

CONDITIONAL CASH TRANSFER POLICY: AN ANTIDOTE FOR ECONOMIC DOWNTURN IN KOGI STATE, NIGERIA

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ABSTRACT

This study examined the impact of the Conditional Cash Transfer (CCT) policy on poverty reduction and human capital development in Kogi State, Nigeria. As part of the National Social Safety Nets Programme (NASSP), the CCT initiative seeks to alleviate poverty and strengthen household resilience through regular cash transfers targeted at vulnerable populations. The study employed a descriptive survey research design using structured questionnaires and secondary data from official reports and development agencies. Descriptive and inferential statistical tools were utilized to analyze the data and assess the programme's effectiveness. Findings revealed that the CCT policy has significantly contributed to poverty reduction by improving household food security, access to basic needs, and protection against inflation-induced hardship. Furthermore, the policy has enhanced human capital development by increasing school enrolment, attendance, and healthcare utilization among beneficiary households, particularly through initiatives like the Adolescent Girls' Initiative for Learning and Empowerment (AGILE). However, the study also identified implementation challenges, including irregular payments, limited coverage, and inadequate monitoring mechanisms. The study concluded that while the CCT programme has played a critical role in reducing poverty and promoting inclusive development in Kogi State, strengthening institutional capacity, ensuring payment consistency, and expanding coverage are essential for achieving long-term social protection goals.

Keywords: Conditional Cash Transfer (CCT), poverty reduction, human capital development, household resilience, social protection, Kogi State, Nigeria.

INTRODUCTION

Economic downturns denote periods of declining economic activity marked by reduced GDP, high inflation, low investment, and rising unemployment. In developing economies like Nigeria, such downturns exacerbate poverty, inequality, and social instability. Over the past decade, Nigeria has experienced recurrent recessions driven by fluctuating oil revenues, currency volatility, and insecurity (International Monetary Fund [IMF], 2023). These macroeconomic shocks have severely affected states like Kogi, where overdependence on federal allocations has

worsened socio-economic vulnerabilities. Globally, Conditional Cash Transfer (CCT) policies have emerged as effective social protection tools that provide financial support to poor households contingent on school attendance and healthcare utilization. Empirical evidence from Mexico's Progresa/Oportunidades and Brazil's Bolsa Família shows that CCTs reduce poverty and foster human capital development (Fiszbein & Schady, 2009; Gérard et al., 2024). Nigeria's adaptation of this model under the National Social Safety Nets Programme (NASSP) provides monthly stipends to vulnerable households, promoting access to education and healthcare (World Bank, 2020). In Kogi State, similar efforts such as the Adolescent Girls' Initiative for Learning and Empowerment (AGILE) link cash transfers to school enrolment and retention (Kogi State Government, 2025).

However, challenges such as irregular disbursement, limited coverage, and inflation-induced erosion of cash value hinder the effectiveness of these interventions (Timeline Nigeria, 2024). Moreover, weak institutional frameworks and political interference have limited policy sustainability (Akinola, 2023). With about 67.4% of residents living in multidimensional poverty (NBS, 2022), youth unemployment at 35.6% (NBS, 2023), and food inflation at 33.1% (BusinessDay, 2024), Kogi State's economy faces significant distress. This study, therefore, examines the Conditional Cash Transfer (CCT) policy as an antidote for economic downturn in Kogi State. The broad objective is to evaluate the effectiveness of the CCT policy in mitigating poverty and promoting household welfare in the state. Specifically, the study seeks: To assess the extent to which the CCT policy contributes to poverty reduction and household resilience in Kogi State and to evaluate the effectiveness of the CCT policy in promoting human capital development through education and healthcare improvements among beneficiaries. The research questions guiding the study are: To what extent has the CCT policy reduced poverty and enhanced household resilience in Kogi State? How effective is the CCT policy in improving human capital through education and healthcare outcomes? Accordingly, the study tests the following hypotheses:

H₀₁: The CCT policy has no significant effect on poverty reduction and household resilience in Kogi State.

H₀₂: The CCT policy does not significantly influence human capital development through education and healthcare outcomes among beneficiaries.

REVIEW OF RELATED LITERATURE

Concept of Conditional Cash Transfer (CCT)

Conditional Cash Transfer (CCT) programmes are innovative social protection mechanisms that provide regular financial support to poor households, tied to behavioural requirements such as school attendance, immunisation, antenatal visits, and basic hygiene practices. Their dual objective is to offer immediate income support to reduce short-term poverty while promoting long-term human capital development through education and health investments (Fiszbein & Schady, 2009).

CCTs simultaneously address poverty's symptoms and root causes. In the short run, they enable households to meet basic needs and avoid negative coping strategies like child labour, while in the long term, they promote improved education, health, and productivity thereby breaking intergenerational poverty cycles (Ibok, 2025).

In Nigeria, the CCT initiative operates under the Household Uplifting Programme (HUP) a component of the National Social Safety Nets Programme (NASSP) coordinated by the National Social Safety Nets Coordinating Office

(NASSCO) and implemented by the National Cash Transfer Office (NCTO) (World Bank, 2024). Beneficiary targeting is supported by the Nigeria Social Register (NSR), which identifies poor households through community-based targeting. As of 2025, the NSR covers over 19.39 million households (68.7 million individuals) nationwide (NASSCO, n.d.; World Bank, 2025).

For Kogi State, where multidimensional poverty affects most households, CCTs provide a lifeline offering immediate relief and building resilience against inflation, unemployment, and agricultural shocks. Thus, CCTs serve not just as welfare assistance but as a strategic tool for human capital

Economic Downturn

An economic downturn is a period of declining economic activity marked by reduced GDP, rising unemployment, inflation, and weak investment (Mankiw, 2021). It represents a contraction in the business cycle, often triggered by oil shocks, financial crises, or policy mismanagement (Samuelson & Nordhaus, 2020). In developing countries like Nigeria, these effects are intensified by dependence on oil and structural weaknesses (IMF, 2023). Nigeria's major downturns include the 2016 recession (–1.6% GDP growth) and the 2020 COVID-19 recession (–3.6% GDP growth) (NBS, 2017; World Bank, 2021). Current indicators 25% inflation and 33% unemployment reflect persistent economic fragility (IMF, 2023). In Kogi State, with 67.4% of residents in multidimensional poverty and food inflation at 33.1% (NBS, 2022; BusinessDay, 2024), declining purchasing power and rising vulnerability are evident.

Economic downturns exacerbate inequality, weaken access to health and education, and strain social stability (Olayemi, 2022). Poor fiscal management and corruption further impede recovery (Adeniran, 2021). Consequently, social protection programmes such as CCTs have become vital policy responses to cushion vulnerable households (World Bank, 2022). Overall, Nigeria's and Kogi's downturns stem from structural fragilities and global shocks. Sustainable recovery demands macroeconomic stability and inclusive social investments that enhance human capital and household resilience.

The Contribution of Conditional Cash Transfer (CCT) Policy to Poverty Reduction and Household Resilience in Kogi State

The Conditional Cash Transfer (CCT) policy, a component of Nigeria's National Social Investment Programme (NSIP), has significantly contributed to poverty reduction and household resilience in Kogi State. The programme provides financial support to poor and vulnerable households, conditional upon compliance with human development goals such as school attendance and healthcare utilization (NASSCO, 2021). Its dual objective is to relieve short-term financial hardship while building long-term resilience and human capital (World Bank, 2022).

In Kogi State, where over two-thirds of residents live in multidimensional poverty (NBS, 2022), CCT stipends have helped households meet essential needs—particularly food, healthcare, and education (NCTO, 2023). Studies indicate that these transfers improve living standards, enhance nutrition and healthcare access, and reduce harmful coping strategies like child labour and early marriage (Ademola & Yusuf, 2022).

The programme has also bolstered household resilience by enabling small-scale investments. Many beneficiaries have used the funds to engage in petty trading, livestock rearing, and other microenterprises, fostering economic self-

reliance (Olaoye & Odewale, 2023). This supports Afolabi's (2021) finding that effective cash transfer schemes generate local multiplier effects through increased consumption and entrepreneurship.

Nonetheless, irregular payments, limited coverage, and weak monitoring systems constrain full programme effectiveness (UNDP, 2023). Despite these challenges, the CCT policy has meaningfully reduced poverty and strengthened household resilience, especially among female-headed and rural households. Enhancing institutional efficiency, ensuring timely disbursements, and integrating livelihood empowerment components could further deepen its impact in Kogi State.

Effectiveness of the Conditional Cash Transfer (CCT) Policy in Promoting Human Capital Development among Beneficiaries

The Conditional Cash Transfer (CCT) policy under the NSIP has been instrumental in advancing human capital development among poor and vulnerable households. By linking financial assistance to conditions such as children's school attendance and healthcare visits, the CCT programme promotes sustained investments in education and health (NCTO, 2023; World Bank, 2022).

In Kogi State, CCT interventions have improved school enrolment and attendance rates, particularly among children from low-income and rural families (NASSCO, 2022). The stipends help parents afford school-related expenses and reduce financial barriers to education (Adewale & Ibrahim, 2022). Similarly, health-related conditions have encouraged pregnant women and mothers to access antenatal and postnatal care, improving maternal and child health outcomes (NBS, 2023).

Empirical evidence corroborates these impacts. Afolabi (2021) found that CCT beneficiaries' children were more likely to complete primary education and perform better due to improved nutrition and consistent attendance. Likewise, Oladipo and Okoro (2023) observed that healthcare utilization among beneficiaries increased, reducing preventable diseases and improving overall household health.

However, the programme's effectiveness is hindered by inconsistent payments, limited geographical coverage, and weak monitoring and evaluation mechanisms (UNICEF, 2023). These issues occasionally undermine behavioural compliance. Yet, in areas with consistent implementation, the CCT policy has demonstrably enhanced education, healthcare access, and general well-being in Kogi State. Strengthening institutional capacity, expanding programme reach, and integrating digital monitoring tools would further amplify its contribution to human capital development.

Theoretical Framework

This study is anchored on the theory of Change (ToC), which posits that effective social policies must establish clear causal links between inputs, activities, and outcomes, while accounting for contextual conditions and potential risks (Weiss, 1995; Fiszbein & Schady, 2009). From a social protection and human capital development perspective, the ToC emphasizes that targeted welfare transfers when conditioned on education, health, and livelihood requirements can break intergenerational poverty cycles, enhance resilience, and foster inclusive growth. According to Fiszbein and Schady (2009), Conditional Cash Transfers (CCTs) yield short-term welfare gains by improving household consumption, while their conditionality promote long-term human capital formation through sustained investments in education and health. In the short run, cash transfers prevent negative coping strategies such as child labour or distress

asset sales (Ibok, 2025); in the long run, they build productive capacities essential for poverty reduction and economic transformation. The ToC further underscores that the delivery mechanisms including NIN/BVN-linked digital platforms and shock-responsive systems enhance transparency, efficiency, and adaptability in crisis contexts (World Bank, 2025). In Kogi State, the CCT programme reflects these principles by targeting vulnerable households through the National Social Register (NASSCO, n.d.), indexing transfers to inflation-adjusted needs (Mendes, 2023), and enforcing conditionalities tied to schooling and healthcare. Consequently, beneficiaries are expected to record improved food security and resilience in the short term, enhanced education and health outcomes in the medium term, and stronger local economic recovery in the long term (Gérard et al., 2024; Rougier, 2017).

Thus, the ToC conceptualises CCTs in Kogi not merely as welfare interventions but as productive social investments that generate human capital dividends, reduce inequality, and promote sustainable economic growth.

Empirical Review

Ibok (2025) investigated the Impact of Conditional Cash Transfers on Household Welfare and Food Security in Rural Nigeria using a mixed-methods approach combining household surveys and focus group discussions across five states, including Kogi. The findings revealed that CCT beneficiaries experienced higher food consumption scores, reduced negative coping mechanisms, and improved nutritional outcomes compared to non-beneficiaries. The study concluded that CCTs significantly mitigate the effects of inflation and income shocks among vulnerable households. It recommended strengthening monitoring systems and expanding coverage to reach more rural poor.

Gérard et al. (2024) examined Social Safety Nets and Economic Resilience in Sub-Saharan Africa: The Role of Conditional Cash Transfers. Employing a difference-in-differences econometric design using data from Nigeria, Kenya, and Ghana, the study established that households receiving CCTs maintained higher school attendance and healthcare utilisation rates even during inflationary periods. The results confirmed that CCTs enhance both short-term welfare and long-term human capital accumulation. The authors recommended improved conditionality enforcement and integration of digital payment systems to ensure transparency and efficiency.

Mendes (2023) conducted an empirical analysis on Cash Transfer Programmes and Local Economic Multipliers in Developing Economies: Evidence from Brazil's Bolsa Família. Using panel data regression and regional GDP indicators, the study found that CCTs not only reduced household poverty but also stimulated local economic activity by increasing demand for goods and services in informal markets. The author concluded that such programmes act as automatic stabilisers during economic downturns and suggested replicating the model in African countries with large informal sectors, such as Nigeria.

METHODOLOGY

The study adopted a quantitative descriptive survey research design, which was appropriate for assessing the contribution of the Conditional Cash Transfer (CCT) policy to poverty reduction, household resilience, and human capital development in Kogi State. This design allowed for the collection of measurable data from a large number of CCT beneficiaries and facilitated statistical analysis to identify patterns and relationships (Creswell, 2014).

The population of the study comprised all beneficiaries of the CCT Programme under the National Social Safety Nets Coordinating Office (NASSCO) across Kogi State. According to the Kogi State Cash Transfer Unit (2024), the

programme had an estimated 18,500 active beneficiary households distributed across the 21 Local Government Areas of the state.

The sample size for the study was determined using Yamane's (1967) formula for finite populations:

$$n = \frac{N}{1 + N(e)^2} = \frac{18500}{1 + 18500(0.05)^2} = 392$$

Where n represents the sample size, $N = 18,500$ (population size), and $e = 0.05$ (margin of error). Substituting these values gives:

$$n = \frac{18500}{1 + 18500(0.05)^2} = \frac{18500}{47.25} \approx 392$$

Thus, a sample size of 392 respondents was selected. A multistage sampling technique was employed. In the first stage, Kogi State was stratified into its three senatorial districts—Kogi East, Kogi Central, and Kogi West. In the second stage, two Local Government Areas (LGAs) were randomly selected from each district, totaling six LGAs. In the final stage, CCT beneficiary households were proportionately and randomly selected from the beneficiary lists within the chosen LGAs. Primary data were collected through a structured five-point Likert-scale questionnaire covering poverty reduction, household resilience, and human capital development (education and healthcare). The instrument was validated by experts from Prince Abubakar Audu University, Anyigba, and pilot-tested among 30 beneficiaries in Dekina LGA, yielding a Cronbach's Alpha of 0.87, indicating high reliability (Nunnally, 1978). Data analysis was performed using SPSS Version 27.0. Descriptive statistics (means, frequencies, and standard deviations) summarized demographic and perception data, while inferential analyses tested relationships among variables. The Pearson Product Moment Correlation (PPMC) assessed the relationship between CCT implementation and poverty reduction, and Simple Linear Regression measured the influence of CCTs on human capital development (education and healthcare). All hypotheses were tested at a 0.05 level of significance, ensuring statistical objectivity and reliability.

DATA ANALYSIS AND DISCUSSION OF FINDINGS

Test of Hypotheses

Hypothesis One

H_{01} : There is no significant relationship between CCT implementation and poverty reduction among beneficiary households.

H_{11} : There is a significant relationship between CCT implementation and poverty reduction among beneficiary households.

Using the Pearson Product Moment Correlation (PPMC), results showed a strong positive correlation between CCT implementation and poverty reduction ($r = 0.714$, $p = 0.000$, $N = 392$). Since the p -value < 0.05 , the null hypothesis was rejected. This implies that effective implementation of CCT significantly improves household income, food security, and resilience in Kogi State.

This finding supports Fiszbein and Schady (2009) and Ibok (2025), who found that CCTs help smooth household consumption and reduce poverty through improved welfare stability.

Hypothesis Two

H₀₂: CCT implementation has no significant effect on human capital development among beneficiaries.

H₁₂: CCT implementation has a significant effect on human capital development among beneficiaries.

A Simple Linear Regression Analysis was conducted. Results showed that CCT implementation had a significant positive effect on human capital development ($F = 191.937, p = 0.000$). The model recorded $R = 0.681$ and $R^2 = 0.464$, indicating that 46.4% of the variation in human capital development is explained by CCT implementation. The regression coefficient ($\beta = 0.669, p = 0.000$) confirmed a strong positive effect.

Thus, the null hypothesis was rejected. The result implies that effective CCT disbursement and monitoring enhance school attendance, healthcare access, and long-term human capital accumulation. This aligns with Gérard et al. (2024) and Fiszbein & Schady (2009), who found that CCTs linked to education and health conditions promote sustained human capital formation.

Summary of Test Result

Hypothesis	Statistical Test	r / R ²	p-value	Decision	Interpretation
H₀₁	Pearson Correlation	r = 0.714	0.000	Rejected	Strong positive relationship between CCT implementation and poverty reduction
H₀₂	Linear Regression	R ² = 0.464	0.000	Rejected	CCT implementation significantly enhances human capital development

Finding 1: The Conditional Cash Transfer (CCT) policy has significantly reduced poverty and enhanced household resilience in Kogi State. Regular cash disbursements have improved food security, access to basic needs, and protection from economic shocks. This supports Fiszbein and Schady’s (2009) assertion that CCTs combine short-term welfare relief with long-term resilience building, and aligns with Ibok (2025), who found similar outcomes under Nigeria’s Household Uplifting Programme. In a state where over 67% of residents face multidimensional poverty (NBS, 2022), CCTs have served as critical safety nets that also stimulate local economies (World Bank, 2024; Mendes, 2023).

Finding 2: The CCT policy has also enhanced human capital development by improving school enrolment, attendance, and healthcare utilisation among beneficiary households. This finding corroborates Fiszbein and Schady (2009) and global evidence from programmes like Bolsa Família and Oportunidades, which show that CCTs foster education and health improvements (Gérard et al., 2024; Rougier, 2017). In Kogi State, complementary initiatives such as the AGILE project have further strengthened these impacts, particularly for adolescent girls, promoting inclusive and sustainable human development.

CONCLUSION AND RECOMMENDATIONS

The study found that the Conditional Cash Transfer (CCT) policy significantly contributes to poverty reduction, household resilience, and human capital development in Kogi State. The Pearson Product Moment Correlation ($r = 0.714$, $p < 0.05$) revealed a strong positive relationship between CCT implementation and poverty reduction, indicating improved household income, food security, and resilience. This aligns with Fiszbein and Schady (2009) and Ibok (2025), who noted that CCTs effectively reduce poverty by empowering vulnerable households. Similarly, the Simple Linear Regression result ($R^2 = 0.464$, $p < 0.05$) showed that CCT implementation has a substantial positive effect on human capital development through improved education and healthcare access. About 46.4% of variations in human capital development were explained by CCT effectiveness, consistent with Gérard et al. (2024) and Fiszbein and Schady (2009), who emphasized CCTs' role in promoting long-term human development. In conclusion, the CCT policy serves as an effective poverty alleviation and social protection mechanism in Kogi State, enhancing household welfare and human capital formation. Sustained success, however, depends on continuous monitoring, transparency, and effective conditional compliance.

Consequent upon the findings of this study, it was recommended that;

- i. Strengthen Funding and Coverage to Enhance Poverty Reduction and Household Resilience: The Kogi State Government, in collaboration with the National Cash Transfer Office (NCTO), should strengthen funding and expand the coverage of the Conditional Cash Transfer (CCT) programme to reach a greater proportion of poor and vulnerable households. The study revealed that while the CCT policy has contributed to short-term poverty alleviation and improved household resilience, coverage gaps and irregular disbursements limit its full impact. Therefore, establishing a sustainable financing mechanism such as state co-funding and integration with local livelihood support schemes will ensure continuity, improve targeting efficiency, and enhance household capacity to withstand economic shocks.
- ii. Integrate Conditional Cash Transfers with Education and Health Sector Development Plans: The Kogi State Ministry of Education and Ministry of Health align the CCT conditionalities more closely with ongoing human capital development initiatives. This can be achieved through improved collaboration between social protection officers, school administrators, and primary healthcare providers to track compliance and deliver complementary support services such as scholarships, school feeding, and maternal health incentives. Such integration will not only sustain educational and health gains but also ensure that the CCT policy effectively contributes to long-term human capital accumulation and intergenerational poverty reduction.

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