic transmitted economic shocks to Nigeria as citizens were unable to access credit from formal or information sources leading to a decline in their consumption and standard of living. The author found out that many Nigerians could not secure a loan from the bank or other financial institutions leaving them with no financial resilience to cope with the effect of the pandemic. It was also found that the expenditure of many Nigerians was reduced thereby leading to limited food, hunger, and malnutrition. Meanwhile, "the inability of poor people to access basic amenities and deficiency of essential vitamins and minerals subject them to multidimensional disease, illness, and disorder" (Akinyetun & Ambrose, 2021:4).

Concerning schools, Ozili (2020) stress that during the Covid19 pandemic, formal educational activities, particularly in government-owned schools, were brought to a halt in Nigeria. These schools could not offer digital services. ACAPS (2020) maintain that over 46 million students couldn't attend classes because of the pandemic. For children from poor households, the challenge was double fold as they could not attend school and their parents could not afford home lessons at the same time. Due to school closures, the food intake of children enrolled in the national school feeding program was halted. This not only increased the incidence of hunger among these vulnerable children it also amplified the burden on their parents and took the contractors out of jobs; thus, having a multiplier effect on all concerned. The World Literacy Foundation (2020) notes that considering that schools in Nigeria, particularly in rural areas, do not have the technology to promote remote learning, their households lack the capacity, and the teachers are bereft of the requisite skills, these students (numbering millions) became academically neglected. Children from vulnerable and disadvantaged households were left struggling during this period as they lacked access to computers and other devices to ensure continuity in learning. Disturbingly, these children live in

communities with poor or non-existent internet connectivity and unreliable power supply. Inevitably, this digital divide will further exacerbate the learning disparities among these children.

For agriculture, inter and intra-state movement restrictions have also restricted the activities of households in rural areas. These households and seasonal workers are struggling to access land during the planting season (March-June). Even though agricultural activities have not been completely inundated by the lockdown, these are taking place at lower rates than usual due to the pandemic (ACAPS, 2020). The World Bank (2020) reports that over 40% of Nigerians employed in non-farm enterprises reported a loss of income in April-May 2020. ACAPS (2020) opine that because 50% of the population in Nigeria is rural and to whom agricultural activities are essential, the subsistence of rural households is also affected. The reduction in agricultural production due to Covid19 containment measures and increased food prices risks worsening food insecurity in the country.

Obadofin (2020) add that although there was a shortage of food supply for Nigeria's growing population even before the outbreak of Covid19, particularly concerning three key malnutrition indicators: anaemia, overweight, and stunting, the pandemic exacerbated it. Between March 2020 and April 2020, the Consumer Price Index for food had increased by 1.18% due to increases in prices of potatoes, yam and other tubers, bread and cereals, fish, oils and fats, meat, fruits and vegetables. The pandemic also impinged on food availability and supply as some local farmers were unable to visit the farm. Besides, restricted access to markets for farmers also facilitated spoilage and wastage of highly perishable foods. The restricted movement, shortage of labour, access to farming essentials such as fertilizer and seedlings also affected productivity and harvest.

For Ozili (2020), the outbreak also brought challenges to the business environment in Nigeria as many businesses in the country operate a traditional come-to-the office-to-work model as opposed to a work-from-home model. Besides from internet services, digital bank transfers and telecommunication services, other businesses that hadn't developed a digital infrastructure were greatly affected. Emphasizing this view, ACAPS (2020) aver that the Nigerian economy is predominantly informal as 80% of employment in the country is attributable to the informal sector. These workers rely on daily work and cash payments. While a larger percentage of these people are poor, lack savings and assets, the sudden loss of income due to the outbreak led to an unseen economic scourge, thus entrenching their poverty incidence. To be very sure, the informal sector in Nigeria consists of activities such as street vending, daily labour, small-scale trading, farming and herding, home-based enterprises, repair and service provision and small-scale manufacturing. Many of these workers lost their incomes, purchasing capacity, savings and/or jobs, leading them into [deepened] poverty. Andam et al. (2020) submit that the lockdown measures put in place affected household incomes via employment income changes and falling foreign remittances. Therefore, households with stronger ties to the labour market and those sectors directly affected by lockdown measures, are affected more. The sectors affected include nonfood manufacturing activities, construction sites, transportation, storage and cargo handling, hotels, catering and food services, repair services, domestic workers, and other personal

services.

The World Bank projects that in addition to the human cost, the number of poor people in the country is expected to increase by 7 million; this is 5 million more than the projected 2 million people before the pandemic, as a result of population growth. Undoubtedly, the pandemic disproportionately affects the poorest and most vulnerable, particularly women whose livelihoods have been directly impacted. Ogunkola et al (2020) observe that the effect of Covid19 in Nigeria is more pronounced among poor and vulnerable households – the majority of whom reside in rural areas. These people are typified by limited access to clean water supply, poor road networks, shortage of healthcare workforce, shortage of drugs, poor health facilities/structures, limited diagnostic testing capacity, infodemic and poor health literacy and generally poor living conditions. There is no gainsaying that given Nigeria's disproportionate handling of the pandemic, residents of the rural area will be further displaced into vulnerability, exclusion, and poverty. Meanwhile, the entire citizens of the country remain torn between two pandemics.

VII. Conclusion and Recommendations

The word pandemic has recently become one of the most used or looked up words in the search engines. Expectedly, this is not far-fetched from the realities of the Coronavirus disease which gave the world shudders. As such, the mention of the word pandemic is spontaneously linked to the disease, forgetting that just as the pandemic has proven dreadful, [multidimensional] poverty has continually presented similar challenges. Poverty and coronavirus disease has led to a rise in death, disease, health complications and economic loss, around the world. It is based on the proviso that the study argues that poverty and coronavirus disease are pandemics which have strained, nay, are straining Nigeria's development efforts. More so, the coronavirus disease has also complicated multidimensional poverty in Nigeria, especially in the areas of health, education and living standards. It is therefore pertinent to disentangle the dual-pandemic scourge that Nigeria is presently subjected to, one complexity at a time. This requires a manifold approach that treats the two pandemics separately, yet, as one. In this vein, the federal government of Nigeria must sincerely commit to schemes, policies and projects that aim at reducing multidimensional poverty in the country to avoid the rise of new poor, on the one hand. While on the other hand, the government must be proactive in dealing with Covid19 and future public health crises that are capable of exacerbating multidimensional poverty; particularly in the areas of health, education and living standards.

In specific terms, this paper recommends that the government should create a national database to facilitate a social welfare programme that will indicate the total number of poor and vulnerable. This will enable the government to allocate resources such as disaster relief, unemployment compensation benefits, food stamps and health care assistance to this category of people.

In addition, social protection programmes that are targeted at the most vulnerable should be created by the government. These programmes should adopt satellite data to track densely

populated areas where the majority of the vulnerable are located to identify the intended beneficiaries of the scheme. Meanwhile, the programmes should be equipped with adequate self-sustaining control and monitoring mechanisms. Of equal importance is the sponsoring, passage and implementation of legislation that recognizes the right of Nigerians to social security. The legislation should encompass a feasible strategy for identifying the right beneficiaries of the programme to enable them to improve their living standard. Additionally, it is also recommended that the government in collaboration with the private sector and cooperative societies should make available microcredit with low-interest rates and flexible repayment plans for the poor. This will help them cope with the compounded economic and social shocks created by the pandemic. Finally, the government in conjunction with civil society organizations should ensure the provision of basic amenities and infrastructure to citizens of the country, particularly the vulnerable in rural areas. This should be done alongside a conditional nationwide cash transfer to ease the economic consequence of the pandemic.

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