

**THE IMPACT OF THE MILLENNIUM DEVELOPMENT GOALS'  
CONDITIONAL CASH TRANSFER (MDG-CCT) SCHEME ON  
POVERTY ALLEVIATION IN NIGERIA: A CASE STUDY OF GOMBE  
STATE (2011-2015)**

**BY**

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STUDIES,  
FACULTY OF SOCIAL SCIENCES,  
AHMADU BELLO UNIVERSITY,  
ZARIA, NIGERIA**

**MARCH, 2018**

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**MARCH, 2018**

## DECLARATION

I declare that the work in this Dissertation entitled “**The Impact of the Millennium Development Goals’ Conditional Cash Transfer (MDG-CCT) Scheme on Poverty Alleviation in Nigeria: A Case Study of Gombe State (2011-2015)**” has been carried out by me in the Department of Political Science and International Studies. The information derived from the literature has been duly acknowledged in the text and list of references provided. No part of this dissertation was previously presented for another degree or diploma at this or any other institution.

\_\_\_\_\_

Name of Student

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## CERTIFICATION

This Dissertation entitled **“The Impact of the Millennium Development Goals’ Conditional Cash Transfer (MDG-CCT) Scheme on Poverty Alleviation in Nigeria: A Case Study of Gombe State (2011-2015)”** by Ibrahim Jalo ABUBAKAR meets the regulations governing the requirements for the award of Master Degree of Science (M.Sc.) Political Science of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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## **DEDICATION**

This Dissertation is dedicated to Almighty Allah who has given me wisdom and sense of direction at every point of this research work and to my parents Malam Abubakar Abdullahi and Aishatu Abubakar for their love, moral support, encouragement and prayers.

## ACKNOWLEDGEMENTS

All praises are for Allah the most gracious the most merciful, who gave me the gift of life, opportunity and the wisdom to carry out this research and undergo this programme.

This Dissertation would have never been what it is today without the guidance, advice, suggestions, time, criticism and encouragement of my supervisors, Professor Kayode Omojuwa and Dr. Muhammad Nuruddeen Musa. Sirs, your contributions to my academic prowess are invaluable and I remained forever grateful for your objective critique and suggestion during this study.

I also want to use this opportunity to express my profound gratitude to my lecturers in the Department of Political Science and International Studies, Ahmadu Bello University, Zaria: late Mallam Sa'ïdu H. Adamu, Prof. P. P. Izah, Prof. R. A. Dunmoye, Prof. E. Unobe, Prof. Yusufu A. Yakubu, Prof. Umar Kaoje, Prof. Hudu Abdullahi Ayuba, Dr. A. S. Mohammed, Mallam Garba Aminu, Dr. Edgar Agubamah, Dr. M. Faal, Dr. Sama'ïla Shehu, Dr. Aliyu Yahaya, Dr. O. D. Moveh, Dr. Jacob Audu, Dr. M. L. Tafida, Dr. Dayyabu M. Hassan, etc for their support and guidance that added value to this work.

I also have to acknowledge the efforts of my other lecturers including Dr. Adamu Abbas (GSU), Prof. Esew G. Ntim (KASU), Dr. Ndaliman Hassan (ADSU), Engineer Mahmud (NCAT), Alhaji Bala Jalo (Faculty of Social Sciences, ABU), Malam Murtala (Faculty of Social Sciences, ABU) and Malam Kabiru Danladi Lawanti (ABU) for their contributions towards the success of this work.

Special appreciation also goes to Gombe State University for the support and motivation throughout the course of the whole programme. I cannot thank you enough and I remained forever indebted to your contribution in my life. I also remained indebted to the contributions of all my course mates 'Msc. Class of P13' for their attention, encouragement and resilience throughout our course work and beyond.

I also acknowledge the contributions of the staff and management of MDGs in Gombe State for the cooperation and assistance rendered to me during the course of this study. Specifically, I acknowledged the efforts of Alhaji Ibrahim Manu, MDGs administrative Officer, Alhaji Audi Adamu MDGs Focal Person, Alhaji Abubakar Muhammad Gombe, MDG coordinator, Magaji Yayaji Kumo among others in the MDGs state and Local Government offices for their assistance in the generation of data for this study. Similarly I acknowledge the cooperation received from beneficiaries of the MDG-CCT programme in Gombe and Yamaltu-Deba LGAs of Gombe State during data collection for this study.

This acknowledgment would be incomplete without expressing my appreciation and gratitude to my parents, Malam Abubakar Abdullahi and Aishatu Abubakar for their love, advice, guidance and assistance. I also appreciate the contribution of my brothers and sisters; including, Muhammad, Abdullahi, Bello, Adamu, Umar, Salihu, Fatima, Hadiza, Maryam and Habiba and the whole family.

I would like to also express my gratitude to fellow colleagues and friends in A.B.U, Zaria including Late Omojarabi Wasiu (Marshal), Sani Yusuf Yusuf, Shedrack Danbaba Terengson, Bello Muhammad Bose, Jamila Ali, Ibrahim Abdullahi, Manga Adamu, Umar Zaria (Faculty of Engineering ABU) James Abdulnasir, Danladi Aliyu, Sa'adu Kwairanga (K.I.L.), Malam Auwal Kumo (ATBU), Hammad Puma, Zayyan Puma, Usman Jajere, Bala Sabo Bala, Alhaji Tasi'u Muhammad, Aliyu Danladi, Jamiu (Just Business Centre, Akenzua) Bappah Computer, Shehu Yola MIAD, Ibrahim Halilu Yobe, Muhammadu Maude Katsina, Malam Yusuf (Imam Sassakawa Mosque), Muntasir (Architect), Yayaji Baba Falkejo and many others. I really acknowledge your fruitful efforts.

This acknowledgement will be incomplete without expressing my gratitude and appreciation to the Department of Political Science and International Studies, Ahmadu Bello University,

Zaria and the University in general for allowing me to undergo a Masters Degree in Political Science. I am very much Grateful.



## **ABSTRACT**

*In pursuance of the desire to reduce long term poverty among the non- active groups of the poor-physically-challenged, poor-aged, widows, diseased and the most vulnerable-that is transmitted from generation to generation, Nigeria, within the MDGs' framework, adopted conditional cash transfers as new strategy for addressing poverty and promoting social protection of the poor. Based on this background and within the context of this framework, therefore, this research assesses the impact of the MDGs' Conditional Cash Transfer (MDG-CCT) scheme; a social transfer programme, on poverty alleviation particularly the intergenerational transfer of poverty and promotion of social protection among its targeted population in Gombe and Yamaltu-Deba Local Government Areas of Gombe State. The significance of this study is that it focuses on the impact of Conditional Cash Transfers on intergenerational poverty (poverty trap) in the study areas which previous studies have neglected. The research essentially adopted a survey method as its research design and data were generated from both primary and secondary sources through administering of interview, focus group discussion, observation and extraction of information from relevant publications. The populations of the study were the MDG-CCT staff and the beneficiaries' populations in the two LGAs. The research adopted Lindblom's Incremental Theory as its explanatory framework and Qualitative method of data analysis was used to present and analyze the data generated. The findings of the study show that there was credibility in the selection criteria of the CCT beneficiaries. The level of funding in the programme has promoted social protection of the beneficiaries. Other findings of this study were that the methods of delivery of the CCT programme were effective in reducing extreme poverty among beneficiaries and its general implementation strategies have succeeded in reducing intergenerational transfer of poverty among the beneficiaries in the study areas. The research recommended that similar programmes should be replicated to cover not only the non-active groups of the poor but the active population of the poor who constitutes the vast majority of the poor in the study areas. Infrastructural facilities such as roads, schools, hospitals among others should be improved in the study areas.*

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## **LIST OF ABBREVIATIONS**

ABU	Ahmadu Bello University, Zaria
ADSU	Adamawa State University, Mubi
AEP	Agricultural Employment Programme
AIDS	Acquired Immuno Deficiency Syndrome
BIG	Basic Income Guarantee
BLP	Better Life Programme
CCT	Condition Cash Transfer
CBN	Central Bank of Nigeria
CDD	Community Driven Development
CGS	Conditional Grant Scheme
COPE	In Care of the People
CSAC	Community Social Assistance Committee
DFRRI	Directorate of Food, Roads and Rural Infrastructure
DRG	Debt Relief Gain
FEAP	Family Economic Advancement Programme
FGD	Focus Group Discussion
FOS	Federal Office of Statistics
FSP	Family Support Programme
GNP	Gross National Product
GDP	Gross Domestic Product
GR	Green Revolution
GSU	Gombe State University, Gombe
HIV	Human Immuno-deficiency Virus



HDR	Human Development Report
ICT	Information and Communication Technology
ILO	International Labour Organization
IPRSP	International Poverty Reduction Strategy Paper
KASU	Kaduna State University, Kaduna
LEEDS	Local Economic Empowerment and Development Strategy
LGA	Local Government Area
LGAC	Local Government Assistance Committee
MDA	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MDG-CCT	Millennium Development Goals' Conditional Cash Transfer
NAPEC	National Poverty Eradication Council
NAPEP	National Poverty Eradication Programme
NCAT	Nigerian College of Aviation Technology, Zaria
NDE	National Directorate of Employment
NEEDS	National Economic Empowerment and Development Strategy
NES	Nigerian Economic Society
NGO	Non Governmental Organization
NRDC	National Resource Development and Conservation Scheme
OFN	Operation Feed the Nation
OPEC	Organization of Petroleum Exporting Countries
OSSAP-MDGs	Office of the Senior Special Assistant to the President on the MDGs
PCI	Per Capita Income

PCAM-MDGs	Presidential Committee on the Assessment and Monitoring of MDGs
PRAI	Poverty Reduction Acceleration Investment
PSU	Project Support Unit
SAP	Structural Adjustment Programme
SEEDS	State Economic Empowerment and Development Strategy
SCCs	State Coordination Committees
SOWESS	Social Welfare Services Scheme
SPECs	State Poverty Eradication Council
SSAC	State Social Assistance Committee
SSE	Small Scale Enterprises Programme
STIK	Social Transfers in Kind
RIDS	Rural Infrastructure Development Scheme
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNMC	United Nations Millennium Campaign
VEDS	Village Economic Development Solutions
VPF	Virtual Poverty Fund
VSD	Vocational Skills Development
VVF	Visico Vaginal Fistula
YES	Youth Empowerment Scheme

## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 Background to the Study

The quest to eradicate poverty has been identified as the most critical challenge of development in the world today, particularly in developing countries such as Nigeria. This made the United Nations in 2000 to evolve poverty reduction as one of its goals in the MDGs programme which many developing countries about 180 of them pledged alliance for the achievement of its goals. The MDGs programme was introduced in many countries including Nigeria which is categorized under the developing countries of the world. Poverty and underdevelopment are the major features of many countries in Sub-Saharan Africa and Nigeria as evidenced by widespread and severe poverty as depicted in insufficiency of food, education, health care and other basic amenities. The Millennium Development Goals (MDGs) were a set of eight time –bound goals that had the eradication of extreme poverty and hunger as its first goal even though all the remaining subsequent goals were mutually reinforcing towards poverty eradication within the specified time frame (2000-2015) of 15 years.

One of the measures put in place to realize the goal of the MDGs was the Conditional Cash Transfer. Conditional Cash Transfer (CCT) is a form of social transfers; an important safety net programme which was increasingly perceived as an effective tool for poverty alleviation. It has the ability to enhance both the income of the poor in the short run and their human capabilities in the medium and long terms. Social transfers such as the CCT are an aspect of Social Protection that is put in place with a system that protect and transform the livelihood of the citizens, including vulnerable and chronically poor. Such transfers are direct, regular

and with predictable grants, usually in form of cash that are provided to poor households and individuals.

The CCT is a Social transfer whereby poor households are assisted to build their assets by means of investment in human capital. It entails the provision of monthly grants to selected extremely poor households contingent on certain behaviour, usually investment in human capital such as allowing basic school age children be in school or allowing under 5 children access Government free vaccination, immunization and vitamin A supplement. In general, CCT programme seeks to help the current generation in poverty as well as breaking the cycle of poverty for the next through the development of human capital and in reducing the number of poor households in the country by increasing their access to basic services. The main goals of the CCT programme, in other words, was to break intergenerational transfer of poverty among the extremely poor households as well as to achieve the MDG goal of halving the proportion of people living in extreme poverty by 2015 as this would make noticeable impact on the poor through increasing their demand for education, basic health and engagement in income generating activities.

The implementation of the programme in many countries throughout the world has revealed successes in addressing many of the failures experienced in the delivering of social assistance. Evidence of success in increasing enrolment rates, improving preventive health care and raising household consumptions abound in countries where the programme has been implemented. Although the programme has registered a lot of successes in improving the quality of lives of the people, enhancing school enrolment and substantial improvement in health and nutrition of children, it however, did not represent a significant increase and sustained income of the people after leaving the programme.

This is why the Nigeria's variant of the CCT developed a concrete exit strategy in the form of payment of lump sum amount after skill training to enable the benefitting household to set up their business to generate income for the use of the family is seen as veritable tool for tackling the problem of intergenerational transmission of poverty or poverty trap. The exit strategy ensures sustained income to the beneficiaries even after exiting out of the programme.

The Nigeria's version of the CCT is in form of grant provided to the poor households to assist them build their assets through investment in human capital. Generally, the programme was aimed at addressing the problems of intergenerational transmission of poverty and reducing the number of poor household in the society. The programme was basically targeting extremely poor households with virtually zero income as a result of physical disability, agedness, and severe illness, death of a spouse or any other physical deformity of the household heads. The basic conditions attached to the programme in Nigeria are those of providing a trainee (a next of kin to the household head beneficiary) by the benefitting households who would be trained on a vocation, allowing the children or wards of the benefitting households to be in school and supporting the attendance and access of households to Government's free medical services such as immunization, vaccination and vitamin A supplement.

Gombe State, however, introduced a little variation in the exit strategy the investment grant instead of being paid lump sum, the amount was used to train a member of the household in a skill of his/her choice after which resettlement tools were purchased and handed over to the family together with their balance to enable them set up income generating venture.

The CCT programme was conducted in all the Local Government Areas of Gombe State including Gombe and Yamaltu-Deba LGAs which constitute the study areas for this study.

These areas were covered by the CCT and beneficiaries of the scheme were selected and enrolled into the programme from both of them. The Beneficiaries and their next of kins were given grants and training on skills acquisition for the period of the programme respectively. At the end of the programme, the beneficiaries' next of kins from each of the two LGAs were given resettlement tools of the various trades or vocations they have acquired together with the remaining balance if any. Thus, the CCT has not only met its goal of reducing poverty and promoting social protection but as well as creating jobs that would sustain the income of the beneficiaries.

## **1.2 Statement of the Research Problem**

The impact of MDGs' Conditional Cash Transfer (CCT) on intergenerational transfer of poverty among the extremely poor families who benefited from the programme has not been ascertained in Gombe and Yamaltu-Deba LGAs of Gombe State. There is prevalence of suspicion and skepticism about the adequacy of methods and levels of funding in the programme. Also, perception of nepotism in the selection of beneficiaries as well as the implementation strategies poses a problem of reliability and wider involvement of many beneficiaries.

It is also a concern of the study to look at how significant was the exit strategy used in Gombe and Yamaltu-Deba LGAs help in the success of the CCT programme or how and to what extent the exit strategy help in skill acquisition and income sustainability among the targeted population. This is based on the clear understanding that most of the poverty alleviation programme in the country in general and Gombe State in particular have failed to achieve their objectives. The reasons for their failure are often attributed to poor coordination of activities; lack of well articulated policy for poverty eradication; lack of sustainability of programmes and projects; absence of achievable target setting; absence of monitoring evaluation and impact assessment; absence of effective coordination and collaboration

between the agencies of government and among the three tiers of governments; and duplication of functions resulting in unnecessary rivalry among institutions (NAPEP, 2004).

These lapses in other poverty alleviation strategies that have been used in the country are main reasons why the programmes failed to record any significant achievements of their target. For example the Directorate for Food, Road and Rural Infrastructure (DFFRI) and National Directorate of Employment (NDE) despite their all-inclusive poverty reduction programme, they could not achieve many of their objectives because the former was overambitious in scope, steep in corruption and lack proper standard of coordination while the later suffers from poor funding, government negligence and lack of proper administrative coordination. These lapses inevitably hampered their activities and retire them to standstill.

This research therefore, assesses the impact of the MDGs' Conditional Cash Transfer (CCT) Scheme on intergenerational transfer of poverty among its target population in Gombe and Yamaltu-Deba Local Government Areas of Gombe State with a view to unravel whether it has significantly contributed to poverty alleviation among the poor families who have benefitted from the programme in the two LGAs and probe weather this is in line with better coordinating and apt administrative structure in the programme that envisage a robust and successful implementation that promise an effective monitoring and evaluation of set out objectives in Gombe and Yamaltu-Deba LGAs of Gombe State.

### **1.3 Research Questions**

The study answers the following questions:

1. What are the criteria for selecting beneficiaries and ways of accessing the CCT in Gombe and Yamaltu-Deba LGAs?
2. To what extent did the level of funding of the CCT promote social protection of the poor in Gombe and Yamaltu-Deba L.G.As?

3. To what extent did the methods of delivery of the CCT Scheme help to reduce extreme poverty among beneficiaries in Gombe and Yamaltu-Deba LGAs?
4. What is the impact of the general implementation strategies of the CCT on intergenerational transfer of poverty among beneficiaries in Gombe and Yamaltu-Deba LGAs?

#### **1.4 Objectives of the Study**

The objectives of the study are:

1. To assess the selection criteria of beneficiaries and ways of accessing the CCT in Gombe and Yamaltu-Deba LGAs.
2. To examine the extent to which the level of funding of the CCT promotes social protection of the poor in Gombe and Yamaltu-Deba L.G.As.
3. To examine effectiveness of the delivery methods of the CCT Scheme in reducing extreme poverty among beneficiaries in Gombe and Yamaltu-Deba LGAs.
4. To examine the impact of the general implementation strategies of the CCT on intergenerational transfer of poverty among beneficiaries in Gombe and Yamaltu-Deba LGAs.

#### **1.5 Research Assumptions**

In line with the research questions and objectives raised, the research is developed around the following assumptions.

1. The selection criteria of CCT beneficiaries in Gombe and Yamaltu-Deba LGAs were credible.



2. The level of funding to the poor beneficiaries by the CCT scheme has not promoted social protection among the beneficiaries in the study areas.
3. The methods of delivery of the CCT scheme to the poor have reduced extreme poverty among the beneficiaries in the study areas.
4. The general implementation strategies of the CCT have not significantly reduced intergenerational transfer of poverty among beneficiaries in the study areas.
5. The exit strategy is an effective way of skills acquisition, job creation and income sustainability.

## **1.6 Significance of the Study**

Several studies have been conducted by scholars on the MDGs in Nigeria; however, there has been no focus on the Conditional Cash Transfer (CCT) scheme which was conducted within the MDGs' framework in Gombe and Yamaltu-Deba Local Government Areas of Gombe State. Also, there is no research carried out on the impact of CCT on poverty alleviation with specific focus on the methods of payment in the programme; selection criteria of beneficiaries and implementation strategies as well as the issue of funding in the programme. The MDG-CCT programme, therefore, has not been properly documented and currently there is dearth of information about the programme in the literature. It is the motivation to fill in the gap that rationalized and informed this study. This study therefore is significant as it makes a modest contribution in assessing the impact of the CCT programme on poverty alleviation in Gombe and Yamaltu-Deba Local Government Areas of Gombe State with specific focus on the impact of exit strategy modified and adopted in Gombe State for effectiveness in service delivery.

## **1.7 Scope and Limitations of the Study**

The study focuses only on the impact of the MDG-CCT scheme on poverty alleviation among beneficiaries in Gombe and Yamaltu-Deba Local Government Areas of Gombe State, particularly with specific focus on the extent to which the programme addressed intergenerational transfer of poverty among the poor families who benefited from the programme in the state. The study was interested in taking one metropolitan local government and one rural local government in Gombe State in order to assess the impact of the programme. Gombe LGA is the state capital and the only metropolitan LGA in the state and it therefore fall in by default as one LGAs selected for this study while Yamaltu-Deba LGA was selected at random out of all the remaining 10 Local Government Areas in the State which are all rural. This was done by coding the names of all the LGAs in the state on small pieces of paper which were put in a box. The box was shaken thoroughly to ensure that the papers are mixed properly. Then we picked one out of the box which we found to bear the name of Yamaltu-Deba LGA. The method used above, therefore, is called raffle draw or snowballing method of sampling. The reason for doing this was to give all the remaining LGAs equal chance of being selected for this study.

The time frame of this study covers the period between 2011 and 2015. The reason for adopting 2011 as the base year is that the CCT started in that year and we resolved to assess the impact of the programme in its four year of execution. This informs the limiting of the scope to 2015.

The major limitations of this research were the difficulties encountered in accessing and generating data, especially the data generated from beneficiaries of the MDG-CCT programme who were dispersed into towns and villages across the study areas. It was a herculean task to gather the beneficiaries for Focus Group Discussions in their different

locations. The researcher had to liaise with the Local Governments officials who facilitated the cooperation of the beneficiaries for participation in the discussions. Other limitations to this work are the lukewarm attitude of some government officials who were very reluctant to release relevant information for this study.

## **1.7 Organization of Chapters**

Chapter one deals with the general introduction which includes: background to the study, statement of the problem, research questions, and objectives of the study, significance of the study, and scope and limitations of the study. It also contains description of the research methodology which discusses the research design for the study, methods of data collection, population, sample size, sampling techniques, and categories of respondents for the study, the methods of data analysis.

Chapter Two comprises the review of literature with a focus on the Millennium Development Goals (MDGs), Conditional Cash Transfers (CCT) and social protection. The chapter also discusses the concepts of poverty and development, types of poverty, its causes, nature, and indicators, household poverty and income among others. This chapter also contains the theoretical framework for the study.

Chapter Three provides a synoptic overview of poverty alleviation programmes in Nigeria before the CCT programme and an overview of the socio-economic features of the study areas dwelling on the prevalence of poverty on key sectors such as education, health care, water provisions, infrastructural facilities and the potentials areas of investment that can be utilized for development. The chapter also made a review of the CCT implementation document.

Chapter Four contains the presentation and analysis of data, the research findings and verification of research propositions. Finally, Chapter Five contains the summary, recommendations and conclusion of the study.

## **1.8 Definition of Key Terms**

### **1. Millennium Development Goals (MDGs)**

This was a development programme of the United Nations that seeks to address the issues of poverty, education, health and environment among mankind through a series of eight time-bound goals to be achieved by the year 2015. The programme was designed and implemented by the United Nations and its goals were agreed upon by the international community at the United Nation Millennium Summit held in New York in September 2000. The goals were to: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability and develop a global partnership for development.

To address these challenges, all member countries of the United Nations signed the Millennium Declaration in September 2000 which committed all countries to the achievements of those objectives by 2015. The goals come to be known as Millennium Development Goals (MDGs).

The Millennium Development Goals based on this study refers to the eight time-bound goals adopted by the United Nations at the beginning of the millennium to eradicate poverty and achieve development among the developing countries of the world. The programme was adopted by Nigeria and implemented in all the states of the federation including Gombe State and its Local Government Areas.

## **2. Conditional Cash Transfer (CCT)**

Fajth and Vinay (2010) define CCT as a kind of social protection programme that transfers cash to poor households on the premise that the households will use certain health, education or other social services that the decision makers consider of public interest. This refers to a strategy of reducing poverty by making welfare programmes for the people contingent on the beneficiaries adhering to certain specified conditions or actions by which the government transfers money to people who meet certain criteria.

The Conditional Cash Transfer for the purpose of this study refers to the social protection approach adopted by the MDGs Nigeria to meet one of its eight goals- eradication of extreme poverty and hunger by 2015. The MDG-CCT provides grants to qualified poor households on the condition that they engage in investments in human capital development of their children and dependents. The qualified households are expected to fully participate in all free government basic education and healthcare programmes and to provides one of the households members for vocational training on trades of their choices. The primary target groups of the programme are: poor female-headed households, poor aged headed households, physically challenged persons headed households and households headed by special groups such as victims of HIV/AIDS and VVFs with children of basic school age. The objectives of the programme are to reduce vulnerability of the core poor in the society against existing socio-economic risks and to reduce intergenerational transfer of poverty

## **3. Poverty**

Poverty refers to a situation of deprivation in which an individual has an inadequate or no means of satisfying basic needs of food, clothing, shelter, education and transport as a result of material and financial constraints. Poverty refers to any kind of deprivation that prevents an individual from leading a descent life befitting of human dignity.

However, in the context of this study poverty refers the social deprivation of individuals or groups caused by physical deformity as result of disability, widowhood, age or severe ailment. Poor in this sense are the disabled; physically-challenged; widows, aged who cannot afford to work and earn a living physically either as result of deformity or any type of physical challenge.

#### **4. Poverty Eradication**

This refers to the measures taken by the government to reduce the incidence of poverty among people in a given society as a result of certain policy or project intervention. It signifies improvement in the level of living of the people especially the poor and less privileged. For the purpose of this research work, however, poverty eradication refers to the strategies employed by the MDG-CCT programme to curb intergenerational transfer of poverty among the families headed by the physically incapacitated individuals who are unable to work and earn livelihood in spite of their dependents.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 Introduction**

The aim of this chapter is to critically review the available literature on the subject matter and discuss the theoretical framework that guides the research. It examines the Millennium Development Goals, Conditional Cash Transfers, social protection, the concept of poverty and development, the concept of poverty, types of poverty, indicators of poverty, and causes of poverty in Nigeria, nature and incidence of poverty in Nigeria among others and the theoretical framework and review of empirical studies.

#### **2.2 Conceptual Literature**

##### **2.2.1 Millennium Development Goals (MDGs)**

Towards the close of the last century, world leaders from both developed and developing nations met in order to evaluate progress made in social, economic and political dimensions of national and international development, and to strategize for improvements in the twenty-first century (Jack, 2013). The United Nations Millennium declaration was, therefore, adopted in September 2000 at the largest ever gathering of heads of states and governments committing countries both rich and poor to do all they can to eradicate poverty, promote human dignity and equality and achieve peace, democracy and environmental stability.

The Millennium Development Goals (MDGs) aimed at addressing the issues of poverty agreed by the international community to be achieved by the year 2015. The MDGs had eight goals of which seven are mutually reinforcing and directed at reducing poverty in its entire

ramifications and a goal (goal 8) which committed both the rich and poor countries to work together for the realization of the MDGs generally. The goals were as follows:

1. To eradicate extreme poverty and hunger. The target was to halve the proportion of people living on less than \$1 daily and those suffering from hunger by 2015, and ensure that there is an increase in the amount of food for those who suffer from hunger.
2. To achieve universal primary (Basic) education. The target was to achieve universal basic education completion by 2015.
3. To promote gender equality and women empowerment. The target was to totally overcome gender disparities in both primary and secondary education enrolment by 2005 and achieve equity at all level by 2015.
4. To reduce child mortality. The target was to reduce child mortality rate by two-third by 2015.
5. To improve maternal health. The target was to reduce by  $\frac{3}{4}$  the proportion of women dying in childbirth by 2015.
6. To combat HIV/AIDs, malaria and other diseases, the target was to stop and commence to reverse the incidence of HIV/AIDs, malaria and other diseases by 2015.
7. To ensure environmental sustainability. The target was to reduce by half the proportion of people without access to clean drinking water and basic sanitation, and lastly.
8. To develop a global partnership for development. This goal recognized the importance of collaboration between the haves and have-nots to eradicate poverty and hunger (Idiaro and Idiaro, 2010).

### **2.2.2 Conditional Cash Transfers (CCT)**

Most of poor and disadvantaged populations of the developing countries, over the last two or three decades, have benefitted little from the economic growth of their countries. This is



manifested in the countries' poor nutrition, education, health and infrastructure (Fajth and Vinay, 2010). Conditional Cash Transfers (CCT) schemes are social protection programmes based on multidimensional perspectives of poverty reduction aimed at broadening the development impact of economic growth to benefit the poor people directly.

According to DFID (2011) CCTs are “direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth their incomes”. It can be administered by using several instruments such as social pensions, child grants, public works, social assistance etc. Fajth and Vinay (2010) in their joint study define CCT as a kind of social protection programme that transfers cash to poor households on the premise that the households will use certain health, education or other social services that the decision makers consider of public interest. Also, Prabhu (2009) defines CCT as a scheme that provide cash directly to the poor households or individual in response to the households or individual fulfilling specific conditions such as minimum attendance of children in schools, attendance at health clinics, participation in immunizations, participation in skills acquisition programmes etc . The aim here was to increase incentives for the households to adjust their behaviour towards a nationally accepted social goal. For Janvry and Sadoulet (2004) the essence of CCT was to motivate private behaviour to secure positive externalities such as enhanced consumption of merit goods like health and education and to target vulnerable groups who are unable to access merit goods due to negative incomes effects caused by cyclical downturns or exogenous shocks.

CCT programmes have been an effective way to reconcile safety-net with investment in human development benefitting the poor (Kakwani, 2005). Its main aim was to break the intergenerational transfer of poverty and reduce vulnerability of the extreme poor. It targets children of basic school age in households that are headed by poor females, members who are aged, physically challenged, fistula or HIV/AIDS patients among others. Entrepreneurship

and life-skills training were usually provided for CCT recipients or their dependents in order to increase the likelihood of successful investment. Payments were conditional usually on enrolment and retention of children in basic education, participation in all free health care programmes, attendance of skills and entrepreneurship training programmes etc (Holmes et al, 2012).

In addition to their primary purpose of reducing poverty and vulnerability, CCT have proven potential to contribute directly or indirectly to a wider range of development outcomes (DFID, 2011). CCT schemes were designed to promote a wide range of benefits some of which include immediate poverty alleviation; improved health, nutrition and education outcomes; economic productivity and growth; empowerment, especially of women and social cohesion. The short-term benefit of CCT was the direct and immediate alleviation of poverty and vulnerability. In the medium-term, CCTs are expected to show positive impact for poor peoples' productive livelihood strategies. In the long-term, it can help to break intergenerational transmission of poverty (DFID, 2011). Added to all these, CCT protect living standard by alleviating destitution and promote wealth creation by supporting transition to more sustainable livelihood.

### **2.2.3 Conditional Cash Transfer (CCT) Scheme in Gombe State**

The MDGs Conditional Cash Transfer (CCT) Scheme was a programme funded and implemented by the funds from the Debt Relief Gains (DRGs) of the Federal Government that was channeled through the Conditional Grants Scheme (CGS) for the achievement of the Millennium Development Goals. The funds was distributed to the State Governments who in-turn implemented the CCT programme. The MDG – CCT scheme was particularly aimed at meeting one of the eight goals of the MDGs to eradicate extreme poverty and hunger. It

specifically aimed at reducing extreme poverty in the society and to curb inter-generational transfer of poverty.

The scheme provides grants to qualified poor households beneficiaries on the condition that they provide their next of kin to be trained in trades and vocations of their choice. The beneficiaries comprised of the poorest of the poor households heads who are constrained by physical deformity on account of agedness, physical challenge, diseases and widowhood.

#### **2.2.4 Social Protection**

Social protection as any other social science concepts has no single definition. Scholars and organizations use the term social protection in different ways. DFID (2004) defines social protection as interventions that strengthen the capacity of the poor to protect their consumption and to support household investment in the assets required to manage and overcome their situation. The World Bank (2001) defines social protection as informal, market-based and public interventions that assist poor individuals, households, and communities to reduce their vulnerability by managing risks better. The UNDP (2016) defines social protection as interventions from public, private, voluntary organizations and informal networks to support communities, households and individuals in their efforts to prevent, manage, and overcome a defined set of risks and vulnerabilities. The ILO (2014) refers to social protection as mechanisms that provide access to health care and protect citizens against the stoppage or reduction of earnings resulting from sickness, maternity, employment injury, occupational diseases, unemployment, invalidity, old age and death. According to UNICEF (2006) social protection refers to a “set of transfers and services that help individuals and households confront risk and adversity (including emergencies), and ensure a minimum standard of dignity and well-being throughout the lifecycle”. Social

protection, therefore, encompasses policies and actions that protect and promote the livelihood and welfare of poor and vulnerable people.

From the foregoing definitions of social protection there are two important elements that constitute the themes of social protection. The first element is that of alleviating extreme or chronic poverty (ensuring a minimum standard of living), and enabling chronically poor households to eventually overcome their situation. The second is that social protection includes a range of mechanisms to reduce either the risk of experiencing an economic or social shock, or to reduce the welfare loss after such a shock has occurred. According to Conway et al (2002) as cited in Barrientos (2010) social protection are public actions taken in response to levels of vulnerability, risk, and deprivation which are deemed socially unacceptable within a given polity or society. Social protection, therefore, deals with both the absolute deprivations and vulnerabilities of the poorest and also with the need of the currently non-poor for security in the face of shocks and life-cycle events.

### **2.2.5 Poverty**

There is a plethora of literature on the concept of poverty. Quite a number of works have been done on the concept, but rather than consensus on its meaning, scholarly works have end up proliferating alternative poverty concepts and indicators (Eze, 2009). The issue of poverty is a multidimensional social phenomenon whose definition depends on the person defining it and varies by culture, location, environment, status, age as well as other social and economic contexts. This explains the complexity involved in the conceptual analysis and definition of poverty as it reflects itself in almost all aspect of human condition such as physical, moral and psychological conditions (Adewole, 2012).

Due to the nature of the concept of poverty, however, there is a seeming general agreement among many scholars that poverty is among the most difficult concept to define. It is easier to

identify or recognize poverty than to define it. Various scholars have attempted to define poverty from different perspectives and have thus, emphasize one or the other of its multifarious dimensions.

Anger (2010) perceived poverty as a condition of being poor. This could be evidenced even amidst plenty because there could be reeking poverty as a result of lack of knowledge to translate potentiality into practical creative benefits to actuate wellbeing. It could also be a result of lack of political will and commitment to convert resources to utilizable products for the people on the part of the government. If there is poverty of something it therefore means that there is lack of it or the quality of it is extremely low. In his analysis Anger shows how Nigeria reflected his definition of poverty especially when consideration is given to the potential riches of the country in oil and gas and other natural and agricultural resources. It is unfortunate that an average Nigerian is said to be living below one dollar and the government cannot boast of putting foods on the tables of its citizens. He finally explained how most social vices and corrupt practices both in high and low places are the consequences of poverty. Perhaps that was the result why the UNDP in its Human Development Report (HDR) of 1998 on Nigeria described Nigeria as “a rich country with a poor population” and “the poorest and most deprived OPEC country” (UNDP 2004).

Galbraith in 1971, according to Ndelifu (2007:5) remarked that the poor are those that have limited and insufficient food, poor clothing, live in crowded and dirty slumps, they cannot afford medical care and recreation, cannot meet family and community obligations and other necessities of life. In other words, people are living in poverty when their income and resources in terms of materials, cultural and social needs are so inadequate as preclude them from having a standard of living which is regarded as acceptable by their society generally. Poverty is, therefore, characterized by severe deprivation of basic human needs, including

food, safe drinking water, sanitation facilities, health, shelter, education and information and is related to access to social services as well as income (Raheem et al, 2014).

Abubakar (2002) defines poverty as the totality of a state of being where individual, households, or communities are unable to fulfill the basic necessities of life such as food, including water, clothing and shelter as well as other economic and social obligations. However, Nwaobi (2003:3) identifies the attributes highlighted by the poor people to include lack of income and assets to attain basic necessities (food, shelter, clothing and acceptable levels of health and education), sense of hopelessness and powerlessness in the institutions of the state and society and vulnerability to adverse shocks.

However, Ajakaiye (1999) sees poverty as living condition in which an entity is faced with economic, social, political, cultural and environmental deprivations. It is a state of involuntary deprivation to which a person, household, community or nation can be subjected. This view is further reinforced by the United Nations Millennium Summit of 2000 as cited in CBN (2005) that poverty is fundamentally a denial of choices and means lack of basic capacity to participate effectively in society.

Similarly, Nolan and Whelan (1996:188 as cited in Raheem et al, 2014) define poverty in terms of the inability to participate in society especially owing to lack of resources. This definition is confined to those areas of life where consumption or participation is determined primarily by command over financial resources. Poverty is, therefore, a denial of choices and opportunities for living a tolerable life (Sen, 2008) to the extent that the people live outside the grades or categories which the community regards as acceptable (CBN 1999:26).

Rein (1970) in Odumosu (1999) explains poverty based on three broad dimensions: poverty as subsistence, poverty as inequality and the externality concept of poverty. Poverty as subsistence is concerned with the minimum of the provisions needed to maintain health and

working capacity. Under this dimension, those who lack necessities to sustain life are described as poor. Poverty is objectively seen as lack of income needed to acquire the minimum necessity of life. Poverty as inequality is concerned with relative position of income groups to each other, due to the fact that poverty can only be understood by studying the whole society and not by isolating the poor and treating them separately as a special group. This is because the society is made up of a series of stratified income layers.

The externality concept of poverty is concerned with the social consequences of poverty for the society rather than in terms of the need of the poor. The attention here is not so much on the misery, troubles and plights of the poor but the cost and consequences of poverty to the community negatively. The concern is on the social vices and corrupt practices that are normally derived from poverty.

Onimode (1995) opined that poverty is the physical, pathological, and more importantly economic deprivation that denies an individual or household from attaining a minimum standard of living. According to Ravallion and Bidani (1994) poverty refers to a lack of command over basic needs of consumption, which means a state of insufficient consumption level, giving rise to insufficient food, clothing and shelter. However, Aluko (1975) defined poverty as lack of certain abilities, such as the inability to participate with dignity in societal endeavour.

World Bank (1996) identified as poor those individuals or households who are not having a decent job, unable to consume clean water, subject to unsanitary (unhygienic) environment and characterized by powerlessness, lack of representation and freedom. Also, Encyclopedia Britannica (Encarta 2004) defined poverty as “condition that is said to exist when people lack the means to satisfy their basic needs”. In this context, determination of what really constitute the “basic needs” is essential to the identification of who are the poor in the society. The

basic needs may therefore, be taken to be “those things necessary for survival based on the prevailing living standard in the community. These will surely comprise those people whose nutrition, clothing, housing, health, education has fallen well below the general population as a whole in the society.

UNDP (2003) equates poverty with hunger lack of shelter, being sick and not being able to see a doctor, not having access to school and not knowing how to read. Added to this, poverty can also be seen as a phenomenon which make a substantial number of people uncomfortable, absence of opportunities, high level of undernourishment, hunger, illiteracy, lack of education physical and mental ailments, emotional and social instability, unhappiness, sorrow and hopelessness of the future (Ramon, 2002).

Finally, to Adejo (2006) poverty can be manifested in poverty of history, poverty of intellect and poverty of ideology. In any case the deprived are usually the poor. These are people of insufficient income, inadequate food intake, lack basic healthcare, lack shelter, and safe drinking water, poor environmental cleanliness, lack access to basic education and skills, ignorant of fundamental human rights, and access to information. These, however, constituted the challenge and focus of the Millennium Development Goals (MDGs).

### **2.2.6 Household Income**

A household is either a person living alone in a separate housing unit or who occupies, as a lodger, a separate room (or rooms) of a housing unit but does not join with any of the other occupants of the housing unit to form part of a multi-person household or a group of two or more persons who combine to occupy the whole or part of a housing unit and to provide themselves with food and possibly other essentials for living (Canberra Group Handbook, 2011). The group may be composed of related persons only or of unrelated persons or of a combination of both and may also pool their income. Households are best suited to most



analysis of economic well-being because of the sharing of common economic resources between household members and because of the economies of scale achieved when dwellings and other household facilities are shared (OECD, 2013).

Data on income at the household level supply information about the distribution of income across members of a society. Economic analysts and policy makers require information on income distributions for many reasons: One is to understand the relationship between patterns of income distribution and the way in which societies are organized; Monitoring changes in sources of income and income distribution for particular subpopulations is important for assessing poverty level of individuals and of society as a whole; Measuring household income is necessary to assess the effect of both universal and targeted actions (such as welfare, taxation and other fiscal policies) on different socio-economic groups; It is important to understand the implications of fiscal and monetary policies for the economic well-being of particular groups within the population, and how they might increase or reduce inequality in the distribution of resources; It is important to understand the factors that might cause an increase in the number of low-income earners, such as rising unemployment or population ageing, or how this might be affected by different policies. Additionally, there is an interest in how different patterns of income distribution influence household well-being and people's ability to acquire the goods and services to satisfy their needs and wants, including through studies of poverty and social exclusion and research on consumer behaviour. In order to design effective programs, policy makers must know the characteristics and circumstances of low-income households, of those considered to be at risk of poverty, and of those in greatest need of financial support.

Household income is the most important determinant of economic well-being which provides a measure of the resources available to the household for consumption and saving. The major determinant of economic well-being for most people is the level of income they and other

family members living in the same dwelling receive. While income is usually received by individuals, it is normally shared with other household members.

According to ILO (2004) Household income consists of all receipts whether monetary or in kind (goods and services) that are received by the household or by individual members of the household at annual or more frequent intervals, but excludes windfall gains and other such irregular and typically one-time receipts. The ILO argues further that Household income receipts are available for current consumption and do not reduce the net worth of the household through a reduction of its cash, the disposal of its other financial or non-financial assets or an increase in its liabilities. SNA (2008) defines Household Income as: “the maximum amount that a household or other unit can afford to spend on consumption goods or services during the accounting period without having to finance its expenditures by reducing its cash, by disposing of other financial or non-financial assets or by increasing its liabilities”.

According to Magnuson and Duncan (2006), household income is the sum of all sources of income that come into a household and that all its members receive over a certain period of time. Their reference period is most frequently a month or a calendar year. They opined that when combined with wealth measures, household income gives information on the ability to provide people living in the household with their basic needs as well as a healthy and safe environment. They also argued that household income should be adjusted for sources such as food stamps, tax credits or supports, and paid taxes and adjustments that would refine the measurement. According to Canberra Group Handbook (2011) Household income is defined to cover:

- (i) income from employment (both paid and self-employment);
- (ii) property income;
- (iii) income from the production of household services for own consumption;

- (iv) current transfers received (other than social transfers in kind); and
- (v) Social transfers in kind.

### **Income from employment**

Income from employment comprises receipts for participation in economic activities in a strictly employment related capacity. It consists of payments, in cash or in kind, received by individuals, for themselves or in respect of their family members, as a result of their current or former involvement in paid or self-employment jobs. Income from employment consists of employee income and income from self-employment.

### **Income from self-employment**

Income from self-employment is income received by individuals, over a given reference period, as a result of their involvement in self-employment jobs. Net income from self employment includes the profit or loss that accrues to owners of, or partners in, unincorporated enterprises who work in these enterprises. It also includes the estimated value of goods and services produced for barter as well as goods produced for own consumption, less expenses. Income from self-employment excludes profits or losses from the capital investment of partners who do not work in these enterprises (sleeping partners) since they are included in dividend income.

### **Property income**

Property income is defined as receipts that arise from the ownership of assets (return for use of assets) that are provided to others for their use. They comprise returns, usually monetary, from: Interest receipts payments received from accounts with banks, building societies, credit unions and other financial institutions, certificates of deposit, government bonds/loans, securities, debentures and loans to non-household members.

Dividends defined as receipts from investment in an enterprise in which the investor does not work. Pensions and annuities in the form of dividends from voluntary private insurance schemes are also included. Dividends should be recorded net of any expenses incurred in earning them, including interest paid.

### **Income from Household Production of Services for Own Consumption**

Income from household production of services for own consumption include services produced within the household for the household's own consumption and not for the market. They include services from owner-occupied dwellings (and subsidized rentals) and from consumer durables owned as well as own-produced domestic services. They are valued net of expenses that go into their production.

### **Current Transfers Received**

Transfers are receipts for which the recipient does not give anything to the donor in direct return for the receipts. Transfers can consist of cash (in the monetary sense), of goods or of services. Transfers may be made between households, between households and government or between households and charities, both within or outside the country. The main motivation is to redistribute income either by government (e.g. pensions) or privately (e.g. child support).

### **Social Transfers in Kind**

Social transfers in kind (STIK) are defined as goods and services provided by government and non-profit institutions that benefit individuals but are provided free or at subsidized prices, e.g. education and health.

## **2.3 Theoretical Literature Review**

### **2.3.1 MDGs and Socio-Economic Development**

Hulme (2010) studies the historical development of the MDGs and argues that MDGs represented world's biggest promise to reduce poverty and human deprivation through collaborative action that has not been witnessed before. He observes that these promises differed from all other global promises for poverty reduction in their comprehensive nature and the systematic efforts taken to finance, implement and monitor them. The MDGs were inextricably linked to socio-economic development of the people as they focused on human development and result based management to improve public service delivery. He further describes MDGs as a tool to fighting poverty and vulnerability which can foster socio-economic development.

The former Deputy Director for the United Nations Millennium Campaign (UNMC), Abdul-Raheem as cited in (Igbuzor, 2008) noted that MDGs were quite different from previous global declaration/promises like education for all, water for all etc that were not met in the past. To support his position he gave the following reasons: First, the commitments to the MDGs were not just left at the level of declaration but reduced to time-bound tangible progress with clear indices to measure them by. Second, the MDGs were neither a declaration of good intentions by rich countries to the poor ones nor were they pious hopes by the latter to the former, but rather, it was a joint declaration with benchmarks and clear division of labour for the richer and poorer countries. Third and finally, all countries that signed up to the declaration were mutually accountable to their citizens and citizens of the world for fulfilling the MDGs by 2015 (Igbuzor, 2008). He therefore admitted the great hope entrusted to the MDGs' ability to address the problems of poverty and development through a global collaborative action between the developed and the developing countries. Similarly, UNDP

(2003) viewed MDGs as a compact among nations to specifically end human poverty and achieve socio-economic development. This was because the MDGs sought to address issues of poverty and any appraisal of the MDGs targets and indicators has shown that most if not all of the goals have elements of and linkage to poverty reduction. Through the ratification of the MDGs, the leaders have recognized their shared responsibilities to eradicate poverty globally and to put the world on a track of progress and socio-economic development (Amaghionyeodiwe and Adidiran, 2012).

To Shela and David (2005) in their joint study MDGs was global effort to increase the effectiveness of development assistance in reducing poverty among the poor with a time bound targets and strong commitment to monitor progress. They also stressed the need to address issues of water sanitation, health care, schools, employment and poverty crisis especially among the less developed economies. Culpeper (2005) applauded the global commitment to poverty reduction of the MDGs, but observed that MDGs have paid little attention to poverty in urban economy and uses a shallow approach to fighting poverty generally. He therefore, advocates for a more thorough approach to fighting poverty in its entirety not just halving it and that the MDGs should focus as well on provision of decent employment in the productive sector for urban dwellers. Vandemooretele (2009) describes MDGs to be the finest set of goals or promises to the third world especially African countries to achieve socio-economic development. He however stresses the need to blend MDGs with economic growth emphasizing pro poor growth. He recommended investment in infrastructure and human capital development to accelerate economic growth and complement MDGs achievements. Added to this, he identifies regional cooperation and integration as important ingredients for growth and development for the ultimate achievement of the MDGs. Similarly, Mehrotra (2003) argues that MDGs cannot be achieved without challenging the global paradigms of economic growth as a strategy to address poverty. He

made emphasis on the issue of individual human capabilities, especially for poor people, and the need to address their definition to include employment-generating economic growth; equitable asset distribution; investment in health and education; and collective voice and collective action by poor people. He argues that it must be recognized that growth alone is not the means to poverty reduction, and that what happens to income distribution during the growth process is central to reducing poverty and achieving socio-economic development.

Mistry (2005) taking MDGs as laudable projects of socio-economic development argues that ever since independence, there is general developmental failure in Africa regarding poverty. He attributed the failure to human, social and institutional capital constraint. He finally suggested generous funding and provision of know-how to Africa for the countries to maximize the benefits of MDGs.

### **2.3.2 MDGs Implementation in Nigeria**

Nigeria being a signatory to the Millennium Declaration and committed to its promise brought out her home-grown strategy for economic and social development – the National Economic Empowerment and Development Strategy (NEEDS) which incorporates the MDGs. Achievement of the MDGs was the greatest aim of the NEEDS strategy in Nigeria and her development partners. Anger (2010) observes that NEEDS was set up by the Nigerian government as the major strategy for the implementation of the MDGs with a view to fighting poverty which he describes as most challenging. According to the NEEDS (2004) Document:

NEEDS is Nigeria's plan for prosperity. It is the people's way of letting the government know what kind of Nigeria they wish to live in, now and in the future. It is the government's ways of letting the people know how it plans

to overcome the deep and pervasive obstacles to progress that the government and the people have identified. It is also a way of letting the international community know where Nigeria stands—in the region and in the world—and how it wishes to be supported. NEEDS focuses on four key strategies: reorienting values, reducing poverty, creating wealth, and generating employment. NEEDS aimed to restructure the government to make it smaller, stronger, better skilled, and more efficient at delivering essential services.

As necessary compliment of NEEDS the States and Local Governments have also designed and implemented their own State Economic Empowerment and Development Strategy (SEEDS) and the Local Economic Empowerment and Development Strategy (LEEDS) respectively for the purpose of achieving MDGs in Nigeria.

Within the NEEDS framework and for proper implementation and coordination of MDGs strategies, the government established a Presidential Committee on the Assessment and Monitoring of MDGs (PCAM-MDGs) and the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDGs) as well other as States and Local Governments committees and structures (OSSAP-MDGs, 2009).

According to Anthony (2009) among the numerous functions of the MDGs Presidential Committee was the management of Virtual Poverty Fund (VPF) obtained from Debt Relief. He observes that the fund were to be spent on projects that have direct impact on the poor segments of the population which include immunization, HIV/AIDS treatment and prevention, supply of teachers, rural electrification, youths programmes, gender



mainstreaming, rural water supply, road infrastructure, slum upgrading, environmental issues and Agriculture. Igbuzor (2011) studied the implementation of the MDGs in Nigeria and observes that the OSSAP-MDGs was established to ensure effective implementation of the MDGs projects from the Debt Relief Gains and also to track public expenditure in NEEDS. He maintains that the implementation of MDGs in Nigeria was carried out around the following four key interventions. The first was the implementation of projects in MDG related sectors. This include the implementation of projects from Debt Relief Gains (DRGs) by Ministries, Departments and Agencies (MDAs) in Health, Education, Agriculture, Roads, Energy, Water and Sanitation, Women Affairs, Youth, Housing and Environment. Projects implemented include micro-credit facilities, training of teachers, construction/rehabilitation of primary health centres, deployment of midwives, purchase of anti-malarial drugs, construction of VIP toilets, polio eradication initiative, immunization of children, youth training, training of federal civil servants, construction of roads and drainage works, construction of boreholes, etc. The second was the Conditional Grants Scheme (CGS) which consists of funds that are transferred to states with a matching or counterpart funding mechanism. The third was Quick Wins Projects (Constituency Projects), conceived by the Federal Government in 2007 to promote the active and visible presence of government in all federal constituencies and senatorial districts to provide basic infrastructure and services for the realization of the MDGs. The fourth was the Social Safety Nets, involving conditional cash transfer to poorest households.

### **2.3.3 Impact of CCT Schemes**

Kakwani et al (2005) in their study of the impact of Conditional Cash Transfer programmes maintained that the programmes contribute to reduction in inequality and acute poverty as well as increases consumption levels of the poor in the countries in which they are

implemented. They further highlighted that the programmes have contributed to an increase in the income of the poor households substantially as the cash transfers are made directly to households. They give an instance of Mexico and Brazil, where the income from Bolsa Escola and Progresia CCT schemes formed 25 and 50 percent of the income of the poorest households respectively. They finally argue that the CCT can serve as effective instruments for reducing poverty and in its severity in the countries where they are operated.

Hanlon et al. (2010) in their joint study revealed that CCT programmes have spurred an esteem interest in cash-based solutions to continuing poverty in the developing world from many scholars and policy-makers. To them this was for good reasons because the programmes have always helped resolve one very basic feature of poverty, namely a persistent lack of access to capital. They further explained that by offering an income floor to beneficiaries, CCT programmes have been able to break the cycle of inter-generational transmission of poverty, as well as spurring growth from the bottom. They also posited that in the short run CCTs are somewhat durable and display a minimum level of generosity offer to cushion the worst of food-insecurities, insure families against risks and shocks, reduce the scope of child labour, empower women, provide capital for investments and savings, and equip families with a sense of hope for the future, enabling them to plan ahead and invest in their farms, businesses, jobs, health, and children. In the long run, positive investments in education and child health are expected to generate long-lasting human development and drive local economies forward.

Furthermore, in their investigation of the short- and long-term developmental potential of cash transfers on the basis of the design dimensions of safety-net schemes, Arnold et al (2011) maintained that cash transfer programmes have the potential to deliver a range of benefits not only reducing extreme poverty, but also providing effective support for broader human

development objectives, including better nutrition, health and education outputs and outcomes. However they cautioned that the extent to which the programmes deliver these different impacts will depend critically on the availability of complementary services, the local context, and the specifics of programme design, including the transfer value.

This view is further buttressed by Barrientos and Nino-Zarazua (2010) who in their recommendation of Conditional Cash Transfers posited that social transfer programmes are effective in improving nutrition, access to health care, and health status among beneficiaries and that the idea of dashing money to the poor actually work out, on average, regardless of time, place, and location.

In addition to the foregoing, the spread of CCT programmes across countries since the 1990s indicates that they have been well received and perceived to have an impact on at least some of the objectives they set for themselves. Much of the evidence of impact comes from evaluations of specific interventions where the focus was largely on the primary objectives of such intervention in question. However, the following is an overview of some of the potential impacts of CCT programmes.

#### **(a) Reducing Poverty And Vulnerability**

Evidence indicates that CCT reduces the depth and severity of poverty (poverty gap) among the people who have benefitted from the programme. CCT constitutes the most direct possible approach to addressing extreme poverty by directly providing income or consumption goods and services to the poor, raising living standard, reducing the severity of poverty and shifting the distribution of income, therefore, closing the gap between rich and poor. For instance, a household survey conducted in Mexico indicates that the Progreso programme has reduced the poverty gap by approximately 20 % (DFID, 2011).

### **(b) Human Development**

The CCT schemes have been found to improve quantity and quality of food consumption and help household make use of health and education services. In other words, CCT programmes have leveraged significant improvement in nutrition and increased utilization of health and education services. It has also played a role in supporting care and treatment for people living with HIV/AIDS, and orphans and vulnerable children. It is found that while the programmes have positive impact on school attendance rates and consequently on the number of years of schooling attained, the impact of increase enrolment on learning outcome is inconclusive and less clear. Another strong and consisted finding regarding CCT programmes is that they contribute to reducing hunger and food security (Holmes et al, 2012). In Ethiopia the Productive Safety Net Programme has improved food security for 7.8 million peoples who previously depended on emergency relief.

### **(c) Combating Income Inequality**

In countries that have high levels of inequality and have been implementing CCT schemes for a fairly long period, it has been observed that the schemes contribute to reduction in inequality. According to Soares et al (2007) the decomposition of the Gini-Coefficient between mid 1990s and 2000s in three countries, that is Brazil, Chile and Mexico indicated that with a share of about 0.5 percent of total income in Brazil and Mexico and much less in Chile, the CCT schemes were responsible for 21 percent of inequality reduction in Brazil and Mexico and 15 percent in Chile.

### **(d) Impact On Social Inclusion**

Cash can empower poor individuals and households to make their own decisions for improving their lives. The programmes often empowers marginalized communities through their involvement in increased consumption of merit goods, its incentives for their immediate assistance as well as building long term capital by adhering to its conditions. Most CCT

schemes have been sensitive to gender dimensions and incorporated specific elements to make the programme inclusive. Most programmes include women or mothers as the main recipients of cash in addition to providing higher cash incentives for the girl child. By addressing gender imbalances to education and putting cash directly in the hands of women, CCT schemes can increase their bargaining power within the home and improve intra-household allocation of resources for human development.

#### **(e) Impact On Governance-Implementation And Delivery Mechanisms**

CCT have enabled the forging of the most needed vertical and horizontal coordination and strengthening of synergies across government departments through inter-institutional coordination. The programmes can change the way in which governments interact with the people and can lead to the emergence of an accountability relationship between providers and poor participants. CCT schemes, therefore, contribute in strengthening the “contract” between citizen and the state.

#### **(f) Humanitarian Assistance**

International agencies and governments alike are also using cash as a way of providing humanitarian relief to people after disasters. Cash is increasingly being used in this way as complement, or an alternative to, in-kind assistance particularly food aid, shelter and support to livelihood recovery.

### **2.3.4 Nexus between Social security and social protection**

Social Security is generally associated with protection against socially recognized conditions, including poverty, old age, disability, unemployment, sickness, orphanage and others. According to the International Labour Organization (ILO) Social Security (Minimum Standards) Convention (1952) social security is:

the protection which society provides for its members, through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death; the provision of medical care; and the provision of subsidies for families with children.

This definition is one of the earliest attempts at the comprehensive conceptualization of social security. However over the years with the growing of various studies it became clear that the ILO definition was restricted to western society's social security systems to the exclusion of the developing countries. For some scholars like Leliveld (1991) social security is the protection by society of individuals or social groups against a fall in their standards of living as a result of temporary adversities and the promotion of standards of living of individuals or social groups which are below an acceptable minimum level. By this definition Leliveld stresses more clearly the double function of social security especially in the developing countries, i.e., the protection and the promotion of standards of living. He does not mention specified core contingencies because in each society views differ on what kind of contingences should be covered by a social security programme and he also attaches less weight to the view of the state as the sole provider of social security. He also highlighted that many institutions and social processes in society contribute to the ultimate goal of social security and these can be found at all levels of society. This view is further buttressed by Drèze and Sen (1991) that what is considered as social security is mostly the outcome of a political process in which the role of pressure groups and public action are of importance in a given society (Leliveld, 1991). According to Waid (2012) Social security is the protection that a society provides to individuals and households to ensure access to health care and to

guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner. He maintains that social security has been a vital tool for promoting the wellbeing of those who can no longer work. He noted that Social Security has been effective at keeping Americans of all ages out of poverty.

Social security is long-established form of protection primarily associated with the comprehensive and sophisticated social insurance and social assistance machinery of the developed world. It is argued by some that the term is not suited for the developing world, where higher levels of absolute poverty, combined with financially and institutionally weak states, pose a set of fundamentally different challenges. However, it is clearly defined in ILO conventions and UN instruments as a basic human right and a universal challenge in this globalizing world.

It was observed by Norton, *et al*, (2001) that Social security has a powerful impact at all levels of society. He maintains that social security provides workers and their families with access to health care and with protection against loss of income, whether it is for short periods of unemployment or sickness or maternity or for a longer time due to invalidity or employment injury. It provides older people with income security in their retirement years. Children benefit from social security programmes designed to help their families cope with the cost of education. For employers and enterprises, social security helps maintain stable labour relations and a productive workforce.

Social protection on the other hand is a more comprehensive concept and refers to a set of benefits considered necessary from the state, the market, civil society and households or through a combination of these agencies to individuals and households to reduce or deal with multidimensional deprivation. This deprivation affects all sorts of people and situations: the elderly, the disabled, the unemployed, orphans and the poor. This concept seems to be more

applicable within the context of an underdeveloped economy of essentially rural peasant economy with a big informal economy in the urban centres where the vast majority of the working population is necessarily excluded from formal social security arrangements modeled on the advanced capitalist economies (Barya 2011). Social protection programmes are taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society. According to this understanding, social protection deals with both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the non-poor for security in the face of shocks and calamities. As such, like social security, it encompasses as its core the two main broad fields of response mechanism, namely social assistance and social insurance.

Drawing on these, it can be observed that both social security and social protection are essentially interrelated concepts that deal with protection of individuals and households against deprivations, vulnerabilities and life shocks. However, social security is more relevant to developed countries with robust formal economy while social protection is applied to both developed and developing countries as maintain in Lund and Srinivas (2000) that “the term social protection has the advantage of the same encompassing umbrella sense as social security but also has the advantage, over social security, of being extensively used in both ‘more developed’ and ‘less developed’ parts of the world”.

### **2.3.5 The Rationale for Social Protection**

The rationale for the development of social protection have included among other things the need to develop social support for economic reforms programmes, or to make growth more sustainable and efficient, the pursuit of social justice and equity, or the obligation to provide all citizen with a minimum acceptable livelihood and protection against risk; and promotion of social cohesion, solidarity and stability (Norton et al, 2001). Social protection is also



justified on the basis of improved economic growth, social development and justice. In other words, it suggests a strategy to achieve economic growth and enables the realization of rights and empowers the poor to participate in and contribute to growth and development. According to Barrientos (2010) the broader development role of social protection in developing countries involves the three main functions : (i) to help protect basic levels of consumption among those in poverty or in danger of falling into poverty; (ii) to facilitate investment in human and other productive assets which alone can provide escape routes from persistent and intergenerational poverty; and (iii) to strengthen the agency of those in poverty so that they can overcome their predicament.

Social assistance is one of the most effective components of social protection alongside social insurance, basic services, and labour regulation. It is almost synonymous to social protection in developing countries where it constitutes the bulk of all social protection programmes in those countries. Social assistance is aimed at ensuring minimum level of consumption which protect poor household from worst effect of deprivation, strengthen productive capacity, whether through investment in human or physical assets, bridge access to basic services and therefore weaken social exclusion and advances the participation of the poorest in their communities and societies. Social assistance can be classified into: pure income transfer; income transfer conditional on supply of labour; income transfer conditional on human capital investment and integrated poverty reduction programmes (Barrientos, 2010).

### **2.3.6 Social Protection Policies and Programmes in Nigeria**

In recent years, government and its development partners have sought to develop social protection instruments to tackle the country's high rates of poverty and vulnerability (Holmes, 2014). The activities of the government in Nigeria and its development partners on social protection focus on the formulation, adoption and implementation of social protection

frameworks especially for women, youths and vulnerable people as a means of alleviating poverty and achieving the Millennium Development Goals (MDGs). This is because it is evident that social protection does not only tackle income poverty, it also provides effective support for broader developmental objectives. For instance, social protection is used to improve access to education and health, areas that are critically important for socio-economic development (Omilola and Kaniki, 2014). This transformative social protection agenda was supported by the fact that the country has ratified several international equity legislations including the Civil and Political Rights Covenant; the Economic, Social and Cultural Rights Covenant; the Convention on the Elimination of All Forms of Violence against Women and the Convention on the Rights of the Child. The actors involved in funding and implementing social protection in the country include those from government, donors, international non-governmental organizations and civil society

The extension of social protection in Nigeria has focused on social assistance, as opposed to social insurance or labour market regulation based around income transfers combining access to basic services and investment in human development (Barrientos, 2010). The government has focus on pro-poor expenditure, especially expenditure resulting from Debt Relief Gain (DRG) which was negotiated with the Paris Club in 2005 on the conditions that resources should be allocated to pro-poor financing of the social sector to address poverty and advance progress towards the Millennium Development Goals (MDGs). Consequently resources from the fund have been allocated to government-led conditional cash transfer programmes and a maternal and child health fee-waiver programme, alongside supply-side interventions in health, education and water and sanitation (Dijkstra et al., 2011).

Therefore, Federal government-led social protection includes three main programmes: i) the conditional cash transfer (funded initially through the DRG fund) targeted at households with specific social categories; ( ii) the health fee waiver for pregnant women and children under

five (financed through the DRG fund); and (iii) the community-based health insurance scheme. Other social assistance programmes were implemented in an ad hoc manner by various government ministries, departments and agencies at state level and some are funded by international donors. These include conditional cash transfer programmes for girls' education, child savings accounts, disability grants, health waivers, education support and nutrition support.

The states have been given the responsibility for CCT expansion through a mechanism called the Conditional Grant Scheme – a financing mechanism which requires states to match federal expenditure. The monthly grant was given to households beneficiaries on the condition their children are attending school and health checkups and at the end of the programme period the household receives a lump sum payment to be invested in income-generating activities as well as receiving training on basic business skills and entrepreneurship(Dijkstra et al, 2011).

### **2.3.7 Nexus between Development and Poverty**

The challenge of development and poverty eradication has attracted the attention of scholars, leaders and the international community over the years. Although different scholars have different perspectives on development, most students and practitioners of development accept that it must mean progress of some kind (Kambhampati, 2004). Development is a universal concept that is seen as a multi-dimensional process that changes the economy, polity and society of the countries in which it occurs.

Development is one of the key concepts that are well discussed in social discourses today. However, despite its universal currency and usage there is yet to be a consensus on what it precisely means and it remains a controversial and value-loaded concept. However, there is a general consensus that development entails among others progress, improvement, upliftment

or desirable changes in the totality of certain aspect of human life. This could be social, economic, political or technological change. Sen (2008) held the view that development is a process of expanding the real freedoms that people enjoy through the removal of major sources of unfreedom: poverty as well as tyranny, poor economic opportunities as well as systematic social deprivation, neglect of public facilities as well as intolerance or over activity of repressive states. Sequel to this assertion Igbuzor (2008) argued that freedom is central to the process of development and the achievement of development in most circumstances is dependent on the free agency of the people.

According to Rodney (1976) development is seen as a many sided process. At the level of individual, it implies increased skills and capacity, greater freedom, creativity, self-discipline, responsibility and material wellbeing. This conception has emphasized the view that development is a universal and multi-dimensional social phenomenon that implies some significant improvement from the central problems of poverty, unemployment and inequality.

Looking at the issue from the social development perspective Seers (1969) gives one of the generally acceptable conceptions of development in which he emphasizes the analysis of development by asking three basic questions:

- (i) What has been happening to poverty?
- (ii) What has been happening to unemployment? and
- (iii) What has been happening to inequality?

For him, if these three issues are liberally prevalent in the society, then that would means absence of development even if the per capita income doubled. It is thus, by this assertion, brought to the fore the intertwine nature and relationship between poverty and development as it centered on the improvement of the living condition of the citizens to reflect economic growth. It also means that poverty could be at least alleviated to a reasonable level where the

living condition of the percentage of the population that constitutes the poor, unemployed and subjugated is being considered and enhanced.

To Smith (1776) development is synonymous to economic growth which essentially means rapid and sustained life in the material productivity of a society. Liberal view to development uses the Gross National Product (GNP) and the Per Capita Income (PCI) to measure economic growth within a given society. The GNP is the total or aggregate goods produced within a year, while the per-capita income refers to the GNP divided by the total population of that country. This conception is based on the assumption that everybody partakes in the process of economic growth and equally benefits from same process. The shortcoming of this assumption, however, has to do with its inability to explain what really exist in reality. Many studies have shown that despite rapid economic growth recorded in virtually all developing countries over the last decades, there has not been any improvement in the standard of living of the people. Rather, what is obtainable is a seemingly absolute level of poverty and hunger. It was due to this shortcoming that this point of view was discredited by most scholars.

Based on this, the idea of weighing development from the narrow prism of economic growth was discarded and the human/social development perspective was adopted. The argument was that the quality of development is completely camouflaged if the aggregate measure of the Gross National Product (GNP) is not penetrated to reveal its actual distribution in the country. Therefore, the aim of development begin to focus attention more on the people who represent a mirror of the quality of any development process put in place. By this, goals of development were defined in terms of progressive reduction and eventual elimination of basic human social problems that hinder decent life such as malnutrition, diseases, illiteracy, squalor, unemployment and inequalities.

Reduction of poverty and all its manifestations has, based on the above argument, become the essence of development and emerged as the central issue in development discourses. In more precise terms, development has come to mean maximum satisfaction of basic human needs such as adequate and decent needs for food, water, shelter, clothing, education and other social infrastructures such as good roads, hospital, electricity, recreation centers etc.

It is clear that even though there have been different perspectives to development, there is a general consensus that development will lead to good change manifested in increased capacity of people to have control over materials assets, intellectual resources, political events and obtain physical necessities of life (food, clothing, shelter, etc), employment, equality, participation in government, political and economic independence, adequate education, gender equality, sustainability development and peace (Igbuzor, 2005).

### **2.3.8 Types of Poverty**

Poverty has been categorized into various types by different scholars based on its multidimensional nature, characteristics, duration, location as well as the features of its victims. There are, however, three broad categories of poverty which have acquired much currency: absolute poverty, relative poverty and subjective poverty.

**Absolute poverty:** This is characterized as severe deprivation of basic human needs including food, safe drinking water, sanitation facilities, health, shelter, education and information and is related to access to social services as well as income (UN, 2008:19). It is distinguished from, but a part of, a much broader notion of “overall poverty” that refers to “the total number of people living in poverty in a country (Langmore, 2000:36 as cited in Raheem et al 2014). In other words, absolute poverty is a situation in which the individual’s or households’ basic needs are not covered. It has to do with the ability of a household to obtain a basket of goods

and services required for a minimum decent living standard. Absolute poverty is closely linked to the notion of destitution.

Relative poverty: This category is concerned with individuals or households who are considered poor when they are in a clearly disadvantaged situation, either financially or socially with regard to other people in their environment. This idea is closely linked to the notion of inequality. In line with this, Encarta (2004) argued that relative poverty is when households are not absolutely poor but are less rich than others in terms of income, property and other resources.

Subjective poverty: This type of poverty is the most recent of the three and less widely employed. This category has to do with the individual self-assessment as to whether he judges himself poor. For this type of poverty, information on the opinion of the poor people as to whether they rate themselves as poor or not are sought. It requires the 'poor' households or individuals to define what they assume to be minimum standard of living comfortable for a decent life.

However, for Rowntree (1991) poverty can be classified into primary and secondary poverty. Primary poverty is the one that is concerned with the 'lack of the basic necessities and is beyond the control of the households suffering from its scourge, while secondary poverty is within the control of the affected individuals or households.

Similarly, Obadan (1997) in his conference paper titled: "Analytical Framework for Poverty Reduction: Issues of Economic Growth Versus other Strategies" categorized poverty into two: chronic or structural poverty and conjectural or transient poverty. In his explanation he defines conjectural poverty as provisional in nature whose duration usually short live and the individual will soon be back to normalcy. It is caused by some temporary setbacks as a result of natural disasters like earthquakes, flood, war, environmental degradation and economic

reform policies that may lead to loss of jobs and an increase in commodity prices. For instance, the Federal Government adoption of Structural Adjustment Programme (SAP) in 1986 with its attached conditionalities such as deregulation, curbing of public expenditures, and reduced cost, retrenchment of workers had rendered many of the Nigerian population poor. However, in this situation of conjunctural poverty there is a possibility for reverse since its causes were transitory in nature. But for chronic poverty Obadan described it as persistent and long-term form of poverty whose causes are relatively more permanent. Lack of skills for employment, location disadvantage, physical disability and socio-economic, political and cultural factors are some of the perceived causes of chronic poverty.

Sometimes, in an attempt to categorize poverty, attention is drawn from the location of the poor people. From this perspective there are three types of poverty namely: urban poverty, rural poverty and concentrated collective poverty. Urban poverty is a type of poverty that is peculiar to and existing within the urban centres and among the urban population. Its victims are identified as those people who engaged in some forms of artisan self-employment in urban centres such as the peoples engaged in tailoring, hawking, taxi driving, okada riding, welding, carpentry etc and small scale businesses like petty trading, fruit selling, grocery, recharge card retailing etc. Added to these, Anyanwu (1997) further characterized those people with inadequate welfare services, environmental degradation and social deprivation, low per capita income, low level of education and overcrowded accommodation.

Rural poverty is the most pronounced and endemic type of poverty as it engulfed the greater percentage of the poor people of the developing countries. More than 70% of the Nigerian population lives in the rural areas (FOS 1999). Rural poverty is characterized by poor or non-existent infrastructure, high level of illiteracy, inadequate health care centres, small scale subsistence agriculture, fragile (provisional) housing type (Baye, 1998).



Concentrated collective poverty has to do with the vulnerable demographic groups of the advanced countries. This type of poverty is usually associated with people who live in industrial areas, city-ghettos, city-bypassed etc. Among this population there is prevalence of low level of education, poor health, substandard housing, high mortality rate, unemployment, unskilled occupation, job-instability among others when compared with the more affluent segment of the same society.

Taking cognizance of poverty from the gender dimension, it is a commonplace in the literature that poverty is observed to be more prevalent and severe in women than in men. It is even being widely said that poverty is having the woman's face with clear manifestation and severe consequences for infant mortality and maternal mortality (Todaro, 1983). According to World Bank (1996) women are always disadvantaged in terms of equal access to healthcare, education, financial and agricultural extension services. In the same vein, OECD (2006) has it that "the processes causing poverty affect men and women in different ways and degree. Female poverty is more prevalent and typically more severe than male poverty". This is because women are more likely to be illiterate as well as to be excluded in both political and social activities in their communities. This, in most instances, is related to their status in society as influenced by socio-cultural beliefs and religious injunctions and legal defaults (Adekanye, 1988).

It is pertinent for any effective policies of poverty alleviation to be formulated and implemented that it must view poverty from all-inclusive perspectives giving consideration to not only to the socio-cultural and economic aspects of poverty but the various aspects of deprivations in society such as infrastructure, health, education as well as political participation.

### **2.3.9 Causes of Poverty in Nigeria**

There are many causative factors to poverty as there are various and different conceptions to it. Harrison (1980) as cited in Ndelifu (2007) held that the causes of poverty are multidimensional and varied to countries and circumstances. To him, the physical environment has not favoured the developing countries generally. The low productivity of the soil prevented the emergence of a large agricultural surplus. He argued that such a surplus is the first requirement for development in the developed countries. In line with this it can be argued that a person's geographical location and social status may affect his level of poverty as well as his perception of the causes of poverty (Narayan, 2000).

However, Ajakaiye (2002) as cited in Oga and Haruna (2002:13) stated that the main causes of poverty in Nigeria are unemployment, ignorance, high level of inflation, poor governance, corruption, environmental degradation, inadequate access to assets such as land and lack of capital by the poor are particularly serious problems.

Igbuzor (2008) perceived that poverty in Nigeria is caused and exacerbated by the country's unstable political history; lack of accountability; mismanagement and corruption; poor administration of justice, poor policy formulation, implementation and evaluation; lack of involvement of the poor; dependence of the economy on oil; poor economic policies and management; poor revenue allocation and distribution; ethnic and religious conflict and poor infrastructure.

Obadan (1997) in his attempt to capture the causes of poverty in Nigeria attributes poverty to the following factors: unemployment, lack of physical assets by the poor, poor access to market by the poor, environmental degradation, inadequate access to assistance and credit, inadequate rural infrastructure and lack of participation in the formulation, implementation and evaluation of development programmes. In accord to this, World Bank (1996) in its

report attributes poverty to low human capacity endowment, destruction of natural resources resulting in environmental degradation, poor maintenance culture, corruption, political instability, inadequate access to employment, physical assets, markets, means of supporting assistance to those who are living at the margin and those victimized by transitory poverty.

Ukeje (2005) noted that inefficient governance which is subject to change, entrenched corruption and rent seeking elites, lack of respect for human rights, weak institutions, and inefficient bureaucracies, lack of social cohesion and political will to undertake reforms are all factors responsible for poverty in Nigeria. Viewing it from the internal dimension (Ndelifu, 2007:3) identified the causative factors to poverty in Nigeria to include: massive corruption and embezzlement of public treasury, lack of comprehensive poverty alleviation policy; poor, inept and bad leadership, wars, ethnic and communal skirmishes, lack of basic infrastructure and rapid population explosion.

According to CBN (1999) the causes of poverty in Nigeria are the following factors: low productivity, market imperfection, the stage of social development, environmental degradation, physical imperfection, and structural shift in the economy, inadequate commitment to programme implementation, political instability and corruption. However, according to Aliyu (2002) the causative factors to poverty include but not limited to effects of globalization, governance, corruption, debt-burden, low productivity, population growth among others.

The modernization school of political development attributes the poverty and underdevelopment of the developing countries to internal politics and contradictions and other realities such as long authoritarian rule, absence of liberal democracy, political corruption, client politics, political purges and rehabilitations, succession maneuvers and many other phenomena that distract and disrupt state economic policies (Reza, 2012).

Onimode (1975) arguing from the Marxist perspective of development attributed the causes of poverty in Nigeria to the exploitation of the working class by the capitalist through low wages and poor condition of service in their bid to maximize profits which continuously keep the working class impoverished and pauperized.

However, underdevelopment and dependency thesis, a variant of the Marxist school, held the view that the poverty in the third world arises as a result of the economic and political incorporation and integration of these countries into the mainstream international capitalist system with its attendant unequal relationship and exploitative tendencies.

Despite Nigeria's vast resources, the various causative factors of poverty outlined above are prevalent in Nigeria. Therefore, the country has a very serious problem to tackle these issues and fight against poverty. Understanding the causes of poverty in Nigeria is very critical to the formulation of vital alleviation measures that will effectively address the poverty crises in the country.

#### **2.3.10 The Nature and Incidence of Poverty in Nigeria**

It has been observed over the years that the nature and incidence of poverty in Nigeria as a developing country has been unique and moving towards a negative direction. Since late 1980's there is a seeming consensus among Nigerians that poverty has become a common hydra-headed enemy for the people in the country.

According to Obadan (2002) Nigeria which was one of the richest 50 countries in the early 1970s, has retrogressed to become one of the 25 poorest countries at the threshold of the twenty first century. Also, using the rate of US \$1 per day FOS (1999) revealed that the incidence of poverty in Nigeria increased from 28.1% in 1980 to 46.3% in 1985 but drop to

42.2% in 1992 from where it rose again sharply to 65.5 percent in 1996. It further increased to 69.2% in 1997. By 2001 it has gone further 70% and has since remained there.

Similarly, UNDP (2003) estimated the percentage of the poor in Nigeria at between 66% and 70% and it was estimated that the incidence increase by 10% every three years.

Tables 2.1: Relative Poverty Headcount from 1980-2010

<b>Year</b>	<b>Poverty Incidence</b>	<b>Estimated (Million)</b>	<b>Pop. Population In Poverty (Million)</b>
1980	27.2	65	17.1
1985	46.3	75	34.7
1992	42.7	91.5	39.2
1996	65.6	102.3	67.1
2004	54.4	126.3	68.7
2010	69.0	163	112.47

Source: National Bureau of Statistics, 2010

However, there are certain characteristics about the nature and incidence of poverty in Nigeria which give it its uniqueness. First, majority of the poor in Nigeria are located in the rural areas. The incidence of poverty is more serious in the rural areas than the urban centres. Majority of the poor are rural-based and depend mostly on agriculture directly or indirectly for their income and food security. The incidence of poverty in rural area in 1980 was put at 28.3% of the rural population while 17.2% were put as poor in the urban area (NBS, 2007). The differences in the incidence of poverty between the urban and rural area is a reflection of the disparities between them in terms of access to infrastructure and opportunities.

Table 2.2: Urban/Rural Incidence of Poverty by different poverty measures including food poor.

<b>Sector</b>	<b>Food poor</b>	<b>Absolute poverty</b>	<b>Relative poverty</b>	<b>Dollar per day</b>
Urban	26.7	52.0	618	52.4
Rural	48.3	66.1	73.2	66.3

Source: National Bureau of Statistics, 2010

Second, there are differences in the incidence of poverty across the geo-political zones in Nigeria with the incidence highest in the Northern parts of the country, then followed by the South-South geo-political zone. NBS (2012) reported that North-West geo-political zone has the highest poverty incidence in the country followed by North-East and North-Central while the South-West has the least poverty incidence.

Table 2.3: Zonal Incidence of poverty by different poverty measures

<b>Zone</b>	<b>Food poor</b>	<b>Absolute poor</b>	<b>Relative poor</b>	<b>Dollar per day</b>
North-Central	38.6	59.5	67.5	59.7
North-East	51.5	69.0	76.3	69.1
North-West	51.8	70.0	77.7	70.4
South-East	41.0	58.7	67.0	59.2
South-South	35.5	55.9	63.8	56.1
South-West	25.4	49.8	59.1	50.1

Source: National Bureau of Statistics, 2010

Third, there are disparities in poverty between males and females. This gives birth to notion of poverty having a woman face because of the highest level of poverty among Women World Wide. It is logical to believe that since the rural populations are the poorer to the urban

counterparts that the women constitute the poorest of the poor in Nigeria. This was clearly documented in several studies. For instance, Interim Poverty Reduction Strategy Paper (IPRSP) (2001) submits that in 1996, the literacy rate for males was 62 percent and 39 percent for females; the corresponding figures for 1997 were 61 percent and 47 percent respectively, and 61 percent and 46 percent respectively in 1998. Also, the average net primary school enrolment in 1996 was 55 percent for boys and 44 percent for girls in 1997; similarly, post primary school enrolment in 1996 was 53 percent for boys and 47 percent for girls.

Fourth and finally, poverty in Nigeria is in the midst of plenty. World Bank (1996) has rightly captured the nature of Nigeria's poverty in the content and title of its report "Nigeria: Poverty in the Midst of plenty" where it argued that Nigeria represent a paradox of a country endowed with both material and human resources but yet its people are wallowing in abject poverty. According to Ekpe (2012) Nigeria has one of the greatest development potentials in Africa given the vastness of her resources and manpower endowment, but regardless of these potentials Nigeria is still among the poorest countries in the world. Added to this Nigerian Economic Society (NES) (1997) held the view that Nigeria is in fact a poor country amidst abundant human material resources. No wonder that the country is among the 20 countries in the world with the widest gap between the rich and poor (David and Tijjani, 2012:59).

### **2.3.11 Poverty Profile and incidence in Gombe State**

Gombe State in the North-East geopolitical zone of Nigeria is recorded as one of the most poverty- distressed areas in the country. The National Bureau of Statistics (2013) reported that Gombe State was among the states which have more than 70 percent poverty rate. The report said that relative poverty was most apparent in the Northern part of the country, with Gombe State's poverty rate among the highest at 74 percent. The report also revealed that

Nigerians consider themselves to be getting poorer and this was further substantiated by the Bureau's report of 2010 in which 93.9% of respondents felt themselves to be poor compared to 75.5% six years earlier. The states with over 70 percent absolute poverty include: Adamawa, Bauchi, Ebonyi, Gombe, Jigawa, Katsina, Kebbi, Plateau, Sokoto, Yobe and Zamfara (Idiaro and Idiaro, 2010).

### **2.3.12 Public Policy Theories**

This research, after a review of several public policy theories, adopted Charles Lindblom's theory of Incrementalism as its theoretical framework. In public policy one thing is always certain that whatever decision arrived at by the decision makers be it a policy, action, law or social intervention is informed by their own 'explanations' or 'theories' of the phenomenon or the social problem to which the policy or programme is directed to address. This is also true even if the decision makers are not fully conscious of the theories they are using or cannot scientifically justify the theoretical basis of their decision.

Public policy refers to the plan of action developed by government officials as the organizing framework of purposes and rationales for government programmes which deals with specific social problems. Hanekom (1987) remarked that all public policies are future oriented plans aim at general promotion of the social welfare of the society. Generally the term public policy is sometimes referred to as government programme of action. It stands for various degrees of goal articulation and normative regulation of public activities that is what government intends to do or achieve (goals) and how it intends to do it (implement). The controversy, however, is over the boundary of what constitute public policy: should it be posited at the level of decision making, intention or action of government? Some argues that public policy is whatever government chooses to do or not to do. Others asserts that policy is what governments actually do, not what they intend to do or say they are going to do. This dissension led to the various definition of public policy. However, here the definition given



by W.J. Jenkins is of tremendous value. Jenkins (1978) defines policy as set of interrelated decisions by a political actor or group of actors concerning the selection of goals and means of achieving them within a specified situation where those decisions should, in principle be within the power of those actors to achieve". This definition by suggesting the word 'selection' has recognized both decision and action deliberately taken by the government to solve a social problem or matter of concern as essential element of policy. It also implies that the decision makers were fully aware of their choice of goals and the means of achieving them. It also suggests that the decision makers gave consideration to one or more other proposals. Above all, Jenkins sees public policy as aggregate decision making as against single discrete decision. The definition also recognizes the need for availability of means to achieve given ends as well as competence of certain persons to take decision on behalf of others. Finally it suggests that a policy is not intended to provide an approach for coping with all of society's problems but to provide solutions to limited and specific situations.

Theory is a set of interrelated concepts, assumptions and propositions that attempt to provide a comprehensive, systematic, consistent and reliable explanation and prediction of relationships among specific variables. It can be a representation of a reality which can be scientifically proven. Certain theoretical approaches and models have utility in studying public policy. Public policy can be examined from the perspective of group theory, elite theory, rational decision making theory and incremental theory.

### **2.3.12.1 Group Theory**

The intellectual foundation of group theory can be traced to the works of scholars such as Arthur Bentley, David Truman, Robert Dahl, and Earl Lathan among others. The theory was developed within the context of the pluralist paradigm of politics. Pluralism argues that power is widely distributed among different groups and that any group can ensure that its political preferences and wishes are adopted and reflected in governmental action and

policies. Therefore, politics to the group theory is the struggle among groups to reflect their interests in public policy.

Group theory assumes that interaction and struggle among groups is at the centre of political life. According to this theory, individuals are important in politics only when they act as part of, or on behalf of, group interests. A group refers to a collection of individuals that may on the basis of shared attitudes or interests, make claims upon other groups in society. Groups assume political character when they make claims upon government institutions (Sambo, 1999). Public policy always reflects the equilibrium reached in the groups struggle with the interests of the more dominant groups gaining in influence because of their requisite resources, money, information expertise etc. the utility of this theory to public policy analysis is that by its insistence that public policy is the product of group struggle, it has introduced a dynamic element into the understanding of how policies are made.

According to Truman in his book titled “the Government Process” a group becomes a political interest group when it makes a claim through or upon any of the institutions of government. Thus, individual is significant in politics only as a participant in or a representative of groups. Individuals can only secure their political preferences through the groups (Verma, 2006). Bentley sees politics as actions through groups aimed at the realization of interest; that is to say that group activity is interest activity. He introduces the concept of interest which stated as central to the understanding of politics. To him interest is ‘a shared attitude concerning a claim to be made by one group upon certain groups in a social system. Therefore, to group theorists society is nothing other than the complex of groups that composed of it, it is through the social system that various groups seeks to realize or maximize their interests (Verma, 2006). The government according to group theorists plays a role of a mediator in the struggle among groups; it can also serve as a source of rules and restraints among the competing groups.

In relation to public policy analysis group theory describes all meaningful political activity in terms of group struggle. Policy makers are viewed as always responding to group pressures- bargaining, negotiations, and compromising-among competing demands of influential groups. In so doing, they have some latitude in determining what groups are to be included in the majority coalition. The major assumptions of the Group theory are:

- i. All the major changes in public policy are initiated by the interest groups.
- ii. In public policy process the role of individual is not important, rather the emphasis is always on the group
- iii. In policy process the activities of groups and the individuals in the groups should be studied as rational and self interested.
- iv. Societal groups pressure and interact with the policy makers in pursuance of their preferences and interests.
- v. The role of the political system is to establish and enforce compromise between various conflicting interests in society.
- vi. The theory centres on the zero-sum game and assumes 'cross-cutting cleavages' and 'crisis-cutting membership' of the groups.

There are, nonetheless, basic and substantive defects in the analysis of the policy process offered by group theory. The theory by offering uncausal explanation of politics and policy from the perspectives of group struggle alone, it overlooks the independent role of individual actors in the policy process. The theory is also criticized for its inability to prove empirically whether indeed power is widely distributed as it claims and whether the voice of the least powerful is ever audible as to make significance in the decision making process. Also, the assumption of the theory of the role of government as neutral in the clash of partisan groups in the value allocation process is questionable and doubtful. Group theory has been generally criticized for reducing everything to the working of group and leave both the individual and

society scrupulously out from its consideration because it believes that individuals are not found anywhere except in the groups (Mahajan, 2000). The elite theory also criticized this theory on the contention of the pluralists that power is widely and evenly distributed in the society, this argument did not go down well to the elite theorists as they believe that there must be powerful elite in the society such as the heads of business corporations, political leaders, military chiefs etc.

### **2.3.12.2 The Elite Theory**

The conceptual foundation of elite theory can be found in the works of Pareto (1968) and Mosca (1939) who use the term 'elite' to critique Marxism, the very philosophy from which this concept first originated, Bottomore's (1964) *Elites and Society*, among other intellectual imports. It was also developed as an alternative paradigm to pluralism and the pluralist view concerning the distribution of power in the society.

Elite theory believes that there always existed two classes of people in any given society. The first class is the one that rules which is less numerous and perform all political tasks, monopolizes power and enjoys the advantages that power brings. The second class is the more numerous which is being ruled, directed and controlled by the first class. Bottomore (1964) submits that no matter how democratic a society is, there must be a minority group of people that make decision for the majority and it is not only economic factor that determine class, but there are other factors such as military power, power of political party. This is further buttressed by Pareto (1968) and more recently by Putnam (1976) that the 'power elites' always includes not only the state political elites, but also business-corporate segments, as well as leaders of other large organizations, such as churches, unions and the military.

Parry (2005) explains elites as the decision makers of the society who appear to play an exceptionally influential part in political and social affairs and wield control over crucial policies. The argument of the elite theorists is that to talk of a government in which all takes part in decision is a farce. What we have in practice is government by a minority known as rulers or polyarchy, protecting the selfish interests of that group. In public policy analysis, decision making is a small group affair and the assumption is that the wishes and desires of these minorities are always protected. According to elite theory, public policy is viewed as a reflection of the values and preferences of governing elite, and that it is only a coincidence if the policy decisions of the elite reflect the interests of the masses, as they sometimes do.

According to the theory, in classical times elite power was acquired through military conquest, revolutionary overthrow, command of economic resources etc but in the modern state formation, elite power is associated with development of large scale organizations and the resultant creation of different kinds of elites whose sources of power include access to formal political office, wealth, knowledge etc (Sambo, 1999). Mosca (1939) asserts that it is the result of changes in new source of wealth in the society, growth of knowledge and decline and rise of new religion.

The main assumptions of the theory are as follows:

- i. People in the society fall into two classes: the class that rules with decisive political power to allocate values for society and class that is being ruled without any influence on public policy.
- ii. Small elite group is solely responsible for policy decisions.
- iii. Public policy does not reflect demands of the masses but rather the prevailing values of the elites.
- iv. The elites are internally homogenous and self-conscious.
- v. The elite group governs an ill-informed public.

- vi. Policies flow down-ward from elite to masses; they do not rise from mass demand.
- vii. The masses are disorganized and generally passive and therefore, the interests of small elite will normally be accepted in the society.

The elite theory has been criticized on the following grounds: First, the theory has assumed a conspiratorial character and is to that extend a provocative theory of public policy and political process. This is because of its underlying premise about elite consensus on fundamental norms of the social system which limits the choice of policy alternatives to only those which fall within the shared consensus. The theory is provocative because of the characterization of the masses as passive, apathetic and ill-informed and consequential relegation of their role in policy making (Sambo, 1999). Again, the theory is further faulted for its distrust for democracy and its insistence that democracy is a myth.

From the foregoing review of group and elite theories of public policy it becomes obvious that the underlying assumption of these theories about government is essentially the same. The theories assign the government role of an impartial mediator of conflict in society and preserver of the social order. Central to the analysis which these theories offer is the perception of the government in policy making as a pivotal player in the value allocation process. In system theory, for instance, government is located in the black box where inputs are converted into outputs for the society, while for the Group theory the government is an umpire in the struggle among societal group to reflect their interests in public policy. The Elite theory, on the other hand, gave the government the duty of executing the values and preferences which the dominant few in the society want to be reflected in public policy (Sambo, 1999). However, it is obvious that the government cannot be necessarily a disinterested party in the conflict of interests of partisan groups in the society. The theories are, therefore, faced with the radical objection of their assumption of the role of government as a neutral arbiter of political values in the society.

### **2.3.12.3 The Rational Theory**

Simon (1945) a widely believed father of rational models of public policy defines rationality “as a style of behaviour that is appropriate to the achievement of given goals, within the limit imposed by given conditions and constraints. Rational theory has its intellectual origin from the rational comprehensive decision making and it argues that the policy maker has a full range of policy options to choose from.

The rational theory of public policy assumes that the value preferences of society as a whole can be known and weighted. It is not enough to know and weigh the values of some groups and not others. There must be a complete understanding of the societal values. Rational policy making requires information about the alternative policies and the intelligence to calculate correctly the ratio of cost to benefit. The rational theory ensures the maximum social gain or benefit by making the government to choose policies resulting in gains to society that exceed costs by greatest amount. The concept of maximum social gains means no policy should be adopted if its cost exceeds its benefits and among policy alternatives, decision makers should choose the policy that produces the greatest benefits over costs. It also involves the calculation of all social, political and economic values sacrificed or achieved by a public policy. Therefore, the public policy maker must be able to know all the society value preferences and their relative weight, know all the policy alternatives available, calculate the ratio of benefits to costs for each policy. To select a rational policy, policy makers must:

- i. Know all the society’s value preferences and their relative weight
- ii. Know all the policy alternatives available.
- iii. Know all the consequences of each policy alternatives.
- iv. Calculate the ratio of achieved to sacrificed societal values for each policy alternatives.
- v. Select the most efficient policy alternative.

The major criticism of the Rational- comprehensive theory is that the ability of human beings to process information is more limited than what the theory prescribes and that the model does not accurately describe the reality of decision making. It is obvious that the decision makers as human beings cannot garner all possible alternatives to a policy option, be well informed about the consequences of each of these alternatives and finally select the best option among the alternatives. Also in reality, it is hardly the case that the decision makers are faced with any concrete, clearly defined problem but they rather act, as pointed by Lindblom (1959), in the absence of clearly defined goals.

## **2.4 Theoretical Framework**

### **2.4.1 Incremental theory**

Incremental theory was developed by Charles Lindblom as a reaction to the formalization of the rational comprehensive model. He was critical of the assumptions of the rational comprehensive model and in its place he developed the notion of incrementalism as an approach to how decisions are actually made and a model for how decision should be made. It is assumed that new decisions are variations of past decisions; that decision makers accept existing decisions as satisficing and legitimate, and only make small, incremental, marginal adjustments in their current behaviour. By so doing, decision makers hardly borders to canvass formidable numbers of far-reaching changes, neither do they spend inordinate time defining their goals, and that the comparison they make between the current state of affairs and the small adjustments to be made in current behaviour are within manageable proportions.

According to incremental theory public policy is a continuation of past government activities with only incremental modifications. The theory assumes that the constraints of time, intelligence and costs prevent policy makers from identifying the full range of policy alternatives and their consequences. The incremental theory recognizes the propositions of



‘Rational Comprehensive theory’ as impractical and describes a more conservative process of decision making. This theory assumes that the public policy choices arises out of the interplay of ‘partisan’ and administrative decision making usually involving a continuation of past policies with least possible modifications. It aims at meeting the new challenges slowly and progressively. Based on this regard, incrementalism prefers only minimal departures from the status quo, and decision makers are viewed primarily as problem solvers who may lack the intellectual capacity or time to make a wide search for alternative solutions. Therefore, policy makers accept the legitimacy of existing programmes, policies and expenditures and considered them as a base because of uncertainty about the consequences of new policies.

It call upon decision makers to first identify the problem; investigate how similar problems have been handled in the past; evaluate and analyze a few solutions that appear plausible and finally choose one that make some contributions to solving the problem without drastically altering existing process and institutions. Decisions are, based on incremental theory, made step-by-step and by small degrees.

The incremental theory of public policy is offered as both a descriptive and prescriptive theory of decision making. It is descriptive of how most administrators do in fact approach complex questions in the real world understandably for reasons of limited knowledge, time and money to fashion truly different decisions (Lindblom, 1959). These limitations make it impossible to meet the rigorous conditionalities of the rational comprehensive model. The method of incremental approach to decision making is also politically more expedient because it involves incremental changes in existing decisions rather than fundamental redistribution of social values. As Dye (1997) has argued, incrementalism is important in reducing conflict, maintaining stability and preserving the political system itself. The prescriptive contribution of the incremental approach is that it helps to avoid the calamity of

embarking on fundamental changes while leaving sufficient room for the decision maker to test the wisdom of the course of action he had chosen. It is also argued that incrementalism is a natural approach because it is consistent with nature of decision makers as human beings who rarely act to maximize their values but who will rather be content with what works.

There is much in incrementalism to support its descriptive claims. Yet, the theory is criticized for its conservative approach to public policy making. It is argued, for instance, that incrementalism is better suited as a descriptive model of decision making under conditions of social stability and continuity. But many societies are hardly stable. It is also argued that incremental decisions tend to reflect the values and preferences of dominant interests in society.

It is significant to clearly state at this juncture that all the theories of public policy reviewed in the foregoing can be appreciated in explaining the designing, implementation and impact of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) scheme in the study area. They are all interrelated and not competitive. Each one provides a separate focus on political life and helps us to understand different things about public policies. Most policies are combination of rational planning, incrementalism, interest group activity, elite preferences and systemic forces etc. however, this study employed and progressed with the incremental theory as its theoretical framework.

#### **2.4.2 Relevance of Incremental theory to the Study**

Despite the weaknesses of the incremental theory, it is found most relevant among other theories of the public policy in explaining the formulation and implementation of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) scheme in this study. It is well known that before the MDGs, since independence Nigerian history is replete with numerous social security and poverty alleviation programmes. Programmes

implemented include among others Operation Feed the Nation (OFN), Directorate for Food, Roads and Rural Infrastructure (DIFRRI), National Directorate of Employment (NDE), National Poverty Eradication Programme (NAPEP) among others. In 1999, for instance, the newly elected Democratic Government observed that in spite of the large number of poverty alleviation programmes introduced in the country, poverty was still on the increase indicating the failure of such measures. The government identified that the existing poverty alleviation measures were affected by poor coordination of activities; lack of well articulated policy for poverty eradication; lack of sustainability of programmes and projects; absence of achievable target setting; absence of monitoring, evaluation and impact assessment; absence of effective coordination and collaboration between the agencies of government and among the three tiers of governments; and duplication of functions resulting in unnecessary rivalry among institutions (NAPEP, 2004). To improve on these challenges, the government established in 2001 the National Poverty Eradication Programme (NAPEP) with the primary mandate of coordinating and monitoring all poverty eradication activities in the country.

Again, within the NAPEP programme, In Care of the People (COPE) a Nigeria's version of the CCT was introduced to address the problem of poverty as an incremental modification upon the previous poverty measures in the country with special attention on developing human capital. Similarly, to address Goal 1 of the MDGs the Office of Senior Special Assistant to the President on MDGs (OSSAP-MDGs) also introduced the CCT as one of its cardinal programme with little modifications of the NAPEP version of the CCT. Gombe state too, in line with the propositions of Incremental theory, introduced a little variation from the mainstream MDG-CCT in the exit strategy of the CCT in the state where the PRAI instead of being paid lump sum, the amount was used to purchase resettlement tools for the member of the household beneficiaries who have acquired training on trade or vocation of interest.

Therefore, incremental theory has been found worthy of relevance to this study because it becomes clear that the MDGs' Conditional Cash Transfer (CCT) scheme was a continuation of previous social programmes in the country and a product of series of improvements and modifications upon previous poverty alleviation policies. This has squarely coincided with the major propositions of the incremental theory that new decisions are variations of past decisions which are assumed satisficing and legitimate, and only small, incremental, marginal adjustments are required which are within manageable proportions.

## **2.5 Empirical Literature Review**

The positions of various studies on poverty reduction in Nigeria for sustainable development through social intervention programmes provide different empirical evidences on the issues related to the effectiveness of the programmes. This study reviews several empirical studies on the intervention programmes in Nigeria with a view to unearth their achievement by different scholars.

Shehu (2014) in her study entitled "Effect of Millennium Development Goals Water Projects on Socioeconomic Development of Kudan Local Government Area of Kaduna State, Nigeria" examine the effects of MDGs rural water supply programme on the people with the objectives of investigating the sources of domestic water supply; level of accessibility to potable water and the socio-economic effect of MDGs rural water supply before and after the MDGs water project. The study made use of in-depth interview and structured questionnaire in seven rural communities where 375 respondents were sampled and the data analyzed using descriptive statistical techniques and Chi square. The result shows that no increase water sources and no reduction of distance travelled to water sources after MDGs project due to the fact that MDGs water sources were not enough, and spatially distributed and were constructed to satisfy the political interest of the privileged few of the locality. The study recommends proper need assessment on number of water source required as well as proper

sitting of the projects where they will be more effective and beneficial to the larger community than sitting them around vested interests of local opinion leaders, rulers and politicians.

Another study by Mamman (2017) entitled “Impact of the Millennium Development Goals (MDGs) on Poverty, Case Study of Selected Crop Farmers in Lafia Local Government, Nasarawa State” obtained data from a sample of 346 respondents which include 227 and 119 MDGs projects beneficiaries and non-beneficiaries farmers respectively. The study collected data from subsamples of respondents among rice farmers, maize farmers and yam farmers’ beneficiaries and non beneficiaries and it uses descriptive statistical tools, net farm income difference and double difference estimator to find out the level of profitability of the beneficiaries, in addition to the Foster Greer Thorbecke (FGT) poverty indices to assess the poverty status of the respondents as well as logit regression to measure the determinants of income poverty. The findings revealed higher level of profitability among the MDGs beneficiaries than non beneficiaries after the MDGs intervention with total profit of n41,245,650 for the beneficiaries and n18,996,934 for the non beneficiaries and it also indicated higher poverty indices before the MDGs intervention than during the intervention and also higher incidences among the control group than the experimental group after the intervention. The study recommends that the project innovations should be duplicated to more communities across the state.

Shawulu, Adebayo and Binbol (2013) in their work “An Empirical Appraisal of the Impact of the National Poverty Eradication Programme (NAPEP) in Jalingo Local Government Area of Taraba State, Nigeria” concluded that NAPEP loan beneficiaries’ income after the intervention was significantly higher than what it was before the intervention. For instance, the mean monthly income of Mandatory Attachment Programme (MAP) beneficiaries rose from N8, 790 before NAPEP intervention to N17, 010 thereafter.

Ifeanyi and Chima's (2009) "Impact of Selected Rural Development Programmes on Poverty Alleviation in Ikwuano LGA, Abia State, Nigeria" showed that the rural development programmes which had poverty alleviation objectives impacted significantly on productivity and farm income at 5% level of probability. The study employed well-structured questionnaire to elicit responses on socio – economic characteristics and other relevant variables from a random sample of 160 respondents comprising beneficiaries and non-beneficiaries from the study area. The study recommend that, Programme planners and implementers are therefore urged to intensify awareness creation among rural dwellers and adopt the use of community driven development approach (CDD) in the execution of rural development projects with poverty alleviation thrust.

Similar trend of argument could be found in Samuel, Tamarauntari and Steve (2014) who examined "The incidence, depth and severity of poverty, and poverty correlates in Bayelsa State" using the FGT decomposable class of poverty measures and a logit regression model as analytical tools on the 2009-10 NLSS data. The findings showed that about 25 percent of households are income poor. To escape poverty the averagely poor has to mobilize financial resources to be able to meet 14 percent of N22393.62 household per capita expenditure monthly and the core poor has to mobilize financial resources up to 9 percent more of N22393.62 household per capita expenditure monthly than that required for the averagely poor. Results from the logit regression showed that agriculture and household size increases the probability that a household will be poor while dwelling in the urban area, being headed by male, a naira increase in households per capita expenditure on education and per capita expenditure on health and a year's increase in the number of years spent schooling by household head reduces the probability that a household will be poor.

Alanana (2006) undertook 'An Appraisal of Poverty Alleviation in Nigeria: A Case Study of Benue, Nasarawa and Plateau States'. The study used a descriptive approach supported by the Foster, Geer and Thorbecke (FGT) poverty index as well as the Z test distribution at 5% level of significance. The findings reveal that the programmes have not been able to significantly reduce the level of poverty in the study area. The study therefore recommends that the involvement of the poor themselves in the conception, planning and implementation of programmes meant for them as well as the institution of good governance in the administration of pro-poor programmes are crucial in the efforts towards reducing poverty in Nigeria. The involvement of beneficiaries in the programmes ensures ownership and commitment that help to promote sustainability of such programmes which makes the programmes more effective towards attaining the set goals.

Christopher (2006) conducted a study on An Assessment of Poverty Alleviation Policies in Reducing Rural Poverty, using Obubra LGA as case study. He used a total of 200 questionnaires administered on two selected clans of the local government area. The study also employed descriptive statistical tools such as tables, percentages and poverty indices using Watts Index to generate data. The results show that 46.0% of the population in the study area fell below the set poverty line. The study concludes that poverty alleviation policies implemented in the area did not benefit over 70% of the population. The study therefore, recommends a more effective and encompassing programme design and implementation through a bottom-up approach, integrated poverty alleviation approach as well as transparency in the process of selecting the participants.

Olayinka, Kehinde, Jelili (2015) examined the impact of entrepreneurship training and education on poverty reduction in Nigeria. In his methodology 500 entrepreneurs and apprenticeships were chosen from six recognized Local Governments in Lagos State. The

study made use of the Best Linear Unbiased Estimator (BLUE) to test the relationship between entrepreneurship training and poverty reduction in Nigeria. The findings revealed that there exists a positive and significant relationship between entrepreneurship and poverty reduction. The study therefore recommends that the government should be wary of encouraging entrepreneurship training in all levels of government as well as entrenching it in primary schools, tertiary institutions and inculcating it in the National University Commission curriculum.

Ike (2012) in his work entitled “An Analysis of the Impact of Fadama III Project on Poverty Alleviation in Delta State, Nigeria”, establishes that the mean increase in income for participants in Fadama III was significantly different from that of non-participants at  $p = 0.05$ . He used 152 participating households in Fadama III Project and 50 non-participating households as respondents and data were collected through the use of structured questionnaires and analyzed through the use of Descriptive and Inferential statistical tools. The study also employed Double-Difference (DD) Estimator to compare changes in outcome measures. The study finally recommends that the state government should make it compulsory for all the LGAs to participate in Fadama III project and to pay their counterpart funds in order to fast-track development associated with Fadama project at the grass root level.

Similarly, Matthew and Asoloka (n.d) in their joint work “evaluating Poverty in Development Intervention: A Case Study from Nigeria” used quasi-experimental design to compare NAPEP beneficiaries and a group of non-project beneficiaries. The findings of the study revealed different results. The objective quantitative evaluation indicates that poverty reduction through NAPEP is not statistically significant while the subjective evaluation indicates otherwise. This is a move away from perfect targeting at the core poor. The study



therefore recommends that NAPEP interventions should be directed wholly at the core poor as a step towards enhancing its impact on poverty eradication.

The Results from the literature revealed mixed findings, while some studies such as Ike (2012), Ifaenyi et al (2009) and Mamman (2017) showed that anti poverty intervention projects have significantly impacted positively on poverty reduction, others like Shehu (2014) Alanana (2006), Christopher (2006) and Olayemi (2011) revealed significant negative impact. Based on these results, therefore, the cause and the magnitude of the impact remained inconclusive and debatable in poverty reduction policies. Moreover, these studies focused on other intervention programmes and policies rather than MDGs' Conditional Cash Transfer and as such studies on the impact of MDGs' Conditional Cash Transfer components are sparsely available.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY,**

#### **3.1 Research Design**

This research adopted a survey research method. Survey research method is one, as observed by Ujo (2003), in which a researcher observes the object of study as they are without manipulating them with the aim of collecting first hand information. The use of survey design is justified on the basis that it enables the researcher to objectively generalize from a sample population and also to draw inferences from the research findings.

Both the designing and the collection of data for the research focused on the assessment of the impact of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) scheme on eradication of intergenerational transfer of poverty among beneficiaries in Gombe and Yamaltu-Deba Local Government Areas of Gombe State. Based on this, variables that relate to the programme and its implementation strategies were carefully assessed against the objectives of the programme with a view to unravel the outcomes of the programme in the two LGAs.

#### **3.2 Population**

The target population of this study is the entire beneficiaries of the Conditional Cash Transfer (CCT) scheme of the Millennium Development Goals (MDGs) in Gombe and Yamaltu-Deba Local Government Areas. The staff of the MDGs who coordinated the implementation of the MDG-CCT scheme in the state and Local Government offices were also an integral part of the population covered by the study.

From the records provided by the Gombe State MDGs office through its official document, the total number of MDG–CCT beneficiaries in both Gombe and Yamaltu-Deba Local Government Areas were 445 households out of 1500 households that benefitted from the programme in the whole State. The beneficiaries were distributed across eleven wards of each of the two local governments’ areas respectively. Gombe Local Government Area had 277 household beneficiaries while Yamaltu-Deba Local Government Area had 168 household beneficiaries (Gombe State MDGs Office, 2014). It is from this number of beneficiaries provided by the programme’s official document that this study obtained its populations for Focus Group Discussions and derived its sample size in the two LGAs.

### **3.3 Sources of Data**

The data used for this study were generated from two main sources viz: primary and secondary.

The primary source of data enabled the researcher to collect firsthand information from the field. The Primary data were generated through:

Focus Group Discussion (FGD)

In-depth interview and

Personal Observation

#### **3.3.1 Focus Group Discussion (FGD)**

Primary information was sourced from the sampled population of beneficiaries through the use of FGD instrument. It involved the use of moderator who facilitated the discussion and the assistant moderator who takes notes of the responses of the participants and runs the tape recorder. The FGDs were held in various wards of the two LGAs with the CCT beneficiaries who were dispersed across the study areas. The beneficiaries were grouped based on the wards

they come from in order to represent the sample of the entire CCT beneficiaries in their wards. The focus groups ranged in size from 8 to 12 participants each and lasted from 30 to 60 minutes. Most of the FGDs were held at the residences of district or wards heads while others were held at LGA secretariats. A total of 188 beneficiaries representing 91.2% of 206 beneficiaries (206 is a sample size for the study arrived at from the Krejcie and Morgan formula) participated in the discussions.

A total of 10 FGDs were conducted successfully out of the 14 groups specified by the sample size. Six FGDs were held in Gombe LGA and four were held in Yamaltu-Deba LGA. The reason for this disparity is based on the fact the number of beneficiaries in Gombe LGA exceeded that of Yamaltu-Deba LGA and there was a problem of terrain and accessibility.

### **3.3.2 Interview**

In-depth interview was conducted with some of the staff of the MDGs and CCT officials in the state and Local Government offices who were responsible for the implementation of the CCT programme. In addition to this, interview was also made with some key CCT beneficiaries from various wards in the study areas. This was based on the fact that these categories of people were directly involved in the coordination and implementation of the programme. Face to face interviews were conducted with the head of the MDG Project Support Unit; MDG State Coordinator; MDG Administrative/ Desk Officer; MDG Public Relation Officer; Gombe LGA MDG Desk Officer; Yamaltu-Deba LGA Desk Officer as well as ward leaders of the CCT beneficiaries.

They were interviewed on issues such as criteria of selection of beneficiaries, methods of payment, utilization of skills, impact of training towards enhancing the conditions of the trainees, funding among others as they affect the implementation of the programme. This method is significant because of its role in complementing the responses from the FGDs and

in providing supplementary information which may not have been necessarily generated from the FGD method.

### **3.3.3 Personal Observation**

Also, some parts of the primary data were sourced through observation. The researcher made use of this method to observe on-the-spot some of the projects executed by the MDG-CCT programme, the business and entrepreneurs centres established by the CCT beneficiaries in the two LGAs.

The researcher visited some of the wards in the two LGAs and observed the various skill acquisition and training centres in the areas, the businesses places of some of the CCT beneficiaries; dwellings of some of the beneficiaries. The researcher also visited and interacted with the artisans who trained the CCT beneficiaries in their places. The opinion of some business conscious people has also been sought on their perception of the business commitments of the beneficiaries at their places business. The essence of the observation method was to verify the existence of the CCT projects and businesses in reality and examine their proper execution in two LGAs. The adoption of this method of data collection is justified as it complemented the other sources of data and provided direct access to information without any distortion.

For the secondary data, data were generated from relevant information in existing and stored information in form of textbooks, and soft files. The data were sourced from MDGs documents, government publications, journals, thesis, and textbooks in published or unpublished forms.

### 3.4 Sample Size

Out of the total population of 445 household beneficiaries of the CCT in Gombe and Yamaltu-Deba LGAs, the sample size 206 was taken as the representative of the whole population. The sample size was arrived at using the Krejcie and Morgan Formula for determining sample size for research activities (Krejcie and Morgan, 1970). The formula is given as:

$$S = \frac{x^2 NP(1-p)}{d^2(N-1) + X^2 P(1-P)}$$

Where:

S= required sample size

$X^2$  = table value of chi-square for 1 degree of freedom at the desired confidence level i.e. (3.841).

N= the population size

P= the population proportion (assume to be 0.50 in order to provide the maximum sample size for the population

d= the degree of accuracy (expressed as a proportion (0.50)

The research assumes 15 participants to constitute the maximum number of participants per one FGD. The total number of FGDs was derived thus:

Sample size ÷ Number of participant per FGD

$$S = 206 \div 15$$

$$= 13.73$$

Therefore the number of Focus Groups was 14 groups for the sample size.

### 3.5 Sampling Techniques

The Conditional Cash Transfer (CCT) beneficiaries were originally selected based on electoral Wards of the local governments (Gombe State MDGs Office, 2014). Gombe and Yamaltu-Deba Local Government Areas which made up the study areas are made up of 11 wards each. This research made use of the wards of the two Local Governments as clusters of convenience to get to the beneficiaries for each ward. Below is the list of the wards of the two local government Areas and the number of beneficiaries per each ward.

Table 1.1: Distribution of the CCT beneficiaries based on wards in Gombe and Yamaltu-Deba LGAs

<b>Ward</b>	<b>Local Government</b>	<b>Number of Beneficiaries</b>
Bolari West	Gombe	19
Balari East	Gombe	26
Kumbiya-kumbiya	Gombe	21
Nasarawo	Gombe	16
Pantami	Gombe	18
Jekadafari	Gombe	42
Ajiya	Gombe	12
Herwagana	Gombe	31
Dawaki	Gombe	32
Bajoga	Gombe	17

Shamaki	Gombe	43
Kurjale/Jagali	Yamaltu-Deba	16
Jagali North	Yamaltu-Deba	15
Kwadon/Liji/Kurba	Yamaltu-Deba	17
Lano/Kuri/Lambam	Yamaltu-Deba	16
Nono/Kunuwal/Wuro	Yamaltu-Deba	09
Birdeka		
Zambuk/Kwali	Yamaltu-Deba	17
Lubo/Difa/Kinafa	Yamaltu-Deba	17
Kanawa/Wajari	Yamaltu-Deba	16
Deba	Yamaltu-Deba	15
Hinna	Yamaltu-Deba	14
Gwani/Shinga/Wade	Yamaltu-Deba	16
<b>Total</b>		<b>445</b>

Source: Gombe State MDGs Office, 2014.

The Table above displayed the distribution of the CCT beneficiaries across the wards of Gombe and Yamaltu-Deba Local Government areas of Gombe State as provided by the MDGs Office. To arrive at the sample size for each ward, however, the following formula was employed:

$$\text{Ward sample size} = \frac{\text{Number of beneficiaries per ward}}{\text{Total number of beneficiaries}} \times \frac{206}{1}$$



Table 1.2: Distribution of wards and their sample size

<b>Ward</b>	<b>Local Government</b>	<b>Sample Size</b>
Bolari West	Gombe	09
Balari East	Gombe	12
Kumbiya-kumbiya	Gombe	10
Nasarawo	Gombe	07
Pantami	Gombe	08
Jekadafari	Gombe	19
Ajiya	Gombe	06
Herwagana	Gombe	14
Dawaki	Gombe	15
Bajoga	Gombe	08
Shamaki	Gombe	20
Kurjale/Jagali	Yamaltu-Deba	07
Jagali North	Yamaltu-Deba	07
Kwadon/Liji/Kurba	Yamaltu-Deba	08
Lano/Kuri/Lambam	Yamaltu-Deba	07
Nono/Kunuwal/Wuro	Yamaltu-Deba	05
Birdeka		

Zambuk/Kwali	Yamaltu-Deba	08
Lubo/Difa/Kinafa	Yamaltu-Deba	08
Kanawa/Wajari	Yamaltu-Deba	07
Deba	Yamaltu-Deba	07
Hinna	Yamaltu-Deba	07
Gwani/Shinga/Wade	Yamaltu-Deba	07
<b>Total</b>		<b>206</b>

Source: Field Survey (2016)

The Table above has displayed the distribution of the sample size of the CCT beneficiaries in Gombe and Yamaltu-Deba LGAs. Based on the table, the sample size for each of the wards of the two LGAs is derived and a percentage from the total sample size of the entire beneficiaries of the CCT in the two LGAs. The total sample size for the study as explained above according to the Krejcie and Morgan Formula is 206.

In order to arrive at the sample size for each of the wards of the two LGAs, the total number of beneficiaries in each ward as provided by the Gombe State MDG Office(2014) was divided by the total number of the entire beneficiaries in the two LGAs and then multiplied by the sample size of the entire population. This provided the required proportion of the number of beneficiaries required for Focus Group Discussion from each of the wards in the two LGAs which are also the sample sizes for the wards. At the ward level, due to the realization that the beneficiaries in the wards are scattered across villages and districts and getting them assembled for discussions proved difficult, the researcher made use of the first

available beneficiaries from any ward as long as they constitute the required sample size for their wards.

### **3.6 Categories of Respondents for the Study**

The first category of respondents consulted for this study comprised of the Gombe State MDG/CCT personnel who were selected primarily due to their direct involvement in the coordination, implementation and selection of beneficiaries of the Conditional Cash Transfer (CCT) scheme in the State.

The first MDG personnel selected for interview was the Special Adviser to the Governor on MDGs who was also the head of the Gombe State MDG Project Support Unit and it was under his tenure that the programme was implemented. Similarly, the research also interviewed three other senior personnel in the Project Support Unit, this consisted the MDG State Coordinator, the MDG Chief Administrative Officer and the Information/Public Relation Officer. Interview was also conducted with four other junior MDG personnel at the Local Government level comprises of one Local Government Desk Officer for MDGs and chairman of the LG-MDG Technical Team from each of the two local Governments. Therefore, the research interviewed a total of eight personnel of the MDGs. The second category of the population was the beneficiaries of the programme in the two Local Governments on whom the FGD instrument was adopted to solicit data from them.

### **3.7 Method of Data Analysis**

Data collected were presented and analyzed using Qualitative Data Analysis. All Focus Group Discussions and interviews data were tape-recorded with the permission of participants and the anonymity of the focus group participants was protected. The tape-recordings of both in-depth interviews and focus group discussions were transcribed and the

data analyzed. A preliminary analysis was conducted in order to get a general view of the data and to reflect on its broad meaning. Then a more rigorous and detailed analysis was conducted and data were divided into units that reflected specific views, thoughts and experiences of the participants. At the end a list of topics were generated and compiled into categories which together with data from observations technique were labeled as findings. Data from across focus groups and interviews were again analyzed to determine the interconnectedness of issues and conditions that may have given rise to categories. Ultimately a picture of the impact of the Conditional Cash Transfer programme (CCT) and its implementation strategies on intergenerational transfer of poverty among the beneficiaries emerged. It is important also to note that the major findings identified in this research work emerged in all interviews and focus groups and were raised by the participants at all areas. Additionally, there were high levels of agreement about these issues and significant consistency in how the issues were talked about among groups.

## **CHAPTER FOUR**

### **REVIEW OF POVERTY ALLEVIATION PROGRAMMES IN NIGERIA AND SOCIO-ECONOMIC FEATURES OF GOMBE AND YAMALTU-DEBA LOCAL GOVERNMENT AREAS**

#### **4.1 Introduction**

In this chapter an attempt was made to briefly review of some past poverty alleviation programmes in Nigeria and discuss the socio-economic features of the study areas dwelling on prevalence of poverty in key sectors such as education, health, water supply and the potential areas that can be utilized for investment and development. The chapter also made a review of the MDG Conditional Cash Transfer Document.

#### **4.2 Some Selected Poverty Alleviation Programmes in Nigeria**

Various programmes and policies have been developed and implemented by various governments in Nigeria at different times to fight against poverty. The following are the details of some of these programmes.

##### **4.2.1 Directorate for Food, Roads and Rural Infrastructure (DFRFI)**

The Directorate for Food, Road and Rural Infrastructure (DFRFI) was established in 1986 and was designed purposely to develop rural areas via the construction of feeder roads and provision of basic social amenities such as shelter, food, potable drinking water, health posts, and electricity supply.

According to Decree No.4 of 1986 that established DFRFI, the programme has the following objectives.

1. To identify, involve and support viable local community organizations in the effective mobilization of the rural population for sustained rural development activities; bearing in mind the need for promoting greater community participation and self-reliance.
2. To identify areas of high production for the country's priority food and fiber requirement and to support the production of such commodities along agro-ecological zones within the context of one national market with un-impeded inter-state trade in farm production.
3. To formulate and support a national feeding and network programme involving construction, rehabilitation, improvement and maintenance especially in relation to the nation's food self-sufficiency programme as well as general rural development.
4. To formulate and support a national rural water supply programme together with a national on-farm storage programme with emphasis on the full involvement of local communities and local government and existing infrastructure.
5. To verify and promote other programmes that would enhance greater productive economic activities in the rural areas as well as help to improve the quality of life and standard of living of the rural people, and;
6. To encourage contribution of labour, time and materials by local communities to be completed by a system of matching grants from the directorate and the local, state and federal governments (Ugwumike, 2002).

Although DFFRI was rated as the most all-inclusive poverty reduction programme of the nation, the programme could not achieve many of its objectives, because it was overambitious in scope, steep in corruption, lacked proper standard of coordination, lacked technical depth in most projects.

The programme has not also focus attention on the household heads that were poorest of the poor as a result of physical deformity on account of age, disability or severe illnesses.

Training of the youths for self-employment was not also given any priority by the DFFRI and these are the areas where MDG-CCT programme has paid the most needed attention.

#### **4.2.2 National Directorate of Employment (NDE)**

The National Directorate of Employment (NDE) was established in 1986 as another poverty reduction programme to tackle poverty in the country through combating mass unemployment. Its target was the unemployed youths both skilled and unskilled labour force. Its aims were to train, finance and guide our unemployed youths to a successful self-employment.

The series of its programmes of activities include the Vocational Skills Development (VSD), the Small Scale Enterprises Programme (SSE), the Agricultural Employment Programme (AEP) and some special services. The programme still exists till today and has been trying to realize the objectives (Ogwumike, 2002). It has trained more than two million unemployed people and provided business training for not less than 40,000 people in the country (Oyemomi, 2003). However, the programme suffers from poor funding, government negligence and lacked proper administrative coordination which inevitably hampered its activities.

The programme apart from the shortcoming pointed above, though train and finance the unemployed youths, it failed to give consideration to the youth who were dependent on households headed by the physically-challenged and vulnerable. The programme did not also incorporate the youth from the aged, disabled household heads and widows who are neglected in the society. This is the mandate of the MDG-CCT programme.

### **4.2.3 Better Life Programme (BLP)**

The Better Life Programme (BLP) was initiated and established in 1987 by the wife of a Former Military President Maryam Babangida to tackle issues affecting (rural) women. Its series of sub-programmes include Rural Development Programmes, Skills acquisition, Health Care Programme and granting of easy credit to rural women. The programme had the following objectives:

1. To stimulate and motivate women in rural areas towards achieving a better and higher standard of life, as well as sensitizing the general populace to the plight of rural women.
2. To increase literacy among women and educate them on simple hygiene, family planning and the importance of child care.
3. To mobilize women for concrete activities towards specific objectives including seeking leadership roles in all spheres of national life.
4. To raise the social consciousness of women about their rights, as well as social, political and economic responsibilities, and;
5. To bring women together and closer for a better understanding and resolution of their problems through collective action.

However, the programme was hampered by corruption and its elitist nature. The programme was solely controlled by the first lady and her states counterpart as a result of whom it could not reach the stated targets directly.

The programme was centered on women, however, it failed to consider providing the women with income generating ventures in trades such as hairdressing, knitting tailoring among others. The programme did not specifically consider widows as the most vulnerable and require much attention. Consideration of widows and VVF affected women were at the centre of attention in the MDG-CCT programme.



#### **4.2.4 Family Economic Advancement Programme (FEAP)**

The Family Economic Advancement Programme (FEAP) was established in 1997 with the aim of alleviating poverty through offering of credit for agricultural production, processing and establishment of small scale cottage industries in both the rural and urban areas of the country. The broad objectives of FEAP were:

1. To provide capital needed by way of loans directly to people at ward level to enable them set up and run their own cottage enterprises.
2. To create opportunities for the training of ward-based businessmen.
3. To improve the living standard of the people and encourage producers at ward level to form co-operate societies.
4. To promote production and development consciousness through the utilization of all available local resources for the benefit of Nigerians through improved production, storage, preservation, processing, recycling, packaging and marketing.
5. To involves private sector, state and local governments to participate in its funding, implementation and evaluation and to curb rural-urban migration.

However, the programme was bedeviled by corruption and lack of proper supervision and monitoring of loans among others. The programme tried to incorporate all families in the fight against poverty however it had no focus on the special households that were affected with disability, deformity and severe illnesses of the household heads who were very active while they were normal in the society and are now having dependent that relies on them. The MDG-CCT programme was a response to these problems which were hitherto abandoned by many programmes.

#### **4.2.5 National Poverty Eradication Programme (NAPEP)**

NAPEP is one of the recent poverty reduction programmes in the country. It was introduced in 2001 with sole aim of eliminating absolute poverty in Nigeria. It was carried out through its four schemes and programmes which include: Youth Empowerment Scheme (YES); the Rural Infrastructure Development Scheme (RIDS); the Social Welfare Services Scheme (SOWESS), and the National Resource Development and Conservation Scheme (NRDCS) (Bindir, 2002).

The main mandate of NAPEP as an institution was to monitor and coordinate all poverty eradication efforts in the country, in order to harmonize and ensure better delivery, maximum impact and effective utilization of available resources. NAPEP has the following objective:

1. To eradicate extreme poverty, halving the proportion of people living in its by 2010 in line with National Economic Empowerment and Development Strategy (NEEDs) and the Millennium Development Goals (MDGs).
2. To make every Nigerian a participant in the fight to eradicate extreme poverty.
3. To provide re-orientation and economic empowerment to the poor of Nigeria; and
4. To develop a winning partnership with other sources for support in the fight against poverty.

NAPEP was introduced to address the problem of poverty in Nigeria and one of its intervention programmes was In Care of the People (COPE) which is a version of the CCT. However the programme rather than give training to the beneficiaries on the businesses or trade of their interest before they were given the investment grant component of the CCT to start the business venture that will yield sufficient income to sustain their households, COPE give grant to the head of the household to start a business of his/her own without any prior training on the business. This is one of the problems that hampered the success of the

programme and it is in this area that the MDG-CCT ensures that one of the next of kin or dependents of the household head is trained on trade of interest before the investment grant is provided to them and not to the head of the household.

In spite of all the poverty reduction strategies established and implemented in Nigeria, the prevalence of poverty in the country is very high. Most of the reasons put forward by scholars for the abysmal and unsatisfactory outcomes of the programmes include: lack of proper targeted mechanism, failure of the programmes to focus on the poor people, programme inconsistencies and political instability, inadequate coordination, misplaced priorities, severe budgetary cuts, management and government problems, poor implementation, overextended scope and above all, the issue of corruption (Obadan, 2002, Mahammad, 2010).

Table 3.1: Poverty Alleviation Programmes in Nigeria

<b>S/No</b>	<b>Programme Name</b>	<b>Year</b>	<b>of Types</b>	<b>of Target</b>
		<b>Establishment</b>	<b>Government</b>	<b>Group</b>
1.	Directorate for food, Roads and Rural Infrastructure (DFRFRI)	1986	Military	Rural Areas & Roads
2.	National Directorate of Employment (NDE)	1986	Military	Unemployed Youths
3.	Better Life Programme (BLP)	1987	Military	Rural Women
4.	Family Economic Advancement Programme (FEAP)	1997	Military	Rural Area
5.	National Poverty Eradication Programme (NAPEP)	2001	Military	Rural and Urban areas

Source: Obadan, 2002

### **4.3 Socio-Economic Features of Gombe and Yamaltu-Deba Local Government Areas**

In this section efforts are made by the researcher to present the socio-economic condition of the study areas. Social and infrastructural amenities provided by the federal, state and local governments in the study areas are assessed along with views and opinions from beneficiaries, stakeholders and community leaders. The research based on consideration of essential social services like education, health, infrastructure and water supply which determine the standard of living of the people, tried to assess the general level of these sectors in the two LGAs that constitute the areas of this study.

#### **4.3.1 Infrastructure in the Two LGAs**

Information available to the research through investigation shows that there were higher concentration of social amenities and infrastructure in Gombe (Metropolis) LGA than in Yamaltu-Deba LGA due their disparity in terms of proximity and access to government activities. The reason given by respondents was the fact that the former being the state capital has upper hand over the latter when it come to award of projects and contracts (Interview, 2017). On an observational visit to the study areas, the researcher saw that in Gombe LGA there are pipe-borne water, tarred roads, well-built and maintained schools, transformers, functional boreholes etc which are distributed and concentrated in the metropolis. But few of these were found in Yamaltu-Deba LGA except for Deba the LGA Headquarters and those facilities were mostly unmaintained.

Majority of the facilities categorized as good or fair are found in Gombe LGA and Deba the LGA headquarters of Yamaltu-Deba LGA. While the facilities in rural areas of Yamaltu-Deba LGA were generally poor. Most of the facilities in the study areas that are provided by the state and local governments are in poor conditions while the one provided by the federal government are very small. In a focus group discussion held with beneficiaries and

community leaders in Yamaltu-Deba LGA they complained that the poor conditions of infrastructural facilities in the rural areas has the negative effects on the social and economic lives of the people in the areas, for example, the damaged roads in the LGA has rendered movements of goods and services such as farm produce and livestock to urban market for sale very difficult and it has also limited the capacity of the people in the rural areas to transport their sick people to health centres in the LGA headquarters or bigger towns for treatment (Interview, 2017). These are among the issues that attracted the attention of MDGs to embark on programmes and projects in the areas including the CCT programme. The researcher also observed the Presence of other social amenities such as electricity, post offices, ICT centres and banks which were in higher concentration in Gombe LGA than in Yamaltu-Deba LGA where a few of these facilities are seen in the LGA headquarters.

#### **4.3.2 Basic Education in the Two LGAs**

Education is a tool for acquisition of skills and generation of ideas that can be utilized for economic and social development. It enhances sustainable development through skills acquisition that can lead to alleviation of poverty. Education is a source of progress in virtually all areas of human endeavour and lead to development of human resource for the wellbeing of the society at large. As a result of this, lack of education or illiteracy can partly be held responsible for the prevalence of poverty and underdevelopment in the society. In the two LGAs selected for this study, the research probed into the level of education based on existing educational facilities, their provision, and level of spread, accessibility and inclusiveness in the study areas. The research also tried to link the relationship between education and socio-economic development in the two areas, through interview and discussion with beneficiaries and stakeholders.

The type of education referred to here is the primary, secondary, tertiary, and skills acquisition centres in the areas. Primary and secondary education is meant to teach children the elementary or basic education that will constitute a solid foundation for their development as youths. Tertiary education is aimed at educating the people advanced level of knowledge and skills based on specialization for social development and professionalism. Adult education is meant to teach adult who did not go through formal education the ability to read, write in their own language and do some simple arithmetic and acquire some basic skills in order to improve performance in agriculture, business as well as to have awareness of the higher goals of life. Skills acquisition is meant to teach and trained people especially the youth some basic entrepreneurial skills and ideas to enable them engage in income generating enterprises.

From discussions held with stakeholders in education and community leaders in the two LGAs it is shown clearly that the level of education and the educational facilities in the two LGAs were not adequate enough for the population in the areas. There are needs for addition of more primary and secondary schools in the two areas and improvement of the existing ones in terms provision of adequate staff and instructional materials (Interview, 2016). While there were numerous private-owned primary and secondary schools in Gombe LGA the situation is not the same with Yamaltu-Deba LGA especially in the rural communities were the shortage of schools is more noticeable. The same thing can be said of adult education and skill acquisition in the two areas. There is very small number of adult education centres in the areas and most adults could not see the value of education and were not interested to enroll themselves in adult education. There were virtually no government-owned skill acquisition centres in the two local governments except for the two Women Development Centres, one in each of the two Local Government Areas. These are skill acquisition centres for women and people with disability such as lepers and blinds who are taught trades like weaving, beads

making among others. However these centres are no longer functional as before because the training of apprentices has stop for many years and there were no working materials in those centres (interview, 2017).

Secondary schools were built by the state government while primary and adult education centres were built by the Local Governments. However there were schools or additional classrooms in some schools that were built by the community people. This is found in both Gombe and Yamaltu-Deba LGAs. For example, a community school was built and handed over to the Government in Bolari ward and more classrooms were built by community people in Difa of Yamaltu–Deba LGA and Nasarawo of Gombe LGA.

From interviews and discussions held in the two LGAs it becomes clear that the inadequate educational facilities together with their poor quality, inadequate staff and instructional materials have had serious implication on the whole society. It leads to overcrowding of pupils in classrooms. For instance, when the researcher visited some primary schools in the study areas more than one hundred and fifty pupils were found in one classroom which made the whole place unconducive for teaching and learning. The researcher also saw that most of the pupils were sitting on bare floor. In some schools the researcher visited in Yamaltu-Deba LGA the pupils were receiving lessons under the shade of trees. This was further observed to be the cause of poor performance of children in their examinations.

Based on the researcher’s investigation it can be generally stated that educational facilities and their quality are inadequate for the population of the two areas. This has affected the level of education in the areas and further reduces the literacy level among the people. The implication of low level of education to areas is the high rate of illiteracy and poverty among the people. Perhaps this is one of the reasons why the CCT programme stipulated as one of its

conditions that a beneficiary must have a child of school age and ready to enroll and retain that child in school before is qualified to benefit from the programme.

### **4.3.3 Health Profile in the Two LGAs**

Health is an important area of priority that must be focused on without which the development of the society cannot be achieved. Health is wealth and healthy society is a wealthy society. Health is an instrument by which a nation can realize development and efficiency in service delivery. Prevalence of poverty in a society is often linked to health condition of that society.

Our inquiry into the general provision of health facilities in the study areas shows that they were very inadequate and most of them are in dilapidated condition. The facilities were inadequate for the population of each of the areas and the problem is prevalent in both Gombe and Yamaltu-Deba LGAs except that in the former there was availability of many private-owned health facilities. In addition to these, Gombe LGA hosts the Federal Teaching Hospital (FTH) which gave it an edge over Yamaltu-Deba LGA.

From interview and discussions held with health officials and community people in the two LGAs it is clearly revealed to the researcher by most interviewees that the health facilities were inadequate for the population of the areas in the following ways: Firstly, there is problem of the population of each of the two LGAs. When consideration is given to the population of each of the areas the health facilities were too few to cope with the health demand of the population in the areas. This is because the majority of the people in each of the LGAs are poor and suffering from one or the other of different types of diseases. The second problem is that the health facilities are sparsely distributed in the areas and the distance of some hamlets and villages to the facilities is far and the roads from some villages are motorable only during the dry season. This problem is more noticeable in Yamaltu-Deba



LGA. This made attendance of people from far villages to the health facilities extremely difficult when they fall sick. This problem affects pregnant women more seriously during pre-natal and ante-natal care and during child labour. Lack of medical equipments and drugs in many of the health institutions in both Gombe and Yamaltu-Deba LGAs constitute the third problem. Most of the health institutions in the LGAs were not keeping any drug for their patients but rather prescribe to the patient relevant drugs after diagnosis to go and buy in patent medicine stores. This sometimes leads to the purchase of wrong drugs by the patients because of either lack of understanding of the prescribed drugs by patent medicine store keepers or their interest to sell the drugs they have in their stores. Lack of medical equipments in the institutions renders them ineffective as they have to transfer serious cases to other places where those required equipments are available. The fourth problem is that of inadequate medical staff to handle cases in the health institutions. This becomes worst especially when emergency cases like accidents and severe illnesses such as asthma that require urgent treatment are brought to the health institutions. The researcher visited some of the institutions and saw the pains patients undergo and the long time it takes the few workers on duty to come to the patient in dire need of help. This is the case witnessed in Pantami ward in Gombe LGA and Zambuk in Yamaltu-Deba LGA. In addition to this, many of the health personnel refuse to stay in the villages where they are posted to work. This aggravates the situation of inadequate staff and impliedly means that emergency cases must be transferred to the towns or die.

In interview and discussions with community leaders some respondents confided to the researcher as the effects of the aforementioned problems to include self- medication by some people by buying drugs from patent medicine stores in the areas or from drug hawkers who visit their areas without any prescription from physicians and the patronage of traditional

herbalists by people who could not travel far or could not get drugs from the health institutions (Interview, 2017).

As result of the problems associated with the health facilities in the areas, an inquiry into the health status of the people in the areas reveals that the majority of the people suffer from a variety of diseases. Most common illnesses were malaria, typhoid and meningitis (interview, 2017). Our inquiry shows that majority of the people in the villages of Yamaltu- Deba LGA were in poor health. Malaria is the most prevalent with highest number of attacks in the rainy seasons (interview, 2017).

According to some health officials and household heads interviewed malnourishment and poor diet as a result of poverty was another cause of ill- health in the villages. The food stuff the household heads produce were never enough for their families. Many families only eat once a day. They also maintained that lack of nutritious food made people weak and vulnerable to diseases due to poor body immunity (interview, 2017).

#### **4.3.4 Water Provisions in the Two LGAs**

Findings from the researcher's investigations show that water is the scarcest commodity in both Gombe and Yamaltu-Deba LGAs. The main sources of water supply in Gombe (Metropolis) LGA are boreholes, pipe- borne water and wells. In the other hand, the main source of water in Yamaltu-Deba LGA, except for Deba the LGA headquarters where there is irregular supply of pipe-borne water, are mainly wells, few boreholes and some villages there were earth dams as the case of Dadin-Kowa Dam.

As at the time of this investigation, the pipe-borne water drawn to Gombe Metropolis from Dadin-Kowa Dam was not evenly distributed in the LGA and its supply was very irregular because it take days before its comes once to the areas where it is distributed. When it

occasionally comes, long queues of children are seen waiting for their turn to fetch water from the taps. They wait for hours before they could get their turn to fetch. The few boreholes sunk by the government in the wards were not enough and many of them are in need of repair or replacement. The scarcity of rain and underground water in Gombe has made many of the wells dug in the area less effective because most of the wells have very little water in them especially during the dry season.

Whereas in Yamaltu-Deba LGA people heavily relied on wells, few boreholes and earth dams as their source of water. The area for the most part is blessed with underground water and this made majority of the people in the area heavily reliant on wells as their main source of water. When dry season progresses from February to May, most of the deep wells in the villages would dry up so that only little water is left at the bottom of the wells. The researcher saw long lines of children in some villages visited waiting for the well water to collect before they could fetch. The boreholes that were constructed by the government and politicians are sparsely distributed across the LGA. Their number was too small to cater for the water demand of the population in the communities and most of them lack maintenance and in need of serious repairs (Interview, 2017).

Due to the scarcity of water in the two LGAs, the researcher observes that water sellers were making a good business in Gombe LGA and Deba the headquarters of Yamaltu-Deba LGA. They sink boreholes for commercial purpose and sell water to the people in the wards and hawkers who also sell it to others for profit. The hawkers used tankers, carts, pick-up vans and tricycles to carry water in drums to various wards and villages for sale.

The point being made here is that the water supply in the two LGAs was generally scarce and it was this situation among others that attracted the MDGs to come to the assistance of the people in those areas.

#### **4.4 Potential Areas of Investment on the Two LGAs**

From the interviews and discussions held with the community leaders, government officials from ministries of planning, environment and trade and with business oriented people in the areas it becomes clear that both of the two LGAs are blessed with natural endowments and establishments that can be utilized for profitable investment and development of the areas. Most the people interviewed cited the fertile land with which the two LGAs are blessed as huge potential for development. They pointed that agriculture is the major economic activity of the people in the two areas especially Yamaltu-Deba LGA. Though Gombe Metropolis occupied the whole of Gombe LGA and is completely urban, its people still engaged in agriculture in both subsistence and cash crop production. They maintained that agriculture if properly utilized can bring about economic development in the areas and lift many people from the grip of extreme poverty and hunger. Many interviewees recommended the production of cash crops such as cotton, groundnut and rice as investment potentials in the areas. Some interviewees went further to recommend investing in dry season farming of rice particularly around Dadin-Kowa Dam in Yamaltu-Deba as an opportunity to remove the people in the areas from poverty.

According to the respondents this can be done through provision of adequate farm inputs such as fertilizer, insecticide, herbicide and other farm implements to the farmers at subsidized price, regular sensitization of the farmers on modern and recent farming techniques by Agricultural Extension Workers and the purchase of their farm produce after harvest at good price.

However some of the problem associated with this area of investment as pointed out by some potential investors in the field are the government negligence of agriculture over the years,

shortage of rain water, poor agricultural implements, lack of enough capital and poor price of farm produce after harvest (Interview,2017).

Related to the above, some of the respondents made mentioned of Small Scale Enterprises such welding, carpentry vulcanizing, barbing, hairdressing etc in the study areas as a potential area for investment, employment and empowerment. They pointed out that there are small scale businesses in both of the two areas but the ones in Gombe LGA being the state capital are much more than the one in Yamaltu-Deba LGA.

Youths or people who are on these businesses should be empowered by the government through grant of capital and those that were not on any business can be co-opted and trained in trade of choice such as ICT, shoe-making, photography, video- covering, tailoring with a view to making them self- employed and reducing their level of poverty. They commented that this area if properly utilized by the government can employ reasonable number of youths in the areas of the study and can reduce the prevalence of poverty among the people. This area has already attracted the attention of the MDGs and that is why it implemented it Conditional Cash Transfer programme in order to generate employment and empower the youths who are dependents on physically incapacitated household heads in the areas. However the government at all levels should imitate this gesture and take the lead in this regard by training the youths on various trades and businesses as means of empowerment.

According to some interviewees the availability of banks and other financial institutions in the study areas especially in Gombe Metropolis is another potential investment opportunity for people empowerment. There are numerous commercial and microfinance banks in Gombe LGA and few others in Yamaltu-Deba LGA which can be encouraged to assist business oriented people and people in search for capital with grant of soft loan with little or no interest. They suggested that the loan should be given to people who run small scale

enterprises only and those in need of start-up capital not the government workers who often hijack the soft loans from the banks.

#### **4.5 Review of the MDG-CCT Document**

It is not an understatement that our communities remain economically depressed and many people, especially those in rural areas are in severe deprivation. This condition has caused the gap between the rich and the poor to become perilous. Old paradigms for speeding poverty eradication have not produced the desired result hence the need for a new approach for fighting poverty and driving local economic development (Source: OSSAP-MDGs, 2011). Large numbers of the poor are trapped in chronic, long-term poverty that is transmitted from generation to generation, and this type of poverty hampers achievement of sustainable poverty reduction.

It is observed by scholars that in Nigeria women, children, older people and those with living disabilities are disproportionately represented among the poor people. Despite the various programmes in place to reduce poverty levels among the economically active poor, these groups cannot participate because they cannot meet the requirements for participation including for example counterpart contribution to various schemes (Source: OSSAP-MDGs, 2011).

In view of the foregoing, social transfers are adopted as new strategies for addressing poverty among these groups of poor people. Social transfers are an aspect of social protection that puts in place systems to protect and transform the livelihoods of citizens, including the physically-challenged and chronically poor. Social transfers are regular and predictable grants-usually in the form of cash that are provided to poor households or individuals.

The Conditional Cash Transfer was a social transfer where by poor households are assisted to build their assets by means of investment in human capital. It entails the provision of monthly grants to selected extreme poor households on condition of allowing basic school aged children within the households be in school or of allowing children of under 5 access government free vaccination, immunization and vitamin A supplementation (Source: MDG-CCT Policy Implementation Document, 2011). The extreme poor groups were defined by the CCT as the aged, widows and the less privileged including those incapacitated by ailments like blinds, lepers VVF patients etc who have no source of livelihood (Source: OSSAP-MDGs, 2011). According to the document CCTs were to contribute to poor household in four ways:

- i. Immediate impact on inequality and extreme poverty
- ii. Enable households to make better investments in their future
- iii. Help households manage risk: avoiding hard reversing losses, provision of CCT can decrease harmful coping strategies.
- iv. CCTs help governments to make beneficial reforms.

#### **4.5.1 Objective of the CCT**

1. To reduce the intergenerational transfer of poverty
2. To reduce the number of poor people by increasing their access to basic services

#### **4.5.2 Components of CCT**

There were essentially two components of the CCT:

1. BIG (Basic Income Guarantee) ₦5,000 and
2. PRAI (Poverty Reduction Acceleration Investment) ₦10, 000 for 12 months.

These components are elaborately explained in the MDG-CCT Implementation Document (2011) as follows:

In the programme, monthly cash grants called Basic Income Guarantee (BIG) are given to extremely poor HH on the condition that they keep their children of basic school age in school. HH also undertake to participate in all free government health care programmes, especially immunization. Before the end of the 12 months BIG grant cycle, HH are given a Poverty Reduction Acceleration Investment (PRAI) fund after receiving the necessary skills training. The PRAI is expected to help participants set up businesses of their own and become economically active citizens of their communities. Proceeds from this investment will help replace the BIG at the end of the circle.

The PRAI, therefore, was lump sum paid to each participating households to enable the households embark on economic activity that will fetch them income so as not to continue to depend on cash handout. The PRAI was paid after each household must have received training from SMEDAN, NDE or any vocational training institute in the state. However, it was on this that the Gombe State Government introduced an innovative strategy. The government instead of paying the beneficiaries the PRAI at the end of the programme, it undertook to use that money to purchase the resettlement tools to all the beneficiaries and where the cost of the tools was less than the PRAI it handed over the resettlement tools to the beneficiaries together with their remaining balance.



### **4.5.3 Conditions Attached to the CCT**

The MDG-CCT beneficiaries were required to abide by the following conditions:

1. Enrolment and retention of basic school aged children in basic education (primary 1 to junior secondary education).
2. Attendance by participants in training and vocational skills, basic health and sanitation as available in the community.
3. Acceptance by participants of the conditions for the monthly savings arrangement of the programme.
4. Acceptance by participants to utilize the monthly Basic Income Guarantee (BIG) for improved nutrition and general improvement in the quality of life in the household.

### **4.5.4 Implementation Strategies**

The selection of households, because of unavailability of data, involves the use of people's participatory technique of Community Driven Development (CDD) approach by the CCT to ensure.

1. Ownership of project by community
2. Right targeting
3. Responsibility and accountability is to the people
4. Empowerment of the people by giving them a voice.

### **4.5.5 Multi-Level Committees for Implementation of CCT**

To provide oversight and guidance to the implementation of the MDG-CCT in a coordinated manner, a number of committees at different levels were formed as follows:

1. State Social Assistance Committee (SSAC)

2. Local Government Assessment Committee (LGAC)
3. Community Social Assistance Committee (CSAC)

#### **4.5.5.1 State Social Assistance Committee (SSAC)**

Membership:

1. Honourable Commissioner for LGs - Chairman
2. NAPEP State Coordinator - Vice-Chairman
3. MDG State CCT focal person - Secretary
4. State Commissioner for Education
5. State Commissioner for Health
6. Representatives of selected NGOs or CBOs
7. Participating banks

#### **Responsibilities of SSAC**

1. Oversee the coordination of the scheme in the state
2. Supervise State-Wide Sensitization
3. Facilitate the conduct of base-line survey
4. Compile list of all households needing assistance in the state
5. Supervise payments to participating communities
6. Provide overall monitoring of the scheme at the state level
7. Report to OSSAP-MDG/National Technical Consultant.

This committee was vested with the power to identify and select the CCT beneficiaries in all the 114 wards of the 11 LGAs in Gombe State. The selection was done right from the wards where they were physically seen as part of the condition that may qualify them to be part of the programme (Gombe State Ministry of Youth and Poverty Alleviation, 2013).

#### **4.5.5.2 Local Government Assessment Committee (LGAC)**

This committee was responsible for monitoring of the programme at the LG level. Its membership comprises of the following:

1. Local Government Chairman - Chairman
2. Education Counselor - Member
3. Health Counselor - Member
4. Social Welfare Officer - Member
5. MDG Secretary - Secretary

#### **Responsibilities of LGAC**

1. Assist in providing logistics to the community social assistance committee
2. Assist in monitoring the implementation of CCT at village or community level.
3. Oversee the coordination of the scheme in the Local Government.
4. Report Progress to the State Social Assistance Committee

#### **Community Social Assistance Committee (CSAC)**

##### Membership

1. Village Head -Chairman
2. Church Leader -Member
3. Imam -Member
4. Headmaster -Member
5. Representative of Community Development Association -Member
6. Community Health Assistant -Member
7. Community Women Leader -Member
8. Youth Leader -Member

## **Responsibilities of CSAC**

1. Overseeing the Implementation of the Scheme in the Community
2. Undertake Community Sensitization
3. List all households needing assistance
4. Ranks all households using a standard agreed format
5. Organize community meeting to discuss ranking
6. Recommend households needing assistance to SSAC
7. Supervise payments to participating households
8. Provide overall monitoring of the scheme at the community level
9. Report to SSAC.

## **Target Participants of the CCT**

The following households were targeted.

1. Poor female headed households
2. Poor aged headed households
3. Households headed by:
  - Physically-challenged e.g. lepers
  - VVF and HIV/AIDS patients
  - Other vulnerable groups

## **Community-based targeting of beneficiaries**

In community-based targeting of beneficiaries the Community Social Assistance Committee (CSAC):

1. Lists all households requiring assistance
2. Assesses households based on physical inspection and assessment form filled.
3. Scores households accordingly.

4. Ranks all eligible households based on the scoring in the assessment form.
5. Presents selected households requiring assistance to the State Social Assistance Committee (SSAC) (Source: OSSAP-MDGs, 2011).

### **Monitoring and Evaluation Mechanism**

A three (3) layer monitoring and evaluation structure was used to ensure delivery of the project according to the guidelines. This was made possible through the utilization of the multilevel committees in monitoring and evaluation of the programme. A baseline survey was conducted at the commencement of project implementation to provide a reliable benchmark for tracking progress in the implementation of the scheme (Source: OSSAP-MDGs, 2011).

### **4.6 Conclusion**

This chapter reviews some selected poverty alleviation programmes in Nigeria with a view to understand their mandate and objectives and how they are linked to the MDG-CCT programme and it also discusses the potential areas of investment in the study areas. Having discussed with potential investors and stakeholders from ministry of trade and investment is found that the availability of fertile land in the two areas provide a good investment opportunity in the areas. Other potential areas of investment in the areas are the Small Scale Enterprises, banks and Microfinance credit institutions, Information and Communication Technology (ICT) among others.

Also, after a survey of the two LGAs and discussions with relevant people from the areas and from relevant agencies, we learnt in this chapter with regard to socio-economic development that both of the two LGAs were in needs of more infrastructures in health, education, water, roads among others. The conclusion that can be drawn is that despite the fact that both areas require more of these facilities for socio-economic development, Gombe LGA being the state

capital has more concentration of these facilities than Yamaltu-Deba LGA. The availability and access to educational institutions including both public and private own institutions in Gombe LGA are at least higher than in Yamaltu-Deba LGA. In access to health care the people of Gombe LGA host the Federal Teaching Hospital, specialist Hospitals and numerous public and private health care centres in the Metropolis while Yamaltu-Deba LGA has only one General Hospital and various health care centres disperse across the rural areas of the LGA. Scarcity of water is prevalent in both of the two LGAs but the rural areas of Yamaltu-Deba LGA are the most affected. It was this situation among others that drawn the attention of the MDGs to assist the people in the areas with programme of Conditional Cash Transfer (CCT).

Another area addressed by this chapter is the review of the MDG-CCT Policy Implementation Document which outlines the objectives, components, conditions as well as the implementation strategies of the programme as they are originally conceived by the policy makers.

## **CHAPTER FIVE**

# **THE IMPACT OF THE MILLENNIUM DEVELOPMENT GOALS` CONDITIONAL CASH TRANSFER (MDG-CCT) SCHEME ON POVERTY ALLEVIATION IN NIGERIA: A CASE STUDY OF GOMBE STATE (2011-2015)**

### **5.1 Introduction**

This chapter covers the presentation and analysis of data collected from both primary and secondary sources. The data were interpreted and analyzed against the research questions and objectives of the study. This chapter is organized into seven sections. The first section introduces the chapter. The second section gives a detailed analysis of the data relating to the criteria of selection of beneficiaries and ways of accessing the MDG-CCT programme with a view to uncover the level of their credibility. This represents the first objective of the study. Section three dwells on the level of funding in the MDG-CCT and how it affects programme's success in promoting social protection among beneficiaries which is the second objective of the study. The fourth section captures the issues relating to delivery methods of the MDG-CCT scheme and how they affect the programme's success to alleviating extreme poverty among beneficiaries in the study areas. This conforms to the third objective of the study. The fifth section looked at the general implementation strategies of the MDG-CCT and how they impacted on intergenerational transfer of poverty among the target groups in the study areas which is the fourth objective of the study. Section six is a summary of the major findings while the last section is the verification of the research assumptions through the data generated.

## **5.2 Selection Criteria of Beneficiaries of the MDG-CCT Scheme**

It is our conception that credibility in selection of beneficiaries in any poverty alleviation programme is prerequisite for the achievement of the programme's objectives. It is against this that we seek to ascertain whether in the MDG-CCT programme there was credibility of criteria in selecting beneficiaries in areas of the study. In this section, we are going to look at the main objectives of the MDG-CCT programme as it was designed and conceived from the initial stage; the eligible beneficiaries for the programme and the ways through which they were identified and selected for the programme; the criteria of selection and the credibility of these criteria in terms of right targeting of beneficiaries in the course of the selection.

### **5.2.1 Main objectives of the MDG-CCT programme**

It is a known fact that every programme(s) is established with specific objectives which it is expected or set to achieve at the end of its implementation. The MDG-CCT programme also falls in this category. To assess this we look at the programme policy document to ascertain the major and original objectives of the CCT scheme. We also look at the views and responses of stakeholders of the programme through interviews with MDG-CCT officials and key beneficiaries in the areas of study, focus group discussions with beneficiaries and personal observations.

According to the policy document of the CCT the main objective of the programme is to reduce intergenerational transfer of poverty by increasing their access to basic services. The basic services the document refers here are making sure that the poor have access to good health, education and income generating enterprise (OSSAP-MDGs, 2011).

The responses from respondents also show clearly that the main objective of the programme was to reduce the intergenerational transfer of poverty among the beneficiaries and to empower the people to fend off poverty. Nearly all the CCT officials interviewed described



the main objective of the CCT as an effort to break the intergenerational transfer of poverty and reduce the number of poor people by increasing their access to basic services. These basic services include increase access to education, health care and income generating activities (Interview, September 2016). This implies that, the programme was aimed at investing in the future of the beneficiaries in order to break the intergenerational cycle of poverty, as detailed by a respondent:

The whole idea behind the CCT was to help poor households to break intergenerational transfer of poverty from parent to children. This is why a person is identified in the family and trained in vocation of his choice. The idea was after receiving training and resettlement tools together with startup capital, he/she will be able to maintain the family (interview, September 2016).

In line with these, our inquiry from the beneficiaries across focus groups also shows that they realized the aim of the CCT programme to be elimination of extreme poverty among the poorest groups. This was done, according to some of the beneficiaries, through investment in human capital and empowering the family members in income generating enterprises, education and health care as a strategy to break the chain of poverty and deprivation of the extremely poor households. The programme was meant to reduce poverty and empower the beneficiaries with tangible sources of income so that they can be permanently removed from extreme poverty line (FGD, October 2016). Thus, what we can deduce here is that, the main objective of the programme was the eradication of extreme poverty particularly the intergenerational transfer of poverty from household heads to their dependents or from one family to the other.

### **5.2.2 Eligible beneficiaries of the MDG-CCT programme**

Responses from both CCT staff and beneficiaries of the programme revealed that the targeted beneficiaries of the programme were extremely poor households with virtually zero income and they include poor female headed households; poor aged headed households, poor households headed by the physically challenged like blinds, lepers, Visico Vaginal Fistula (VVF) or HIV/AIDs patients and other vulnerable groups in the society (interview, September 2016). We also gathered from the interview that the target households despite their zero income status must also have dependents and/or children of basic school age. For example, one MDG-CCT staff respondent offered a statement that summed up who really constitutes the targeted beneficiaries of the CCT when he noted that:

This programme was essentially targeting members of the society who as a result of physical disability, old age, widowhood among others cannot afford to work and earn a living physically and some of them have been left to roam the street begging. So they have impliedly become zero income household heads on account of their physical deformity. Also, despite their incapacity they have dependents that rely on them for livelihood such as their children and brothers (Interview, November 2016).

This statement, we found it also to be in line with the provision of CCT policy document, which stated that the beneficiaries of the CCT were the poorest of the poor households that belonged to non-active category of the poor including for instance, households that were headed by widows, that is households headed by poor widows; households headed by the aged, very poor aged and households headed by physically-challenged people like lepers, like

blinds and those households that were ravaged by HIV-AIDs and other vulnerable groups in the society(OSSAP-MDGs, 2011).

However, we also visited the beneficiaries in their places and interacted with them in order to observe them physically. The information we got shows clearly that most of the beneficiaries were not only poor members of the communities but they were mostly people with disabilities such as lepers, blinds, deaf people etc with virtually no stable means of livelihood. At Liji/kwadon/kurba, zambuk/kwali and Hinna wards of Yamaltu-Deba LGA and Herwagana and Kumbiya-Kumbiya wards of Gombe LGA, for instance, we saw that the majority of the beneficiaries of the CCT programme were people who are blinds, lepers, crippled, deaf among others. We also discovered that they mostly live in mud or raffia houses with poor standard.

### **5.2.3 Identification and Selection of Beneficiaries**

Both the staff and beneficiaries' categories of respondents were asked to express their view on how the beneficiaries were indentified and selected in the areas of study. The data we gathered based on this revealed clearly to us that the identification and selection of the CCT beneficiaries was done through collaboration of all stakeholders in the communities involving the MDG-CCT officials, Local Government officials, traditional leaders and the community leaders. For instance, a CCT staff respondent has captured the way this issue was explained by many others:

We engaged the community to do the selection themselves. We supervise and ensure that the people selected fall within the categories and conditions set up by the programme. The village selection committee comprised of the village heads, headmasters, and religions leaders among others in the

community. After nomination of the beneficiaries by the community people, the MDG-CCT officials together with village level committee go round to inspect the houses of the nominated beneficiaries (Interview, November 2016).

The beneficiaries' respondents were also asked to narrate the way they were identified and selected into the programme. Majority of the respondents across focus groups maintained that they were selected by the stakeholders in the community who were involved in the selection process. As noted by a focus group participant in Bolari West ward of Gombe LGA:

They came to our ward looking for poor, aged and disabled household heads that are unable to do productive economic activities who the government would like to assist. After the selection of the households, the heads of those households were asked to provide one of their next-of-kin to be trained on trade or vocation of his choice, in order for him to take responsibility of the household after the programme (FGD, September 2016).

According to the data generated through focus groups we gathered that most of the beneficiaries were screened physically by the officials before they were selected. This was reflected in focus groups discussions held at Jekafari, Ajiya and Bolari wards of Gombe LGA and in Wade and Nono/Kunuwal/Wuro Birdeka wards of Yamaltu-Deba LGA. For example, one of the participants in a focus group at Jekafari ward of Gombe LGA explained that “they came to see us physically, inspect our dwellings, asked us some questions and take our pictures” (FGD, September 2016). Some community leaders and district heads interviewed further revealed that they participated in the identification and nomination of the CCT beneficiaries in their wards and they helped in identifying and locating people with disabilities and the most poorest in their localities to benefit from the CCT programme.

However, interviews were conducted to some of the CCT staff on whether differences exist in terms of identification and selection of beneficiaries exercise between the two LGAs, what most of staff expressed was that, whereas the beneficiaries of Gombe LGA were easily identified and accessed during the selection exercise, their counterparts in Yamaltu-Deba were not easily identified and selected. The respondents explained that this was as result of the fact that Gombe LGA is an urban settlement having all its wards within Gombe Metropolis. Yamaltu-Deba LGA on the other hand, comprises of many villages and hamlets dispersed across the vast areas of the LGA with bad roads network. To many of the respondents this was the reason why the selection of beneficiaries in Yamaltu-Deba was more difficult than in Gombe LGA (interview, September 2016).

We can deduce from the analysis of the data so far that the identification and selection of beneficiaries in the CCT programme was fairly rigorous. This is because people at the grassroots level were given an opportunity to determine for themselves the people they believe are most qualified among them to benefit from the programme. Also the collaborative involvement of all stakeholders in the selection exercise will give the community people a sense of ownership of the programme.

#### **5.2.4 Selection Criteria**

We also looked at the criteria through which the beneficiaries are identified and selected into the programme. It was against this, we required our respondents to explain the criteria used in selecting beneficiaries. The responses we got from interviews and FGDs we conducted to the staff and beneficiaries' respondents respectively show clearly that the criteria of selecting beneficiaries for the programme were that the beneficiaries must belong to the categories of non-active poor people- aged, widows, disabled, VVF and HIV patients and other vulnerable groups who are chronically poor in the society. They must also be household heads that have

other people be it children, brothers, grand-children who depend on them for livelihood despite the fact that they are the poorest in their communities with zero income and devoid of reliable means of livelihood. Part of the criteria also were the acceptance of the household head beneficiary to allow one of his/her dependents to attend training on vocational skills, allow the family members attend basic school education, basic health and immunization exercises as available in the community, acceptance of participants of the conditions for monthly saving arrangements of the programme and the utilization of the monthly Basic Income Guarantee (BIG) for improved nutrition and general improvement in the quality of life in the household. According to the MDG-CCT programme document the poorest of the poor households were those constrained by agedness, widowhood, disability or severe ailments of the household heads in spite of their dependents (OSSAP-MDGs, 2011).

In order to determine and assess the criteria of selecting beneficiaries, we reflect on what is provided by the initiators of the CCT programme who planned that in selecting the beneficiaries the focus be on:

The female headed households; poor aged headed households; households headed by the physically-challenged (e.g. lepers, blinds); VVF patients and other vulnerable groups (OSSAP-MDGs, 2011).

In line with the above provision of the CCT, responses we generated from the beneficiaries of the CCT in the two LGAs show that, the criteria outlined by the initiators of the CCT were actually followed in selecting beneficiaries of the CCT in the two LGAs. For instance, many beneficiaries from both of the two LGAs explained that they were selected to benefit from the CCT programme based on the above stated criteria. One CCT trainee beneficiary from Herwagana ward of Gombe LGA described the criteria followed in their selection thus:

We were informed by our district head that the government was going to assist households headed by poor females, aged, disabled

and the severely poor in our ward. My father was a blind and our house was selected for the programme and I know that most of the people selected for the programme in the ward and beyond were the type of people that are really poor. They were very poor and most of them have physical deformity.

Similarly, another CCT beneficiary from Deba ward of Yamaltu-Deba LGA when asked to describe the people that benefited from the programme in their ward described the beneficiaries thus:

The categories of people that benefited from the CCT were the poorest people in our wards. They comprised of the disabled, the physically challenged, aged and widows who also have children who depend on them for food, education and care. These categories of people were identified, screened and selected to benefit from the CCT.

Also, describing the criteria for selection of beneficiaries as planned in the programme, one staff respondent among the CCT officials maintained that:

The criteria for selection of beneficiaries were: first, the beneficiary must be a household head who fall within these categories of the poor- physically-challenged, widows, aged, etc. Second, he must have dependents in the house that depend on him/her. Third, he must allow his children to go to school and health immunization programmes. Fourth, he has to have among his dependents somebody who is willing to learn a trade or occupation (Interview, November 2016).

Most of our respondents consistently expressed the above conditionalities and categories as the criteria of selection of beneficiaries in the programme. However, some respondents added

that there was consideration of political wards as a part of the criteria used when selecting beneficiaries. For example, one respondent from Yamaltu-Deba LGA made this clear in an interview when he noted that:

What was adopted in addition to the ‘poorest of the poor’ criteria was the quota system based on electoral wards of the LGAs and ensuring almost equal representation of beneficiaries across all the electoral wards of the LGAs. Every ward was asked to provide certain number of people and it was those people that were screened and selected (Interview, September 2016).

Our inquiry with respect to the criteria of selection of beneficiaries across focus groups of beneficiaries shows that the criteria were that of looking for the ‘poorest of the poor’ households with technically zero income. As noted by one of the beneficiaries from Kanawa/Wajari ward of Yamaltu-Deba LGA that “ the household heads beneficiaries of this programme were selected by the community people on account of their lack of means of livelihood, severe poverty and other factors such as disability, age, and severe ailments” (FGD, September 2016).

information available to us from the areas of the two LGAs through observation shows clearly that beneficiaries of the programme were very poor in their communities and mostly fall within the categories of people specified by the MDG-CCT programme document i.e. widows, aged, physically challenged etc and their dependents. The CCT beneficiaries we observed in Kwadon/Liji/Kurba ward of Yamaltu-Deba LGA, we found that most of them were physically challenged who were either blind, crippled or lepers. These people, we observed were very poor because the symptoms of poverty can be seen all over them in their clothing, dwellings as well as in their own testimonies. We also observed that most of them



live in mud and raffia houses made up of one or two rooms with inadequate housing facility such as toilets, wells kitchen among others.

What we observed in Gombe LGA is quite similar, most of the beneficiaries were people with disabilities and widows that lost their husbands and are left with children to take care of. This was what was observed in Bolari East ward of the LGA where the majority of the household beneficiaries were mostly aged and physically challenged. They live in ghettos and lack enough food to eat and take care of their dependents.

Again, Respondents from both staff and beneficiaries were required to express their opinion regarding the credibility of the criteria adopted by the government in selecting beneficiaries of the CCT programme. In other words, both the beneficiaries and staff in the two LGAs were asked to rate the credibility or otherwise of the selection criteria of beneficiaries of the programme. Although the responses we got were expressed in different ways they generally showed that, there was credibility in selecting beneficiaries to the programme. This implies that the selection process was done with transparency and no other issues were considered outside the stipulated criteria. These responses were in line with the data generated in section 5.2.3 above on identification and selection of beneficiaries. This is explained in detail by one interviewee from the MDG/CCT office, thus:

It was the people who selected who were the poorest among them. The selection was done by the community people themselves and they selected the people who they think should benefit from the programme. Therefore, as much as possible we feel that the criteria were credible and that was the way beneficiaries were selected into the programme (Interview, September 2016).

The responses we generated from the beneficiaries across Focus Groups particularly in Dawaki, Nasarawo, Ajiya wards of Gombe LGA and Hinna and Jagali North wards of Yamaltu-Deba LGA indicates that the beneficiaries were nominated and selected based on the criteria provided in the programme's document. They maintained that even if a prospective beneficiary is unable to come out from the room, the officials had to go to his room to see him and observe whether he fall within the category of people that meet the criteria and really deserved to be assisted with the programme. When asked to give an instance of where such happened during the selection of beneficiaries' exercises, one beneficiary from Dawaki ward of Gombe LGA attested to the assertion that his late father on whose behalf he was trained as a carpenter by the CCT was very ill during the selection exercise so he could not present himself for screening. As a result of this, the CCT official had to come to their house to see the father in order to ascertain whether he deserve to be selected in the programme (FGD, September 2016). A similar case was also found in Yamaltu-Deba LGA specifically in Kwali/Zambuk ward as narrated by one beneficiary in a focus group discussion held at Deba, where one crippled old woman beneficiary and her next of kin also crippled, as God will have it, were screened by the CCT officials. As a result of her incapacity to come out for screening the CCT screening officials had to go into her house to observe her situation and also to see her and her daughter physically (FGD, September 2016).

Also, in line with the above, respondents from both staff and beneficiaries were required to express their view on whether there were act of corruption, indiscipline, political influence and abuses of procedure in selecting beneficiaries to the programme. The data we generated on this issue, show that politics, act of corruption and abuse of procedure although cannot be ruled out completely, did not penetrate in the selection of beneficiaries to the extent that they would negatively affect the intent and purpose of the programme. Having visited places of

the beneficiaries and physically interacted with them during the course of data collection it becomes clear to the researcher that politics and corruption did not influence the selection processes of the CCT beneficiaries because the people who benefited from the programme were the exact target people the programme was designed to assist.

Responses generated from the CCT beneficiaries on whether there was existence of political influence or abuse of procedure in the selection of beneficiaries generally indicate that the effects of politics, irresponsibility or abuse of procedure have been reduced to a minimum level that they did not affect the programme objectives. This stance was buttressed by many beneficiaries from different locations and from different political parties. For example, this is a response from a beneficiary from Jekadafari ward of Gombe LGA who claimed to belong to a different political party from the ruling party.

The programme was devoid of much influence by politicians because the target beneficiaries were clearly specified. Though I belong to an opposition party, my father was selected into the CCT programme. I was also nominated to be his next of kin who received skills acquisition training on tailoring on his behalf (FGD, September 2016).

Another beneficiary from Herwagana ward of Gombe LGA who said he belongs to the ruling party describes the selection of the CCT beneficiaries as devoid of political influence, thus:

Although we cannot dismiss it all that there was no political influence in the selection of beneficiaries, but as much as possible politics did not affect the selection. What I know was that once one qualifies for the programme is selected and nothing else like political alienation, religious sentiment, ethnic or whatever jingoism in the selection of the CCT beneficiaries (FGD, September, 2016).

In the data generated through FGDs nearly all the beneficiaries across the focus groups explained that their selection to participate in the programme was not influenced by political connection, party affiliation or cronyism. Most of the beneficiaries disagreed that there were abuse of procedure or an act of corruption in the selection procedure. For instance, one participant in a focus group discussion held in Bolari East ward of Gombe LGA succinctly explained their general conviction on this:

I can evidently say that I have never come across a programme that was as honest as this programme. My reason for this is: the person in-charge of mobilization and selection of beneficiaries in our ward had his close friend mother who was aged and enlisted to be selected for the programme. However, after the screening her name was not in the list of those selected (FGD, September 2016).

Another CCT beneficiary from Nono/Kunuwal/Wuro Birdeka ward of Yamaltu-Deba LGA also maintained that the selection procedure of the CCT was very transparent and honest in the following words:

I always appreciate the procedure through which the selection was done. Although the categories of the poor the CCT was targeting were easily identified based on their physical characteristics, the rigorous way in which we were selected in our communities have blocked any room for corruption at the selection stage and have given the programme the credibility it deserved (FGD, September 2016).

From the foregoing presentation and analysis of data, we can pause a little here to pull our string together that in both the two LGAs there was uniformity of criteria in selecting

beneficiaries of the CCT. The criteria set up by the programme's initiators and outlined in the programme's document in terms of categories and characteristics of people meant to benefit from the programme were strictly followed in the two LGAs. The reason for that might be related to the uniform procedure of selection of beneficiaries ensured by the programme's coordinators in the whole state. This is because, we learnt in section 5.2.3 of this chapter that the selection of CCT beneficiaries was done through multi level committees and involvement of stakeholders in all communities. All these were done to ensure fairness and right selection of right beneficiaries based on stipulated criteria. We have seen also that, politics and abuse of procedure were not allowed to penetrate the CCT programme to the extent of affecting the aims and objectives of the programme. This can be attributed to prudence and rigorous procedure with which the MDGs implemented it programme and projects. We have, therefore, realized based on the analysis so far that, the careful selection of the target beneficiaries for the CCT programme drawing from the stipulated criteria and guarding against political influence among others is what gave the selection criteria of the CCT credibility.

### **5.3 Level of Funding and Promotion of Social Protection**

The relevance of funding to programme implementation cannot be overemphasized. Funding is the live wire of any organization. It is in line with this and also to achieve the objectives of our study that we seek to ascertain the level of funding of the programme to the beneficiaries and how it affects the promotion of social protection of the poor. This section, therefore, dwells on the amount of payment to the beneficiaries; beneficiaries' utilization of the money and how the funds alleviate poverty among the beneficiaries.

### 5.3.1 Amount of Payment to Beneficiaries

Beneficiaries and staff respondents were asked to respond on whether the amount paid to the beneficiaries in the programme was adequate to promote their social protection. The responses generated from interviews and focus groups mainly showed that the MDG-CCT beneficiaries were funded by the programme in two levels. The first level, according to them, was the Basic Income Guarantee (BIG) package that was paid to the beneficiaries every month as monthly allowance. The second level was the Poverty Reduction Acceleration Investment (PRAI) package which was a compulsory saving component of the programme which was saved for the beneficiaries every month for 12 months. The PRAI at end of the programme instead been paid lump sum was used to buy resettlement tools for the beneficiaries' dependents after acquiring training on trade or business of choice. This was the developed concrete exit strategy in the programme that also constitutes one of its delivery methods to ensure sustained income to the beneficiaries even after exiting the programme (Interview, September 2016).

Data generated from the respondents on the amount of each component of payment revealed that the Basic Income Guarantee (BIG) was N5,000 while Poverty Reduction Accelerator Income (PRAI) was ~~N~~10,000. At the end of the programme BIG amounted to ~~N~~60,000 and PRAI ~~N~~120,000 (Interview, September 2016).

We also gathered that the BIG allowance was regular and was given as ~~N~~5,000 every month to assist the household beneficiaries in sending their children to school and for the upkeep of the family and it was paid all through to the beneficiaries. (FGD, September 2016). We also gathered through interview with staff respondents, that the combination of BIG and PRAI components is what constitutes the exact level of funding of beneficiaries in the programme. For example, this was explained by one respondent at administrative level:

The CCT was to reduce transfer of generational poverty. We earmarked N15,000 for each household selected for this programme every month for one year. The money was all deposited in a bank. The bank directly paid the household N5,000 monthly and as soon as the head of the household is paid N5,000, N10, 000 is saved for his next-of-kin making N15,000 and this ran for 12 month (Interview, November 2016).

Similarly, beneficiaries in all focus groups discussions acknowledged the received of ₦5,000 every month without interruption throughout the duration of the programme. Their position on this issue is succinctly represented by a statement by one participant in a focus group held in Jekadafari Ward of Gombe LGA when he noted that:

We were paid N5,000 every month and the payment was all through without interruption for 12 months. Even if a beneficiary was not around to collect his allowance, he would be paid double in the following month. Nobody was to collect for somebody and you must present your ID card before the payments were made.

Even in Yamaltu-Deba LGA, all of the beneficiaries acknowledged that they were paid a sum of ₦5,000 Basic Income Guarantee (BIG) every month. As noted by one of the respondents from Kwali/Zambuk ward that:

We were paid Basic Income Guarantee (BIG) monthly as ₦5,000. We were usually assembled in the Local Government Secretariat at the end of every month to collect the money and it was paid all through without any problem. So the BIG

allowance was regular and assisted us in the upkeep of the family.

### **5.3.2 Utilization of the CCT Fund by the Beneficiaries**

Beneficiaries were also required to explain how they spent the monthly allowances that were given to them by the MDG-CCT. The information we got from nearly all beneficiaries across focus groups in the study areas described the BIG as very useful in many ways. Some of the beneficiaries maintained that they used the money to support their children to stay in school. Many others explained that they utilized the money for the upkeep and maintenance of the family because they used the money to buy food for the family and solve other minor household needs. Yet, others especially the widows among the beneficiaries stated that the monthly allowance helped them to start-up some small businesses in their wards like selling of Akara, Daddawa, grains etc which also generated a source of income to them. Many beneficiaries from the rural areas added that they also used the money to buy farm inputs during the rainy season (FGD, September 2016).

Information available to the researcher from other sources for this study (discussion with community leaders and local observers) shows that, while the beneficiaries of the CCT in the metropolitan centre mostly utilized their money for the maintenance and upkeep of their families alone their counterparts in the rural areas have in addition to that utilized the money to also buy other things such as livestock like sheep and goats probably because of the low cost of living in the rural areas compared to urban areas.

We can deduce from the foregoing analysis that the CCT beneficiaries in both the two LGAs have utilized the monthly Basic Income Guarantee (BIG) for sending their children to school and for improved nutrition and general improvement in the quality of life in their households. However, we have seen that in addition to all these the beneficiaries in Yamaltu-Deba LGA



have utilized their allowances more than their counterparts in Gombe LGA as explained in the subsequent section of this chapter.

### **5.3.3 Promotion of Social Protection of the Poor**

Both the staff and beneficiaries categories of respondents were required to express their views on whether the level of funding of the CCT programme has promoted the social protection of the beneficiaries in the study areas. In the data generated from this inquiry through interview and focus groups, majority of the respondents agreed that the level of funding of the beneficiaries has succeeded in alleviating poverty and improving the standard of living of the beneficiaries. They maintained that the monthly BIG allowances were fairly useful in assisting the households. Though the money was not meant for the complete maintenance of the family nor really enough to address all their problems but despite that, it was found based on their responses that the money had helped in alleviating their sufferings and enabled them to send their children to school among others. In addition to this, they also maintained that, before the end of the 12 month BIG grant cycle, the households beneficiaries were given resettlement tools after receiving the necessary skills training. Most of the beneficiaries explained that this has helped them to set up businesses of their own and become economically active citizens in their communities. They also maintained that the proceeds from their investments have replaced the BIG grant from the time they set up their businesses. This was aptly explained by one interviewee at MDG state office when noted:

The money enable them, some of them, to reduce begging and stay at home, they could use that to pay the school fees and buy uniform to their children which at least reduced the burden on them. It was not a total elimination; the intended elimination comes later with skill acquisition plan for their next-of-kins for

whom the PRAI would be utilized to buy the tools of the occupation they have acquired (Interview, November 2016).

Therefore, based on the data generated the majority of the respondents across focus groups and interviews agreed that the level of funding of the CCT promoted social protection of the poor beneficiaries and alleviated their extreme poverty.

However, information we derived through FGDs and observations of the beneficiaries in the two LGAs indicated that the monthly BIG funding received by the beneficiaries was more utilized by the beneficiaries of Yamaltu-Deba LGA than that of Gombe LGA. This is because, in addition to using the money to maintain household expenses, many beneficiaries in Yamaltu-Deba LGA used the money to buy livestock such as goats and sheep. For example, a CCT beneficiary from kurjale/Jagali ward of Yamaltu-Deba LGA informed us during focus group discussion held at Jagali that in their household they were able to buy three she-goats by the BIG allowances and till date they keep a multitude of them in their house (FGD, September 2016) whereas throughout our discussions with CCT beneficiaries in Gombe LGA, despite our consistent inquiry on this variable, there was no place a beneficiary made mentioned of utilizing the BIG to buy livestock or engaged in extra business except in a case of some few widows in Herwagana ward of Gombe LGA who indicated that they utilized the BIG to start up selling Akara, Daddawa and grains.

The reason for this disparity between the two LGAs may be related to the fact that the cost of living in Gombe metropolis is higher than most parts of rural Yamaltu- Deba LGA. For example, People in the rural areas do not spent their money on things like water, firewood, among others while these things are where the money of urban dwellers normally goes.

What we can understand from the analysis of the amount of funding received by the beneficiaries of the CCT programme is that the amount was found to be very useful to the beneficiaries in reducing their level of poverty and in promoting their social protection. It was

useful in addressing households' needs, improving nutrition and in reducing street begging among the beneficiaries. The funding was also a source of the beneficiaries' investment in businesses of their own through the Poverty Reduction Acceleration Investment (PRAI) to generate income for families. However, we have seen that in terms of utilization of the BIG, the beneficiaries in the rural areas performed better than their counterparts in urban areas due to the disparity between the two areas in terms of cost of living and daily expenses.

#### **5.4 Methods of delivery of the CCT and Poverty Reduction**

In this section the methods of delivery of the CCT were given attention in order to understand in what ways they affected the success of the programme towards alleviation of extreme poverty among the beneficiaries in the study areas. In this section consideration is given to methods of payment of the CCT; training of beneficiaries on various trades; establishment and sustainability of trades and businesses by the beneficiaries; economic situation of the beneficiaries before and after benefiting from the CCT programme.

##### **5.4.1 Methods of Payment of the CCT**

Respondents from both staff and beneficiaries were required to state the methods of delivery of the CCT to the beneficiaries. What most of respondents express was that there were essentially two methods of delivery. They include first a monthly guaranteed income given to the heads of participating households. This was a monthly direct payment to the beneficiaries. They were paid in cash a sum of N5,000 every month. The second delivery strategy of the CCT was the Poverty Reduction Acceleration Investment (PRAI) a compulsory saving component of the CCT that would yield sufficient capital for the household beneficiaries before the completion of 12 months cycle of receiving the Basic Income Guarantee (BIG). The PRAI was a monthly savings of N10,000 for each household. At the end of the programme the Poverty Reduction Acceleration Investment (PRAI) balance would

constitutes a concrete exit strategy in the form of payment of lump sum amount to the next of kin of the beneficiaries after skill training to enable them set up their business to generate income for the use of the family. However, the information available revealed that in Gombe State the total sum of the Poverty Reduction Acceleration Investment (PRAI) at the end of the programme was not paid to the beneficiaries but rather it was used to purchase resettlement tools for their next-of-kins who have learned trades or vocations to start up their businesses. One of the Coordinators of the programme in the MDG state office illustrated the way the payment of the CCT was initiated and carried out:

The methods were transparent and credible. We agreed on one bank that will go every month to each of the wards to pay them. Every month the bank take the money from their account go round to each of the wards and meet each of the beneficiaries. After identifying him/her using the ID card he/she has and fingerprint the bank used that to pay them their money in cash (Interview, September 2016).

Further illustration of the way the beneficiaries were paid the BIG component was made by another MDG staff who explained that “monthly the bank will carry the money to the local Governments and to the wards and pay the beneficiaries directly. They all know at the end of the month the bank will come they will assemble there. You will produce your ID card; already your name is in the register. With the ID card the bank will pay you, you sign and we have the documents as our evidence of payment” (Interview, September 2016).

Beneficiaries in their responses also described the methods of payment of BIG to be direct payment made normally at the Local Government Secretariat or at the wards. Insights into this finding were made throughout all the focus groups as it was summarily captured by one respondent in Shamaki ward of Gombe LGA who noted that “we were normally called to

Local Government Secretariat to collect the money on table every month” (FGD, September 2016). Similar to what he said, many respondents explained that they were paid monthly at the Local Government Secretariat by the Skye Bank officials in the presence of MDGs personnel using ID Cards for verification of the beneficiaries. One respondent from the beneficiaries in a focus group held at Lano/Kuri/Lambam ward of Yamaltu-Deba LGA has summed up the payment procedure thus “at the end of every month the MDG officials come along with the officials of Skye Bank with the comprehensive list of the beneficiaries. They called a beneficiary from the list and after verifying him/her using ID card they pay him in cash” (FGD, September 2016).

From the analysis of the data so far we can infer that the methods of payment of the CCT to the beneficiaries were designed in such a way that the first component of payment was aimed at addressing the immediate poverty situation of the household beneficiaries. Perhaps that might be the reason why the household heads were given the money directly and on monthly basis. It was for a temporary relief or elimination of poverty level in the households. The second component, on the other hand, was meant to be utilized for a sustainable elimination of poverty. The component represents the compulsory saving component of the CCT. At the end of the programme the total money saved were used to provide a next of kin of the household head with working tools and a startup capital to establish his/her learnt business as an income generating venture for the up keep of his family members. We have seen that this component is related to the attempt to move the beneficiaries’ family out of extreme poverty permanently.

#### **5.4.2 Training of Beneficiaries on Various Trades**

The rationale behind a social assistance programme is always to fight poverty through investment in human capital through education, health care, entrepreneur skills acquisition

and other social services essential for social security. Respondents from both staff and beneficiaries categories were required to express their views on whether the CCT has trained the beneficiaries on various trades or businesses in the study areas. The responses generated from the interviews and FGDs revealed that the CCT scheme had recruited and sponsored the beneficiaries' next-of-kin to acquire skills on various trades and vocations of their choices. According to most of the respondents the aim of this was to empower the trainees to become the breadwinners of their households after the programme. They maintain that there were 12 set of trades on which the next-of-kins of the beneficiaries were given training (FGD, September 2016).

Interview was conducted to some of the CCT staff respondents as regard the training of the beneficiaries and what we discovered showed that, the training of the beneficiaries in the programme was an integral part of the whole programme. This is captured in an interview with one coordinating MDG staff:

Part of the programme was the training of a member of the family on a trade of his or her choice and that was carried out because each family at the beginning of the programme was asked to select one member of the family that they feel can be trained and also select the trade that they want that family member to be trained in. All those who were selected were attached to master trainers (interview, September 2016).

The responses of many beneficiaries on the questions of training component of the CCT showed that one of their family members were selected and recruited into skill acquisition training by the CCT. The beneficiaries also explained that they were given training on trades of their interest and even if a beneficiary is given a trade on which he/she had no interest it was very easy to change to a trade of choice provided he laid the complaint to the officials.

They mention of strands of trades and vocations on which the training was given to include computer training, tailoring, knitting, bricklaying, vulcanizing, animal fattening, carpentry, barbing, vehicle repairing, hairdressing, welding and so on and so forth (FGD, September 2016).

It is clear that training poor people in income generating activities is one of the goals of the CCT programme as outlined by the CCT policy document. Based on what we analyzed so far we come to understand that, it was the conception of the initiators of the CCT programme that one of the best strategies of fighting poverty is to provide the people with income generating enterprises. Through the above, we have seen that the strands of trade or vocations taught by the CCT in the two LGAs are relevant to fighting poverty and unemployment because they have the capacity of empowering the people to become self-reliant and to have income generating activities. Therefore, provision of reliable income to the poor constitutes a real approach and goal of social protection especially in developing countries like Nigeria.

In the same vein, our respondents from staff category were required to express their opinion on the adequacy of training to the beneficiaries and their dedication thereof. In other words, the staff respondents were asked to state whether they were satisfied with the training and commitments of the beneficiaries. The responses we generated from the interview show that majority of the respondents view the training as adequate. They explained that there was constant supervision by the MDG-CCT staff and the trainees were zealous and committed to the training. They all agreed that the training was for the period of six months. For instance, in response to our inquiry into the adequacy of the training, one staff respondent explained that:

Well, depending on the chosen occupation we took six months to train them the rudiments of the occupations and give them the basic skills and as far as I am concerned we have had no

hitches. If you chose to be trained as a hairdresser 6 months are sufficient for you to be trained as a hairdresser, if you chose to be a vulcanizer, 6 months are sufficient to train you as a small time vulcanizer, etc (Interview, November 2016).

Again, some of the respondents among the staff category described the master trainers that were chosen to train the beneficiaries as the best and proficient in their fields. According to them they looked for qualified master trainers in all the fields and employed them to train beneficiaries for the period of six months and within the period there was adequate monitoring of their improvement and attendance in the training. Based on their responses, the training was adequate and at the end of it all of them became proficient in the trades they were trained in. Those who were being trained as tailors they started sewing, those who were vulcanizers were carrying out the function effectively, and so on and so forth (FGD, September 2016).

However, we conducted FGD to some of the beneficiaries, the result of which also supported the data generated through interview, this is because the FGD data show that the training was fairly adequate because there was adequate supervision by the MDG officials and attendance book was kept at all the training stations. The trainees also added that most of them were committed to the training because it was on their chosen trades that they were trained. However, we learnt that this was not true of all other stations especially in the rural areas. Beneficiaries from the villages of Yamaltu-Deba LGA expressed that they were not properly supervise during the training period (FGD, September 2016).

Also, data drawn from surveys and interaction with the master trainers of the CCT at their places of work shows that there was regular supervision by the MDG-CCT officials during the training of the beneficiaries and that most of the beneficiaries dedicated effort to learn the trades they were being trained in. Also our interaction with master trainers and inspection of



their places of work in both the two LGAs showed that most of them were proficient in their fields. What we observed with the master trainers was that most of them have big business workshops and a lot of apprentices undergoing training under their supervision. For example, in Yamaltu-Deba LGA we visited Alfijir Fashion Centre, a tailoring workshop in Deba ward of the LGA, and we found that the shop is really big and has expert tailors who are very proficient in tailoring looking at the way they carry out their functions. Similarly, in Gombe LGA we visited 'Hikma Cyber Computers' in Ajiya ward which was one of the CCT training centres in computer, what we found was that the master trainer in the business centre was really proficient and has all the necessary tools and devices required of a business centre.

However, we gathered from interview data and observation, that the level of training received by trainees in Gombe and Yamaltu-Deba LGAs was not the same. This was related to us by some of the staff respondents who explained that the beneficiaries in Gombe LGA are noticed to be the most serious of all in terms of dedication to the training and attendance. This is also reflected through observation of the beneficiaries in the two areas. We observed the trainees at their places of business especially those relating to physical work like welding, carpentry and welding, what we discovered was that the expertise and dexterity of the beneficiaries of Gombe LGA was much more than that of those of Yamaltu-Deba LGA. The reason for that may be associated with the fact that most of the youth in the metropolis are not having jobs and when they were absorbed by the CCT they dedicate time to learn the businesses and they don't also have much other thing to occupy them as in the case of rural population who also engaged in farming especially during rainy season.

#### **5.4.3 Establishment and sustainability of businesses by the beneficiaries**

Sustainability of businesses established by beneficiaries is the major goal of the CCT programme and a testimony of its success to reduce poverty among the people. The higher the

number of businesses established and sustained by the CCT beneficiaries, the higher the success recorded by the CCT programme. It is in line with this that, respondents from both staff and beneficiaries were required to express their views on the establishment of businesses by the beneficiaries' next of kins and their sustainability after the programme. This implies that we seek to know whether the trainees at the end of the programme have really established the businesses they learnt in the programme and if yes, how sustainable the businesses are in the study areas. The responses we got from both the staff and beneficiaries through the interview and focus groups discussions showed that at the end of the programme resettlement tools were purchased for the CCT beneficiaries' next of kins. The tools were bought for each household from its Poverty Reduction Acceleration Investment (PRAI) balance. This was done by a committee set up by the government to handle the matter (interview, September 2016). The materials were distributed to the beneficiaries' next of kin who acquired skills at the end of the programme. This was illustrated by one staff that:

A committee was set up and after evaluating each of the beneficiaries' chosen trade or vocation the analysis was done and the committee travelled out and bought all the set of tools for the beneficiaries (Interview, September 2016).

The responses we generated from the beneficiaries across focus groups revealed that they received complete sets of workings tools for the trades they were trained in at the end of the programme. One respondent from Jekadafari ward of Gombe LGA summed up the details of the distribution of the working tools when he explained that:

The distribution was done in such a way that each of the beneficiaries was called along with his next-of-kin to collect the resettlement tools for the trade his next-of-kin have acquired together with the remaining PRAI balance, if any.

This was the way the distribution was done all through (FGD, September 2016).

We also sought to know the view of both staff and beneficiaries on the issue of establishment of businesses and sustainability of those businesses by the beneficiaries. The data we collected revealed that majority of the beneficiaries have established businesses on trades and vocations for which they received training and resettlement tools. Some staff respondents relayed to us that they know of many beneficiaries who have established and are now earning from the businesses. For example, in an interview one staff respondent summed up the submission of many respondents about the establishment of businesses by the beneficiaries when he noted that:

Yes, a lot of them have established and even today if you want you can meet some of them but we cannot say 100% because you know, we hear story that some of them have not established or said to have sold the equipments. But, a lot of them are still doing the trades and are maintaining their families with those businesses (interview, September 2016).

However, It is one thing to empower a person with income generating enterprise and it is quite another for him to sustain the enterprise. The data we generated from the interview on the sustainability of businesses by beneficiaries showed that majority of the beneficiaries have established their trades. An instance of this was captured in an interview with one MDG staff from Yamaltu-Deba LGA when he noted that:

Most of the beneficiaries have established. There are some beneficiaries that I know who were trained as tailors and are now doing the business, there were carpenters, welders, animal fatteners etc. For instance, the animal fatteners that have learnt

the techniques, many of them till date keep a number livestock. We can, therefore, justifiably say that they have established and sustained the trades they acquired through the CCT programme (Interview, September 2016).

However, there were others whose businesses crumbled. This is why one staff respondent at administrative level described the establishment and sustainability of businesses by beneficiaries as their responsibilities no matter what efforts are put by the government:

They say ‘a man can lead a cow to water; but a hundred cannot make it drink. We encouraged sustainability of the facilities and banned the sale of all equipments that were provided by the MDG-CCT though we can’t stop that completely but generally we have succeeded in the programme especially in vulcanizing, hairdressing, computer, knitting, and sewing because we have monitored the entire exercise (Interview, September 2016).

Information available to us from the beneficiaries through focus groups held across the study areas also reiterated the above position that the majority of them have established the trades they learned and are currently maintaining their families with those businesses. A statement on this from a beneficiary in Herwagana ward has this to say: “I learnt carpentry through the CCT programme. After the training I was given all the working tools required by a professional carpenter. I took the challenge and I am now an established carpenter earning income as much as possible from that business” (FGD, September 2016). This position was equally supported by remarks from some of the master-trainers who trained the beneficiaries. As explained by one master-trainer of tailoring at Bolari West ward of Gombe LGA that “most of beneficiaries who came to me as apprentices through the CCT have learned tailoring

and I know most them have established because out of the five apprentices that come to me three have established” (FGD, September 2016).

In our visit to some of the business places established by the beneficiaries, we observed their workshops, machines and saw them physically carrying out their functions as required. We visited fashion design shops, barbing saloons, vulcanizing points among others established by the beneficiaries in both Gombe and Yamaltu- Deba LGAs. For example, during our visit to ‘Nasara Furniture Centre’ a carpentry workshop in Pantami ward of Gombe LGA we found that there were three CCT beneficiaries trained in carpentry who established the centre and even incorporated some others and they are carrying out all types of services. Again, we were also at the ‘Destiny Barbing Saloon’ in Lano/Kuri/Lambam ward of Yamaltu-Deba LGA where we meet with CCT beneficiaries who established the business centre and were earning from the business as much as possible.

However, some beneficiaries in focus groups complaints about lack of much demands of their services especially these days due to economic hardships and inflation. This type of complaints generally comes from beneficiaries who engaged in carpentry, tailoring and welding. Some of the beneficiaries also complaints of insufficient power supply. These complaints came mostly from those in power related businesses such as welding; computer business etc. in the metropolitan areas.

We also seek the opinion of business conscious people in the study areas on the business commitment of the beneficiaries at their business places, the information we got revealed that despite the fact that not all of them can be said to be fully committed to their businesses the majority of the beneficiaries that established businesses are fairly committed to the businesses and are carrying out the business as required. However, some business oriented people observed that some of the businesses of the CCT beneficiaries were affected by insufficient power supply, shortage of demand of their services due to economic hardships among others.

However, information we garnered through observation of the rate of establishment of businesses by the beneficiaries in the two LGAs shows that the beneficiaries of Gombe LGA have established and sustained more businesses and trades than their counterparts of Yamaltu-Deba LGA. Most of the trades learnt by the beneficiaries are small scale businesses like welding, carpentry, tailoring among others which flow better in urban areas. Whereas most of the beneficiaries in Gombe LGA are favoured by their location where there are higher population concentration and have better opportunities of sustaining their various trades their counterparts in Yamaltu-Deba LGA face problem of shortage of demand of their services as a result of small population especially in the villages. This affected the rate of their establishment and sustaining the businesses they learnt from the MDG-CCT programme.

So from the data presented so far we have seen that many of the CCT beneficiaries at the end of the programme have received resettlement tools and were able to establish the trades or vocations they learnt in the programme. However, we have seen though the majority of the beneficiaries established their businesses in the study areas but not all them were able to sustain the businesses because there were others whose businesses crumbled. We have also understand that the rate of establishment and sustainability of businesses by CCT beneficiaries in Gombe LGA is higher than in Yamaltu-Deba LGA largely due to environmental factors and demographic variables.

#### **5.4.4 Reduction of Extreme Poverty among beneficiaries**

Respondents from both staff and beneficiaries categories were required to express their perceptions on whether the intervention methods of the MDG-CCT has succeeded in reducing extreme poverty among the targeted groups by enhancing the social and economic wellbeing in the study areas. The data collected from the majority of the staff respondents

showed that the methods of intervention of the MDG-CCT were adequate and have impacted positively by increasing the social and economic wellbeing of the beneficiaries. This is explained in this interview with a staff respondent who suggests:

The methods of delivery of the CCT were adequate and have alleviated poverty because apart from the BIG which was paid directly as an immediate relief from poverty, the PRAI and its entrepreneurship components were aimed at permanent elimination of extreme poverty and at the end of the programme it has succeeded in reducing poverty among the beneficiaries (Interview, September 2016).

Responses from most of the beneficiaries in focus groups across the study areas supported the above view that the CCT and its payment components have improved their social and economic wellbeing and reduced extreme poverty of the beneficiaries. This view was exemplified by one beneficiary in a focus group held at Herwagana ward of Gombe LGA who described the methods of delivery of the CCT thus:

The methods of payment of the CCT had reduced any room for corruption at the phase of payment drastically by avoiding middlemen or intermediaries in the payment. We were paid directly and the money had impacted seriously on our lives in addition to the working tools and training sponsorship that was given to us. Actually, the combination of the BIG and PRAI has really alleviated our suffering and extreme poverty in our household (FGD, September 2016).

It is justified that the CCT methods of delivery in the form of cash transfers to the beneficiaries, vocational training and provision of working tools have significantly reduced extreme poverty among the beneficiaries of the CCT programme in both of the study areas.

Respondents from beneficiaries' category were also asked to state whether they have had other things that affected their economic wellbeing apart from the MDG-CCT programme in the period under study. Information generated from beneficiaries across the focus groups in respect to the above inquiry indicated that for many of the beneficiaries there were other things that affected or touched their lives apart from the CCT. However, many of them maintained that some of the things that enhanced their economic wellbeing were mostly supported or strengthened by the CCT intervention. For example, one beneficiary from Bajoga ward of Gombe LGA explained that he used to engage in livestock business and he was eventually selected to be the next of kin of his aged father. In the programme he was trained in animal fattening and began to combine both the business and fattening which gave him a lot profit and enhances his economic wellbeing. Some beneficiaries' next of kin especially from the rural areas maintained that even before the CCT, they were doing some kind of economic activities especially farming and even after the programme they are still combining the activities with the new business they learned from the CCT in such a way that two reinforces each other. One respondent in a focus group held in Hinna ward of Yamaltu-Deba LGA explained his view on this in a way consistent with statements of others when he noted that "even before I was selected to be trained as a tailor by the CCT, I was a seasonal farmer and I am now combining both tailoring and farming for better result" (FGD, September 2016).

Therefore, based on the above, not all of the beneficiaries' wellbeing was affected by other variables outside the CCT programme in the period under review and even those affected were in one way or the other complementary to the CCT programme.



#### **5.4.5 Beneficiaries' Economic Situation Before and After the CCT programme**

We asked the beneficiaries category of our respondents to describe their economic situation before and after their participation in the CCT scheme. In the responses we generated from this inquiry, most of the beneficiaries described their situation before the programme as a period of zero income due to physical deformity of the household heads characterized by extreme deprivation and poverty. Many of them explained their situation before the programme that they could hardly have three square meals a day, they couldn't send their children to school because it was those children who take care of them through hawking and menial works; they were not having reliable source of livelihood except, as pointed out by some, "street begging and dependence on relatives". One participant in a focus group from Herwagana ward of Gombe LGA summarily captured the position of most of the beneficiaries when he explained that "before the programme our house was in shambles because we didn't have any source of income. We relied heavily on assistance from the people on account of our father's disability and we hardly afford three square meals a day" (FGD, September 2016). In the foregoing we can understand that majority of the CCT beneficiaries' households were having zero income and without any tangible means of livelihood. The benefiting households were headed by non active poor people who were incapable of working to earn income for the maintenance of their family members.

When asked to explain their situation after the programme, in the other hand, majority of the beneficiaries in the focus groups indicated that there was significant improvement in their economic situation as a result of the CCT programme. Most of them explained that their situation is not as before. Most of the trainees beneficiaries interviewed explained that have established their businesses and are now having stable source of income with which they take care of the needs of the family. Some of beneficiaries maintained that their children have even graduated from secondary school. Many of them, especially those beneficiaries with

disabilities, said that they have reduced reliance on charity because their next of kins are reasonably trying to take care of the household demands” (FGD, September 2016).

Majority of the next of kin to the beneficiaries (trainees) in Focus Groups revealed that the MDG-CCT scheme has provided them with a source of income for poverty reduction and this has led to the improvement of their economic wellbeing. This is translated in the acquisition of household productive assets that helped to add value to their level of living such as cell phones, bicycles, motorcycles among others. In our discussions with the trainee beneficiaries we asked them to state on average their daily income from businesses they established, most of them explained that after the CCT implementation and the their establishment of businesses they now earned on average a daily per capita income of N600 to N700 from their businesses. The mean annual household income for a household earning N700 daily income was estimated to be N255,500. This indicated that the majority of the beneficiaries’ households are now earning an average annual income of N255,500 which when compared to their zero-income status before the programme implementation, it is clear that there is significant improvement in their economic wellbeing.

Thus, Data collected from the beneficiaries across Focus Groups show that the level of living of beneficiaries after the intervention has increased by N255, 500 and that the programme has made significant impact on the income and livelihood of its beneficiaries in the study areas.

We can conclude from the analysis of data so far that the economic situation of many of the household beneficiaries changes with the implementation of the CCT. We have seen that the household beneficiaries before participating in the programme were in serious deprivation and poverty because they were incapacitated by physical deformity of their heads and with no source of income. However, we have seen that after participation in the programme that the economic situations of the households have significantly improved. Many of them are able to send their wards to school and buy uniform; there was general improvement in nutrition and

in the quality of life of the participating households. Most of them now have source of income no matter how small it might be. These among other things have reduced the street begging of some of the beneficiaries.

## **5.5 MDG-CCT Strategies and Intergenerational Transfer of Poverty**

Reduction of intergenerational transfer of poverty is the main objective of the MDG-CCT. It is in line with this that we seek to ascertain the impact of the general implementation strategies of the programme on intergenerational transfer of poverty.

### **5.5.1 Existence of Effective Planning and Monitoring in MDG-CCT**

Our respondents from staff category were asked through interview regarding the conceptual planning and monitoring of the programme and most of them expressed that the implementation plan of the CCT was comprehensively made at the beginning to envisage the whole programme including the setting of the target beneficiaries, the mode of assistance, criteria of selection of beneficiaries, the components of payment and the training of beneficiaries. This was captured in an interview with one coordinating officer who explained the planning and monitoring of the programme thus:

Generally the planning was carried out by various committees. Initially, it was the MDG-Project Support Unit (PSU) that sat down with professionals and consultants to come up with the programme and then it was taken to the OSSAP-MDGs which approved it. Then we came up with a model of implementing the programme. We also make sure that there was supervision and monitoring during selection of beneficiaries, training and payments (Interview, September 2016).

Monitoring of poverty alleviations programme is an important activity required of staff of any implementing organization. This is because; monitoring is required in selection of beneficiaries, disbursement of funds, and training of beneficiaries among others. The respondents were required to determine the effectiveness of monitoring of activities in the CCT programme. The interview result revealed that there was monitoring in the selection of beneficiaries, disbursement of funds, and training of beneficiaries in the programme. For example, a respondent among the MDG-Staff who was part of the coordination committee at the LG level expressed the following about monitoring of activities in the programme at the Local Government level:

There was constant supervision of activities and the beneficiaries in the programme. The state (MDG) officials used to come to supervise the trainees regularly sometimes even unexpectedly without informing us here in the Local Government. We too go round to supervise. We go round to see whether the trainees are attending the training (interview, September 2016).

In our interaction with some of the master trainers that trained the beneficiaries they told us that there was proper supervision and monitoring of the beneficiaries during the implementation of the programme by the MDG officials. Some of the master-trainers added that the officials use to keep attendance book for the trainees to register their coming at arrival (FGD, September 2016).

Respondents from the beneficiaries' category were asked to comment on the cooperation and dedication to duty they received from the MDG-Staff during the implementation of the programme. Majority of the respondents described the MDG-Staff as committed to their duties and always ready to assist the beneficiaries. Most of the reasons beneficiaries gave for

this response were that the staff gave them constant supervision and motivation, they paid them the allowances regularly and ensured transparency during the payment and during the distribution of resettlement tools to the beneficiaries.

We can deduce from the analysis of data so far that there was planning in the implementation of the programme and that monitoring took a crucial part of the implementation stage because there was constant supervision of progress by the MDG-CCT officials.

### **5.5.2 Reduction of Intergenerational Transfer of Poverty among the beneficiaries**

Appropriate institutional basis and sound implementation strategies are requisite for success and sustainability of development programmes particularly poverty alleviation projects. Reduction of intergenerational transfer of poverty is major mandate of the CCT programme. Respondents from both the staff and beneficiaries' categories were required to determine effectiveness of the CCT general implementation strategies in reducing intergenerational transfer of poverty among the beneficiaries. In other words, the respondents were asked to ascertain the extent to which the MDG- CCT programme succeeded in alleviating poverty and reducing intergenerational transfer of poverty among the targeted beneficiaries. Majority of the staff respondents expressed their view on the organizational structure and implementation strategies as adequate. They also agreed that the implementation structures and strategies of the CCT have reduced intergenerational transfer of poverty among the beneficiaries. Most of the staff maintained that the strategies and structures of implementation of the CCT were adequate for the programme objectives. They were referring to the strategies of CCT in terms of targeted categories of the poor by the programme, selection of beneficiaries, amount of funding to beneficiaries and delivery strategies as well as the multilevel committees of implementation of the programme. These were essential to

the success of the programme in alleviating generational transfer of poverty (FGD, September 2016).

So from the analysis of data so far we have seen that the conditional cash transfer is a new strategy for addressing poverty. the strategies of transferring cash to the beneficiaries directly and ensuring that at the end of the cash transfer cycle, a sustainable source of household income for the beneficiaries is established, has succeeded to a large extent in reducing transmission of extreme poverty from generation to generations. We have evidently seen this in the CCT beneficiaries establishing small scale businesses of their own utilizing the skills and tools provided to them by the CCT programme.

We also conducted interview to some of the staff respondents as regard to the impact of CCT implementation strategies on intergenerational transfer of poverty. What we discovered showed that the general strategies of implementation of the programme have helped the programme to achieve its objectives of reducing intergenerational transfer of poverty among the target groups as pointed out by one staff respondent below:

The strategy employed of targeting the physically challenged and the poorest of the poor households with virtually zero income and their selection by the community people themselves as well as other strategies of payments, training and monitoring in the programme have effectively contributed to the realization of the programme objectives. Generally the strategies were effective in achieving the main goal of the programme which is the reduction of intergenerational transfer of poverty (Interview, September 2016).

Similarly, majority of the respondents from beneficiaries' category across the Focus Group Discussions held in the two LGAs explained that the implementation strategies of the MDG-

CCT programme have significantly contributed to reduction of poverty especially the intergenerational transfer of poverty. They particularly commended the developed exit strategy in this regard where they were given training and resettlement tools at the end of the programme in order to have a sustained income after the programme. This was captured in a statement of one beneficiary in a focus group discussion held in Deba ward of Yamaltu-Deba LGA:

The MDG-CCT scheme has generally reduced the severity of poverty among us. The programme through its cash transfers, training and resettlement components has drastically reduced poverty among beneficiaries and created a means of livelihood for many of our children. Our children are now having their own means of fending for themselves and for their parents at home (FGD, September 2016).

Drawing from analysis of data in the foregoing presentations, we have realized that the overall strategies of the CCT were designed and geared towards the ultimate goal of reducing intergenerational transfer of poverty among the targeted poor. The organizational structures, methods and strategies of payment and the vocational training received by beneficiaries' next of kin have played a significant role in alleviating poverty especially intergenerational transfer of poverty among beneficiaries.

### **5.5.3 Problems Encountered in CCT Implementation**

Respondents from both staff and beneficiaries categories were required to express their views as regard the problems they believed have affected the implementation of the CCT programme in the study areas. In their responses, many of the staff respondents maintained that most of the traditional/recurring problems responsible for the failure of previous poverty

alleviation programmes such as bureaucratic bottleneck, inadequate funding, poor monitoring, political interference and lack of staff motivation were drastically reduced in the implementation of the MDG-CCT programme.

However, one of the problems opined by some respondents was the geographical terrain. They argued that there was insufficient roads network especially in the rural areas. This made the selection of beneficiaries and monitoring of their activities difficult to CCT officials. The problem of terrain is captured by one respondent who stated that:

You can hardly say that there were no problem here and there but the major ones were in terms of difficulty during the selection and training period because of the terrain. You have to go the nooks and crannies of the state to select the beneficiaries but even before the programme was started the money was there, so there was no any serious problem (Interview, September 2016).

However, a number of respondents from the staff category and some from the beneficiaries' category expressed lack of post-implementation supervision as one of the problems of CCT programme. They argued that there was no conscious effort made by the government to follow up and help the beneficiaries to sustain some of the trades and businesses. As captured by one staff respondent below:

I can say one problem I noticed should be the post-implementation supervision because there was no conscious effort made to follow up and help the beneficiaries to sustain some of the trades and that could account for the reasons why some of them abandoned the whole thing and left (Interview, September 2016).



From the analysis of data so far we can infer that there were no serious barriers to the implementation of the CCT in the study areas. Some of the problems encountered during implementation were related to geographical terrain and post implementation supervision of the programme.

## **5.6 Summary of Findings**

Based on the data collected, presented and analyzed, the study made the following findings:

1. It was revealed that there was credibility in the selection of the beneficiaries to the programme. The beneficiaries were selected on account of the criteria set out by the programme. Politics, cronyism and pressures from key government functionaries or politicians did not penetrate to affect the targets and objectives of the programme. The criteria for selection of beneficiaries into the programme were that a beneficiary must be a household head who fall within the categories of non-active poor people with virtually a zero income – the disabled, the widows, the physically-challenged, the aged, the HIV/AIDS and VVF patients-who also despite that have dependents that really depend on them for livelihood as revealed in section 5.2.4 of this chapter. The identification and selection of the CCT beneficiaries involved stakeholders in various strata of the community such as community leaders, religious leaders, youth and women leaders, Local Government officials and the MDG/CCT staff among others (see section 5.2.3 of this chapter).
2. It was revealed also that the programme's level of funding to the beneficiaries was fairly adequate in alleviating the poverty of the beneficiaries and promotion of their social protection. In the programme, monthly cash grants called the Basic Income Guarantee (BIG) were given to the selected extremely poor households' beneficiaries on condition that they keep their children of basic school age in school and undertake to

participate in all free government health care programmes, especially immunization. Before the end of the 12 month BIG grant cycle, the households were given a Poverty Reduction Acceleration Investment (PRAI) fund (in form of resettlement tools to beneficiaries' next of kin who acquired a vocation) after receiving the necessary skills training. The PRAI was the developed concrete exit strategy of the CCT and has helped households' beneficiaries to set up businesses of their own and become economically active citizens in their communities. For most of the majority of the household who benefited from the CCT programme, proceeds from this investment were able to replace the BIG grant and to continue to maintain family members. It was also discovered that the monthly BIG allowance was better utilized by the beneficiaries in Yamaltu-Deba LGA than their counterparts in Gombe LGA as revealed in section 5.3 of this chapter.

3. It was found in terms of the methods of delivery of the CCT scheme, that the monthly allowance/grant of the BIG was paid directly to the household heads beneficiaries by bank officials in cash every month while the Investment component of PRAI was paid through provision of training to the beneficiaries' next-of-kin to learn a vocation and resettlement tools at the end of the whole programme for them to set up their own businesses. These methods are found to be effective in alleviating and reducing the extremity of poverty among the beneficiaries. This is because it is found that the monthly grant of BIG has helped reduced poverty in the households by improving their level of living, nutritional quality, buying of uniform and books to their children etc and at the end of the programme, majority of the beneficiaries' next-of-kins have established businesses they have learnt and are maintaining their households members as much as possible with the businesses as shown in section 5.4 of this chapter.
4. The general implementation strategies of the CCT were also found to have significantly contributed to alleviation of intergeneration transfer of poverty among the beneficiaries.

The whole CCT strategies including the methods of delivery, level of funding, selection of beneficiaries targeting and criteria, operational structures among others were all aimed at breaking or reducing inter-generational transfer poverty. It was found that all these strategies were carried out as designed and they have significantly contributed to the reduction of intergenerational transfer of poverty and promotion of social protection of the poor household beneficiaries in the study areas as also buttressed in section 5.5.2 of this chapter. Majority of the beneficiaries' next-of-kins have established businesses on trades for which they received training and are currently helping their households through the income they generate from their trades. Most of the children from the households are attending school and the family members attend health care programmes such as immunization. The ultimate goal of the MDG-CCT scheme of reducing intergenerational transfer of poverty among the poorest of the poor households has been significantly achieved in the study areas as explained in section 5.2.1 of this chapter. Most of the household beneficiaries before the implementation of the programme were having zero income with no means of livelihood and left to roam the street begging while their dependents were skillless and without any source of income but with the intervention of the CCT there is significant improvement in those households. It was found that the programme has equally succeeded in both the metropolitan and rural areas except that the beneficiaries in the metropolitan area are the ones that mostly depend solely on the occupation they acquired through the programme while the beneficiaries from the rural areas mostly supplement it with farming. It was also discovered that the rate of establishment and sustainability of businesses learnt by the beneficiaries in Gombe LGA is higher than that of Yamaltu-Deba LGA as discovered in section 5.4.3 of this chapter.

## 5.7 Verification of Research Assumptions

Having presented and analyzed the data generated, below is the verification of the research assumptions that guided the study.

The first assumption is that ‘the criteria employed by the government in selecting beneficiaries and accessing the CCT scheme were credible’. The study confirmed this assumption in the light of the available findings. The criteria employed by the government in identification and selection of the CCT beneficiaries were found to be fairly transparent and credible. The beneficiaries were nominated and selected through collaborative involvement of all the stakeholders in the communities including community leaders, religious leaders, youth and women leaders, Government officials and MDG/CCT staff. The criteria for selecting beneficiaries into the programme were: the beneficiary must be a poor household head with a zero income who was unable to work and earn a living physically as a result of agedness, physical challenge, widowhood or severe ailment like HIV/AIDS, VVF etc., the beneficiary must also have dependents/children in the house who depend on him/her no matter what and must be ready to allow his/her children to attend school and government immunization programmes. One of the beneficiaries’ next of kins must be enrolled into skill acquisition training to learn a trade in order to set up an income generating enterprise for the family. Although politics or act of corruption could hardly be divorced from most government programme, they did not penetrate to influence the credibility and objectives of the CCT programme in the selection exercise.

The second assumption is that ‘the level of funding of the CCT has not promoted the social protection of the poor in the study areas’. This assumption was rejected by the available findings of this study. It was found that the beneficiaries were funded in the programme in two ways: the Monthly Basic Income Guarantee (BIG) of ₦5,000 and the Poverty Reduction

Acceleration Investment (PRAI) fund of ₦10,000. The former was paid directly by the bank to the household head beneficiaries every month for the maintenance of the family members, improve nutrition in the household and sending of their children to school as a way of immediate poverty reduction. The latter was the monthly savings kept for the beneficiaries' next-of-kins while they were undergoing training in trades and vocations of interest. At the end of the whole programme the PRAI balance was expended on purchasing resettlement tools for the beneficiaries' next-of-kin who received training in order to start up their businesses and take responsibilities of their respective households. The funding was found to have reduced the poverty of the benefitting households as well as promoted their social protection.

The third assumption is that 'the methods of delivery of the CCT scheme to the poor have reduced extreme poverty among the beneficiaries in the study areas'. This assumption is accepted by the findings of the study. The beneficiaries were paid their monthly allowance directly by the bank officials in cash without intermediary. The beneficiaries' next-of-kins were sponsored for skills acquisition training and were provided with working tools of the various trades or vocations they have learnt together with remaining PRAI balance if available as a capital to start up their trades. This method of delivery was found to have reduced extreme poverty among the beneficiaries of the CCT programme and promoted the social protection of the poor households in the study areas.

The fourth assumption is that 'The general implementations strategies of the CCT have not contributed significantly in the reduction of intergenerational transfer of poverty among beneficiaries in the study areas'. This assumption is rejected in the light of the findings of this study. The implementation strategies of the CCT were found to have significantly contributed to alleviation of intergeneration transfer of poverty among the beneficiaries. The planning, implementation and monitoring strategies of the programme were carried out as designed and

this significantly contributed to the reduction of intergenerational transfer of poverty and promotion of social protection of the poor beneficiaries in the study areas. Majority of the beneficiaries' next-of-kins have established businesses on trades for which they received training and are currently helping their household through it. The ultimate goal of the MDG-CCT scheme of reducing intergenerational transfer of poverty among the poorest of the poor households has been significantly achieved in the study areas. Although there were other things that touched the lives of some of the beneficiaries, there is significant reduction in the poverty of the beneficiaries after the implementation of the programme as shown in sections 5.4.4 and 5.5.2 of this chapter.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **6.1 Introduction**

This chapter comprises of the summary and conclusion derived from the study findings as well as the recommendations offered by the study.

#### **6.2 Summary**

This study set out to investigate the impact of the MDGs Conditional Cash Transfer (MDG-CCT) in Gombe and Yamaltu-Deba Local Government Areas of Gombe State. The central problem which this research addressed was examining whether the implementation strategies adopted by the MDG-CCT programme have significantly contributed to the success or failure of the programme to reduce intergenerational transfer of poverty and promote social protection among its target population in the study areas. The research focused attention mainly on the variables such as methods of delivery, selection criteria of beneficiaries, level of funding, training, planning and monitoring among others as they affect the success of the programme to promote social protection of the poor. The research question, objectives and assumptions of the study were derived from these variables. The significance of the study is established as its findings made a modest contribution to the existing knowledge on the impact of MDG-CCT social transfer programme on poverty eradication in the study areas and in establishing the relationship between the implementation strategies of the programme and its success to promote social protection of the poor. The areas of focus of the study were limited to Gombe and Yamaltu-Deba LGAs of Gombe State.

Literature review was conducted on the Millennium Development Goals (MDGs); conditional cash transfer, Social Protection and security, concepts, causes, and incidence of

poverty among others. Also, discussions were made of the previous poverty alleviations programmes in Nigeria. The research adopted as its guide the incremental theory offered by Charles Lindlom.

Survey research was the research design employed by the study and data were generated from both primary and secondary sources. The primary data were collected through interviews, Focus Group Discussions (FGDs) and personal observation. The secondary data were generated from MDGs documents and other related literature. The populations of the study were of two categories: the MDG-CCT staff that coordinated the CCT programme and the CCT beneficiaries in the study areas. Data were analyzed qualitatively and research assumptions were verified and discussed against the findings of the study.

At the end of the analysis, the findings from the data gathered on the basis of research questions and objectives established that the criteria of selection of the CCT beneficiaries and accessing the programme were fairly credible. The funding and methods of delivery of the CCT were adequate and the implementation strategies of the MDG-CCT have significantly contributed to reduction of intergenerational transfer of poverty and promotion of social protection of the poor.

### **6.3 Conclusion**

Since independence, there was hardly a government in Nigeria that did not embark upon one kind of poverty alleviation programme or the other. However, despite the numerous programmes, poverty was said to be on the increase. This made Nigeria in 2000 to adopt the Millennium Development Goals (MDGs) as a blueprint to poverty eradication. The Millennium Development Goals were a set of eight time-bound goals that had the eradication of extreme poverty and hunger as the first goal in addition to the fact that all the remaining goals were mutually reinforcing towards poverty eradication.



Nigeria over the years employed various approaches in its effort to eradicate poverty and achieve the MDGs by 2015. Part of the approaches employed was the adoption of social protection policies to ensure that the benefit of economic growth is shared broadly across all segments of the population. The Conditional Cash Transfer (CCT) was one of such social protection policies adopted by the government in implementing the MDGs and reaching the goal of poverty alleviation.

The CCT was essentially an MDG programme primarily designed to reduce intergenerational transfer of poverty among the non-active groups of the poor with virtually zero income such as the disabled, widows, aged among others who have been neglected by the community and cannot afford to work and maintain their families and dependents as a result of deformity, physical challenge or severe illness. The implementation strategies adopted by the programme were believed to be among the key determinants to the success or otherwise of the programme.

It was empirically verified by this study that the programme was effectively implemented in Gombe and Yamaltu-Deba Local Government Areas of Gombe State. The selection criteria of beneficiaries were transparent and credible. There was compliance to credibility and objectivity in the selection process. Political interference by political elites, family affiliation, nepotism and favouritism were drastically reduced. These contributed to the success of the programme to reduce generational transfer of poverty among the targeted beneficiaries. The selections process of the beneficiaries involved all the stakeholders in the community including community leaders, religious leaders, youth and women leaders and Government officials.

The methods of delivery and the level of funding of the programme were fairly adequate and significantly contributed to the success of the programme among the beneficiaries. The

beneficiaries were paid directly by bank, and were sponsored for training and given working tools to start up their businesses. The programme was funded by the Federal Government and the counter funding of the State Governments.

Therefore, in the light of the foregoing, the research concludes that, the implementation strategy of the MDG-CCT has significantly contributed in reduction of intergenerational transfer of poverty and promotion of social protection among its targeted beneficiaries in the study areas. The programme has equally succeeded in both the metropolitan and rural areas except that the beneficiaries in the metropolitan areas have established and sustained their businesses more than their counterparts in the rural areas and they are the ones that depend solely on the occupation they acquired through the programme while the beneficiaries from the rural areas mostly supplement it with farming.

#### **6.4 Recommendations**

In the light of the findings and conclusion of this study, the following recommendations are therefore offered:

1. Similar programme should be conducted to cover not only the non-active groups of the poor i.e. the physically-challenged, aged and widows but the active population of the poor who constitute the vast majority of the poor in the study areas. This will go a long way in reducing generational poverty.
2. Governments at Federal, State and Local levels, should be committed to providing the necessary infrastructure such as roads, power, educational institutions and other facilities that will create enabling environment for poverty alleviation programmes to effectively carry out their mandate of reducing poverty. It was discovered that infrastructural facilities that were needed for efficient conduct of socio-economic activities like hospitals, schools, roads, power etc that can complement the CCT

programme were in short supply in the study areas. This accounted for the difficulty experience during the selection of the beneficiaries due to lack of enough motorable roads and other facilities to access the rural areas of the state. Also insufficient power supply affect the quality and functioning of some of the trades learnt by the CCT beneficiaries.

3. Planning of subsequent poverty reduction programmes should deeply involve the grassroots people from the planning phase and be designed based on peculiarities and diverse needs of the states or communities of implementation.
4. The Government should ensure that the task of monitoring and supervision of beneficiaries' activities is sustained even after the end of the programme. Post implementation supervision can be done through constituting an independent committee that will continue to oversee the activities of the beneficiaries with the intention of trying to make the beneficiaries enterprises sustainable. This will reduce the tendency of some of the beneficiaries to abandon their establishments.
5. On the issue of security, the Government at Federal, State and Local levels should be committed to securing the lives and properties of the people. This will warrant the successful implementation of all poverty and socio-economic development programmes. It will also allow for an easy access to areas in need of assistance.
6. The programmes of this nature should be given increased and sustained funding thus creating the necessary conducive atmosphere for effective implementation and extensive coverage. The counterpart funding from states should also be increased.
7. International donors, Non-Governmental Organization (NGOs) and private organizations should be encouraged to collaborate with Governments in funding and implementing of similar programmes.

8. The Government should focus more attention on income earning, employment generation and skill acquisition for productive activities as the crucial aspects of poverty alleviation in the country.

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## **Appendices**

### **Appendix I**

Department of Political Science and International  
Studies,

Faculty of Social Sciences,

Ahmadu Bello University,

Zaria- Nigeria.

07030148285,

13<sup>th</sup> September, 2016.

Dear Sir,

I am a postgraduate student in the Department of Political Science and International Relations, Ahmadu Bello University, Zaria, undertaking a research on :”Assessment of the Millennium Development Goals’ Conditional Cash Transfer (MDG-CCT) Scheme: A Comparative Study Of Gombe and Yamaltu Deba Local Government Areas of Gombe State, 2011-2015”

Sir, I will be grateful if you can grant me an interview session which is an integral part of my research work and I assure you that all information provided by you would be strictly used for the purpose of research only and shall be treated with utmost confidentiality.

Thanks in anticipation of your cooperation.

Yours faithfully,

Abubakar Ibrahim Jalo

P13SSPS8280

**Interview Questions to the Millennium Development Goals' CCT (MDG-CCT) Staff**

**Department of Political Science and International Studies**

**Faculty of Social Sciences**

**Ahmadu Bello University**

**Zaria- Nigeria**

**Topic: “Assessment of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) Scheme: A Comparative Study Of Gombe and Yamaltu Deba Local Government Areas of Gombe State, 2011-2015”**

1. What were the main objectives of the MDG Conditional Cash Transfer (MDG-CCT) Scheme?
2. Who were the intended target beneficiaries of the MDG- Conditional Cash Transfer (CCT) as spelt out in the programme?
3. Describe how the beneficiaries were identified and selected for the programme.
4. What were the criteria used for the selection of the beneficiaries?
5. Do you think politics did not influence the selection of beneficiaries, please explain.
6. How would you describe the credibility of the criteria used in the selection procedure?
7. What was the source of funding of the CCT programme?
8. What was the amount and how regular was the monthly allowance paid to the beneficiaries by the CCT?
9. Do you consider the amount paid adequate to alleviate poverty and improve the standard of living of the poor, in what ways please?
10. What were the methods of payment used by the government in paying the CCT beneficiaries?

11. Has the CCT scheme sponsored the beneficiaries' next-of-kin to acquire training on vocations or trades of their choices, how has that alleviate poverty among the beneficiaries?
12. Was the training adequate and the trainees committed to it, please explain.
13. Describe how working tools were bought and distributed to the beneficiaries' next-of-kin who have acquired training?
14. What problems, if any, are inherent in the disbursement procedure?
15. Comment on whether the methods of payment employed were adequate and enhanced the eradication of poverty among beneficiaries.
16. Did the beneficiaries' next-of-kins establish their own businesses and if yes, how sustainable are the establishments?
17. Can you describe generally the planning, implementation and monitoring process of the CCT?
18. Did you consider the institutional structure and strategies of implementation of the MDG-CCT adequate to reduce intergenerational transfer of poverty?
19. In your opinion what factors affected effective implementation of the CCT in the study area?

## **Appendix II**

### **Interview Questions to the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) Beneficiaries in Gombe and Yamaltu Deba LGAs, Gombe State**

**Department of Political Science and International Studies**

**Faculty of Social Sciences**

**Ahmadu Bello University**

**Zaria- Nigeria**

**Topic: "Assessment of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) Scheme: A Comparative Study Of Gombe and Yamaltu Deba Local Government Areas of Gombe State, 2011-2015"**

1. Briefly describe how you were selected to participate in the MDG Conditional Cash Transfer (CCT) Scheme?
2. What were the criteria used for selection?
3. Do you think act of corruption has no influence in selecting beneficiaries and accessing the CCT?
4. Do you think politics has no influence in selecting beneficiaries and accessing the CCT?
5. Do you think abuse of procedure has no influence in selecting beneficiaries and accessing the CCT?
6. What is your view about the credibility of the selection procedure?
7. Was the amount given to you as monthly allowance regular and adequate, explain please.
8. How did you utilize the money given to you by the CCT?
9. Has the level of funding from the CCT enhanced your social and economic wellbeing as beneficiaries, in what ways please?

10. As CCT beneficiaries through what methods were you paid your monthly allowances by the government?
11. In what ways did the method used in payment of beneficiaries help in reducing poverty.
12. It is said that the CCT has sponsored the training of your next-of-kins to acquire trades of their choices, explain whether that has led to the generation of gainful employment.
13. Briefly describe the selection of your business site at the end of the programme.
14. Apart from the CCT, has there been any other thing(s) that affected your economic wellbeing, please explain.
15. What is your view about the general coordination, implementation and monitoring of the CCT programme?
16. Please describe the level of cooperation and dedication to duty of the MDGs staff during the implementation of the programme?
17. What factors affected effective implementation of the programme in the study area.
18. Describe your economic situation before the implementation of the programme
19. Describe your economic situation after the implementation of the programme



## **Appendix III**

### **Focus Group Discussions' Questions to the Millennium Development Goals' Conditional Cash Transfer (MDGCCT) Beneficiaries in Gombe and Yamaltu Deba LGAs, Gombe State**

**Department of Political Science and International Studies**

**Faculty of Social Sciences**

**Ahmadu Bello University**

**Zaria- Nigeria**

#### **Topic:"Assessment of the Millennium Development Goals' Conditional Cash Transfer (MDG-CCT) Scheme: A Comparative Study Of Gombe and Yamaltu Deba Local Government Areas of Gombe State, 2011-2015"**

1. Briefly describe how you were selected to participate in the Conditional Cash Transfer (CCT) Scheme?
2. What were the criteria used for selection?
3. Do you think act of corruption has no influence in selecting beneficiaries and accessing the CCT?
4. Do you think politics has no influence in selecting beneficiaries and accessing the CCT?
5. Do you think abuse of procedure has no influence in selecting beneficiaries and accessing the CCT?
6. What is your view about the credibility of the selection procedure?
7. Was the amount given to you as monthly allowance regular and adequate, explain please.
8. How did you utilize the money given to you by the CCT?

9. Did your husband, in any way, hijack or influence the utilization of the money given to you by the CCT?
10. Has the level of funding from the CCT enhanced your social and economic wellbeing as beneficiaries, in what ways please?
11. As CCT beneficiaries through what methods were you paid your monthly allowances by the government?
12. In what ways did the method used in payment of beneficiaries help in reducing poverty.
13. It is said that the CCT has sponsored the training of your next-of-kins to acquire trades of their choices, explain whether that has led to the generation of gainful employment.
14. What factors affected effective implementation of the programme in the study area.
15. Were the women fairly represented in the programme, explain please.
16. As women beneficiaries, what special consideration did you receive in the programme?
17. Briefly describe your economic situation before the implementation of the programme
18. Briefly describe your economic situation after the implementation of the programme

## **Appendix IV**

### **Check List for Observation**

1. Available skills Acquisition and training centres in the areas.
2. Business places of those that received skills acquisitions and training.
3. Shelters of some of the beneficiaries.
4. Type of employment of the beneficiaries.
5. Interaction with the artisans who were engaged in the training of the beneficiaries.
6. Seeking the opinion of some few business conscious and opinion makers on their perceptions on the business commitment of the beneficiaries at their business places.

## Appendix V

### List of Interviewees

Name and Designation	Date and Time Interviewed	Address
1 Abubakar Muhammad Gombe Gombe State MDGs State Coordinator	05-09-2016 12: 34pm	MDGs' State Secretariat, G.R.A. Gombe
2 Richard James MDG Public Relation Officer	6-09-2016 1:58pm	Tunfure Quarters, Gombe.
3 Adamu Alhussain MDG Desk Officer Yamaltu- Deba LGA.	8-09-2016 12;12pm	Yamaltu-DebaLGA Secretariat, Deba
4 Ibrahim Muhammad MDG Desk Officer Gombe LGA.	10-09-2016 10:15am	Gombe LGA Secretariat, Deba
5 Magaji Yayaji MDG official	11-09-2016	Anguwar Fuloti, Kumo

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4:00pm

6	Adamu A. Deba		20-09-2016	Anguwar Sarki, Deba
	MDG Official.		11:34am	
7	Abubakar Garba		23-09-2016	Sarkin Bolari
	Bolari		08:09am	Residence, Bolari
	MDG Official			Ward, Gombe
8	Abdulrazak M.		12-10-2016	Herwagana Quarters,
	Herwagana			Gombe.
	MDG Official		2:24pm	
9	Saleh Ya'u		23-09-2016	Bolari Quarters,
	CCT beneficiary		10: 12 am	Gombe.
10	Usman Muhammad		24-09-2016	Layin Waziri, Bolari
	CCT beneficiary		9: 08 am	East, Gombe.
11	Dan' Azumi		26-09-2016	Herwagana ward,

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	Muhammad	11:28 am	Gombe
	CCT beneficiary		
12	Hauwa Lawan	26-09-2016	Jekadafari ward,
	CCT beneficiary	10:47 am	Gombe.
13	Abdulhamid Sabo	12-10- 2016	Jagali North Ward,
	CCT beneficiary	12: 23pm	Yamaltu-Deba LGA.
14	Kabiru Muhammad	12-10-2016	Deba Ward, Yamaltu-
	CCT beneficiary	11:21am	Deba LGA.
15	Umaru Batari	12-10-2016	Hinna, Yamaltu-Deba
	CCT beneficiary	9:07am	LGA.
16	Adamu Yusuf Ali	16-11-2016	Hammadu Kafi
	MDG official	10:12am	Quarters, Gombe.
17	Alhaji Audi Adamu	25-11-2016	Opposite Gombe State
			Water Board,

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Head of Gombe State

11:20am

Jekadafari Quarters,

MDG Project

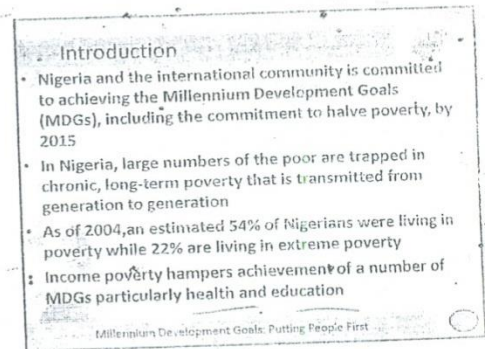
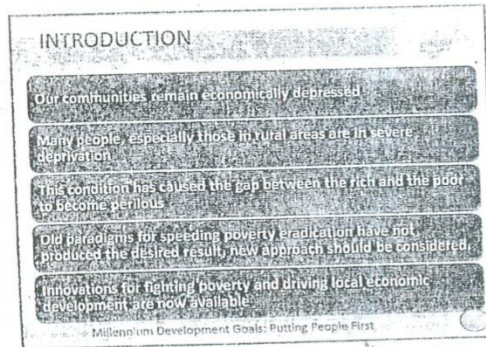
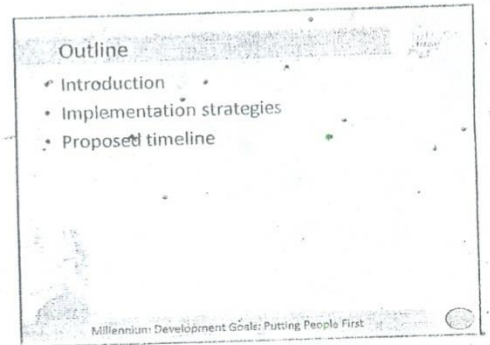
Gombe.

Support Unit

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# APPENDIX VI

## MDG- CCT POLICY DOCUMENT





### Objective of the CCT

1. To reduce the intergenerational transfer of poverty
2. To reduce the number of poor and vulnerable groups in the country by increasing their access to basic services

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### States implementing CCTS under CGS 2011

- Bauchi
- Cross River
- Enugu
- FCT
- Gombe
- Imo
- Jigawa
- Ogun
- Ondo
- Sokoto

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### Components Of CCT

- BIG (Basic Income Guarantee) N5,000 and (poverty Reduction Acceleration Investment) of N10,000 for 12 months.
- The PRAI is a lump sum paid to each participating HH to enable the HH embark on economic activity that will fetch them an income so as not to continue to depend on cash handout.
- That, till date Nigeria's CCT project is the only conditional cash transfer project in the world with an exit strategy in the form of payment of PRAI.
- That PRAI is paid after each household must have received training from either SMEDAN, NDE or a vocational training institute in the state.

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### Targeting Process

```

graph TD
    A[FEDERAL GOVERNMENT TARGETING] --> B[COMMUNITY-BASED TARGETING]
    B --> C[HOUSEHOLD TARGETING]
  
```

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**Implementation Strategies**

The selection of HH, because of unavailability of data, involves the use of peoples participation techniques of CDD

The community driven development approach for CCT will ensure –

- ✓ Ownership of project by community
- ✓ Right targeting
- ✓ Responsibility / Accountability is to the people
- ✓ Empowerment of the people by giving them a voice

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**Multi-level Committees for Implementation of CCT**

To provide oversight and guidance to the CCT in a coordinated manner, a number of committees at different levels have been proposed as follows:

- State Social Assistance Committee (SSAC)
- Local Government Assessment Committee (LGAC)
- Community Social Asst Committee (CSAC) at the village level

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*State*

**State Social Assistance Committee (SSAC) Membership.**

- **State Social Assistance Committee Membership**
- Honourable Commissioner for LGs as chairman
- NAPEP State Coordinator as vice-chairman
- State commissioner for Education
- State Commissioner for Health
- Representatives of selected NGOs or CBOs
- Participating banks
- MDG state CCT focal person (Secretary)

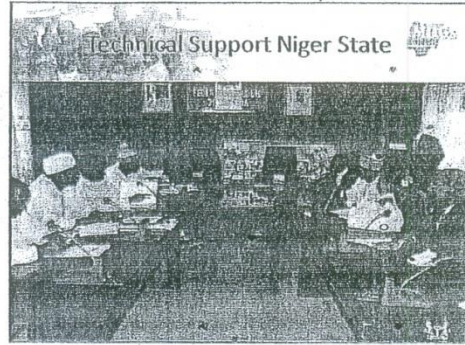
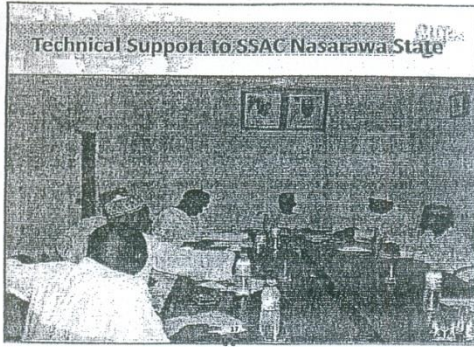
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**Responsibilities of SSAC**

**State Social Assistance Committee**

- Oversee the coordination of the scheme in the State
- Supervise State-wide sensitization
- Facilitate the conduct of base-line survey
- Compile List of all Households needing assistance in the State
- Supervise payments to participating Communities
- Provide overall monitoring of the scheme at the State level
- Report to OSSAP MDG\ National technical consultant

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**Local Government Assessment Committee (LGAC) Level.**

The Local Government Assessment Committee will be responsible for monitoring of the programme at the village level and membership comprises of the following:

Local Government Chairman	-	Chairman
Education Counselor	-	Member
Health Counselor	-	Member
Social Welfare Officer	-	Member
MDG	-	Secretary/Technical Expert

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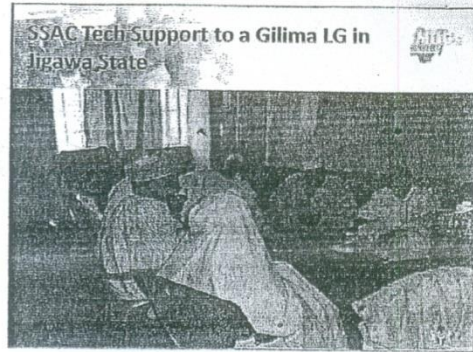
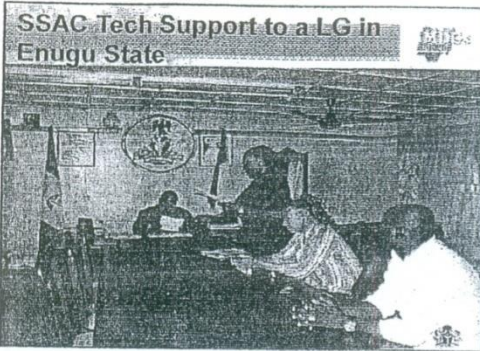
**Responsibilities of LGAC**

**Responsibilities of Local Government Assessment Committee**

- Assist in providing logistics to the Community Social Assistance Committee
- Assist in monitoring the implementation of COPE at village/community level
- Report progress to the State Social Assistance Committee

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**Community Social Assistance Committee (CSAC) Membership**

Village Head	-	Chairman
Church Leader	-	Member
Imam	-	Member
Headmaster	-	Member
Representative of Community Dev Association	-	Member
Community Health Assistant	-	Member
Community Women Leader	-	Member

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### Responsibilities of CSAC

#### Community Social Assistance Committee

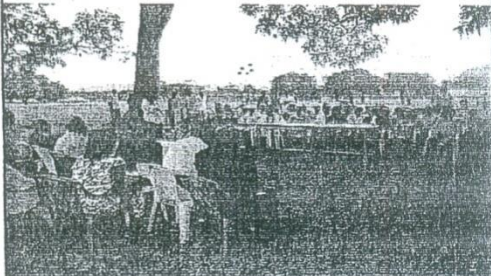
- Overseeing the implementation of scheme in the community
- Undertake community sensitization
- Lists all Households needing assistance
- Rank all households using a standard agreed format
- Organize community meeting to discuss ranking
- Recommend households needing assistance to State Social Assistance Committee
- Supervise payments to participating households
- Provide overall monitoring of the scheme at the community level
- Report to State Social Assistance Committee

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### A typical Community Gathering Exercise in Nasarawa State



### A Typical community gathering in Enugu



### Implementation Strategies

#### Selection of Local Government Areas in the States:

- Priority will be given to local government areas that are farthest away from the State Capital but without any booming economic activities.
- Three(3) Local Government Areas will be selected from each of the three(3) Senatorial districts of the State.
- Ten (10) villages that have low enrollment level at basic education to be selected from each of the three local governments earlier selected in the Senatorial District.
- Ten (10) households that meets the criteria set will be selected in each of the ten villages.
- Three hundred (300) household will benefit from each Senatorial District and 100 household to be selected from the metropolitan.

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**Implementation Strategies Cont...**

**Procedures in Selection of Beneficiaries**

1. The village will be divided into 10 units.
2. Five (5) households would be short listed from each of the 10 units
3. The community Social Assistance Committee will select ten (10) poorest households that will benefit from the 50 short listed households.

Priority will be given to the physically challenged (HIV, Cured Lepers, VVf, poor widows and poor aged households).

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**Target Participants**

Who do we target?

- The following Households would be targeted
  - i. Poor female headed households
  - ii. Poor Aged headed households
  - iii. Households headed by:
    - the physically challenged e.g. lepers
    - VVF patients
    - Other Vulnerable groups.

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**Selection of beneficiaries**

...Community-based targeting

The Community Social Assistance Committee (CSAC)

- Lists all households requiring assistance
- Assesses households based on physical inspection and assessment forms filled.
- Scores households accordingly.
- Ranks all eligible households based on the scoring in the assessment form.
- Presents selected households requiring assistance to the state social assistance committee (SSAC).

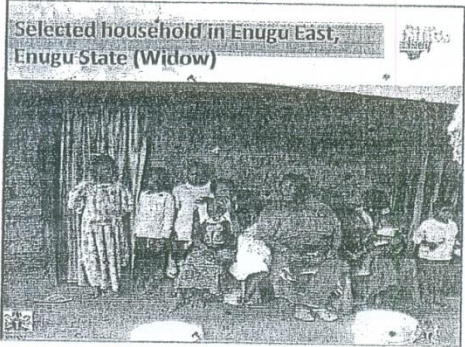
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**Community targeting at Udi L.G'A in Enugu**

Handwritten notes:

10,000 GIRL  
 5,995 #1 FAMILIES





**How do we pay out?**

- Joint accounts operated by SIU state office and the participating financial institution ensures adequate monitoring of fund disbursement.

The financial institutions are to transfer all the funds to the participants without charging the participants any fee.

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**Monitoring and Evaluation Mechanisms**

A three layer monitoring and Evaluation structure will be used to ensure delivery of the project according to guidelines as follows:

- A baseline survey shall be conducted at the commencement of project implementation to provide a reliable bench mark for tracking progress in the implementation of scheme.

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**Multi-level Committees for Implementation of COPE**

To provide oversight and guidance to the CCT in a coordinated manner, a number of committees at different levels have been proposed as follows:

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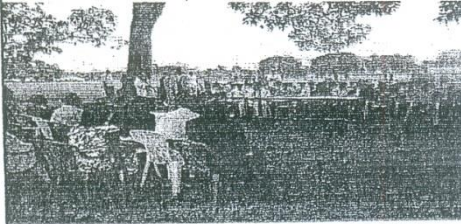
Millennium Development Goals: Putting People First

**A Typical Community Gathering Exercise in Nasarawa State**



Millennium Development Goals: Putting People First

**A Typical community gathering in Enugu**



Millennium Development Goals: Putting People First

**Target Participants**

The following Households would be targeted

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  - Other Vulnerable groups.

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Nigeria

## THE CONCEPT AND IMPLEMENTATION OF CCT IN NIGERIA



Millennium Development Goals (MDGs)

Office of the Senior Special Assistant to the President on Millennium Development Goals.

### Outline

- Introduction
- Implementation strategies
- Proposed timeline

Millennium Development Goals: Putting People First

### INTRODUCTION

- Our communities remain economically depressed
- Many people, especially those in rural areas are in severe deprivation
- This condition has caused the gap between the rich and the poor to become perilous
- Old paradigms for speeding poverty eradication have not produced the desired result, new approach should be considered.
- Innovations for fighting poverty and driving local economic development are now available

Millennium Development Goals: Putting People First

### Introduction

- Nigeria and the international community is committed to achieving the Millennium Development Goals (MDGs), including the commitment to halve poverty, by 2015
- In Nigeria, large numbers of the poor are trapped in chronic, long-term poverty that is transmitted from generation to generation
- As of 2004, an estimated 54% of Nigerians were living in poverty while 22% are living in extreme poverty
- Income poverty hampers achievement of a number of MDGs particularly health and education

Millennium Development Goals: Putting People First

