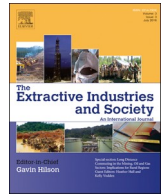




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Original article

Socially distanced school-based nutrition program under COVID 19 in the rural Niger Delta

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ABSTRACT

The Niger Delta region of Nigeria is widely recognized as a complex and contentious space for oil exploration and production. Over the past few decades, the Niger Delta has witnessed large-scale mass peaceful mobilizations and rebellion-like conditions from violent militia groups. Oil companies have been implicated in violence perpetrated by Nigerian security forces. Local host communities have suffered greatly from corruption, political instability, violence and the environmental devastation of their farmlands and fishing grounds. Oil companies have increasingly turned to corporate social responsibility (CSR) initiatives to attempt to build or repair relations with oil-producing communities. There are also governmental and non-governmental humanitarian actors supporting various initiatives in the oil-producing areas. This article highlights the challenges that one long running micro-scale development project has faced due to the COVID 19 disease outbreak and the closure of all schools in Rivers State, Nigeria in March 2020. The school closures have halted some initiatives, but our weekly nutritional program has continued in new, socially distanced forms.

1. Introduction

The violent state repression of the non-violent Ogoni protest campaign in the mid-1990s and the hanging of Ken Saro-Wiwa and eight other Ogoni activists by the Abacha dictatorship in November 1995 brought Nigeria's Niger Delta region to worldwide prominence (Pegg, 2015). Influential United Nations publications have highlighted the low levels of human development in the region despite it being the overwhelming source of Nigeria's vast oil wealth (UNDP, 2006) and the profound and systematic devastation of its environment and fragile wetlands ecosystem by decades of oil production (UNEP, 2011).

Oil production in the Niger Delta encompasses a diverse range of actors. Academic work has highlighted the role of transnational oil companies in creating or exacerbating violence against local host communities (Manby, 1999; Pegg, 1999) and critically assessed their attempts to use corporate social responsibility (CSR) initiatives to improve relations with those same host communities (Ako, 2012; Frynas, 2005; Idemudia, 2014). Problematic corporate and state responses to Niger Delta protest movements and their role in exacerbating social conflicts have also been emphasized (Demirel-Pegg and Pegg, 2015; Frynas, 2001; Obi, 2014).

A diverse array of youth movements (Iwilade, 2017), oil thieves, “bunkerers” or artisanal oil refiners (Naanen, 2019) and militia groups

(Tantua, Devine and Maconachie, 2018; Ukiwo, 2007) confront the transnational oil companies and the Nigerian state. Some ethnic groups pursue non-violent mobilization while others in seemingly similar situations embrace violent resistance (Mai-Bornu, 2019). Local host communities also encounter a variety of security force actors including the Nigerian Army and Navy, the “kill and go” Mobile Police, the regular police and various Joint Task Forces that are periodically created and dissolved.

Finally, there is a wide diversity of humanitarian actors active in the Niger Delta. This includes everything from large-scale European Union, World Bank and governmentally-backed development projects to local and international non-governmental organizations, down to a variety of traditional and modern community-based organizations trying to promote development in specific communities (Okeke-Ogbuafor et al., 2018). Christian Aid (2004: 23) has described the Niger Delta as “a veritable graveyard of projects, including water systems that do not work, health centers that have never opened and schools where no lesson has ever been taught.”

2. COVID 19 in the Niger Delta

COVID 19 will affect everyone in the Niger Delta if containment measures fail. Port Harcourt with its large population and densely

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Photo 1.

packed waterfront settlements or urban slums is likely to be highly conducive to the disease's spread. Although much of the Niger Delta is often presented in terms of “villages” or “the rural areas”; in reality, these villages often have rudimentary houses tightly packed together in surprisingly densely populated small areas. A typical village house will host four-seven people in it and be located just a few feet away from other such houses. The lack of accessible piped drinking water and adequate sanitation make frequent hand washing difficult. Most Niger Delta villagers will never have free access into an oil company facility, but they know that oil workers have dramatically better health care facilities than they do. This will surely increase resentment as their increased exposure to the disease risk is exacerbated by their comparative material poverty and the adverse economic effects of the lockdown.

3. COVID 19 and a nutrition program in one Niger Delta primary school

This article focuses on how the COVID 19 shutdown has affected one micro-scale development project in the Ogoni area of Rivers State, Nigeria. This project has been run for almost 20 years now with the two co-authors of this article being central participants. Organizationally, this project is a collaboration between Timmy Global Health, an Indianapolis-based health charity and the Center for Environment, Human Rights and Development (CEHRD), a leading environmental and human rights organization based in Port Harcourt. We refer to this project as “Bebor,” the name of the first school it started supporting in Bodo, Rivers State, Nigeria in 2000, but it now provides support to six different nursery and primary schools in five rural villages with approximately 1450 students between them (see <https://www.bebor.org> for more information).

Our work with Bebor has covered four main thematic areas. First, we provided classroom buildings to get the children out of overcrowded churches or rented facilities and into proper classrooms. Second, we provided boreholes for safer drinking water and toilets for improved sanitation. Third, we started a health program in 2012, which now covers all six schools and features the provision and supplying of basic sickbays, bi-annual mass deworming treatment and annual

immunizations including measles, polio, tetanus, typhoid, Vitamin A supplements and yellow fever for the older children. Fourth, in 2017, we started a pilot nutrition program for 50 of the poorest children at Bebor Model Nursery/Primary School in Bodo.

The village of Bodo which our nutrition program operates in has been adversely affected by two major oil spills in 2008–2009 which devastated its rich fishing grounds, destroyed community livelihoods and polluted its drinking water supply (Amnesty International/CEHRD, 2011; Fentiman and Zabbey, 2015; Pegg and Zabbey, 2013). In January 2015, Royal Dutch/Shell settled a historic lawsuit by agreeing to pay £55 million (about US\$83 million at the time) to more than 15,000 individual plaintiffs in Bodo (Vidal, 2015).

Our nutrition program is based on a formula created by food scientist Pastor Ben Inaku which is called “Ogi Soy Plus,” a composite mixture of millet, soybeans and crayfish. Each one kilogram (kg) of Ogi Soy Plus powder contains 0.5 kg of soybeans, 0.2 kg of millet and 0.3 kg of crayfish. This mixture contains high quantities of carbohydrates, protein and considerable amounts of fat, minerals, fiber and moisture. It is a good source of nutrients and energy for growing children. The fat content of soybeans is a rich source of omega-3 fatty acid (fish oil) which plays a significant medical role in the treatment of heart diseases. The Ogi Soy Plus is typically prepared either in what Nigerians call a “pap” formula (porridge or oatmeal-like consistency) or in a dry formula which can be mixed into rice. Various other foods such as scotch eggs, sweet bread, fish rolls or ripe plantains in egg sauce are used to help the children eat their entire serving of Ogi Soy Plus which is what does the heavy nutritional lifting in this program.

Malnutrition is the most important risk factor for morbidity and mortality, contributing to more than half of child deaths worldwide. In Nigeria, school age children constitute 23% of the total population (Igbokwe et al., 2017). Malnutrition is an unbearable burden not only on the health system, but for the entire socioeconomic and cultural status of the society. Worldwide malnutrition estimates indicate that 35.8% of preschool children in developing countries are underweight, 42.7% are stunted, and 9.2% are wasted (Manyike et al., 2014). We based our nutrition program selection criteria on the findings of our pre project questionnaire, findings of medical and physical examinations including laboratory investigations and dietary history of 100 pupils.



Photo 2. .

Children of the poor, orphans, immuno-compromised and children with sickle cell anemia were prioritized. Feeding was done using a control randomized trial study with 50 pupils feeding on Ogi Soy Plus and another 50 not receiving the product as a control. We identified the hungry based on the assessment of their nutritional status and the notable history of food insecurity within the environment.

In order to combat the spread of COVID 19, the Rivers State Government ordered all schools to close on March 23, 2020. The most unfortunate direct effect of this closure on our work was that most of our health program's deworming and immunization visits were originally scheduled for late March and April. We have regrettably had to postpone these visits until schools reopen. This is particularly troubling as keeping our students' worm-free and immunized against other diseases would enhance their immunity and presumably enable them to better fight off COVID 19 if they did contract it.

The potentially most direct adverse impact of COVID 19 was to our nutrition program in Bodo. Our nutrition program is designed to feed the children weekly, usually on Fridays. Our previous method of feeding the kids all in one large room to make serving them easier and to allow the other classrooms to be used for classes for the children not enrolled in the nutrition program would no longer be viable because the children were packed in tightly (see photo 1). We did not want to abandon the nutrition program as the children are only likely to get even more malnourished as COVID 19 restrictions further minimize their parents' ability to feed them. We discussed this with the parents who all agreed that they wanted the program to continue. As such, on March 27, 2020 we had our first socially distanced feeding with the children spread out across four or five different classrooms to enable us to maintain the requisite amount of distance between them (see photo 2). This level of social distancing would not previously have been possible when the other kids were in attendance and those classrooms were in use. The funds we have in place will allow us to continue the socially distanced nutrition program for the duration of the school closures in Rivers State.

4. Conclusion

Other contributions in this special issue have highlighted how

COVID 19 will affect extractive industries, mine workers and oil- or mineral-dependent countries, among other things. We see the value in those topics. We also believe that serving children in rural communities adversely affected by oil production is vitally important work. COVID 19 has postponed primary education and all the benefits it delivers, particularly to the more than 50% of our students who are girls. It has postponed our health program which probably increases the susceptibility of the children we serve to adverse health effects from COVID 19. It has forced us to adjust and creatively rethink how we run our nutrition program, but it has not stopped us from carrying on this work.

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