

Conditional Cash Transfer Programme in Nigeria: Contributions for Poverty Reduction, Human Capital Development, and Women's Empowerment

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Abstract

The Conditional Cash Transfer (CCT) programme in Nigeria, a major component of the National Social Investment Programme (NSIP), was introduced to reduce extreme poverty and promote human capital development by providing cash stipends to poor households in exchange for compliance with conditions such as children's school enrolment and regular health clinic visits. This study assesses the socioeconomic outcomes of the CCT using a cross-sectional comparative design across six geopolitical zones, drawing evidence from 1,800 households (1,000 beneficiaries and 800 matched non-beneficiaries). Data were collected through structured household surveys and in-depth interviews, and analyzed using descriptive statistics, logistic regression, and thematic coding. Findings indicate that beneficiary households experienced significant improvements in monthly consumption expenditure, child school attendance, and health service utilization compared to non-beneficiaries. Female-headed households particularly reported greater welfare gains, including increased savings and control over household decision-making, highlighting the gender-empowering potential of the programme. Nevertheless, implementation challenges persist, with widespread reports of delayed disbursements, inadequate awareness of conditionality requirements, and insufficient cash amounts that are eroded by inflation. While the programme has succeeded in enhancing welfare and reducing vulnerability, its long-term sustainability and effectiveness are undermined by weak institutional capacity and inadequate funding. The study concludes that timely disbursements, inflation-indexed cash transfers, integration of livelihood support, and enhanced community awareness are essential for maximizing impact. Overall, the Nigerian CCT demonstrates strong potential as a poverty alleviation and social protection tool, provided its operational weaknesses are addressed.

Keywords: Conditional Cash Transfer (CCT), Social Protection, Poverty Alleviation, Human Capital Development, Household Welfare, Women's Empowerment, Education and Health Outcomes, Nigeria

1. Introduction

Poverty remains one of the most pressing development challenges in Nigeria. Despite being Africa's largest economy, the country hosts one of the highest numbers of people living in extreme poverty globally, with an estimated 71 million Nigerians living below the national poverty line as of 2023 (World Bank, 2023). Poverty is multidimensional, encompassing not only income deprivation but also deficits in education, healthcare, food security, and access to basic social services (Alkire, S., & Santos, M. E. (2014)). Recognizing this, the Nigerian government has pursued various social protection policies, among which Conditional Cash Transfers (CCTs) stand out as a key poverty alleviation strategy.

The Conditional Cash Transfer programme was formally launched in 2016 under the National Social Investment Programme (NSIP). It provides direct cash transfers to extremely poor and vulnerable households on the condition that they fulfill certain human development requirements, such as ensuring school attendance for children, attending routine health check-ups, and participating in community development activities. The goal is to simultaneously provide immediate poverty relief while fostering long-term human capital development (Iorwa, G. T., Ali, U. E., & Nwosu, C. (2024).

CCTs have been widely used across Latin America and Asia, with countries such as Brazil and Mexico demonstrating their effectiveness in reducing poverty, improving child education, and enhancing maternal and child health outcomes. Nigeria's adoption of this model reflects both a recognition of its global success and the urgent need for targeted poverty interventions at home. However, the Nigerian experience has been mixed. While early evaluations show improvements in household consumption, health service utilization, and school attendance, challenges such as delayed disbursements, low cash amounts relative to inflation, weak institutional capacity, and inadequate beneficiary awareness have constrained effectiveness (UNICEF Nigeria. (2021).

Moreover, existing literature highlights gender differentials, with female-headed households for example income and employment differentials, agricultural productivity, Education outcome, Health and Nutrition, Poverty and Welfare, Asset ownership etc often reporting greater welfare gains from CCT participation. This aligns with empowerment theory, which suggests that transferring resources directly to women enhances both household welfare and women's agency. Despite these insights, comprehensive nationwide assessments of the Nigerian CCT programme remain limited, particularly in light of current economic challenges, high inflation, and widening inequality (World Bank. (2021).

The general purpose of this study is to examine the contributions of Nigeria's Conditional Cash Transfer (CCT) Programme to poverty reduction, human capital development, and women's empowerment, with a view to assessing its effectiveness, sustainability, and policy implications for inclusive socio-economic growth.

Specific Research Questions;

- i. To what extent has the Conditional Cash Transfer Programme contributed to poverty reduction among beneficiary households in Nigeria?
- ii. How has the programme influenced human capital development, particularly in areas of education, health, and nutrition?
- iii. What role has the CCT Programme played in promoting women's empowerment and enhancing their socio-economic decision-making capacities?
- iv. What implementation challenges affect the effectiveness and outcomes of the CCT Programme in Nigeria?

This study seeks to fill this gap by providing an up-to-date, evidence-based assessment of the Nigerian CCT programme. It examines the socioeconomic impacts of the intervention on household consumption, health service utilization, school enrolment, savings, and women's empowerment. Additionally, it highlights the operational challenges constraining programme effectiveness and proposes policy recommendations to strengthen implementation.

2. Literature Review

Overview of Conditional Cash Transfers (CCTs) Globally

Conditional Cash Transfer (CCT) programmes have emerged as one of the most widely adopted social protection instruments across the developing world. They are designed to reduce immediate poverty by providing direct cash to vulnerable households while simultaneously fostering long-term human capital development by linking benefits to conditions such as school attendance, immunization, and maternal health visits (Fiszbein & Schady, 2009). Countries like Mexico (through *Progresa/Oportunidades*) and Brazil (*Bolsa Família*) demonstrated that CCTs can significantly reduce poverty, increase school enrolment, and improve health outcomes, making them models for replication in other contexts. As of 2023, over 60 countries have implemented CCTs, underscoring their global significance as a poverty alleviation tool (World Bank, 2023).

Conditional Cash Transfers in Nigeria

Nigeria introduced its CCT programme in 2016 under the National Social Investment Programme (NSIP) to address the high prevalence of poverty, food insecurity, and human capital deficits. The programme initially targeted one million households classified as extremely poor, providing them with ₦5,000 (about \$12) monthly stipends conditional on compliance with education, health, and community participation requirements (NSIP, 2016). By 2022, the programme reportedly reached over 10 million individuals across 36 states and the Federal Capital Territory (Federal Ministry of Humanitarian Affairs, 2022). However, the programme has faced operational challenges, including late disbursements, limited coverage relative to need, and inflationary pressures that erode the real value of transfers (Iorwa et al., 2024).

CCTs and Poverty Reduction

Several studies confirm that CCTs improve short-term welfare outcomes among poor households in Nigeria. Iorwa et al. (2024) found that CCT beneficiaries reported higher per capita consumption (₦75,200 vs. ₦58,900 among non-beneficiaries) and improved food security. Similarly, Obeten and Isokon (2018) observed that rural households in Cross River State experienced significant income boosts, reduced reliance on subsistence farming, and increased asset accumulation after participating in the programme. Yet, studies caution that the ₦5,000 monthly transfer—unchanged since 2016—has lost much of its purchasing power due to inflation, limiting its capacity to lift households above the poverty line (World Bank, 2023).

Education Impacts of CCTs

CCTs have been instrumental in enhancing school enrolment and attendance among children from poor households. In Cross River State, Obeten and Isokon (2018) reported that CCTs increased school attendance by 15% and reduced child labor incidence. National-level data also suggests positive trends: children in CCT households were 12 percentage points more likely to attend school compared to non-beneficiaries (Iorwa et al., 2024). This aligns with findings from Latin America, where conditionalities related to education significantly improved enrolment rates, particularly among girls (Fiszbein & Schady, 2009). Nonetheless, concerns remain that in Nigeria, poor school infrastructure and teacher absenteeism may limit the long-term educational returns of CCT-induced attendance gains.

Health and Nutrition Outcomes

The Nigerian CCT has shown measurable improvements in maternal and child health indicators. For example, the Maternal and Child Health CCT pilot under the SURE-P programme increased facility deliveries by 27% and improved postnatal care attendance (Okeke et al., 2019). Iorwa et al. (2024) similarly found that CCT households were 1.8 times more likely to access maternal and child health services compared to controls. Evidence also suggests improved nutrition outcomes, with households allocating transfers to food purchases, thereby reducing child malnutrition. However, challenges such as inadequate health facility capacity, drug shortages, and long distances to clinics persist, undermining the effectiveness of health-related conditionalities.

Gender and Empowerment Dimensions

One of the most notable impacts of the Nigerian CCT programme is women's empowerment. Transfers are primarily directed to women within households, in line with global best practices that emphasize women as more likely than men to allocate resources to family welfare. Female-headed households reported higher savings rates, increased decision-making power, and greater involvement in community activities (Iorwa et al., 2024). This reinforces Empowerment Theory, which highlights how economic resources strengthen women's agency. However, some studies caution that empowerment gains are uneven: women in patriarchal households often face male control over transfer use, diluting the intended gender equity effects (Ademola & Adebayo, 2022).

Implementation Challenges of Nigerian CCTs

Despite its promise, the Nigerian CCT programme faces persistent implementation challenges. A SWOT analysis of the SURE-P Maternal CCT pilot highlighted issues such as irregular funding, late disbursements, weak monitoring, and insufficient public awareness of programme rules (Ogundeji et al., 2019). These issues have been echoed in subsequent studies, with Iorwa et al. (2024) emphasizing that many beneficiaries were unaware of specific conditionality requirements, and widespread complaints of late or partial payments reduced trust in the programme. Corruption allegations in 2024 further revealed

vulnerabilities in governance and oversight, raising concerns about sustainability and public legitimacy (Premium Times, 2024).

Gaps in the Literature

Although empirical studies provide evidence of CCT's positive impacts on poverty, education, health, and women's empowerment, gaps remain. Few studies provide longitudinal analysis of household outcomes, making it difficult to assess the sustainability of welfare gains over time. Similarly, limited research has explored the differential impact of CCTs across regions, occupations, or household structures beyond gender. Another gap is the lack of evaluation of the programme's cost-effectiveness given Nigeria's fiscal constraints. Addressing these gaps is crucial for improving programme design, ensuring fiscal sustainability, and scaling impact.

Theoretical Framework

The analysis of Nigeria's Conditional Cash Transfer (CCT) programme is anchored on three interrelated theories: Human Capital Theory, Social Protection Theory, and Empowerment Theory. These frameworks collectively explain the rationale, expected outcomes, and socio-economic implications of cash transfer programmes.

Human Capital Theory

Human Capital Theory, developed by Becker (1964), posits that investments in education, health, and skills development increase individual productivity and long-term economic growth. In the context of CCTs, conditionalities such as school enrolment, immunization, and maternal health visits represent deliberate investments in human capital formation. The Nigerian CCT seeks to break the intergenerational cycle of poverty by ensuring that children in poor households are healthier, better educated, and thus better positioned to escape poverty in adulthood. Empirical evidence from Latin America (e.g., Mexico's *Progresa* and Brazil's *Bolsa Familia*) shows that CCTs improve school attendance and health outcomes, supporting the theoretical argument that social spending enhances human capital accumulation (Fiszbein & Schady, 2009). Therefore, Human Capital Theory underpins the long-term developmental objectives of Nigeria's CCT.

Social Protection Theory

Social Protection Theory emphasizes state responsibility in providing safety nets to cushion vulnerable populations against risks such as poverty, unemployment, and health shocks (Devereux & Sabates-Wheeler, 2004). Cash transfers are viewed as instruments of social protection that reduce vulnerability by stabilizing household consumption, preventing negative coping strategies (e.g., child labor, distress sales of assets), and fostering resilience. Nigeria's CCT exemplifies this theory by targeting the poorest households and providing predictable transfers that mitigate the effects of income shocks, inflation, and economic downturns. From this perspective, the programme is not merely a welfare initiative but a mechanism to enhance social inclusion and equity within society (World Bank. (2023).

Empowerment Theory

Empowerment Theory, as articulated by Kabeer (1999), argues that access to resources enhances individuals' agency and capacity to make strategic life choices. The Nigerian CCT programme operationalizes this theory by channeling transfers primarily to women, who are more likely to allocate resources to children's welfare and household well-being. Studies have shown that female-headed households in Nigeria report higher savings, improved decision-making authority, and stronger participation in community activities as a result of CCT participation (Iorwa et al., 2024). Empowerment Theory thus explains the gendered impacts of CCTs, highlighting how economic resources can shift power dynamics and foster women's socio-economic inclusion.

Integrated Application to the Study

Together, these theories provide a multidimensional framework for analyzing the Nigerian CCT programme:

- Human Capital Theory explains the rationale for conditionalities related to education and health.
- Social Protection Theory highlights the role of CCTs in providing immediate relief and protecting households from poverty-related risks.

- Empowerment Theory underscores the transformative gender and social impacts of directing transfers to women.

By integrating these theoretical perspectives, this study is able to assess not only the economic and welfare impacts of the programme but also its social and institutional implications. This theoretical grounding ensures a holistic evaluation of whether the Nigerian CCT achieves its dual goals of immediate poverty alleviation and long-term socio-economic transformation.

3. Methodology

Research Design

The study adopted a cross-sectional comparative survey design, which allowed for the simultaneous collection of quantitative and qualitative data from both CCT beneficiaries and non-beneficiaries across Nigeria's six geopolitical zones. This design was chosen because it provides a snapshot of programme outcomes (consumption, education, health, and empowerment) and facilitates direct comparison between treatment and control groups.

Population of the Study

The study population comprised households registered under the National Social Safety Nets Coordinating Office (NASSCO) as beneficiaries of the CCT programme across Nigeria. According to the National Social Register (NSR, 2023), the CCT programme covered approximately 2,051,972 beneficiary households across the 36 states and the Federal Capital Territory.

For control purposes, the study also considered non-beneficiary households in similar poverty classifications and communities, making the total study population approximately 3,051,972 households.

Table 1: Population of the Study

Geopolitical Zone	States Covered	Estimated Beneficiary Households	Estimated Non-Beneficiary Households	Total Population
North-Central	6 + FCT	310,450	200,000	510,450
North-East	6	290,800	160,000	450,800
North-West	7	451,200	240,000	691,200
South-East	5	210,100	130,000	340,100
South-South	6	345,422	180,000	525,422
South-West	6	444,000	90,000	534,000
Total	36 + FCT	2,051,972	1,000,000	3,051,972

Sample Size

Using Yamane's (1967) formula for sample size determination at a 95% confidence level and 5% margin of error:

$$n = \frac{N}{1 + N(e^2)} \quad n = \frac{3,051,972}{1 + 3,051,972(0.0025)} \approx 400$$

Where:

- n = sample size
- N = population (3,051,972)
- e = margin of error (0.05)

$$n = \frac{3,051,972}{1 + 3,051,972(0.0025)} \approx 400$$

Thus, a total sample of 400 households was drawn, consisting of 250 CCT beneficiary households and 150 non-beneficiary households.

Table 2: Distribution of Sample Size by Geopolitical Zone

Geopolitical Zone	Beneficiaries Sampled	Non-Beneficiaries Sampled	Total Sample
North-Central	50	30	80
North-East	40	25	65
North-West	60	35	95
South-East	30	15	45
South-South	40	25	65
South-West	30	20	50
Total	250	150	400

Sources of Data Collection

1. Primary Data

- Structured household questionnaires covering income, expenditure, education, health service utilization, and empowerment indicators.
- Key Informant Interviews (KIIs) with programme officials at the Federal Ministry of Humanitarian Affairs.
- Focus Group Discussions (FGDs) with beneficiaries in each zone.

2. Secondary Data

- National Social Register (NSR, 2023).
- World Bank (2023) reports on NSIP and social protection in Nigeria.
- Academic publications and government policy documents.

Method of Data Analysis

1. Quantitative Analysis

- Descriptive statistics (mean, percentages, frequency distributions) for household characteristics.
- Inferential statistics: Logistic regression to test programme impact on school attendance, health utilization, and household consumption.
- Difference-in-Means (t-test) to compare beneficiaries vs. non-beneficiaries.

2. Qualitative Analysis

- Thematic analysis of KIIs and FGDs using NVivo software to capture perceptions, challenges, and empowerment outcomes.

3. Triangulation

- Mixed-methods triangulation ensured the integration of quantitative and qualitative results, enhancing validity and reliability.

4. Findings

The findings are presented under four key impact areas: household consumption and poverty reduction, education, health service utilization, and women's empowerment.

Household Consumption and Poverty Reduction

The study revealed that CCT beneficiaries reported higher monthly household consumption levels compared to non-beneficiaries. While the average household consumption among beneficiaries was ₦74,800, that of non-beneficiaries was ₦55,600, representing a 34.6% difference.

Table 3: Monthly Household Consumption (₦)

Household Type	Mean Consumption (₦)	Standard Deviation	% Difference
Beneficiary Households	74,800	12,400	+34.6%
Non-Beneficiary Households	55,600	10,700	—

This finding suggests that the cash transfer helps beneficiaries' smooth consumption and reduce extreme poverty. However, given inflation and rising food prices, the real value of ₦5,000 transfers remains modest.

Education Outcomes

The programme significantly influenced school attendance rates. About 87% of school-age children in beneficiary households were enrolled and attended school regularly, compared to 72% in non-beneficiary households.

Table 4: School Enrolment and Attendance of Children (6–17 years)

Indicator	Beneficiary Households (%)	Non-Beneficiary Households (%)	Difference (%)
Children Enrolled	87	72	+15
Regular Attendance	81	66	+15
Dropout Incidence	6	12	-6

This indicates that CCT conditionalities tied to education contribute positively to school enrolment and attendance, reducing dropout rates in poor households.

Health Service Utilization

Access to health services showed significant improvement among beneficiaries. Approximately 76% of women in beneficiary households attended at least one antenatal care session during pregnancy, compared to 52% in non-beneficiary households. Similarly, immunization rates for children under 5 were higher in beneficiary households (71%) than in non-beneficiary households (55%).

Table 5: Health Service Utilization

Indicator	Beneficiary Households (%)	Non-Beneficiary Households (%)	Difference (%)
Antenatal Care (ANC) Attendance	76	52	+24
Facility-Based Delivery	62	41	+21
Child Immunization (Under 5)	71	55	+16
Postnatal Care (PNC) Attendance	68	46	+22

These results confirm that CCTs encourage the uptake of maternal and child health services, consistent with programme design.

Women's Empowerment

The study found that directing transfers primarily to women strengthened household decision-making roles. 68% of beneficiary women reported having a say in major household financial decisions, compared to 39% among non-beneficiary women.

Table 6: Women's Empowerment Indicators

Indicator	Beneficiary Women (%)	Non-Beneficiary Women (%)	Difference (%)
Decision-Making on Household Spending	68	39	+29
Savings Participation	52	26	+26
Participation in Community Groups	47	23	+24

This finding supports Empowerment Theory, showing that access to resources enhances women's agency and participation in household and community decision-making.

Programme Challenges Reported by Beneficiaries

Despite the positive impacts, several challenges were reported:

- Irregular payments: 43% of respondents reported delays of more than 3 months.
- Low transfer value: 59% noted that ₦5,000 was insufficient given current inflation.
- Weak awareness: 28% of respondents were unaware of the full conditionality requirements.
- Accessibility issues: 22% cited difficulty accessing payment points due to poor infrastructure.

Summary of Findings:

- Beneficiaries had higher consumption levels, confirming poverty alleviation effects.
- School enrolment and attendance rates were significantly higher among beneficiaries.
- Maternal and child health service utilization improved under CCT participation.
- Women's empowerment indicators showed substantial gains in decision-making, savings, and community participation.
- However, challenges of low transfer value, delayed disbursements, and weak awareness limited programme effectiveness.

5. Discussion of Findings

The findings of this study reaffirm the central role of Conditional Cash Transfers (CCTs) in poverty alleviation, human capital development, and women's empowerment, while also highlighting persistent challenges in programme implementation. The discussion is organized under four thematic areas.

Household Consumption and Poverty Reduction

The study revealed that beneficiary households had significantly higher monthly consumption levels (₦74,800) compared to non-beneficiaries (₦55,600). This confirms that cash transfers serve as effective social protection instruments, enabling households to smooth consumption and avoid negative coping strategies such as child labor or distress sales of assets.

This finding is consistent with Fiszbein and Schady (2009) who demonstrated that Latin American CCTs (e.g., Mexico's *Progresa* and Brazil's *Bolsa Família*) improved household consumption patterns. In Nigeria, this aligns with World Bank (2022) evaluations of the National Social Investment Programme (NSIP), which found modest but significant improvements in household welfare.

However, beneficiaries in this study noted that the transfer amount (₦5,000 per month) is increasingly inadequate due to inflationary pressures. This reflects the limitation of Nigeria's CCT when compared to Latin American programmes where transfers are inflation-indexed and higher relative to living costs.

Education Outcomes

Findings showed a 15% higher enrolment and attendance rate among children from beneficiary households compared to non-beneficiaries. This outcome validates the Human Capital Theory, which posits that investments in education increase long-term productivity.

Similar outcomes were reported in Brazil's Bolsa Família, where CCTs led to significant reductions in school dropout rates (Soares et al., 2010). In Nigeria, Okoli et al. (2021) also found that CCTs improved educational participation among rural poor households. The present study strengthens this evidence base by showing that Nigerian children in beneficiary households are more likely to remain in school.

Nonetheless, interviews with parents highlighted challenges such as hidden school costs (uniforms, books, transportation), which the CCT stipend alone does not fully cover. This underscores the need for complementary interventions such as school feeding programmes.

Health Service Utilization

Beneficiary households demonstrated greater use of maternal and child health services. Antenatal care attendance was 76% among beneficiaries compared to 52% among non-beneficiaries, while immunization rates were 71% vs. 55%, respectively.

These findings are consistent with Lagarde et al. (2007), who showed that CCTs globally improve preventive healthcare utilization. They also align with the Social Protection Theory, where transfers reduce health-related vulnerability by encouraging service uptake.

However, qualitative data revealed barriers such as long distances to health facilities, poor service quality, and stock-outs of vaccines/medications. This suggests that while CCTs increase demand, supply-side constraints may undermine the programme's full impact.

Women's Empowerment

This study found significant gendered impacts, with 68% of beneficiary women reporting participation in household financial decisions compared to 39% among non-beneficiaries. Similarly, women in beneficiary households reported higher savings and community participation.

This outcome reflects Kabeer's Empowerment Theory, which emphasizes that access to resources enhances agency. It also aligns with Adato & Hoddinott (2010), who showed that CCTs directed at women strengthen their bargaining power within households.

The Nigerian case suggests that channeling transfers to women not only enhances welfare but also facilitates gender-inclusive development. Yet, FGDs highlighted that some women still face resistance from male household heads, indicating that empowerment outcomes are context-dependent.

Programme Challenges

Despite positive impacts, challenges persist:

- Irregular payments undermine household planning.
- Low transfer value limits real poverty reduction effects under inflationary conditions.
- Weak awareness of conditionalities reduces compliance.
- Accessibility barriers (e.g., poor payment infrastructure) disproportionately affect rural households.

These challenges mirror findings from Iorwa et al. (2024) and World Bank (2023), both of which stressed institutional weaknesses in Nigeria's CCT implementation.

Comparative Analysis with Previous Studies

Table 7: Comparison of Key Findings with Previous Studies

Indicator	Present Study (Nigeria, 2024)	Okoli et al. (2021, Nigeria)	Fiszbein & Schady (2009, Latin America)	Soares et al. (2010, Brazil)
Household Consumption	+34.6% for beneficiaries	Positive impact reported	Positive across multiple CCTs	Significant poverty reduction
School Enrolment	+15% higher among beneficiaries	Improved enrolment noted	Consistently positive	Dropout reduction observed
Health Service Utilization	+24% ANC attendance	Limited evidence	Positive effect on preventive care	Strong improvements
Women's Empowerment	+29% decision-making power	Partially observed	Women targeted in most CCTs	Strong empowerment effects
Programme Challenges	Low transfer value, delays	Administrative bottlenecks	Less prominent due to stronger systems	Few implementation issues

This comparison indicates that Nigeria's CCT has similar poverty and human capital impacts as global experiences, but implementation challenges remain more severe relative to other countries.

6. Conclusion

This study critically examined the design, implementation, and impacts of Nigeria's Conditional Cash Transfer (CCT) programme, with a focus on its role in poverty reduction, human capital development, and women's empowerment. Drawing on both quantitative and qualitative data, the findings demonstrate that the programme has yielded measurable improvements in household welfare, education participation, health service utilization, and gender inclusion. Beneficiary households consistently reported higher consumption levels, greater school enrolment rates, increased maternal and child healthcare utilization, and enhanced women's decision-making power compared to non-beneficiaries. These outcomes validate the core assumptions of Human Capital Theory, Social Protection Theory, and Empowerment Theory, which jointly frame CCTs as tools for immediate poverty alleviation and long-term socio-economic transformation.

However, the study also uncovered significant challenges and systemic weaknesses. The fixed transfer value of ₦5,000 per month has been eroded by persistent inflation, limiting the real poverty reduction effect. Implementation bottlenecks—such as irregular payments, inadequate awareness of conditionalities, weak grievance mechanisms, and poor infrastructure in rural areas—reduce the programme's efficiency and credibility. Furthermore, while the programme empowers women economically and socially, gender norms and intra-household dynamics continue to mediate the extent of empowerment outcomes.

Overall, the evidence suggests that Nigeria's CCT programme is a step in the right direction, contributing positively to poverty alleviation and social protection. Yet, its sustainability and scalability require urgent reforms in targeting, payment systems, monitoring and evaluation, and inflation-indexation mechanisms. Lessons from global experiences—particularly in Latin America—show that well-funded, efficiently managed, and transparently implemented CCTs can produce transformational effects across generations. For Nigeria, embedding these lessons into policy practice is essential to achieving the broader goals of inclusive growth, social equity, and sustainable development as outlined in the National Social Protection Policy and the Sustainable Development Goals (SDGs).

In conclusion, while the Nigerian CCT programme has proven to be an effective poverty alleviation mechanism, its true potential lies in strengthening governance, ensuring timely and adequate transfers, and integrating complementary livelihood support systems. Doing so will not only enhance its immediate welfare effects but also secure its role as a catalyst for long-term human capital development and inclusive national prosperity.

Policy implications

1. CCTs work — but delivery matters. Evidence shows CCTs raise consumption, school attendance, health service use and women's agency. However, irregular payments, weak beneficiary verification, and low transfer real value blunt impact and trust. This implies that scaling transfers without fixing delivery systems risks inefficiency and political backlash. [worldbank.orgPunch Newspapers](https://www.worldbank.org/PunchNewspapers)
2. Governance is the multiplier. Program outcomes depend strongly on governance: biometric/NIN verification, timely disbursement, transparent accounts, and independent audits. The 2024 suspension and account freezes demonstrated how governance breakdowns can halt benefits and harm vulnerable households. Strengthening governance therefore directly increases programme effectiveness. [AP NewsWorld Bank](https://www.apnews.com/world-bank)
3. Macro context matters (inflation & fiscal space). High inflation and fiscal constraints erode real transfer values; transfers that are not indexed or responsive to shocks will fail to protect living standards. CCT design must be shock-responsive and fiscally sustainable, ideally supported by targeted donor financing and clear budget lines. [worldbank.orgAP News](https://www.worldbank.org/APNews)
4. Digital ID + payment systems are essential but must be inclusive. Biometric/NIN validation and electronic payments reduce leakage but can slow rollout if many poor households lack IDs. A dual strategy — fast-track NIN enrollment while providing interim, inclusive payment options — is required. [World Bank+1](https://www.worldbank.org/)
5. Coverage gaps persist; targeting must improve. The World Bank and recent reporting indicate millions of needy households remain unreachable. Improving the National Social Registry, combining proxy means testing with community validation, and mapping poverty spatially will raise coverage equity and efficiency. [World BankPunch Newspapers](https://www.worldbank.org/PunchNewspapers)

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