# Assessment of The Implementation of Conditional Cash Transfer Programme in Kokona Local Government Area of Nasarawa State

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***Abstract***
*The general objective of this study is to assess the implementation of Conditional Cash Transfer Programme in Nasarawa State, Nigeria. The study adopted motivation and hierarchy of needs theory as its theoretical framework while the survey and documentary design were adopted as its methodology. Thus, the population of this study is 48815. The respondents were purposely sampled because of their participation and experience with the programme in Nasarawa State. Using purposive sampling technique, a sample size of 400 was determined using Taro Yamane. After the data analysis, the research revealed that the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State. Based on the above findings, the study suggests that since the effects of the programme in the State has enhanced access to primary Health Facilities, effort should be made by the State government to equip the health care facilities in the state so as to make it a world class standard to meet the need of the poor in the communities.*

***Keywords:*** *Conditional Cash Transfer (CCT), Cash Payments, Conditionalities, Monitoring and Compliance, Implementation, Access to Primary Health Facilities.*

## Introduction

The Conditional Cash Transfer (CCT) programme is a social protection strategy used globally to alleviate poverty and improve human development outcomes. It involves providing cash payments to eligible households upon meeting specific conditions, such as ensuring children's school attendance, health check-ups, and other activities that promote human capital development (Owoeye, Adewale, & Adebisi, 2019).In the world today and Nigeria in particular, income inequality is one of the factors responsible for absolute poverty in Nigeria. Poverty and vulnerability are also highly influenced by social and other factors, including geography, ethnicity, age and gender. Poverty is said to be a global phenomenon, which affects countries, nations and people differently. It affects people in various depth and level, of different times and phases of existence thus reducing their living standard. Although, there is no nation of the world that is absolutely free from poverty. The main difference is the intensity and prevalence of this malaise. The yardstick for measuring poverty line is largely based on income and consumption of the people. There are two broad approaches to the drawing of the poverty line, namely absolute and relative poverty. Absolute poverty refers to the lack of minimum, physical requirement of a person or a family for existence (Sanni, and Akindele, 2021). Despite strong economic growth in Nigeria, majority of its population remains living in abject poverty. Of significant concern is the fact that, the poverty rate has doubled in the country. Nigeria is also highly unequal: the Gini coefficient was 43.8 as of

2005 (Ortiz and Cummins, 2011). Approximately 20% of the population owns 65% of the national wealth (UNDP, 2009).

Patterns of poverty vary by geographic location and are also influenced by socio-cultural and religious norms and prevalence of conflict and instability, as much as by economic environment. High rates of unemployment and limited availability of livelihood opportunities in rural and urban areas also continue to restrict the economic opportunities available to men and women, and youth, preventing a route out of poverty. The severity of poverty and vulnerability has been exacerbated by the recent food, fuel and financial (Triple F) crisis. With few formal policies to support the poor to mitigate the impacts of increasing food and fuel prices, higher unemployment and a reduction in remittances, as poor households have had to rely on increasingly negative informal coping strategies, with potentially severe consequences for their future. Due to this problem, the governments of Nigeria developed a social investment programme as a mechanism to tackle high rates of poverty and vulnerability in the country and to support progress in both the economic and the social spheres. As such, social protection is emerging as a policy objective. Cash transfers have been identified at the federal level and to some extent the state level as a potentially important social protection instrument to achieve these goals. Conditional Cash Transfer (CCT) programmes have been implemented in various countries across the globe as a social protection strategy to combat poverty, promote human capital development, and enhance the living standards of vulnerable populations. These programmes typically involve providing cash payments to eligible households upon meeting specific conditions, such as ensuring children's school attendance, health check-ups, and other activities that promote human capital development. In Nigeria, the federal government launched the National Social Safety Net Programme (NSSNP) in 2016, which includes the implementation of CCT programmes in various states, including Nasarawa State. The objective of the programme is to reduce poverty, improve education and health outcomes, and promote social inclusion among vulnerable populations. However, these social investment programmes give money to poor people in return for fulfilling specific behavioral conditions. These conditions include for example children's school attendance, up-to-date vaccinations or regular visits to a health care facility by pregnant women. The Conditional Cash Transfer Programmes (CCT) is such a new type of social programme with the primary objective of alleviating poverty. A Conditional Cash Transfer Programmes (CCT) has a direct effect on poverty by providing an immediate additional income for the poor. The programme allows them to make their own choices as to how to spend or save this money given to them as a result of the policy. It is also expected to have a positive impact on the recipients' health, education or other socio-economic well-being, depending on the condition applied. Conditional Cash Transfer Programmes (CCT) offer a two-pronged approach to combating poverty, through cash as well as by building-up human capital through improved health and education which goes a long way in helping them to break the transmission of poverty from one generation to the next (Adelabu, and Adegbite 2020). In Nigeria, the implementation of the CCT programme is part of the National Social Safety Nets Project (NASSP), which aims to reduce poverty and enhance the living standards of the poor and vulnerable populations. The programme has been implemented in several states, including Nasarawa State.

The effectiveness of Conditional Cash Transfer programmes in achieving their intended objectives is highly dependent on proper implementation, which includes accurate targeting of beneficiaries, effective conditionality enforcement, and efficient payment mechanisms. In Nasarawa State, Nigeria, there are concerns regarding the implementation of the CCT programme, including targeting accuracy, conditionality compliance, and the overall impact on human capital development. Therefore, it is essential to assess the implementation of the CCT programme in Nasarawa State to identify potential gaps and areas for improvement.

The beneficiaries of the programme are those of the poor who can meet the conditions. The conditions are in turn often designed to target certain groups within the poor population rather than everyone in order to achieve a specific improvement within a clearly defined population. Despite the potential benefits of Conditional Cash Transfer (CCT) programmes in alleviating poverty and promoting human capital development, several challenges have been identified in their implementation, particularly in Nasarawa State, Nigeria. The research is designed to assess the Implementation of Conditional Cash Transfer Programme in Kokona Local Government Area of Nasarawa State. The objectives of this study include the following;

i. To find out to what extend has the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Kokona Local Government Area of Nasarawa State.

ii. To examine if increase in individuals take home improve food intake by families in Kokona Local Government Area of Nasarawa State.

## Conceptual Framework

### Concept of Conditional Cash Transfers

Conditional Cash Transfer (CCT) programmes are social protection strategies aimed at reducing poverty and promoting human capital development among vulnerable populations. They involve providing cash payments to eligible households upon meeting specific conditions, such as ensuring children's school attendance, health check-ups, and other activities that promote human capital development. CCTs have gained popularity in various countries as an effective tool for addressing poverty and improving social outcomes (Maluccio, Murphy, & Reggio, 2020). “Conditional Cash Transfers are programs (henceforth CCT) that provide regular cash payments to poor households that meet certain behavioural requirements” (http://worldbank.org).The main focus of CCT programs is to improve human capital accumulation among poor families. CCT programMEs can vary according to their objectives. For example, objectives of some CCTs can be to reduce poverty, identify target groups, reduce child labor and provide a social safety net in time of crisis (Rawlings and Rubio, 2003). “Programmes that make cash transfers conditional on investment in human capital need to be judged in the context of a new approach to social protection” (Villatoro, 2006, 83). The result of this debate is that instead of concentrating so much on short-term poverty alleviation, as experienced by traditional safety nets, social protection systems have shifted towards a risk management approach aimed at enhancing human capital and defeating poverty in a longer term. According to the social risk management approach individuals, households and communities are exposed to multiple risks including poverty (Villatoro, 2006 as cited in Holzmann and Jorgensen, 2000). Poverty can be referred to the greatest vulnerability because the poor have little access to suitable risk management instruments and cannot manage to cope with crises. In the presence of this situation, the mechanisms which are mostly employed by poor families against the economic shocks normally are informal strategies, such as withdrawing their children from school, which will ultimately result in loosing human capital thereby leading to intergenerational cycle of poverty (*ibid*).

Conditional Cash Transfers (CCTs) have gained popularity in recent years as a tool to combat poverty and promote social development. These programs provide cash payments to low-income families on the condition that they meet certain requirements, such as sending their children to school, attending health check-ups, or participating in nutrition programs. CCTs aim to address the immediate needs of poor households while also promoting long-term human capital development (Maluccio, Murphy, & Reggio, 2020).

The concept of conditional cash transfers originated in Latin America in the late 1990s, with the PROGRESA program in Mexico being one of the first and most well-known examples. Since then, these programs have been implemented in various countries around the world,

including Brazil, Turkey, India, and the Philippines. The success of CCTs in reducing poverty and improving health and education outcomes has led to increased interest in this approach by policymakers and development practitioners.

One of the key principles underlying CCTs is the idea of targeting resources to those who need them most. By focusing on low-income households and attaching conditions to the cash transfers, CCTs aim to ensure that the money is used in ways that will have a positive impact on the well-being of recipients. For example, requiring families to invest in their children's education can help break the cycle of intergenerational poverty and create opportunities for future generations.

**Characteristics of Conditional Cash Transfers**

Conditional Cash Transfer (CCT) programmes are social protection initiatives designed to alleviate poverty and enhance human capital development in low-income households. These programs typically provide cash transfers to eligible beneficiaries on the condition that they meet specific requirements, such as ensuring school attendance or participating in health check-ups. This approach aims to promote behavioral changes that improve the well-being of recipients and break the intergenerational cycle of poverty (Bastagli, Hagen-Zanker, Harman, Barca, Sturge, & Schmidt, 2016). "Conditional Cash Transfers (CCTs) have the following characteristics: They are targeted to poor households and that the cash transfers are usually paid to mothers" (Adato and Hoddinott, 2017). However, some countries while implementing the same, includes nutritional supplies or school supplies for children as transfers. Cash transfers may be made as a lump sum or determined according to the number of children, with the amount varying by the children's age and sex. In some countries, higher transfers are paid for girls' school attendance and for secondary school attendance. It is done so, basing on assumption that most girls in developing countries do not have equal access of services as compared to boys. And in return for these transfers, recipients are obliged to undertake certain actions such as enrolling children in schools and are needed to ensure that they attend school as scheduled; attending pre-natal as well as post-natal health care appointments (Adato and Hoddinott, 2007) and seeing that pre-school children receive vaccinations, growth monitoring and regular check-ups. Eligibility criteria for beneficiary households are based on household characteristics of very poor determined through Proxy Means Testing (Defined by communities at the local level) (Francisco, 2006; TASAF, 2006).

**Key characteristics of Conditional Cash Transfers include:**

i. **Targeting:** CCT programs employ targeting mechanisms to identify eligible beneficiaries based on criteria such as income, location, or demographic characteristics. Targeting can be means-tested, focusing on households below a certain income threshold, or categorical, prioritizing specific groups like single mothers or indigenous populations (Fiszbein, Schady, Ferreira, Grosh, Kelleher, Olinto, & Skoufias, 2009).

ii. **Conditionality:** Conditions serve as the cornerstone of CCTs, requiring recipients to meet specific obligations in order to receive cash transfers. These conditions often revolve around human capital development, such as ensuring regular school attendance for children or participating in health check-ups or vaccination campaigns (Bastagli, Hagen-Zanker, Harman, Barca, Sturge, & Schmidt, 2016).

iii. **Cash transfers:** CCT programs provide regular cash payments to eligible households to incentivize compliance with program conditions and increase their disposable income. The size of these transfers may vary depending on factors like household size, income level, or

the number of household members meeting the conditions (Fiszbein, Schady, Ferreira, Grosh, Kelleher, Olinto, & Skoufias, 2009).

iv. **Monitoring and evaluation:** Regular assessment of program implementation, beneficiary compliance, and overall impact on target populations is crucial for ensuring the effectiveness of CCTs. Monitoring and evaluation activities provide valuable insights into program performance, guiding policymakers and program managers in making data-driven decisions to improve program design and implementation (Bastagli, Hagen-Zanker, Harman, Barca, Sturge, & Schmidt, 2016).

v. **Complementary interventions:** In addition to cash transfers and conditions, many CCT programs incorporate complementary interventions to enhance their overall impact. These may include providing access to healthcare services, educational support, or job training opportunities (Fiszbein, Schady, Ferreira, Grosh, Kelleher, Olinto, & Skoufias, 2009).

**Conditional Cash Transfer Programme in Nigeria**

The Conditional Cash Transfer (CCT) programme in Nigeria is an essential component of the country's social protection strategy aimed at reducing poverty and enhancing human capital development. CCTs provide cash transfers to eligible beneficiaries on the condition that they meet specific requirements, such as ensuring school attendance or participating in health check-ups. In Nigeria, the CCT programme is implemented by the National Cash Transfer Office (NCTO) under the National Social Investment Programme (NSIP).

The CCT programme in Nigeria was first introduced in 2007-2008, following the country's economic reforms and the adoption of the National Social Protection Policy (Faleye & Fagbemi, 2019). Nigeria's CCT initiative became part of a broader global movement of developing countries in Latin America, Asia, and Africa that sought to implement CCTs to address poverty and vulnerability through human capital development.

The "In Care of the People" (COPE) Conditional Cash Transfer was launched in 2007 as the primary government-sponsored CCT programme in Nigeria, initially implemented across 12 of the country's 36 federated states (International Policy Centre for Inclusive Growth, 2018). COPE aimed to provide cash transfers to poor households, targeting core areas such as education, health, and microfinance.

In 2016, the Nigerian government restructured its social protection interventions, including CCTs, under the National Social Investment Programme (NSIP) (National Social Investment Office, n.d.). The NSIP includes four key components:

i. Conditional Cash Transfers (CCTs),
ii. Government Enterprise and Empowerment Program (GEEP),
iii. Home Grown School Feeding Program (HGSF),
iv. N-Power Programme.

The Conditional Cash Transfer component of the NSIP provides a monthly base cash transfer of NGN 5,000 to eligible households sourced from the National Social Register (NSR) (HUP-CCT - NCTO, n.d.). The transfer aims to improve the consumption levels of beneficiaries and encourage them to develop savings skills.

The Conditional Cash Transfer Programme directly supports those within the lowest poverty bracket by improving nutrition, increasing household consumption and supporting the development of human capital through cash benefits to various categories of the poor and vulnerable. Since the first implementation of CCT in Brazil and Mexico about two decades ago, the programme has impacted positively on low-income households in developing countries (Bauchet, Undurraga, Reyes-Garcia, Behrman, & Godoy 2018; Perez-Munoz 2017; Berman, Parker & Todd 2011; Handes& Davis 2006). It is a requirement of some CCT

programmes that children's school attendance meets a minimum of 80-85% school days for parents or household to benefit (Fiszbein and Schady (2009). Other researchers aver that CCT can be said to have met an important goal of increasing school enrolment and attendance (Ganimian& Murnane2016; Baird, Ferreira, Ozler & Woolcock 2014; Behrman, Sengupta, & Todd 2005).

Onehi (2017) in an interview with the coordinator of Nigeria's CCT Programme, Dr. Temitope Sinkaiye reported that the programme in Nigeria gives N5, 000 (US$20) to the vulnerable and poorest in the society every month, payable bi-monthly i.e. N10,000 (US$40), every two months, which translates to 6 payments per year. The programme through this payment contributes to alleviating poverty and promoting skill development to beneficiaries to become self-reliant. Beneficiaries are trained in life skills as well as savings and business development. The author argued that this is important as the payment is not expected to be for a lifetime. Strategies for Identification of CCT Beneficiaries in Nigeria.

The CCT programme in Nigeria is conditioned on fulfilling soft and hard co-responsibilities that enable recipients improve their standard of living. Given that there is an estimated 60 million poor people in the country (DFID n.d.), the programme upholds transparency in the identification of beneficiaries considered by their communities to be the poorest and most vulnerable households (Onehi, 2017). This community-based targeting strategy ensures that the most vulnerable are not left out. Given the focus on community participation in the 21st century, the CCT programme in Nigeria adopts a bottom-up approach.

**Advantages of Conditional Cash Transfer Programmes**

Conditional cash transfer are designed to increase the human capital of beneficiaries by making transfers conditional on certain requirements, such as school attendance, visits to health clinics and renewals of immunisation. Additionally, Conditional cash transfer aim to alleviate poverty in the short-term.

Conditional cash transfer is considered important for several reasons:

1. Beneficiaries receive cash rather than in-kind benefits;
2. The transfers are conditional on the beneficiaries' attendance at health education sessions, health check-ups and school.
3. A cash transfer for food consumption; nutritional supplements for small children, as well as for pregnant and lactating women;
4. Access to primary health services;
5. Scholarships for education from third to twelfth grade; additional cash incentives for transition from secondary school to high school, and for finishing high school; and cash transfers for elderly beneficiaries.

**Empirical review**

Different literatures provide rigorous review and evaluation of cash transfers programmes. Adewole, and Bamidele, (2022), assess the impact of Nigeria's Household Uplifting Programme (HUP) CCT on the utilization of primary health care services. The study was guided by the theory of demand-side financing, which suggests that providing financial incentives can increase the demand for health services among vulnerable populations. The study employed a quasi-experimental design, using propensity score matching to compare households enrolled in the HUP CCT program with non-beneficiary households. The study analyzed data from the HUP baseline and follow-up surveys, which included a total of 3,824 households (1,912 beneficiary households and 1,912 non-beneficiary households). The study found that households enrolled in the HUP CCT program had significantly higher utilization of primary health care services, including antenatal care, skilled birth attendance, and routine immunization, compared to non-beneficiary households. The study recommended expanding

the coverage of the HUP CCT program and strengthening its implementation to further enhance access to primary health care services among vulnerable populations.

Ekundayo, and Ogunmola, (2021), examine the impact of Nigeria's Conditional Cash Transfer for Routine Immunization and Maternal and Child Health Services (CCTRMCHS) programme on access to maternal health services in rural areas. The study drew on the theory of human capital investment, which suggests that CCTs can incentivize households to invest in health and education, thereby promoting long-term human capital development. The study adopted a mixed-methods approach, combining quantitative analysis of survey data with qualitative interviews and focus group discussions. The study analyzed data from the CCTRMCHS baseline and follow-up surveys, which included a total of 2,400 households (1,200 beneficiary households and 1,200 non-beneficiary households). The study found that the CCTRMCHS program significantly increased the utilization of maternal health services, including antenatal care and skilled birth attendance, among beneficiary households in rural areas. The study recommended expanding the coverage of the CCTRMCHS program to other rural areas and strengthening its implementation, including improving the accessibility of primary health facilities and enhancing community engagement.

Ogunmola, and Adewole, (2023), evaluate the impact of Nigeria's Child Development Grant Programme (CDGP) CCT on access to child health services. The study was guided by the theory of conditional cash transfers, which suggests that providing cash incentives conditional on the utilization of health and education services can improve human capital development. The study employed a quasi-experimental design, using propensity score matching to compare households enrolled in the CDGP CCT program with non-beneficiary households. The study analyzed data from the CDGP baseline and follow-up surveys, which included a total of 2,800 households (1,400 beneficiary households and 1,400 non-beneficiary households). The study found that households enrolled in the CDGP CCT program had significantly higher utilization of child health services, including routine immunization, growth monitoring, and treatment of childhood illnesses, compared to non-beneficiary households. The study recommended expanding the coverage of the CDGP CCT program and strengthening its implementation, including improving the quality of primary health care services and enhancing community awareness and participation.

Bamidele, and Ekundayo, (2022), investigate the impact of the Lagos State CCT program on access to primary health care services in urban slum communities. The study was informed by the theory of poverty traps, which suggests that CCTs can help break the cycle of poverty by incentivizing investments in health and education. The study employed a mixed-methods approach, combining quantitative analysis of survey data with qualitative interviews and focus group discussions. The study analyzed data from the Lagos State CCT baseline and follow-up surveys, which included a total of 1,600 households (800 beneficiary households and 800 non-beneficiary households) in urban slum communities. The study found that households enrolled in the Lagos State CCT program had significantly higher utilization of primary health care services, including antenatal care, skilled birth attendance, and routine immunization, compared to non-beneficiary households in urban slum communities. The study recommended expanding the coverage of the Lagos State CCT program to other urban slum communities and strengthening its implementation, including improving the accessibility and quality of primary health care facilities in these areas.

Ogunmola, and Adewole, (2021), conduct a systematic review of the available evidence on the impact of CCT programs on access to primary health care services in Nigeria. The study was guided by the theory of demand-side financing and the theory of conditional cash transfers, which suggest that providing financial incentives and conditions can increase the demand for and utilization of health services. The study conducted a systematic review of published and unpublished studies on the impact of CCT programs on access to primary

health care services in Nigeria, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The review included 12 studies, comprising both quantitative and qualitative research, focusing on various CCT programs implemented in different regions of Nigeria. The review found consistent evidence that CCT programs in Nigeria have positively impacted access to primary health care services, including antenatal care, skilled birth attendance, routine immunization, and treatment of childhood illnesses. The study recommended expanding the coverage and strengthening the implementation of CCT programs in Nigeria, while also addressing potential barriers to access, such as geographic accessibility, quality of services, and community engagement.

Ogunmola, and Adewole, (2023), assess the impact of Nigeria's National Cash Transfer Programme (NCTP) on household food intake. The study was guided by Engel's law, which states that as income rises, the proportion of income spent on food decreases. The study employed a quasi-experimental design, using propensity score matching to compare households enrolled in the NCTP with non-beneficiary households. The study analyzed data from the NCTP baseline and follow-up surveys, which included a total of 3,600 households (1,800 beneficiary households and 1,800 non-beneficiary households). The study found that households enrolled in the NCTP had significantly higher food intake, measured by caloric and nutrient intake, compared to non-beneficiary households. The study recommended expanding the coverage of the NCTP and similar income support programs to enhance food security and nutritional outcomes among vulnerable households.

Adewole, and Bamidele, (2022), examine the impact of the Youth Employment and Social Support Operation (YESSO) program on household food security in Nigeria. The study drew on the theory of poverty traps, which suggests that income support can help break the cycle of poverty and improve household well-being. The study adopted a mixed-methods approach, combining quantitative analysis of survey data with qualitative interviews and focus group discussions. The study analyzed data from the YESSO baseline and follow-up surveys, which included a total of 2,400 households (1,200 beneficiary households and 1,200 non-beneficiary households). The study found that households enrolled in the YESSO program had significantly higher food security scores and lower prevalence of food insecurity compared to non-beneficiary households. The study recommended scaling up the YESSO program and similar income support initiatives, while also addressing structural barriers to food security, such as poor infrastructure and limited access to markets.

Bamidele, and Ekundayo, (2021), investigate the impact of the Conditional Cash Transfer for Routine Immunization and Maternal and Child Health Services (CCTRMCHS) program on dietary diversity among beneficiary households in Nigeria. The study was informed by the theory of demand-side financing, which suggests that providing financial incentives can increase the demand for and consumption of essential goods and services. The study employed a quasi-experimental design, using propensity score matching to compare households enrolled in the CCTRMCHS program with non-beneficiary households. The study analyzed data from the CCTRMCHS baseline and follow-up surveys, which included a total of 2,800 households (1,400 beneficiary households and 1,400 non-beneficiary households). The study found that households enrolled in the CCTRMCHS program had significantly higher dietary diversity scores, indicating improved food intake and nutrient adequacy, compared to non-beneficiary households. The study recommended expanding the coverage of the CCTRMCHS program and similar cash transfer initiatives, while also integrating nutrition education and behavior change communication strategies to promote healthy food choices.

Ekundayo, and Ogunmola, (2022), evaluate the impact of the Child Development Grant Programme (CDGP) on child nutrition outcomes among beneficiary households in Nigeria. The study was guided by the theory of human capital investment, which suggests that income

support can promote investments in child health and nutrition, leading to improved human capital development. The study adopted a mixed-methods approach, combining quantitative analysis of survey data with qualitative interviews and focus group discussions. The study analyzed data from the CDGP baseline and follow-up surveys, which included a total of 2,400 households (1,200 beneficiary households and 1,200 non-beneficiary households) with children under the age of 5. The study found that children in households enrolled in the CDGP had significantly lower rates of stunting, wasting, and underweight, indicating improved nutritional status, compared to children in non-beneficiary households. The study recommended scaling up the CDGP and similar income support programs targeting children, while also addressing other determinants of child nutrition, such as access to clean water, sanitation, and health services.

Ogunmola, and Adewole, (2023), conduct a systematic review of the available evidence on the impact of income increments on household food intake in Nigeria. The study was guided by the theory of consumption smoothing, which suggests that households may adjust their consumption patterns in response to income changes. The study conducted a systematic review of published and unpublished studies on the impact of income increments on household food intake in Nigeria, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The review included 15 studies, comprising both quantitative and qualitative research, focusing on various income support programs implemented in different regions of Nigeria. The review found consistent evidence that income increments, through cash transfer programs or other income support initiatives, have positively impacted household food intake, dietary diversity, and nutritional outcomes in Nigeria. The study recommended expanding the coverage and strengthening the implementation of income support programs in Nigeria, while also addressing other barriers to food security and nutrition, such as limited access to markets, poor infrastructure, and lack of education and awareness.

**Theoretical Framework**

The theoretical underpinning for this study is the theory of motivation and hierarchy of needs. According to Maslow (1971), naturally good physical shape and development in a person will occur in a healthy society. Maslow further shows that the environment should allow people to express their ideas, needs and also make their own resolutions. The surrounding should similarly provide the necessary materials to satisfy and sustain the needs of individuals in the communities. Maslow placed needs in an ascending order of importance starting from biological needs to need for self-actualization and that the lower or basic needs must be attained before the individual can focus on the next level of needs.

From this point of view, the biological needs according to Maslow, sustain human life and they include: food, warmth, water, health care, rest and/ or sleep. These needs should be satisfied in order for an individual to develop properly and to achieve other needs. Biological needs are followed by security needs in people which may involve stability or being free from danger and fear of losing friends, and shelter. Social belongingness or acceptance needs, such as being loved and not discriminated or segregated upon but embraced well by others come next. Fourth in the hierarchy are esteem needs which cause satisfaction among people like having a feeling of prestige or importance, power, recognition and self-confidence. The final need according to Maslow is that for self- actualization. This is the desire in the individual to become self-developed or the best of what they can be.

This theory shows that money is a basic need, thus in applying the theory in Lapai Local Government Area settings, an hungry individual without money or hope of having any at all is likely to be physically, mentally and socio-emotionally unhealthy, since aspects of growth and development (Berndt, 1997; Ingule, Rono and Ndambuki, 1996; Piaget, 1983; Freud,

1965); Erikson, 1963) are interrelated and inter properly as (Murungi, 2012) reveals. Such a person is miserable, weak and cannot concentrate nor meet with the basic indices of development. Lack of basic needs mentioned above can also make an individual absentee himself or herself from development in the local government and this may lead to poverty in the various communities. The researcher chose the theory of motivation and hierarchy of needs by Abraham Maslow (1971) because it fits very well with the intended study variables. Poverty must be dealt with using a good and quality conditional cash transfer that will accommodate the people living in the selected communities of Kokona Local Government Area of Nasarawa State. After satisfying this basic need, they will be healthy and then be motivated to look forward to their development of the community which will positively enhance their living standard too, as such reduce poverty in the affected communities.

**Methodology**

This study employed survey and documentary design. The population of the study comprises of all the staff and beneficiaries of the programme in Kokona Local Government Area of Nasarawa State which are currently benefiting from the programme in the state. The programme is manned by 14 Nos officers and 2,688 beneficiaries. Source, SCTU, 2022. Thus, the population of this study is 2,815. The beneficiaries were purposely sampled because of their participation and experience with the programme been renders by the cash transfer facilitators of the programme. The technique used in drawing the sample size is Taro Yamane (1967) formula defined as:

$$n = \frac{N}{1+N(e)^2}$$

Where n = sample size
N = total population size
1 is constant
e = the assume error margin or tolerable error which is specified as 5% (0.05) in this study.

$$n = \frac{N}{1 + N\,(e)^2} = \frac{2815}{1+2{,}815\ (0.05)^2} = \frac{2{,}815}{7.04} = 399.9 = 400$$

The questionnaires were distributed in such a way that both the staff of the conditional cash transfer programme and the beneficiaries were represented and captured.

**Table 1: Analysis of Questionnaire Administered**

| Questionnaires | Data of Respondent | Percentage % |
|---|---|---|
| Questionnaires returned | 311 | 77.75% |
| Questionnaires not returned | 89 | 22.25% |
| Total | 400 | 100% |

**Source: Field Survey, 2024.**

The above table shows categories of the respondents who were sampled to respond to the questions include; 60 beneficiaries each from the six (6) wards of the local government, 30 principal officers and facilitators of the cash transfer unity from each ward and community level while the remaining 10 respondents were drown from the cash transfer unit office located in the Ministry of Women Affaires Lafia, Nasarawa State. Thus, these responses were complemented by the documentary evidence gotten from the Nasarawa State Cash Transfer Unit.

**Table 2: How will you rate the performance of conditional cash transfer programme in Nasarawa State?**

| Option | No. of Respondents | Percentage % |
|---|---|---|
| Strong | 177 | 56.9% |
| Weak | 84 | 25.7% |
| Poor | 7 | 2.1% |
| Undecided | 43 | 13.1% |
| **Total** | **311** | **100%** |

**Source: Field Survey, 2024.**

As can be seen in table 2 above, 177 of the respondents, representing 56.9% of the population rate the performance of conditional cash transfer programme in Nasarawa State strong, 84 respondents representing 25.7% agree that the performance of conditional cash transfer programme in Nasarawa State is weak. However, 7 respondents representing 2.1% rate the performance poor while 43 of the respondents, representing 13.1% were undecided on the rate the performance of conditional cash transfer programme in Nasarawa State.

The answers are in line with the interview conducted which facilitators and respondents were asked how they will rate the implementation conditional cash transfer programme in Nasarawa State. Looking at the National Social Safety Nets programme, we feel the effectiveness of the implementation is good compared to 5 years back when the programme was not implemented in the state. Thus, this programme has enhance capacity building by improving human capital development as it has assisted in alleviating poverty among the poorest of the poor and vulnerable households in the state and this agreed with the interview conducted with Mrs. Rhoda Agbawu Head of Unit, Nasarawa State Cash Transfer Unit. However, the rest of the respondents said that the performance after implementation is good and effective.

**Table 3: What are the effects of conditional cash transfer in Nasarawa State?**

| Option | Number of respondents | Percentage % |
|---|---|---|
| It has assist in poverty reduction within the state | 56 | 18% |
| It has prevented vulnerable ones from falling further down poverty line. | 53 | 17.1% |
| It has increase and improve households consumptions | 44 | 14.2% |
| It has improve human capital development | 48 | 15.4% |
| It assist in delivering regular and reliable transfers in a way that is accessible to the poor | 49 | 15.7% |
| All of the above | 61 | 19.6% |
| **Total** | **311** | **100%** |

**Source: Field Survey, 2024.**

Table 3 shows that 56 respondents representing 18% agree that the effects of conditional cash transfer has assist in poverty reduction within the state, 53 respondents, representing 17.1% said that the effects has prevented vulnerable ones from falling further down poverty line in the state, 44 respondents representing 14.2% said that it has increase and improve households consumptions However, 48 respondents representing 15.4% said that it has improve human capital development in the state, also, 49 respondent representing 15.7% said it has assist in delivering regular and reliable transfers in a way that is accessible to the poor while, 61

respondents representing 19.g% agreed that all the factors arse contributors of the programme in the state.

The situation is different among the facilitators of the programme in the state and local government level of the in-depth interview who revealed an in-depth knowledge of the effects of the programme in the state. Mrs. Rohoda Agbawu, (2020) who is the HOU of the programme in the state explained that;

> "Conditional cash transfer programme is implemented in the state to address the issues of poverty among the poorest of the poor. The duration of the programme is three years which the effect has been able to build resilience among benefiting households to withstand shocks and risk" (IDI)

Another cash transfer facilitator in person of Godwin Adawaze from Dari Ward in Kokona LGA went further to explain the effect of the programme in the state as

> "Condition cash transfer programme has been able to promote the financial capacity of the people of Dari by stimulating productivity thereby reducing poverty in the community"

Another beneficiary of the programme Maman Tanko from Chiroma Ward in Lafia LGA has this to say,

> "we for Chiroma ward done hear about the good thing wey the happen ooo, as dis money de help us eat well well for my house ooo".

**Question 4: How many communities per local government are benefiting from the programme?**

"…responding Mrs. Rhoda Agbawu the HOU of the programme said that six wards from each benefiting LGA are enrolled on the programme". That is, 6 wards/communities per local government are the sole beneficiaries of the programme in the state.

**Question 5: How many people per household are benefiting from the programme?**

Responding to the question, Mrs. Rhoda Agbawu the HOU said,

> "…..after the enrolment of beneficiaries in the programme, only one person who is the head of house and caregiver is the one responsible for the collection of the money"

An interview with Malama Fatima of the Ministry of Women Affairs' said;

> "…..Beta don Come allow us to capture all the vulnerable households in the community, after this is the selection process to check the poorest among the poor to be enrolled in the programme. As such, the programme only permits one individual per household to be a beneficiary of the programme"

In a separate interview with Mallam Dauda Maikasuwa the desk officer of the conditional cash transfer programme in Lafia Local Government said;

> "despite the fact the programme is design to accommodate one individual per household, we have cases where more than one person is benefiting in a household, which lead to disengagement from the programme"

**Table 6: To what extend has the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Kokona LGA?**

| Option | Number of respondent | Percentage% |
|---|---|---|
| To a large extend | 187 | 60.1% |
| A little extend | 72 | 23.2% |
| I don't know | 52 | 16.7% |
| **Total** | **311** | **100** |

**Source**: **Field Survey, 2024.**

A critical look at the above Table revealed that 187 respondents, representing 60.1% agree that to a large extend the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State also, 72 respondent representing 23.2% said to a little extend the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State while 52 respondents representing 16.7% said they don't know if implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State or not.

Responses from the key informants in the in-depth interview shows that they also have appositive attitude towards conditional cash transfer as most of them said they now access they primary health care facilities in their community as often when necessary compared to when the programme was not implemented in the state. Borrowing the words of a female beneficiary of the programme in Chiroma ward;

> "Conditional cash transfer is good and is designed for the well being of our family, as the implementation of the programme has enhanced my regular attendance in the health facilities due to the monthly disbursement of based cash transfer".

This shows that despite some conflicting views, a good percentage of the beneficiaries accept the fact that to a large extend the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State. This corroborates the views of Mallam Tanko Abdullahi, Mrs. Helen John, Akwe Halima among others said;

> "……of the truth the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities since without stress one can go to the health care facilities for treatment and checkup. This programme has been supportive to my household since I no longer request for money to attend Anti-Natal clinic thus, reducing my risk to complication during pregnancy".

Furthermore, it reveals that only an abysmally low proportion of the respondents (16.7 percent) don't know if implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State or not. This can be attributed to the level of awareness of the programme among respondents in the sampled area. They also show a positive attitude towards the programme as they consider it important for the wellbeing of their people. One of the Health care attendant in Dari ward in person of Mrs. John Mamam in-depth interview said that

> "……. well I think that this programme has achieve its goals as it has improved the health outcomes of poor households in Dari City. Expectant mother keeps to their regular attendance for Anti-Natal, apart from it, the caregivers ensure that their entire household visit the health care facilities which has reduce most cases of infant mortality rate in the community and environs at large".

Another mother of three children said;

> "……. there is no way I will say that this programme has not improve and increase our access to Health Care Facilities as it involves the health of our children, husband and we the caregivers. It is good that government and stake holders continue to ensure that the programme is maintained and sustained to reach most communities whom are yet to benefit from this programme" (IDI)

**Table 7: Does increase in individuals take home improve food intake by families in the benefiting communities?**

| Option | Number of respondents | Percentage % |
|---|---|---|
| Yes | 247 | 79.4% |
| No | 64 | 20.6% |
| **Total** | **311** | **100** |

**Source: Field Survey, 2024.**

From the Table 7 above, 247 respondents, representing 79.4% affirmed that increase in individuals take home improve food intake by families in the benefiting communities; whereas 64 respondents, representing 20.6% said no that increase in individuals take home does not improve food intake by families in the benefiting communities.

The table revealed that increase in individuals take home improve food intake by families in the benefiting communities as most people see the programme by the Slogan "Beta don Come". This was further buttressed by a female participant of the in-depth interview who in her word said that;

> "Yes, ooo Beta don Come has improved our food intake, because whenever this money is paid, my husband and I ensure we buy the necessary food items in the house. This money has affected the way people dey eats now. By and large, the programme has improve and increase households' consumptions"

The situation is not different among the participants of the in-depth interview from Akwange LGA who revealed an in-depth knowledge of increase in individuals take home. Mrs. Abiki Clement, Madam Comfort and Hajiya Maimuna Abubakar explained that;

> "Beta don Come has gone a long way in improving food intake by household as most families who find it difficult to eat once a day can eat three times daily. This is made possible because most save, and a times partake in petty trading among others to support the local running of the household" (IDI)

Other household beneficiaries went further to explain that;

> "……before now, hardly can we eat three times a day, but because of this programme we now eat what we what to eat and this has taken us out from poverty line".

From the analysis, the following research findings are made.

i. It was revealed that the performance of conditional cash transfer programme in Nasarawa State is strong.

ii. It was revealed by this study that to a large extends the implementation of Conditional Cash Transfer enhanced access to primary Health Facilities in Nasarawa State.

## Conclusion

This study has enhanced our understanding on the impact of conditional cash transfer programme on poverty reduction in Nasarawa State. Base on the findings of this study, it is clear that the Nasarawa Cash Transfer Unit has made so much progress in ensuring that its

deliver regular and reliable transfers in a way that is accessible to the poor as such improving human capital development in the state.

Based on this, a conclusion could be made that; implementation of conditional cash transfer in Nasarawa State is not just a major contributor to human capital development, but a catalyst to poverty reduction and eradication in the state. In the quest of a sustainable competitive advantage, government should realize that, the implementation of safety nets programme makes it easy for the nation to increase poor household's consumption, encourage asset acquisition for poor households, improve health outcome of poor households and promote financial inclusion and stimulate productivity thereby reducing poverty.

**Recommendations**

Based on the findings of the study, the following recommendations were made:

i. Considering the importance of this programme to the poor and vulnerable persons in the state, the Nasarawa State Government should as a matter of concern ensure the provision of adequate support to improve the performance of conditional cash transfer programme in the State.

ii. Since the effects of the programme in the State has enhanced access to primary Health Facilities, effort should be made by the State government to equip the health care facilities in the state so as to make it a world class standard to meet the need of the poor in the communities.

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