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Statement submitted by Women's Board Educational Cooperation Society, a non-governmental organization in special consultative status with the Economic and Social Council¹

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ The present statement is issued without formal editing.



Statement

Impacts of COVID-19 on food security and nutrition on low income earners; advancing sustainable development through empowering women in hospitality education, nutrition classes and literacy

Food is the first in the three basic needs of man, others being clothing and shelter. Nigeria has overtaken India in extreme poverty ranking (CNN 2018) for many reasons, the most important being her inability to harness her natural resources and wealth as the largest oil producer in Africa to achieve national food security for her teeming population and raise the standard of living.

While Nigerians groan in the myriad of existential socio-economic challenges, the outbreak of COVID-19 in Nigeria on 27 February 2020 multiplied the suffering of the masses. In addition to shortage of food supply, the nation is burdened by three key malnutrition indicators: anaemia, overweight, and stunting, according to WHO 2018. Compared to many non-African countries, the death toll of the global pandemic is not devastating in Nigeria as one can say that there is insignificant decline in her population of 206 million (Statista 2020). Where the adverse effects are most felt and call for major concern are in the areas of health, education, security, economy and most importantly food security.

Food security refers to the availability of food and one's access to it. A household is considered food secure when its occupants do not live in hunger or fear of starvation (FAO 2001). Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Idachaba, 2006). The United Nations World Food Programme (WFP) estimated that the number of people globally facing acute food insecurity would almost double by the end of 2020 (about 135 million people before the crisis), due to income and remittance losses, and disruption of food systems associated with the pandemic (WFP, 2020a; WFP, 2020b).

The impacts of COVID-19 on food security and nutrition will affect the achievement of the first three sustainable development goals; SDG 1 End poverty in all its forms everywhere; SDG 2 End hunger, achieve food security and improved nutrition, promote sustainable agriculture and SDG 3 Ensure healthy lives, and promote well-being for all ages.

Nigeria, like other nations affected by the pandemic applied some measures to control the spread of the virus by introducing lockdown of movements and economic activities in states most affected and it extended to other states. These restrictions directly reduce economic output and household incomes for many families who were unable to work and earn an income especially those who depend on daily income.

The immediate consequence of the lockdown was 100 per cent increment in food prices and limitation to nutritious food. Food inflation had risen to 15 per cent compared to 14.7 per cent in December 2019. The inter- and intrastate movement restrictions hindered farmers from accessing their farms in other state locations or procuring inputs such as seedlings and farm implements. Furthermore, the restrictions hampered food distribution which resulted in post-harvest losses, reduced market supply and further increase in food prices (PwC 2020). Many households experienced low income to purchase staple food stuffs, running out of food or incidence of skipping a meal. Government approved food palliatives to households was inadequate due to poor distribution (to the poorest in rural places), hoarding, and misappropriation of funds.

Villagers in rural communities suffered the harsh effect of the lockdown as many of their children who live in towns and cities could not go back home to care for their parents making the elderly ones more at risk of hunger and health issues. One of our projects in Ijebu Ode, Abidagba Health Centre, carried out an outreach within the community to inform the residents about the effects of the virus and how to stay safe and prevent becoming infected. Food packs and Vitamin C were also distributed to relieve hunger and help build immunity of the elderly, most of whom are widows. This was made possible through the benevolence of friends and anonymous donors.

Another action was carried out by Wavecrest College of Hospitality, a project in Lagos State which provided food palliatives for students and staff from donations sought for that purpose. The students were given packs of rice, beans, spaghetti, dried meat, nicely baked frankfurters and cupcakes. They also received support for data subscription to aid their online classes.

Over the years, we have established four Hospitality schools in different parts of the country, a rural development Centre and a Health Centre for economic sustainability and improved health and nutrition of low-income families. These projects especially the rural Centre and the health Centre located in Ijebu Ode have carried out numerous programmes and services to benefit rural women, smallholder farmers and their communities.

The Ijebu Ode area is well known for cassava growing and women are mainly responsible for cultivating this crop while the men often seek formal work in the towns. The end product of the cassava, garri, is a popular carbohydrate that costs many hours of work harvesting the tuber and peeling, grinding and frying the end products. The Iroto Rural Centre introduced simple methods to ease the work of the women on the farm and bring better results through classes in literacy, improved farming methods and other related topics. The women have begun to develop a higher self-esteem and confidence and having been situated in a subservient place in their society, started to realize the great potential they have.

The health Centre in line with one of UNICEF's child survival strategies, embraces female literacy which ultimately aids better nutrition for the children and family life improvement. It attends to common and treatable ailments, offer classes in nutrition, hygiene, sanitation, childcare and elementary medicine with obvious benefit to the health of the community. The nurses and doctors go to the homes of women in the villages to teach them practical ways of supplementing food products necessary for well-balanced diet, the use of soya beans and its by-products and new ways to prepare vegetables.

The people began to recognize early symptoms and realize the importance of early treatment of diseases such as Kwashiorkor, beriberi, scurvy, rickets, diarrhoea and other infectious disease. The oral rehydration therapy is now well known and well used, frequently saving lives of the infants and mothers in these villages.

We hereby recommend diversification of the economy and investment in health and education; government intervention to increase agricultural production; promotion of education of women for human and social development; investment and empowerment of youth in rural areas to encourage a reduction in rural-urban migration. Partnership in the three sectors, government, private sector and civil society, of the economy is the most successful way to achieve the sustainable development goals for food security to match the growth rate of population.