

Has Palliatives Reduced the Impact of COVID-19 Lockdown on Human Security in Southwestern Nigeria?

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Abstract: The emergence of COVID-19 pandemic and the consequence lockdown stimulated palliatives implementation towards reducing the impact of lockdown on the citizens but it appears that in Nigeria, palliative is yet to have significant impact on human security as hunger, poverty and insecurity continue to exacerbate in the country. Reviewed literature inspired that researches scarcely address palliatives impact on human security but profusely concentrated on the impact of COVID-19 pandemic. This present study interrogate the various palliatives implemented by Federal Government of Nigeria and examine whether palliatives have reduced the impact of COVID-19 lockdown on human security in Southwestern Nigeria. The social assistance theory underscored this study but humanitarian obligation theory is used to supported it. Both Qualitative and Quantitative Research Design (QQRD) were adopted. The Multistage Level Sampling Techniques (MLST) was employed to select 200 population sample size from male and female Nigerians across the six states in the Southwestern Nigeria and a 4-point Likert style rating scale closed ended questionnaire was distributed to obtain responses. The gathered responses was analysed electronically using the Statistical Package for Social Sciences (SPSS). The outcome of the study shows there are eleven palliatives implemented but the extent palliatives have reduced the impact of COVID-19 lockdown on human security in Southwestern Nigeria is low and recommends that palliatives should be reviewed and expanded to address core COVID-19 lockdown-induced Human Security Threats (HSTs), otherwise, threats will thrive and achieving economic recovery as well as sustainable development in Nigeria through palliative will remain an illusion.

Keywords: COVID Lockdown, Economic Recovery, Humanitarian Obligation, Human Security, Palliatives, Social Assistance.

I. INTRODUCTION

Human security is vital for progress and sustainable development, but human security has come under the threat of the coronavirus disease 2019 (COVID-19) induced lockdowns globally. The aftermath of lockdowns is characterized by human suffering due to lose of the means of livelihood by many in the society. In response, some countries have successfully implemented palliatives to ease the impact of COVID-19 lockdown on the citizens. Although, there is no evidence to show which countries palliatives have been successfully implemented. While lockdown has been lifted and palliatives implementation started in 2020, evaluating

palliatives implementation to make suggestion to improve the impact on human security is recommendable. Particularly, in Africa where Human Security Threats (HSTs) is perceivably escalating. However, with reference to Nigeria where this study is domicile, palliative appears not to have reduced HSTs including poverty, hunger, conflict and other social vices. Eranga (2020) claimed that the Federal Government of Nigeria palliative programmes to reduce the negative impacts of COVID-19 lockdown on human security but lamentation trails same in different states in Nigeria. Thus, it is uncertain whether palliatives have impacted on human security as expected. Besides, evaluations of palliatives could generate valuable knowledge and confidence in their effectiveness in the country (Sugiyama 2011; Brooks 2015; Dela 2013; Fried 2012; Patel et al. cited in Barrientos, 2016). Equally, more current reviewed literature revealed researches have focused on the impact of COVID-19 pandemic/lockdown and how it deepens poverty, hunger and insecurity but scarcely considered whether palliatives have reduced the impact of COVID-19 lockdown-induced HSTs. This study twist to interrogate whether palliatives has reduced the impact of COVID-19 lockdown on HSTs in Southwestern Nigeria. To ascertain this, three questions were addressed in this study: what are the various palliatives implemented by Federal Government of Nigeria in post-COVID-19 lockdown? To what extent has people in Southwestern Nigeria benefited from the palliatives? To what extent has palliatives reduced the impact of COVID-19 Lockdown on HSTs in Southwestern Nigeria? In terms of significance, this study is significant as it exposed the effectiveness of the palliatives in reducing HSTs, fostering economic recovery and sustainable development in Post-COVID-19 Lockdown in Nigeria. The recommendations would equally serve as policy direction to the initiators/drivers of the COVID-19 palliatives to improved the delivery in favour of humanity and reduce the threats emanating from COVID-19 lockdown.

Conceptual Clarification

The concepts of palliative and human security are scholarly defined as suitable to this study. Agbeyi, David & Fadeyibi (2020) define palliative as social relief investment programme initiated by the national government to reduce the impact of COVID-19 lockdown and to ensure that people and

their businesses survival. Accordingly, Eranga (2020) conceives palliative as empowerment, survival, social intervention and funding programme executed by governments through financial commercial institutions to alleviate the suffering COVID-19 lockdown melted on the public. What then is human security? The United Nations Development Programme (UNDP, 1994) defined security to as safety from constant threats of hunger, disease, crime and repression. It also means protection from sudden and hurtful disruptions in the pattern of our daily lives-whether in our homes, in our jobs, in our communities or in our environment. Human security as New York cited in Hussein, Gnisci & Wanjiru (2004) wrote, can be referred to as protecting people from critical and pervasive threats and situations. The creation of favourable systems that provide people building blocks of survival, dignity and livelihood. Afolabi (2016) identifies seven dimensions of HSTs: (i) Economic security threat: That this threat includes poverty, unemployment, indebtedness, lack of income, and these threats constitute pertinent factors that cause political tensions and other forms of violence. (ii) Food security threat: That this include hunger, famines and the lack of physical and economic access to basic food. (iii) Health security threat: That this refers traditionally to major threats from infectious and diseases due to lack of or inadequate healthcare; new or recurrent diseases including epidemics and pandemics, poor nutrition, unsafe environment and unsafe lifestyles. (iv) Environmental security threat: That this includes lack of access to clean water resources, air pollution and global warming caused by emission of greenhouse gases. (v). Personal security threat: That this includes violent individuals, sub-state actors or domestic abuse, torture, war, ethnic tension, crime, home, industrial, workplace, traffic accidents, theft, armed robbery, burglary, food poisoning, electrocution and fire outbreak. (vi) Community security threat: That this refers to loss of traditional relationships, values, sectarian and ethnic violence. (vii) Political security threat: That this threat includes torture, disappearance, human rights violations, detention and imprisonment. Looking at the concept of human security with the lenses of UNDP (1994), it can equally be defined as freedom from fear and freedom from want. In addition to this, UNDP emphasized that human security is relevant to people everywhere, in rich countries and in poor. That the threats to their security may differ - hunger and disease in poor countries; and drugs and crime in rich countries. However, these threats are real and growing. Some threats are indeed common to all countries - job insecurity and environmental threats, in particular. When the security of people is attacked in any corner of the world, all countries are likely to get involved. Famines, ethnic conflicts, social disintegration, terrorism, pollution and drug trafficking are no longer isolated events, confined within national borders as their consequences travel the globe." Hence, it is expected that government social protection and developmental programmes should address threats to human security.

Theoretical Framework

This study adopts the social assistance theory and is supported with humanitarian obligation theory. The social assistance theories generally assumed that government and non-governmental action is required to transfer resources to people whose vulnerability warrants some form of entitlement, reducing poverty and to developing capabilities of the vulnerable, increasing social, economic participation and equality of opportunity (Howell, 2001). In particular, the Need-Based Social Assistance (NBSA) theorization which hinges assistance on need, assumes that need comes in its physical and psycho-social gaps with the former pertaining to physical poverty and the latter to spiritual poverty. That while the physical poverty revolves around physical needs and the psycho-social need revolves around safety, security as well as self-importance needs. That the psycho-social pressures, in some sense are outcomes of physical needs. But they have the same consequences as the physical pressures on the society. That response to needs is unconditional to the extent that helping the unfortunate out of the condition that threatens the survival is regarded as a social imperative. That while the community is the cornerstone of society around which everyone revolves. The individuals within the community are regarded as irreplaceable building blocks to hold the community together. That in this sense, attending to the needs of each and every one becomes a must to avoid disaffection and disintegration of the society. That freedom from hunger, poverty or hardship is an inalienable human rights that should be legislated by National Governments (NGs) and delivered as legal obligation of the states (Ellis et al, 2009 cited in Hiruy 2010, pp.92-93) to bring all to an acceptable standard of life and achieve a healthy society. That justice is required in the distribution of resources. That a society anchored on meeting the need of all is more achieving than leaving one to his wit and gut. According to Maguire cited in Hiruy (2010, pp.94-95) "human life begins and develops sharingly or it does not begin or develop at all". That sharing is "a precondition of human flourishing is an indebtedness of one to another" and if left not to mature may lead to social disintegration.

Similarly, the humanitarian obligation theoretical proposition is anchored on the belief and doctrines behind emergency response to humanitarian crises and the response which ultimately centers on the principle of humanity. Humanitarian obligation theory assumed that "the most important principles of humanitarian action are humanity, which stresses the conviction that all people have equal dignity by virtue of their membership in humanity, impartiality, which directs that assistance is provided solely on need, without discrimination among recipients, neutrality, which stipulates that humanitarian organizations must refrain from taking discriminatory actions that advantage one side over another, and independence, which is necessary to ensure that humanitarian action only serves the interests of victims, and not political, religious, or other agendas. That these fundamental principles is the essential aspect of humanitarian action's single-minded purpose of alleviating suffering,

unconditionally and without any ulterior motive (Humanitarian Practice Network, HPN, 2003). That Humanitarian obligation theory equally emphasized institutional accountability in discharging obligation to the recipients or beneficiaries. That as aid organizations are the preferred structure for providing aid on the ground, they must be held accountable for policies and their effects, intended or not. That the accountability relates to the actual attainment of pre-defined institutional goals. That aid organizations, across the board, are primarily accountable to aid recipients, to the people on whose lives they are to impact and for whom their services are intended (Arsdale & Nockerts, 2008).

It follows therefore that the Federal government according to the AAN (2020); Agbeyi, David & Fadeyibi (2020); Ikeyi Shittu & Co (2020) implementation of palliatives including loan and food distribution to reduce the impact of COVID lockdown on some targeted cluster of people designated as vulnerable gives credence to both the NBAS theorization which states that response to help the unfortunate to survive their unfortunate situation is imperative and the humanitarian obligation theorization that assistance ultimately centers on the principle of humanity. It equally follows that for the Federal Government of Nigeria to have seen the need to initiate and implement palliatives to ease hunger and economic recovery in the country gives recognition to the humanitarian obligations to protect human rights and ensure human security which equally interface and support the NBSA hypothesis that freedom from hunger, poverty or hardship is an inalienable human rights that should be legislated by National Governments (NGs) and delivered as legal obligation of the states. Notably, even though the NBAS and humanitarian obligation theories jointly underscored this study, the NBAS is more applicable.

Empirical Discourse

As Chriscaden (2020) explained, the COVID-19 pandemic-induced lockdown led to: loss of lives, unprecedented public health challenge, lack of access to quality healthcare, food insecurity; extreme poverty and undernourishment; lost of access to productive assets without means to earn income during lockdowns; prevented farmers access to market, disrupted domestic, international food supply chains, reduced access diverse diets; lose jobs and recommended amongst others, different forms of social assistance supports including cash transfers, child allowances and healthy school meals, shelter and food relief initiatives, support for employment retention and recovery, and financial relief for businesses, including micro, small and medium-sized enterprises given credence to social assistance and humanitarian obligation theoretical frames as well as reasons while government came up with survival and social investment programmes. Similarly, Wambua (2020) disclosed that women and girls suffered Sexual and Gender-Based Violence (SGBV) due to COVID-19 lockdowns and curfews. The assessment further disclosed that SGBV cases in

Kenya rise by 42 percent. 35.8 percent increase in the number of cases of rape and defilement in the country. That while cases of violence against women are well-documented, SGBV against men and boys during this pandemic remain underreported.

Accordingly, Ozili (2020) unveiled that the impact of COVID-19 outbreak deepens economic downturn in Nigeria including fall in the demand for oil products as it stopped economic activities from taking place. Interestingly the appraised points out that government responded to the crisis and provided financial assistance to households, owners of businesses or sectors as palliatives. More so, Farayibi & Asongu (2020) research work inspired that negative impacts of COVID-19 pandemic in Nigeria includes: inflation, employment, exchange rate, GDP growth, among others and concluded that as Government Economic Sustainable Plan (ESP) and post-COVID-19 recovery policies should properly be implemented to reposition the country economy. It neither investigates whether the ESP and palliative programme have reduced impact of COVID-19 lockdown on human security threat.

Worst still, Udeh & Amadi (2020) revealed that COVID 19 lockdown complicated human insecurity in Nigeria by exacerbating conflict, poverty, hunger as it worsened food insecurity in millions of homes, economic insecurity amongst Nigerians, hurtful disruptions in the patterns of daily life and the poor state of infrastructure including lack of: potable water electricity, decent housing, markets in the country was exposed and recommended institutionalization of disease early warning systems in all the Local Government Areas (LGA); poverty alleviation through social safety nets and sound economic policy; support and encourage local alternative medicines that could be integrated into orthodox medicine to mitigate pandemics in the country.

Although, Eranga (2020) research outcome established that to alleviate the effects of the lockdown, the Federal Government of Nigeria (FGN) rolled out palliative measures for targeted groups. However, information from Irabor & Awofeso (2020) showed that palliative measures introduced by the Federal Government of Nigeria to minimize the effect of COVID-19 pandemic are largely ineffective owing to poor coordination, human right violations as well as inadequate fiscal policy and recommended the need for government to diversify the economy by promoting the informal and agricultural sectors, facilitate infrastructural development and improve health facilities, to avoid economic recession of post-COVID-19 pandemic in Nigeria.

Moreover, Janssen et al (2020) exposed clinical knowledge gap in context of lack of consensus guidance on palliative care in COVID-19 and how the new life-threatening disease put healthcare systems under pressure with increased need of palliative care provided to many patients by clinicians with limited prior experience in this field. It recommended palliative care guidance that put into consideration advance care planning; palliative treatment of breathlessness; clinician-

patient communication; remote clinician-family communication; palliative care involvement in patients with serious cases; spiritual care; psychosocial care; and bereavement care.

Therefore, it is glaring that the above scholarly contributions did not investigate whether palliatives have reduced the impact of COVID-19 lockdown on HSTs particularly in Southwestern Nigeria. May be because the phenomenon of COVID-19 pandemic and palliatives is new. Besides, the research technique adopted in extant literature are largely qualitative revealing methodological gap. Hence, this present study is germane, as it would not only inspired the need to review and improve the effectiveness of the palliative programme but study adopted both qualitative and quantitative techniques to contribute new knowledge.

II. RESEARCH METHODOLOGY

This study adopted qualitative and quantitative research design. Qualitatively, study derived data from internet, relevant journal articles, government websites and documentations. Quantitatively, Multistage Level Sampling Techniques (MLST) was employed to select 200 population sample size from male and female Nigerians across the six states (Ekiti, Lagos, Ondo, Osun and Oyo) in the Southwestern Nigeria and a 4-point Likert style rating scale closed ended questionnaire was distributed to obtain responses from the targeted cluster on the COVID-19 palliative scheme. A self-prepared 4-point Likert-style rating scale questionnaire was used to determine whether respondents strongly agree, agree, disagree or strongly disagree. The gathered responses was analysed electronically using the Statistical Package for Social Sciences (SPSS) to determine the mean and standard deviation of the data gathered upon which the conclusion of study was drawn.

III. FINDINGS AND DISCUSSION

In connection with research question 1: What are the various palliatives implemented by the Federal Government of Nigeria towards reducing the impact of COVID-19 lockdown in Nigeria, study finding as presented in Table 1 reveals that there are eleven palliatives implemented in the country.

Table 1: The Palliatives Implemented in Nigeria

S/N	COVID-19 Palliatives	Targeted Beneficiaries
1.	Tradermoni - A loan programme created specifically for petty traders and artisans across Nigeria. It is part of the Government Enterprise and Empowerment Programme (GEEP) or Social Intervention Programmes (SIP) that create opportunity for individual to receive interest-free loans starting from ₦10, 000 and growing all the way to ₦100, 000 as the person pays back. Beneficiaries get ₦10,000 as the first loan. When they pay back the first loan, they immediately qualify for a second loan of ₦15,000. After payback of the second loan, they qualify for a ₦20,000	Traders

	loan, and then ₦50,000, and ₦100,000 respectively.	
2.	MarketMoni - It is equally known as GEEP or SIP, to issues interest-free loans to market women and traders, artisans, youth and farmers. Beneficiaries receive loans ranging from ₦10,000 to ₦100,000 per applicant for as long as 6 months. MarketMoni attracts no interest except a one-time 5% administrative fee.	Market women
3.	FarmerMoni - A GEEP Initiative or SIP created to boost the Nigerian economy through leverage and access to finance for farmers. FarmerMoni is designed to help petty traders expand their trade through the provision of collateral free loans. The loans are repayable over a period of six months. Under the scheme, beneficiaries can get access to a higher facility ranging from ₦300,000 to ₦2,000,000 when they repay within the stipulated time period.	Farmers
4.	Food/Cash Distribution - Direct distribution of food/cash to millions of households.	Households
5.	Households and Micro, Small and Medium Enterprises (MSMEs) - ₦50 billion target credit facility.	Holders of Micro, Small and Medium Enterprises (MSMEs)
6.	Healthcare Loans - ₦100 billion interventions fund in healthcare loans.	Holders of Pharmaceutical Companies and Healthcare Practitioners
7.	Local Manufacturing and Production Loans - ₦1 trillion in loans to boost local manufacturing and production sectors.	Local Manufacturers and Producers
8.	Payroll Support – This track targets 500,000 individual beneficiaries. The scheme will support MSME payroll obligations by paying between ₦50,000 (maximum) and ₦30,000 (minimum) to between 3 (minimum) and 10 (maximum) staff for 3 months.	Holders of MSMEs in the Hospitality industry, Private Schools, Factory owners, Law Firms, Hospitals etc.
9.	General MSME Grants - ₦50,000 Grants to 100,000 MSMEs. This group of beneficiaries is encouraged to take advantage of registration through MSME Associations, registered Business Clusters, Trade Associations and Unions etc.	All qualified MSMEs
10.	Artisan Transport Grants - One-off Payment of ₦30,000 to each beneficiary. The following shall be the categories of self-employed individuals eligible to participate in the Survival Fund Scheme.	Mechanics, Taxi Drivers, Hairdressers, Keke Napep Riders, Okada riders, plumbers, electricians
11.	Guaranteed Offtake Stimulus Scheme - The objective of the MSME Guaranteed Off-take Stimulus Scheme is to protect and sustain the income of vulnerable Micro and Small Enterprises by guaranteeing the off-take of their products.	MSMEs in the production Sector

Source: Ikeyi Shittu & Co (2020); Eranga (2020); GIMRC (2020); Field Survey to Micro-Credit Office (2021).

Table 2 shows the results of the analysis on the answers to research question 2: To what extent have the people in Southwestern Nigeria benefited from palliatives?

Table 2: Extent people in Southwestern Nigeria have benefited from palliatives

Item	SA	A	D	SD	Mean	Std. D
You have benefited from COVID-19 Tradermoni.	0	0	100	100	1.50	.50
You have not benefited from COVID-19 Marketmoni.	86	65	27	22	3.07	1.00
You have benefited from COVID-19 Farmermoni.	0	0	99	101	1.49	.50
You have not benefited from COVID-19 direct food/cash distribution to Households.	71	16	27	86	2.36	1.34
You have benefited from COVID-19 credit facility Households and Micro, Small and Medium Enterprises (MSMEs).	0	22	67	111	1.55	.69
You have not benefited COVID-19 Healthcare Intervention Loans.	69	65	27	39	2.82	1.11
You have benefited from COVID-19 Local Manufacturing and Production Sector Loans.	24	0	90	86	1.81	.93
You have not benefited from COVID-19 Payroll Obligation Support.	47	62	50	41	2.57	1.06
You have not benefited from COVID-19 Artisan Transport One-off Payment Grants.	22	0	67	111	1.66	.94
You have not benefited from COVID-19 Guaranteed Off-take Stimulus Scheme for newly registered businesses.	94	40	50	16	3.06	1.02
Weighted Average					2.19	

Key: SD = Strongly Disagree, D= Disagree, A = Agree, SA = Strongly Agree

Decision Value: Low =0.00-2.44, High = 2.45-4.00

It is evident from Table 2 above, that the respondents disagreed to the following items: that they have benefited from COVID-19 Tradermoni ($\bar{x} = 1.50$), have benefited from COVID-19 Farmermoni ($\bar{x} = 1.49$), have not benefited from COVID-19 direct food/cash distribution to Households ($\bar{x} = 2.36$), have benefited from COVID-19 credit facility Households and Micro, Small and Medium Enterprises (MSMEs) ($\bar{x} = 1.55$), have benefited from COVID-19 Local Manufacturing and Production Sector Loans ($\bar{x} = 1.81$) and

have not benefited from COVID-19 Artisan Transport One-off Payment Grants ($\bar{x} = 1.66$). The table further shows that the respondents agreed to the following: have not benefited from COVID-19 Marketmoni ($\bar{x} = 3.07$), have not benefited from COVID-19 Healthcare Intervention Loans ($\bar{x} = 2.82$), have not benefited from COVID-19 Payroll Obligation Support ($\bar{x} = 2.57$) and have not benefited from COVID-19 Guaranteed Off-take Stimulus Scheme for newly registered businesses ($\bar{x} = 3.32$). Meanwhile based on the value of the weighted average (2.19 out of 4.00 maximum value obtainable) which falls, within the decision value for low, it can be inferred that the extent to which people in the southwestern Nigeria benefited from COVID-19 palliatives is low.

Table 3 shows the results of the analysis on answers to research question 3: To what extent has palliatives impacted on human security (HS) in post-COVID-19 lockdown Southwestern Nigeria?

Table 3: Extent palliatives have reduced impact of COVID lockdown on HS in Southwestern Nigeria.

Item	SA	A	D	SD	Mean	Std. D
Palliative has reduced poverty and unemployment.	0	25	74	101	1.62	.69
Palliative has not reduced hunger and the lack of access to basic food.	78	94	12	16	3.17	.86
Palliative has reduced the lack of money/purchasing power.	0	0	118	82	1.59	.49
Palliative has not created job and assured income.	72	94	18	16	3.11	.87
Palliative has help business improve/expand.	0	74	23	103	1.85	.93
Palliative has not help business recover from lockdown loses.	88	49	25	38	2.93	1.15
Palliative help private business to pay workers' salaries.	0	27	85	88	1.69	.69
Palliative has not reduced the lack of access to clean water resources.	57	98	22	23	2.94	.92
Palliative has brought about hygiene/sanitary/health environment.	25	49	63	63	2.18	1.01
Palliative has not improved access to healthcare facilities.	68	92	24	16	3.06	.88
Palliative has reduced theft, armed robbery and kidnapping.	0	0	144	56	1.72	.45
Palliative has not reduced domestic violence and abuse.	65	97	22	16	3.05	.86
Palliative has reduced community tension and conflict.	0	22	74	104	1.59	.68

Palliative has not reduced human rights violations.	71	64	0	65	2.70	1.25
Weighted Average					2.37	

Key: SD = Strongly Disagree, D= Disagree, A = Agree, SA = Strongly Agree

Decision Value: Low = 0.00-2.44, High = 2.45-4.00

With reference to Table 3 above, the respondents disagreed to the following items: that palliative has reduced poverty and unemployment ($\bar{x} = 1.62$), palliative has reduce the lack of money/purchasing power ($\bar{x} = 1.59$), palliative has help business improve/expand ($\bar{x} = 1.85$), palliative help private business to pay workers' salaries ($\bar{x} = 1.69$), palliative has bring about hygiene/sanitary/healthy environment ($\bar{x} = 2.18$), palliative has reduce theft, armed robbery ($\bar{x} = 1.72$) and palliative has reduce community tension and conflict ($\bar{x} = 1.59$). The table further shows that the respondents agreed to the following: palliative has not reduced hunger and the lack of access to basic food ($\bar{x} = 3.17$), palliative has not created job and assured income ($\bar{x} = 3.11$), palliative has not help business recover from lockdown loses ($\bar{x} = 2.93$), palliative has not reduce the lack of access to clean water resources ($\bar{x} = 2.94$), palliative has not improve access to healthcare facilities ($\bar{x} = 3.06$), palliative has not reduce domestic violence and abuse ($\bar{x} = 3.05$) and palliative has not reduce human rights violations ($\bar{x} = 2.70$). Meanwhile based on the value of the weighted average (2.37 out of 4.00 maximum value obtainable) which falls, within the decision value for low, it can be inferred that the extent to which palliatives has reduce the impact of COVID-19 lockdown on human security in Southwestern Nigeria is low.

IV. CONCLUSION AND RECOMMENDATIONS

It can be concluded that even though various palliatives have been implemented by the Federal Government of Nigeria to reduce the impact of COVID-19 lockdown and in pursuit of economic recovery as well as sustainable development in Nigeria, the extent to which people in the southwestern have benefited from COVID-19 palliatives is low. It can also be concluded that the extent to which palliatives have reduced the impact of COVID-19 lockdown on human security in the region is equally low.

In order for palliatives to significantly reduce the impact COVID-19 lockdown on human security, recommends the following policy guides for consideration:

- i. There should be an established platform for public opinions to be held at interval to further determine the extent people have benefited from the programme and how it has help them to recover economically from the COVID-19 lockdown negative experience as this will help not only to monitor the effectiveness of the programme progressively but improve the impact of the palliative.
- ii. The palliative programme should be reviewed and expanded to systemically: address poverty, unemployment and lack of purchasing power; scale

down crime including theft, armed robbery, community tension and conflict by reducing hunger and the lack of access to basic food; created jobs and assured income, assist businesses to recover from lockdown loses, assist businesses to improve and expand, reduce the lack of access to clean water resources, improve access to healthcare facilities, reduce domestic violence and abuse and reduce human rights violations.

- iii. There is the need to ensure that the target beneficiaries on palliative programmes including farmers, households, micro, small and medium enterprises (MSMEs) owners and particularly those in self-employment who lost their sources of livelihood to COVID-19 pandemic/lockdown have access to a reasonable social investment loans and should be encouraged as well as monitored through a credible local government based institutions to fully invest in agro-businesses while creating enabling environment for the agro-businesses to thrive as this would foster sustainable development and improved human security.

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