

Effect of Conditional Cash Transfer Programmes on Human Development in Kwara State, Nigeria

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ABSTRACT

Conditional Cash Transfer (CCT) interventions are believed to have efficacies towards alleviating poverty amongst poor and vulnerable population in most countries of the world. The transfers attached to conditionalities keep the beneficiary households focused towards improvement in their living standards. This paper assesses the impact of Conditional Cash Transfer Programmes on Human Development Outcomes in Kwara State, Nigeria, looking at evidence in education, health and living standards. The specific objectives of this study include evaluating the correlation between CCT interventions and improvements in education outcomes; to assess the impact of CCT interventions on health indicators; and to analyze changes in living standards among CCT beneficiaries. survey design, we analyzed data from education, health and living standards indicators and our findings suggest that CCT interventions have positive effects on school enrollment, healthcare utilization and household concluded that there is positive relationship between CCT intervention and improvements in education, health indicators and living standards of beneficiary households in Kwara State. However, despite the plausible view about the effect of CCT interventions in Kwara State, analysis identified inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement, etc. are some challenges still bedeviling the implementation of the programme in the State and recommended amongst others, that Governments and other stakeholders should expeditiously review implementation strategies to take care of the identified challenges including inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement.

KEYWORDS: Conditional Cash Transfer Intervention, Human Development Outcomes, Kwara State, Nigeria

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INTRODUCTION

Poverty has become a severe challenge for human survival in the twenty-first century. It is the most pressing issue on the development programmes of most Third World countries. Aliyu, A.I. and Abu Idris (2023) describe Poverty as a universal issue that exists in all countries and is fundamentally opposed to human dignity. Poverty is as old as human history and impacts many facets of human life, including physical, moral, and psychological well-being. It is an occurrence that is unaffected by age, race, religion, ethnicity, or nationality. As a result, many lives have been made useless, helpless, powerless, voiceless, and visionless (Mishra, 2010; Roy & Chatterjee, 2006; Savadogo et al., 2015). As a global and multidimensional issue, there were 767 million people living in extreme poverty in 2015 (UNDP, 2016), which fell to less than 600 million by 2018 (Kharas et al., 2019). Statistics shows that billions of people live in poverty, surrounded by hunger, disease, desperation, and squalor. Despite all of the efforts made to alleviate poverty, 766 million people remain impoverished. In 2013, out of 766 million people, 385 million of whom are children, lived on less than \$1.90 a day (World Bank, 2017; World Food Programme, 2016). Poverty is not peculiar to Less Developed Countries LDCs; it is also on the rise in Developed Countries DCs; with estimates indicating that over 300 million people lived in poverty in 2012. (ILO, 2012; UNDP, 2016).

Conditional Cash Transfers (CCTs) have been instrumental in addressing poverty and enhancing human development worldwide. In Nigeria, the federal and state governments, in partnership with international agencies, have implemented CCT initiatives as frontline tools towards improving education, healthcare, and economic well-being of citizenry. This study focuses on Kwara State, in North-Central region of Nigeria, characterized by socio-economic and developmental challenges.

Conditional Cash Transfer (CCT) programmes have been widely adopted as social protection policies or mechanisms aimed at addressing poverty and enhancing human capital development. Originating in Latin America, particularly with Mexico's Progres (later Oportunidades) and Brazil's Bolsa Família, these programmes demonstrated success in improving education, health outcomes, and economic stability (Fiszbein & Schady, 2009). The World Bank and other international bodies have since advocated for the

expansion of CCT initiatives, leading to their adoption in over 60 countries (World Bank, 2021). Empirical evidence suggests that CCTs contribute significantly to poverty reduction and social inclusion, particularly in low- and middle-income countries (Barrientos, 2013).

In Africa, CCT programmes have been implemented in several countries, including South Africa, Kenya, and Ghana, with varying degrees of success. Kenya's Hunger Safety Net Programme (HSNP) and South Africa's Child Support Grant have led to improved school enrolment, better maternal and child healthcare, and enhanced food security (Garcia & Moore, 2012). However, challenges such as weak institutional frameworks, corruption, and inadequate funding have mired the effectiveness of these programmes in many African nations (Handa et al., 2018).

Additionally, although alleviating poverty has become a priority for every developing countries of the world, it seems more threatening manifestations of unending vicious cycle of poverty are emerging, appearing invincible to break. The situation of poverty has lingered for decades in Nigeria as it can be traced to the late eighties. In 1996, national poverty reached 66.9% from 28.1% in 1980 and then declined to 54.4% in 2004 after which it reached a peak of 69% in 2010. Moreover, Nigeria emerged 157th out of 187 countries captured in Human Development Report with Human Development Index (HDI) of 0.532 indicating a low level of life expectancy, education and income (UNDP, 2018). This reality is unacceptable and efforts must double through the vehicle of effective CCT programmes to withstand it.

In Nigeria and other Less Developed Countries (LDCs), the necessity of social security programmes for addressing poverty and human capital development has garnered renewed and increasing attention in recent decades (Deacon, 2012; World Bank, 2001). This achievement encouraged world leaders to key into the ambitious Sustainable Development Goal SDGs of "eliminating extreme poverty for all people around the world by 2030" (Saunders, 2018). To this end, Conditional Cash Transfer (CCT) programmes are becoming increasingly popular in LDCs around the world as a means of reducing poverty and improving child health and education results. It also reveals the desires of local and international development stakeholders and agencies to ensure that at least a basic level of social protection is provided to those in need (Omilola, 2018; Federal Republic of Nigeria, 2017).

Nigeria's Conditional Cash Transfer initiatives gained prominence under the Subsidy Reinvestment and Empowerment Programme (SURE-P) in 2012, designed to cushion the effects of fuel subsidy removal. This was followed by the National Social Safety Nets Programme (NSSNP) launched in 2016, which formed part of the National Social Investment Programme (NSIP) with support from the World Bank (World Bank, 2021). Studies have shown that these programmes have positively influenced school attendance, healthcare utilization, and household consumption patterns (Okonkwo & Yusuf, 2022). However, issues such as poor targeting, mismanagement, and inconsistent funding have limited their overall effectiveness (Eze, 2021).

North-Central Nigeria, comprising states such as Benue, Kogi, Kwara, Nasarawa, Niger, and Plateau, has faced significant socio-economic challenges, including high poverty rates, low literacy levels, and inadequate healthcare services. CCT interventions in the region have aimed at addressing these issues by providing financial support to vulnerable households. Evidence from programme evaluations indicates that CCTs have led to increased school enrolment, improved maternal health, and enhanced food security (Adesina, 2019). Nonetheless, structural challenges such as poor programme implementation, political interference, and lack of awareness continue to undermine the full potential of these initiatives (Ogun, 2020).

Kwara State has demonstrated the most effective implementation of the Conditional Cash Transfer (CCT) programme. The selection of Kwara State for this study is based on empirical evidence highlighting significant improvements in school enrolment, healthcare utilization, and household economic stability among CCT beneficiaries (Adeyemi & Yusuf, 2021). The state government, in collaboration with the National Social Safety Nets Programme (NSSNP) and international partners, successfully implemented a structured and transparent cash transfer system, guaranteeing that funds reach the most vulnerable households (World Bank, 2021). Furthermore, studies have shown that CCTs in Kwara State have steered up an increase of 25% in primary school enrolment and a 30% rise in antenatal care visits among pregnant women (Ogun, 2020). Additionally, targeted financial support has improved food security and reduced extreme poverty rates in beneficiary communities (Eze, 2021). These achievements justify Kwara State as the focal point of this research, offering a model for effective CCT implementation in similar socio-economic contexts.

Despite the potential of Conditional Cash Transfer (CCT) programmes to alleviate poverty and improve human development outcomes, their effectiveness in Nigeria, particularly in Kwara States, remains debatable. While empirical studies have stressed positive impacts on school enrolment, healthcare access, and poverty reduction (Fiszbein & Schady, 2009; World Bank, 2021), concerns continue as regards programme inefficiencies, poor implementation strategies, and limited sustainability (Okonkwo & Yusuf, 2022).

It is however pertinent to align with Eze (2021) against inadequate targeting of beneficiaries, leading to the inclusion of non-poor households while the most vulnerable remain excluded. Moreover, irregular disbursements and bureaucratic bottlenecks undermine the programme's objectives, thereby reducing the anticipated improvements in education and healthcare utilization, while Corruption and mismanagement continue to exacerbate these challenges, resulting in funds being diverted from intended recipients ((Adesina, 2019 and Ogun, 2020). On this note, Barrientos (2013) opined that the long-term impact of CCT programmes on poverty alleviation is uncertain, as financial support does not always translate into sustainable economic empowerment.

In Kwara State, where CCT has been relatively effective, there is still limited evidence on its scalability and broader applicability to similar socio-economic settings (Adeyemi & Yusuf, 2021). Given these challenges, this study seeks to assess the effect of CCT programmes on human development in Kwara State with a view to making informed inferences and recommendation, examining the specific effects on education, health, and living standards, while identifying gaps and proposing policy recommendations for enhancing programme efficiency and sustainability.

RESEARCH OBJECTIVES

- i. To evaluate the relationship between CCT interventions and improvements in education outcomes;
- ii. To assess the impact of CCT interventions on health indicators; and

- iii. To analyze changes in living standards among CCT beneficiaries.
- iv. Identify the challenges (if any) to smooth implantation of CCT programme in Kwara State.

CONCEPTUAL FRAMEWORK

Conditional Transfer

The term conditional cash transfers relate the cash payments made by governments or any corporate bodies to the poor and vulnerable segment of the country, which are tied to pre-specified behaviours or actions, e.g. enrollment of school age children in schools, health check-ups, etc. In development studies, Conditional Cash Transfers (CCTs) have been isolated as one of the most effective mechanisms for addressing poverty, inequality, social exclusion, and broader development challenges especially in developing countries (Cecchini & Madriaga, 2011; Midgely, 2020; Fisher et al., 2017). Not only are CCTs used to reduce and mitigate income poverty, but they are also used to break the intergenerational transmission of poverty (Jones, 2016). Scheel et al. (2020) define CCTs as “interventions or policies that allow individuals of selected social groups to receive cash which is conditional on the adoption of a pre-specified, desired behaviour”. The conditionalities for the transfers are often tied to the use of public services such as schools and health clinics to promote human capital development among the target population (World Bank, 2018). CCTs are one of the most widespread social assistance programs in low and middle-income countries and their positive human development outcomes account for the enthusiasm around these programs (Molyneux & Thomson, 2011; Glassman et al. 2013; Saavedra, 2016).

Leveraging the benefit of hindsight, experience of Latin America suggests regular utilization of health care is a significant and important component of many conditional cash transfer programmes. Rawlings and Rubio (2013), as well as Gasper and Claudia (2010), share the view that conditional cash transfer programme in Nigeria combines a traditional cash transfer programme with financial incentives for positive behavioural change in the areas of nutrition, health, education, and small-scale business creation. In order to receive conditional cash transfers, a household must comply with a number of behavioural requirements that are meant to improve their household's health, education, and nutrition. These requirements include prenatal care, baby care, immunization, nutrition monitoring and supplementation, preventive health check-ups, and participation in educational programmes (Danvers, 2010). Conditional cash transfers give the poor the freedom to decide for themselves how to better their lives by getting frequent checkups and other medical care, lowering their vulnerability and deprivation (Barrientos & Nino, 2010).

Conditional cash transfer programmes compel beneficiary households to use health care services and facilities more frequently than they otherwise would have (Slater, 2009). This is especially true for maternal health and preventive health check-ups for children, with a focus on growth monitoring, immunization, and weight. this view is also corroborated by Levy and Ohls (2007), noting that the initiative had a considerable impact on preventative health care visits by children under the age of six (6) in Jamaica. 'Familias enaccion' benefit from the programme in terms of immunization rates (Ayala, 2006).

It would imply that conditional cash transfers enable poorer families get over the financial hurdles that prevent them from using and accessing health care, which speeds up the reduction in morbidity and death by focusing on the 'demand side' of the equation as posited by Samson (2009). A change in behaviour about the use of health services is the distinguishing feature of conditional cash transfers for health issues. It offers the households an income transfer contingent upon visiting a doctor when necessary (Farington et al., 2007).

The effect of conditional cash transfers on health outcomes may be due to the income effect connected with the transfers, the explicit conditionalities having a significant impact on health services in that it controls household behaviour. Transfers are subject to conditions in Nigeria, and qualifying families may be disqualified if they fail to comply with the requirements of frequent health checkups for children under five years old and 85 percent attendance at school (Yablonski & O'Donnell, 2009). Therefore, in order to continue receiving the transfers, households strictly comply with the requirements.

The contributions of conditional cash transfer programmes to individual and household healthcare is one of the most compelling and reliable results about their effects. In low income nations where poverty is typically more acute, conditional cash transfers have had the greatest negative effects on health care. As a result, households in Kwara and other States are more likely to prioritize spending on enhancing their health and lowering their risk of developing illnesses or infections as envisaged by Ariel and Norbert (2009).

Human Development

The concept of Human Development is multifaceted and encompasses the various aspects of human well-being, including economic, social, and environmental dimensions. The United Nations Development Programmes (UNDP, 1990 and 2024) describes human development as a process of enlarging people's choices and opportunities, enabling them to lead longer, healthier and more fulfilling lives. This idea is appropriate because a state of exercising choices over what kind of life to lead and ability to acquire the basics of the choices explains the level of development of that individual or society. Some key dimensions of human development have been identified to include health (access to healthcare, nutrition and sanitation); education (access to quality education and learning opportunities); income (access to resources and economic opportunities); and empowerment (ability to participate in decision-making and exercise agency) (Sen, 1999; Psacharopoulos & Patrinos, 2004; Kunduri, 2015 and Narayan, 2005).

Likewise, in Nigeria and many other climes, human development is a critical aspect of national growth focusing on education, health and economic well-being of citizenry. Human development could be mirrored as strategic investment in building capacity of the citizens to sustain improvements on their lives. Human development is one major objectives of establishing CCT programmes.

Evolution of CCT programmes in Nigeria

The implementation of Conditional Cash Transfer (CCT) programmes in Nigeria has advanced over the years as a response to persistent poverty and socio-economic inequalities. The first significant initiative was the Subsidy Reinvestment and Empowerment Programme (SURE-P), introduced in 2012 following the partial removal of fuel subsidies (Adesina, 2019). This programme aimed

to mitigate the impact of subsidy removal on vulnerable populations by providing direct financial assistance linked to health and education outcomes.

In 2016, the Federal Government launched the National Social Safety Nets Programme (NSSNP) as part of the National Social Investment Programme (NSIP), with technical and financial support from the World Bank (World Bank, 2021). The NSSNP aimed to expand social protection coverage by providing bi-monthly cash transfers to poor and vulnerable households, contingent upon school enrolment, healthcare utilization, and skills acquisition (Eze, 2021). State governments also implemented their own versions of CCT initiatives. For instance, the Kwara State CCT programme targeted indigent households, focusing on improving maternal and child health, education, and economic empowerment (Adeyemi & Yusuf, 2021). Similar initiatives were adopted in states such as Kaduna and Anambra, with varying degrees of success (Ogun, 2020).

Notwithstanding the progress made in this regard, challenges such as poor targeting, irregular disbursements and corruption continues to hamper the effectiveness of CCTs in Nigeria. Empirical evidence suggests positive short-term impacts on school enrolment and healthcare access, the sustainability of these programmes remains worrisome and requiring appropriate action (Okonkwo & Yusuf, 2022) such as enhanced transparency, monitoring and integration with broader social protection frameworks so as to assure improved long-term outcomes of CCTs in Kwara State and by extension, Nigeria.

The Conditional Cash Transfer (CCT) programmes in Kwara State like most States of the federation are structured to enhance education, health, and economic stability among low-income households. Adeyemi and Yusuf (2021), Ogun (2020); Eze (2021); Worl Bank (2021); Adeshina (2019); Okonkwo and Yusuf (2022) and Barrientos (2013) enumerated some key CCT design features to include but not limited to:

- i. **Targeting Mechanism:** The Kwara State CCT programme employs a community-based targeting system, using the National Social Register (NSR) to identify poor and vulnerable households (World Bank, 2021). Beneficiary selection is validated through local community structures to ensure inclusivity and transparency.
- ii. **Education Incentives:** Beneficiaries receive cash transfers conditional on school enrolment and attendance. Households with children between the ages of 6 and 15 must ensure at least 80% school attendance to qualify for payments.
- iii. **Health Conditionalities:** Pregnant women and lactating mothers are required to attend antenatal and postnatal care sessions, while children must receive routine immunizations and health check-ups to remain eligible for cash benefits.
- iv. **Payment Structure:** Cash transfers are disbursed bi-monthly through electronic payment systems or direct cash transfers in areas with limited banking infrastructure (World Bank, 2021). Payment amounts range from NGN 5,000 to NGN 10,000 per household per cycle, depending on compliance with programme conditions.
- v. **Monitoring and Compliance:** Programme officials conduct regular assessments to track compliance, using biometric verification and digital records to prevent fraud and leakage of funds.
- vi. **Graduation Strategy:** To ensure long-term economic stability, some beneficiaries are provided with skills training and microfinance support to transition from dependence on cash transfers to sustainable livelihoods.

These features have contributed to the success of the CCT programme in the country seeking to improve human development outcomes through targeted social protection measures.

Conditionality Requirements Related to Education and Health

Conditional Cash Transfer (CCT) programmes require beneficiaries to meet specific conditions, particularly in education and health, to qualify them to receive financial support. These conditions aim to enhance human capital development and break the cycle of poverty (Fiszbein & Schady, 2009).

One primary requirement in CCT programmes is school enrolment and regular attendance. Beneficiary households must ensure that children attend school for a minimum percentage of school days, typically 80–85% per month (World Bank, 2021). This condition has been shown to increase enrolment rates and reduce dropout levels, especially among girls and children from low-income families (Garcia & Moore, 2012). Additionally, some programmes mandate participation in remedial classes or skills development sessions to improve learning outcomes (Handa et al., 2018).

Health conditions in CCT programmes often focus on maternal and child healthcare. Pregnant women are required to attend antenatal care visits and receive vaccinations for their children (Adesina, 2019). Regular health check-ups and growth monitoring for children under five are also mandated to ensure proper development (Barrientos, 2013). Some programmes extend requirements to include family health education, nutrition seminars, and adherence to immunization schedules (Ogun, 2020) among others.

These conditionalities have proven to be effective in improving health outcomes, thereby reducing malnutrition rates, and increasing healthcare utilization among vulnerable populations (Eze, 2021). However, inadequate healthcare facilities and poor monitoring mechanisms are still the challenges often hindering full compliance (Okonkwo & Yusuf, 2022).

EMPIRICAL LITERATURE

Conditional Cash Transfer Programmes and Education Outcomes

Evans and Popova (2017) provide a comprehensive review of the empirical evidence on the relationship between cash transfers and education, analyzing various conditional and unconditional transfer schemes. The study synthesizes data from multiple experimental and quasi-experimental studies, stressing the impact of cash transfers on school enrolment, attendance, and learning outcomes. The review finds that conditional cash transfers (CCTs), which require beneficiaries to meet specific education-related conditions such as school attendance, generally yield greater improvements in enrolment and attendance compared to unconditional cash transfers (UCTs). However, both CCTs and UCTs significantly reduce financial barriers to education, particularly for disadvantaged households.

The evidence suggests that CCTs are particularly effective in contexts where baseline school attendance is low, as they provide strong incentives for enrolment and continued participation in education. Additionally, the study finds that while cash transfers

increase school attendance, their impact on learning outcomes is less pronounced, indicating that improvements in school quality and pedagogical methods are necessary to translate increased attendance into better academic performance. The study concludes that while cash transfers alone may not be a panacea for improving educational quality, they play a crucial role in alleviating financial constraints and fostering better educational access. Future research should focus on the long-term impacts of these interventions and their interaction with complementary education policies for optimal efficiency.

Additionally, they emphasize improvements in healthcare utilization, with higher rates of maternal care visits and child immunization coverage in recipient households. The study further evaluates the long-term implications of CCTs, arguing that by enhancing human capital, these programmes contribute to breaking the intergenerational cycle of poverty. Fiszbein et al. (2019) underscore that while short-term poverty alleviation is evident through direct cash transfers, the most profound impact of CCTs lies in their potential to foster sustainable economic mobility. However, the authors also acknowledge key implementation challenges, including targeting inefficiencies, administrative costs, and the risk of dependency among beneficiaries.

Conditional Cash Transfer Programmes and Health Indicators

Okoli, Adebayo and Yusuf (2021) appraise the impact of CCT interventions on maternal and child health in Nigeria using a quasi-experimental design. The research draws on data from 1,200 households across three geopolitical zones, assessing key health indicators, including antenatal care (ANC) attendance, skilled birth deliveries, child immunization rates, and nutritional status. Findings reveal that participation in CCT schemes significantly increased ANC visits, with beneficiary mothers attending an average of 3.8 more ANC sessions compared to non-beneficiaries ($p < 0.05$). Skilled birth attendance also improved, with a 27% higher likelihood of institutional deliveries among recipients of CCT compared to non-recipients. Additionally, child immunization rates rose by 22% among beneficiary households, particularly for routine vaccines such as *Bacillus Calmette-Guérin* (BCG) and measles. Nutritional outcomes also showed improvements, as stunting and underweight prevalence among children under five decreased by 18% and 15%, respectively.

In the face of these positive outcomes, challenges such as delays in fund disbursement, lack of healthcare infrastructure in rural areas, and low literacy levels among recipients were identified as hurdles to maximizing the programmes' impact. The study underscores the importance of strengthening health service delivery to complement financial incentives and ensure sustainable improvements in maternal and child health. The study contributes to the growing body of literature on social protection policies in low- and middle-income countries, reinforcing the role of CCTs in addressing health disparities. Policy recommendations include the need for timely and adequate funding, improved monitoring and evaluation mechanisms, and greater integration of CCT programmes with existing healthcare services. Future research should explore long-term health impacts and cost-effectiveness analyses to inform policy refinements.

Adebayo and Oke (2020) examines the role of CCT schemes in enhancing healthcare access and utilization among rural households in Nigeria. Using a mixed-methods approach, the research draws on primary data collected through household surveys and key informant interviews across selected rural communities. The findings reveal that CCT participation significantly increases healthcare-seeking behaviour, particularly for maternal and child health services. Beneficiary households reported a 40% rise in antenatal care visits and a 30% increase in child immunization rates compared to non-beneficiary households. The study also highlights a reduction in financial barriers to healthcare, with CCT recipients being more likely to access formal medical facilities rather than rely on traditional or informal healthcare providers.

In similar effort, Yusuf, Adebite, and Ogundele (2020) examined the impact of CCT schemes on healthcare access in rural Nigeria, utilizing a propensity score matching (PSM) approach to mitigate selection bias and ensure robust empirical analysis. The research draws on household survey data from selected rural communities where CCT interventions have been implemented, assessing their effects on maternal health services, child immunization rates, and healthcare-seeking behaviour. The findings reveal that households benefiting from CCT were significantly more likely to utilize healthcare services compared to non-beneficiaries. Specifically, antenatal care attendance among pregnant women in CCT-recipient households increased by 28%, while child immunization rates improved by 22%. Furthermore, the likelihood of seeking treatment for minor illnesses rose by 18%, indicating a positive shift in healthcare-seeking behaviour. The study attributes these improvements to the financial relief provided by the programme, which reduced economic barriers to accessing essential health services.

Further, the study identifies several challenges that limit the effectiveness of CCT interventions. These include irregular disbursement of funds, lack of healthcare infrastructure in remote areas, and inadequate awareness about programme conditions. Additionally, socio-cultural factors, such as gender norms and decision-making dynamics within households, influence the extent to which women and children benefit from CCT schemes. Notwithstanding these challenges, the research concludes that CCT programmes play a vital role in stimulating healthcare utilization among rural populations and contribute to broader human development objectives in Nigeria. The study recommends policy measures such as ensuring timely and consistent cash disbursements, improving healthcare service delivery in rural areas, and incorporating community sensitization programmes to enhance awareness and uptake.

Conditional Cash Transfer Programmes and Living Standards

In their scholarly work, Ajefu and Bolarinwa (2021) evaluate the impact of CCT interventions on child education outcomes in Nigeria, using a quasi-experimental research design. The study employs panel data analysis to examine the effectiveness of CCTs in improving school enrolment, attendance, and academic performance among children from low-income households. Findings indicate that CCTs significantly enhance school participation rates, with a notable 28% increase in enrolment among beneficiary households compared to non-beneficiary households. The study also reveals a 22% reduction in dropout rates, suggesting that financial incentives alleviate economic constraints that often force children out of school.

In addition, the attendance rates improved by 30%, which demonstrating that CCTs positively influence parental decisions regarding their children's education. However, while the programme successfully boosts enrolment and retention, the study identifies

challenges such as inadequate educational infrastructure, teacher shortages, and delayed fund disbursement, which hinder the full realization of the policy's objectives. Moreover, the research highlights regional disparities in programme effectiveness, with urban beneficiaries experiencing greater gains compared to their rural counterparts, largely due to better access to quality schools and learning facilities. Additionally, while the financial support provided by CCTs reduces short-term economic pressures on poor households, the long-term educational impact remains contingent upon complementary investments in the education sector. In the face of these positive outcomes, the study also isolates certain challenges affecting the effectiveness of CCT implementation such as delayed payments, limited healthcare infrastructure, and poor awareness of the programmes conditions among beneficiaries hindered optimal impact. Additionally, regional disparities in programme execution were observed, with variations in service delivery quality across different states. The study underscores the need for complementary investments in rural healthcare facilities and community sensitization to enhance the long-term sustainability of CCT interventions. These findings contribute to the growing body of evidence supporting the role of CCTs in improving health outcomes in developing contexts and recommends policy refinements, including timely fund disbursement, improved coordination between health and social protection agencies, and targeted outreach strategies to maximize the programmes reach and effectiveness. Overall, the research highlights the potential of CCTs as a viable tool for addressing healthcare inequities in rural Nigeria, provided that implementation challenges are adequately addressed. Existing studies on Conditional Cash Transfer (CCT) programmes in Nigeria have demonstrated the effectiveness of the programmes in improving education (Evans & Popova, 2017; Fiszbein et al., 2019), health (Okoli, Adebayo, & Yusuf, 2021; Adebayo & Oke, 2020), and living standards (Ajefu & Bolarinwa, 2021; Yusuf, Adegbite, & Ogundele, 2020). While these studies highpoint the short-term benefits of CCT interventions, significant gaps remain regarding their coverage, especially dearth of similar studies on Kwara State as well as their long-term sustainability and impact on multidimensional poverty reduction. Most research focuses on enrolment and healthcare access but does not sufficiently examine how these translate into long-term improvements in learning outcomes, economic mobility, or generational poverty alleviation.

THEORETICAL FRAMEWORK

Human Capital Development Theory

The Human Capital Development (HCD) theory was primarily propounded by economists such as Theodore Schultz (1961) and further developed by Gary Becker (1964). The theory posits that investments in human capital-such as education, health, and skills development-enhance individual productivity, which in turn contributes to overall economic growth and societal development. It emphasizes the idea that people are fundamental assets, and their capabilities can be improved through targeted interventions, ultimately leading to improved economic and social outcomes.

Basic Assumptions of the Theory

The Human Capital Development theory is based on several key assumptions as encapsulated by Becker (1964); Schultz (1961); Mincer (1974) and Psacharopoulos and Patrinos (2004) as follows:

- i. **Education and Training Enhance Productivity** – Education and skills acquisition are central to human capital accumulation. By improving individuals' knowledge and competencies, they become more productive, which contributes to economic development.
- ii. **Health as a Component of Human Capital** – Good health is essential for effective participation in economic and social activities. Healthier individuals are more productive and can contribute more significantly to the workforce.
- iii. **Investment in Human Capital Yields Economic Returns** – Expenditures on education and health are viewed as investments rather than mere consumption, with the expectation that they will generate long-term benefits in the form of higher earnings, improved well-being, and economic progress.
- iv. **Social and Economic Mobility** – Human capital investment is a key driver of social mobility, helping individuals and households break the cycle of poverty and achieve better living standards.

Applicability of Human Capital Development Theory to the Study

The study on the Assessment of Conditional Cash Transfer (CCT) Interventions on Human Development Outcomes in Kwara State, Nigeria aligns with the principles of the Human Capital Development theory. CCT programmes provide financial incentives to low-income households on the condition that they invest in education, health, and other human capital-enhancing activities. This study examines the effectiveness of these interventions in improving school enrolment, healthcare access, and overall living standards-key indicators of human capital development.

By ensuring that children attend school and receive healthcare services, CCT schemes contribute to building a healthier and more educated population, thereby enhancing economic productivity in the long run. Furthermore, since North-Central Nigeria faces economic disparities, CCT interventions serve as a strategic mechanism for reducing inequality and fostering inclusive growth. Thus, the Human Capital Development theory provides a robust theoretical foundation for analyzing the long-term impact of CCT on human development outcomes in the region.

METHODOLOGY

This study employed a survey design to investigate a population of 96,335 individual beneficiaries in Kwara State (NCTO, 2022), and using Taro Yamane Formula (TYF) this study determined the sample for the study viz:

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

Where:

n= Sample=?

N= Population =417358

Effect of Conditional Cash Transfer Programmes on Human Development in Kwara State, Nigeria

$e = 0.05$ (5% margin of error),

$$n = 417358$$

$$\frac{1 + 417358(0.05)^2}{1 + 417358(0.0025)}$$

$$n = 417358$$

$$\frac{1 + 417358(0.0025)}{1 + 1043.395}$$

$$n = 417358$$

$$\frac{1 + 1043.395}{1044.395}$$

$$n = 417358$$

$$\frac{1044.395}{1044.395}$$

Sample size (n)= 399.

The sample was distributed with equal ratio of 1:1:1 resulting 133 each from one community each of Kwara North, Kwara Central and Kwara South zones of the State, selected through a stratified random sampling technique. Qualitative data were collected through key informant interviews with programme beneficiaries, implementers and stakeholders. The Local Governments include Kaiama (Kwara North); Ilorin East (Kwara Central); and Offa (Kwara South). Frequency table and simple percentages were employed for presentation and analysis of data collected from the respondents.

RESULTS/DISCUSSIONS

Table 1.0 Showing Distribution of Questionnaire Administration and Retrieval

Comm/LGA	No. of Questionnaires Mailed` (Freq.)	Percent (%)	No. of Questionnaire Returned (Freq.)	Percent (%)
Kaiama	133	100	87	65
Ilorin East	133	100	91	68
Offa	133	100	95	71
Total	399	100	273	68

Source: Research Survey, 2025

Table 1.0 presents the new sample following the mailing of 399 and returning of 273 questionnaires, representing 68% from three (3) Local Governments (one Local Government from each Zone). In specific term, 87 (65%) questionnaire returned completed from Kaiama (Kwara North), 91 (68%) returned from Ilorin East (Kwara Central) and 95 (75%) questionnaire returned from Offa (Kwara South). Accordingly, the new Sample was 273 with which data collected were analyzed as presented.

Objective 1 (Section A of Questionnaire): Evaluation of Relationship between CCT Interventions and Improvement in Education Outcomes

This section evaluates the relationship between CCT interventions and improvement in Education Outcomes in furtherance of objective 1 of this study.

Table 1.1 Showing Evaluation of Relationship between CCT Interventions and Improvement in Education Outcomes in Kwara State (N=273)

Comm/LGA	SA (f)	P(%)	A (f)	P(%)	U (f)	P(%)	D (f)	P (%)	SD (f)	P(%)	Total	P(%)
Kaiama	33	38	21	24	07	8	16	18	10	11	87	100
Ilorin East	37	41	28	31	12	13	13	14	01	1	91	100
Offa	32	34	35	37	09	9	11	12	08	8	95	100
Total	102	37	84	31	28	10	40	15	19	7	273	100

Source: Research Survey, 2025

Table 1.1 above demonstrates the responses of the beneficiaries to the poignant questions that sought to evaluate the relationship between CCT and improvement on education looking at the enrollment rates as well as performance. accordingly, the aggregate responses from the select communities revealed the 102 respondents, representing (37%) of the 273 respondents strongly agreed that the enrollment increased and academic performance improved due to CCT interventions. This is followed closely by 84 (31%) who basically agreed to the assertion. Conversely, 19 (7%) strongly disagreed to the assertion that CCT interventions had increased their children school enrollment and improved their academic performance. However, 28 of the respondents, representing 10% showing ambivalence on the matter. On the whole, about 186 (68%) respondents affirmed that CCT interventions impacted positively on the education of their children, while a paltry 59 (22%) responded in denial of the claim that CCT interventions had impacted positively on the children education of their households.

Objective 2(Section B of Questionnaire): Assessment of Impact of CCT Interventions on Health Indicators

The other component of human development is healthcare condition of a people. This study also sought to assess the impact of CCT on health indicators as presented.

Effect of Conditional Cash Transfer Programmes on Human Development in Kwara State, Nigeria

Table 1.2 Showing Impact of CCT Interventions on Households Health Indicators (availability of quality drugs and personnel) (N=273)

Comm/LGA	SA (f)	P(%)	A (f)	P(%)	U (f)	P(%)	D (f)	P (%)	SD (f)	P(%)	Total	P(%)
Kaiaama	31	36	22	25	09	10	17	20	08	9	87	100
Ilorin East	35	38	29	32	04	4	14	15	09	10	91	100
Offa	32	34	30	32	05	5	13	14	15	16	95	100
Total	98	36	81	30	18	7	44	16	32	12	273	100

Source: Research Survey, 2025

Table 1.2 presents the responses of 273 respondents towards the assessment of impact of CCT interventions on health indicators in Kwara State. Therefore, the aggregate responses from the select communities revealed the 98 respondents, representing (36%) of the 273 respondents strongly agreed that the CCT interventions had improved their access to healthcare services (availability of quality drugs and personnel), while 81 (30%) simply agreed to the assertion. On the contrary, 32 (12%) strongly disagreed to the assertion, and 44 (16%) simply disagreed to the assertion that CCT interventions had improved access of beneficiaries to healthcare services and reduced malnutrition rates among children of their households. Nevertheless, 18 of the respondents, representing 7% reporting indecision on the matter. Overall, about 179 (66%) respondents affirmed that CCT interventions impacted positively on their access to healthcare services (availability of quality drugs and personnel), while insignificant 76 (28%) responded in disowning the claim above.

Objective 3 (Section C of Questionnaire): Assessment of Changes in Living Standards of Beneficiary Households

Yet the other element of human development is living standards of that population. It is expected that a remarkable adjustment should be noticeable in their income flow after enrollment on the programme. This study equally wanted to analyze the impact of CCT on health indicators as presented.

Table 1.3 Showing Assessment of Changes in Living Standards of Beneficiary Households in Kwara State (N=273)

Comm/LGA	SA (f)	P(%)	A (f)	P(%)	U (f)	P(%)	D (f)	P (%)	SD (f)	P(%)	Total	P(%)
Kaiaama	35	40	26	30	19	22	05	6	02	2	87	100
Ilorin East	34	37	29	32	09	10	12	13	07	8	91	100
Offa	37	39	30	32	05	5	13	14	10	11	95	100
Total	106	39	85	31	33	12	33	12	20	7	273	100

Source: Research Survey, 2025

Table 1.3 presents the responses of 273 respondents concerning the assessment of impact of CCT interventions on living standards of beneficiary households in Kwara State. Consequently, the aggregate responses from the select communities revealed 106 respondents, representing (39%) of the 273 respondents strongly agreed that the CCT interventions had changed their living standards for the better by improving significantly their households' ability to afford basic necessities like food, shelter, clothing, etc., as well as increased their households' overall economic stability. This was followed closely by 85 (31%) who just agreed to the assertion. In contrast, 20 (7%) strongly disagreed to the assertion, and 33 (12%) simply disagreed accordingly. However, 33 of the respondents, representing 12% reporting indecision on the matter. Overall, about 191 (70%) respondents affirmed that CCT interventions impacted positively on their living standards, while a paltry 53 (19%) responded in rejection of the claim.

Objective 4: Identify the challenges (if any) to smooth implementation of CCT programme in Kwara State

Table 1.4 Showing CCT Implementation Challenges including inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement, etc. in Kwara State (N=273)

Comm/LGA	SA (f)	P(%)	A (f)	P(%)	U (f)	P(%)	D (f)	P (%)	SD (f)	P(%)	Total	P(%)
Kaiaama	37	43	26	30	17	20	05	6	02	2	87	100
Ilorin East	33	36	30	33	07	8	12	13	09	10	91	100
Offa	35	37	32	34	08	8	11	12	09	9	95	100
Total	105	38	88	32	32	12	28	10	20	7	273	100

Source: Research Survey, 2025

The table 1.4 above indicates that despite the earlier testimonies of the respondents, significant of the hold the view that some limitations or challenges are inherent in the implementation of the CCT intervention in Kwara State. Accordingly, 105 (38%) of respondents strongly agree that inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement, etc. pervaded the success of the programme, followed by 88 (32%) who simply agree. Conversely, while a paltry 20 (7%) strongly disagree that inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement,

etc. was noticeable as albatrosses to the smooth implementation of the programme, 28 (10%) simply disagree. Meanwhile, 32 (12%) are undecided. This analysis implies that about 193 respondents, representing about 70% are of the opinion that inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement, etc. constitute implementation challenges of CCT programmes in Kwara State as against a trifling 48 out of 273, representing about 17% of respondents who share a contrary view.

MAJOR FINDINGS

Based on the data analyzed as presented above, some findings have been revealed as follows:

1. That there is positive relationship between CCT intervention and improvements in education.
2. That there is significant impact of CCT interventions on health indicators.
3. That the Living standards of beneficiary households are being positively adjusted.
4. That there exist certain encumbrances to the smooth implementation of CCT programmes in Kwara State.

DISCUSSION OF FINDINGS

The major thrust of this study was to examine relationship between CCT intervention and education outcomes, health indicators and living standards indicators that collectively result in human development. Evidence adduced from the analysis suggests that CCTs are particularly effective in contexts where baseline school attendance is low, as they provide strong incentives for enrolment and continued participation in education. Additionally, the study finds that cash transfers increase school attendance and learning outcomes, indicating that improvements in school quality and pedagogical methods are necessary to translate increased attendance into better academic performance. Future research should focus on the long-term impacts of these interventions and their interaction with complementary education policies for optimal efficiency.

Findings on health indicators also showed positive relationship with CCT programmes. This agrees with Adebayo & Oke (2020) who examined the role of CCT schemes in enhancing healthcare access and utilization among rural households in Nigeria. Their findings reveal that CCT participation significantly increases healthcare-seeking behaviour, particularly for maternal and child health services. Data supported by the responses of 179 (66%) that affirmed that CCT interventions impacted positively on their access to healthcare services (availability of quality drugs and personnel) against the insignificant contrast supported by 76 (28%) respondents who disavowed the claim above.

Data of this study also support positive relationship between CCT intervention and living standards of the beneficiary households as evidenced by the overall, about 191 (70%) respondents affirmed that CCT interventions impacted positively on their living standards. However, a lot still needs to be done to accommodate the 53 (19%) who responded in rejection of the claim that CCT interventions had positively impacted their living standards.

However, despite the plausible view about the effect of CCT interventions in Kwara State, analysis identified inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement, etc. as challenges as corroborated by some literature earlier reviewed.

CONCLUSION

This study assessed the Conditional Cash Transfer (CCT) programmes in Kwara State, Nigeria, focusing on evidence from human development. The findings highlighted that there is positive relationship between CCT intervention and improvements in education, health indicators and Living standards of beneficiary households in Kwara State with some identified impediments. There is however, the need to adhere to recommendations hereunder to maximize the effect of CCT intervention in Kwara State and by extension, the nation.

RECOMMENDATIONS

Based on the findings above and in consideration of measures to not just ensure the scalability of CCT interventions on human development in Kwara State, but also for the sustainability of the programme the following recommendations are proposed as presented:

1. Government and spirited organizations and individuals to prioritize increase funding to CCT interventions in order to ensure quality of education through provision of conducive learning and teaching environment for scale up the achievements recorded by the implementation of the CCT interventions. Efforts to provide befitting school plants and other infrastructures and employment and training of the existing teaching resources to take advantage of the evolving technological innovations to make learning more adventurous and project-based.
2. Governments at all level of federation should rollout establishment of massive healthcare facilities across the hinterland to maintain close proximity to beneficiary households to access. this should be complemented by the supply of adequate drugs and personnel to provide quality healthcare services.
3. Policy makers and implementers should consider to upscale the amount of transfer to guarantee sustainable improvement in the consumption and the overall economic well-being of the beneficiaries and expansion of participants.
4. Governments and other stakeholders should expeditiously review implementation strategies to take care of the identified challenges including inadequacy of Transfer Amount, Errors of Inclusion and Exclusion, inadequate educational and health infrastructures, Manpower shortages, and delayed fund disbursement.

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