

**GOVERNANCE AND POVERTY REDUCTION IN KANO STATE:
AN ANALYSIS OF CONDITIONAL CASH TRANSFER (CCT)
PROGRAMME**

BY

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DECLARATION

I hereby declare that this work is the product of my research efforts undertaken under the supervision of Professor Aisha Abdul Isma'il and where works of other person(s) have been used, such sources have been duly acknowledged.

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In memory of the former Head of Political Science Department Bayero University, Kano Dr. Haruna Muhammad Salihi, who died on the 19th of June, 2012. May his soul rest in peace. Amin.

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ACRONYMS

ASDB	Asian Development Bank
BIG	Basic Income Guarantee
CBN	Central Bank of Nigeria
CCT	Conditional Cash Transfer
GDP	Gross Domestic Product
DFID	Department for International Development
EU	European Union
ILO	International Labour Organisation
MNCH	Maternal Newborn and Child Health
NAPEP	National Poverty Eradication Programme
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NPC	National Population Commission
OECD	Organization for Economic Cooperation and Development
PRAI	Poverty Reduction Accelerator Investment
SEPC	State Education Promotion Committee
SSA	Sub-Saharan Africa
UBEC	Universal Basic Education Commission
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation

UNICEF United Nations Children’s Fund

UNESCAP United Nations Economic and Social Commission for Asia and the Pacific

WB World Bank

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ABSTRACT

Poverty is a major challenge to many governments in the world particularly in sub-Saharan Africa where the incidence of poverty is higher than in many other parts of the globe. The research examines the relationship between governance and poverty reduction by making a critical assessment of Conditional Cash Transfer (CCT) programme in Kano State. It adopted survey method through the use of both primary and secondary data. The primary data of this research were generated through Focus Group Discussion (FGD) and Specialise Interview. Moreover, documentary sources provide the research with secondary data and thematic analysis was utilised as a tool of data analysis. The basic needs theory by International Labour Organisation and human capital theory developed by Theodore Schultz and Gary Becker are then adopted framework of analysis. According to ILO education and health are part of basic needs of individual and they are instrumental for the fulfillment of other basic needs. The human capital theory on the other hand assumes that education and health are prerequisite for successful development and breaking out the cycle of poverty. The findings of the research show that poverty is a significant factor responsible for the underutilization of schools and clinics by the poor in Kano state. This study also found that Conditional Cash Transfer (CCT) programme has increased schools and clinics attendance and has reduced short term poverty of beneficiaries. Poor service delivery is one of the major challenges that affected the potential of the programme of building human capital of the poor and thereby breaking the intergenerational transmission of poverty in the long run. Other challenges identified were the graduation period of beneficiaries and small size of cash transfer given to the beneficiary's family. Therefore, for Conditional Cash Transfer (CCT) programme to contribute to poverty reduction the study recommends for improved in the quality of schools and clinics for effective service delivery and increase in the amount of the cash transfer given to the beneficiaries. The beneficiary's children should also be supported through the education cycle - primary one to six- instead of one year.

CHAPTER ONE

INTRODUCTION

1.1 General Introduction

Poverty is a perennial issue, which has always been important in social policy and in international development debates. It is a condition in which people lack the opportunities to develop capabilities required to live a basic human life and are excluded from society and the development process. Poverty creates a circumstance of inability in attaining a minimum standard of living that gives rise to insufficient food, clothing and shelter. Also, associated with poverty is low level of life expectancy, education and access to healthcare and high infant and maternal mortality. To this end, poverty is a state of hopelessness, voicelessness, and powerlessness whereby an individual lives a life worth below US \$1 a day, and cannot access basic human needs required for survival, resulting from inability to participate in public decisions that could improve his standard of living (Ndubuisi, 2011).

Poverty is not peculiar to Nigeria and indeed developing states. Empirical studies revealed that poverty is a global phenomenon whose analysis cannot be confined to the Third World or developing countries only. In other words, poverty related issues are no longer the exclusive preserve of developing societies that are yet to raise their standard of living to acceptable levels. In the mid-1990s, there were 37 million unemployed people and 100 million people living under the poverty line earning less than one US dollar a day in the Organisation of Economic Cooperation and Development (OECD) countries.

According to the United Nations Report on Human Development (2005):

In the midst of an increasingly prosperous global economy, 10.7 million children every year do not live to see their fifth birthday, and more than 1 billion people survive in abject poverty on less than \$1 a day.

Jeffrey in Ray and Kaarbo (2008:376) corroborates the UN position on the incidence of global poverty and argues that “the greatest tragedy of our time (21st century) is that one-sixth of humanity is caught in a poverty trap. Mc Connell (1975) argues that the poor are heterogeneous; they can be found in all geographical regions; they may be whites or non-whites, or an urban people and they may be young or old (cited in Adawo, M. A., 2010).

In view of the above, it therefore suffices it to say that there is no nation or region that is absolutely free from poverty. However, the main difference is the intensity and prevalence of this malaise. Sub-Saharan African countries which include Nigeria have the highest poverty incidence and low level of socio-economic development in relation to other regions of the world. The United Nations Millennium Development Goals (MDGs) report (2005) confirm that while global poverty rates have been falling led by Asia, millions of people in Sub-Saharan Africa have sunk into poverty. According to the 2011 estimates, extreme poverty in Sub-Saharan Africa was around 47 percent (World Bank, 2015).

In the Nigerian context, widespread and severe poverty is a reality that manifest in the form of lack of food, clothes, education, medical healthcare and other basic amenities. Expectedly, as a result of chronic poverty, many Nigerians were unable to afford preventative medical care, which puts them at risk of dying from preventable diseases like malaria, cholera, yellow fever and so on. Those with curable diseases are unable to afford appropriate medical care leading to premature and

preventable deaths. Only 64 percent of school age boys and 57 percent of girls attend primary school (NBS in collaboration with World Bank, 2007).

It has been reported by the Kano State Ministry of Social Welfare (2007) that 3.2 million out of 9 million people (postulated by census 2006) in Kano State are living below \$1dollar per day. Moreover, NBS (2012: 4-10) also reports that the North-West and North East geo-political zones recorded the highest poverty rates in the Nigeria with 70.0% and 69.0% of their population living in absolute poverty. The report further indicates the highest concentration of poverty in Kano state. The estimated poverty rates in the state using the relative, absolute and US dollar-per-day measures were 72.3, 65.6 and 66.0 percent. This shows the extent to which the poverty level is rising in the state.

Economic growth has been advocated by scholars as a mechanism/strategy to combat the phenomenon of poverty (Arsenio and Fura, 3003 cited in Adigun, Awoyemi and Omonona 2011:26). The argument put forward is that economic deprivation caused by lack of access to property, income, and factors of production are the primary factors militating against the success of all efforts to reduce poverty and that non-economic factors including governance are only secondary, arising from the primary ones. Therefore, unless an economy is able to generate a steady economic growth, poverty reduction is but a distant dream.

Economic growth, though necessary, is insufficient to engender poverty reduction. Indeed, the process of engineering economic growth usually exacerbates inequality and poverty unless the benefits of economic growth are more equitably distributed. For instance, the growth in the Nigerian economy as measured in the real Gross Domestic Products (GDP) in the last few years has been impressive. According to the figure released by the National Bureau of Statistics (NBS), the GDP growth rate

stood at 7.43 per cent as at the end of December 2011, making the Nigerian economy amongst the fastest growing economies in the world. However, growth in Nigeria has not reduced poverty and inequality. Anecdotal evidence by CBN (2011:172) showed that poverty level in Nigeria worsened in 2011. The estimated poverty measures, using the relative, absolute and US dollar-per-day were 71.5, 61.9 and 62.8 per cent, respectively.

The relative failure or inadequacy of economic growth to reduce poverty particularly in sub-Saharan African countries including Nigeria contributed to growing understanding and recognition that economic growth alone cannot solve the problem of poverty in the region. Therefore, improved human well-being and sustained development depend upon the ability poor people to develop their human capital through the utilization of education and health care services. According to Evbuomwan (1997 cited in Mustapha, Mohammed and Ibrahim, 2008) poverty alleviation does not simply mean short term relief or satisfaction of basic human needs, but also the development of strategies for increasing the long term productive potential of the poor. Despite the supply of basic education and primary health care services free, there was low rate of enrollment and high rate of non-attendance of children from the poor families in schools and clinics in Kano State. Hence, Conditional Cash Transfer (CCT) programme was introduced with twin objective of reducing short term poverty and developing human capital of the children living in extreme poverty through the utilization of basic education and health care services in order to break intergenerational transfer of poverty.

The Conditional Cash Transfer (CCT) as a model of combating poverty was first developed and used in Latin- America in the 90s and later exported to other regions of the World. The presumption embedded in the Conditional Cash Transfer

(CCT) approach is that the supply of social services – schools and public health facilities – is in place, and that lack of adequate income is what prevents parents from sending children to school or making use of health/immunisation facilities resulting in inadequate demand. Thus, the programme represent a shift in governmental approach that earlier focused on the supply side delivery of basic services. Instead, they focus on the demand side, by protecting the consumption/utilisation of merit goods.

However, the success of Conditional Cash Transfer (CCT) programme to achieve its short and long term objectives depend on the quality of governance. Good governance is essential for improving the living standard of citizens particularly the poor. In fact, the concern for quality of governance arose in 1990s in the wake of persistent poverty which was seen to be a result of inefficient and poor use of public funds, endemic corruption and poor service delivery in many third world/developing countries. Without good governance the poor who depend on government for primary healthcare, education, water and sanitation and other infrastructure will have the worst outcomes and this will further affect their capacity to escape poverty in the long run and thereby lead to its intergenerational transmission. Hence, governance and poverty in this sense are now seen to be inseparably related.

1.2 Statement of Research Problem

The persistent rise in the number of people living in poverty in Nigeria in spite of efforts and resources committed to fight it led to a paradigm shift in understanding poverty and as well as its reduction strategy. It is often argue that the fight against poverty cannot succeed if it is limited to reinforcing economic growth. It must be based as well upon the development of human capabilities of the poor people

particularly through- education and health. Because poverty alleviation cannot be achieve through a short term piecemeal approach.

However, despite the provision of basic education and healthcare services free by the state and their importance to the individual and national development, the demand especially among children of people living in extreme poverty turns out to be low. The report of National Bureau of Statistics in collaboration with World Bank (2007) shows that one out of every five Nigerian children dies before his or her fifth birthday and one out of every three is malnourished. According to the maternal and child health survey by the UNICEF in 2013, Nigeria loses about 2,300 under five years olds and 145 women of childbearing age in a day, making it the second largest contributor to the under-five and maternal mortality rate in the world (Cited in Afolabi, 2015). Statistics from Kano state health services management board (KSHMB) shows that the maternal mortality rate in the state in 2008 stood at 1600/100,000 higher than the regional average of 1026/100,000 (cited in Shehu,H. G. Idris S. A., and Sadauki, H. M., 2010). In Nigeria, Only 64 percent of school age boys and 57 percent of girls attend primary school. Nigeria is further saddled with the largest number of out-of-school-children estimated at over 7 million equal to 10 percent of the global total (UNESCO, 2012). According to UNICEF (2012) out of the 1,822,366 primary school age children in Kano State 729,285(about 40 percent) are out of school.

This implies that simply offering a free service to the extremely poor does not suffice to ensure a corresponding demand. Because even without fees, these services still entail some costs to the family (books, uniforms, medicine, and transport). In addition to financial costs, there are also non-financial costs, such as the opportunity

cost of sending children to school where at the same time they are needed to help the household in agricultural work or domestic duties (for example, fetching wood, water or to care for younger siblings so that parents can work). Hence, sending them to school involves an opportunity cost to the household. Consequently, there was low rate of enrollment and high rate of non-attendance of children from the poor families in schools and clinics. As the trends continues, these children, then, run the risk of becoming the next generation of poor and/or die a preventable poverty-related death.

In order to transform this vicious cycle into a virtuous cycle, poverty reduction must start with children since the intergenerational transmission of poverty cannot be broken unless children's basic capabilities and skills are developed from birth. As argued by James P. Grant, former Executive Director of UNICEF, "Children and women are the Trojan Horse for attacking the citadel of poverty." While boosting income is important, it would be economically inefficient and socially unacceptable to make the poor wait for the benefits of economic growth to trickle down. Recognizing the need to interrupt generational poverty transmission by increasing children access to education and health services in order to build their the human capital in the long term prompted Brazil and Mexico-two Latin American countries-to introduce Conditional Cash Transfer (CCT) programme. Brazil introduces Bolsa Escola in 1996 and later renamed Bolsa Familia in 2004; While Mexico initiated Progresá (now oportunidades) in 1997. Subsequently, Conditional Cash Transfer (CCT) spread to Latin America, Asia, Africa, and the Caribbean states and now to EU and OECD' member countries.

Nigeria's experiment with the Conditional Cash Transfer (CCT) programme 'In care of the people' began in early 2008 in twelve states with lowest human capital investments in the country. Moreover, Kano State is also known as one of the states

with highest poverty incidence and low demand/access for basic primary education and health care services in Nigeria (See page 3 and 6). Subsequently, Conditional Cash Transfer (CCT) programme was launched in the state in 2009. The National Poverty Eradication Programme (NAPEP) oversees the implementation of Conditional Cash Transfer (CCT) programme in Nigeria and Kano State in particular. The Conditional Cash Transfer (CCT) programme provides non-contributory cash transfers to extremely poor households, often to women, on conditions that they ensure children's regular attendance in schools, and accompany them to health clinics. Mothers must also attend prenatal checkups in addition to participation of a member of beneficiary family in skill acquisition in productive activities.

In general Conditional Cash Transfer (CCT) programmes as a poverty reduction strategy blend short- and long-term objectives. Specifically, in the short term, cash transfer/grant given to beneficiary household was meant to finance immediate consumption need of the family (redistributive goal), and for the longer term the cash transfer act as incentives for poor households to support the education and health of their children to build their human capital (investment goal) to break the intergenerational transmission of poverty.

1.3 Research Questions

The study therefore raised the following research questions:

1. What is the relationship between poverty and schools and clinics attendance?
2. Does the Conditional Cash Transfer (CCT) programme address the problem of schools and clinics attendance by the children of the poor?
3. How does the Conditional Cash Transfer (CCT) programme achieve the goal of reducing short-term poverty of its beneficiaries?

4. In the light of this, is there any prospect for Nigeria to achieve the long term objective of building the human capital of the poor through the Conditional Cash Transfers (CCT) to break the intergenerational transfer of poverty?

1.4 Objectives of the Study

The main objective of the study is to examine governance and poverty reduction in Kano State through the implementation of Conditional Cash Transfer (CCT) Programme.

The specific objectives are to:

1. Examine the relationship between poverty and schools and clinics attendance;
2. Ascertain the impact of Conditional Cash Transfer (CCT) programme on schools and clinic attendance;
3. Assess the impact of Conditional Cash Transfer (CCT) programme on the short term poverty of the beneficiary's household.

1.5 Research Assumptions

The following assumptions have been developed in the course of this research:

1. Conditional Cash Transfer (CCT) programme has reduced the current poverty of the poor.
2. Poor provision of basic services-schools and clinics have negatively affected Conditional Cash Transfer (CCT) programme long term objective of building human capital of the poor.

1.6 Significance of the Study

Man is at the centre in all development discourse. It is often said that genuine development is the liberation of man from diseases, illiteracy, hunger, poverty and emotional instability. However, in spite of numerous government policies and programmes as well as the huge financial commitment to eradicate or alleviate poverty, the extent of poverty in Nigeria is still baffling. This suggests that one of the main challenges facing policymakers in Nigeria is how to tackle the more difficult issues of poverty and providing a more holistic approach to address its intergenerational transmission. The recommendations offered by the research therefore will benefit both the policy makers and development practitioners in the design and implementation of an effective poverty intervention in Nigeria and Kano State in particular. This research which assesses the impact of Conditional Cash Transfer programme in Kano State also provides a comprehensive compendium for the prospective researchers and academics who wish to develop further in the field.

1.7 Scope and Limitations of the Study

The rationale behind the conception and eventual establishment of the National Poverty Eradication Programme (NAPEP) stemmed from the failures of successive post-colonial poverty alleviation programmes to achieve the set targets. In order to ensure effective poverty eradication or alleviation NAPEP started with four major schemes namely: Youth Empowerment Scheme (YES), Rural Infrastructural Development Scheme (RIDS), Social Welfare Services Schemes (SOWESS) and National Resources Development and Conservation Scheme (NRDCS) and later developed Conditional Cash Transfer (CCT) and Village Economic Development Solution (VEDS).

This research study entails an assessment of Conditional Cash Transfer (CCT) programme as a strategy of poverty reduction in Kano State. The choice of the programme is justified because of its multidimensional approach towards addressing the poverty and targeted to reach the poorest and most marginalised members of the society to break the inter-generational transfer of poverty through the utilisation of basic healthcare and education. The beneficiaries were drawn from three senatorial zones of Kano State: Bagwai (Kano North), Gaya (Kano South) and Minjibir (Kano Central). The scope of this research covers the period from 2009 to 2010. This choice is made because it is within this period the implementation of the programme took place in the state.

To conduct an effective research in Nigeria is always a herculean task, owing to people's attitudinal disposition towards the release of information. Information relevant to the research is seen as sacred and too confidential to release for the feeling that it is a way of assessing the giver. Related to this is the poor attitude of record keeping particularly at the local government level coupled with the poor knowledge of understanding the role of research in solving societal problem. For instance, the researcher encountered difficulty in getting the list of registered beneficiaries of Conditional Cash Transfer (CCT) programme in Gaya Local Government Council from the Local Government Monitoring Committee Secretary (LGMCS). However, this problem was overcome as the District Head secretariat later furnished the researcher with the list of with registered beneficiaries.

Another limiting factor that affects the movement of the researcher is poor road network system as most beneficiaries of the programme were drawn from the remote areas of the Local Government Councils. Notwithstanding, motorcycle was used as an alternative means of transportation to get to these communities and recruit

the beneficiaries who constitute the participant during the Focus Group Interview (FGD).

1.8 Research Methodology

This research uses the following data collection methods:

1.8.1 Focus Group Discussion

A focus group is, according to Masadeh (2012) a structured discussion with a small group of people run by a facilitator or using a moderating team, to generate qualitative data on a precise topic of interest in a permissive, non-threatening environment using a set of open-ended questions. The researcher conducted a total of six (6) different discussions-two in each of the three local government councils-comprising of 72 participants who were purposively selected. Each group consisted on average twelve (12) research participants who were the beneficiaries' of Conditional Cash Transfer (CCT) programme. The discussion lasted between 1 hour to 1:30minutes and was recorded. This method is adopted because it allows for quick and first-hand access to information from a wide range of settings and a variety of respondents in a cheap and reliable form. The face-to-face interaction allows the researcher to seek for clarification, or additional details from the respondents. This may not be available with other less interactive methods.

1.8.2 Interview

Focus Group Discussion alone cannot provide sufficient data to accomplish the objective of this research, hence, specialise form of interview has been used to supplement it. Under this, some selected officials who have been involved in the coordination and management of the Conditional Cash Transfer (CCT) programme

such as the State Secretary of NAPEP, Local Government Monitoring Committee Secretaries (LGMCS) of Bagwai, Gaya and Minjibir local councils were interviewed. Also interviewed were some selected heads of primary schools, and officers in charge of primary health centers.

1.8.3 Documentary Research

A lot of data relevant to this research were derived from documentary sources. Some documents used as primary sources of data were generated through NAPEP official statements and declaration from government and published speeches. Other source used in gathering the secondary data includes publication of the National Bureau of Statistics (NBS), Central Bank of Nigeria (CBN) and National Population Commission (NPC). While books, journals, magazines, articles and conference papers served as secondary sources of data to the research.

1.8.4 Method of Data Analysis

The responses generated from the focus group discussion and specialise interview as well as the documentary sources provides the research with qualitative data. Hence, thematic analysis was used to analyse the data.

1.9 Outline of Chapters

The research work comprises of five chapters. Chapter one which is also the introductory part is made up of statement of the problem, research questions, objective of the study, research assumptions, significance of the study, scope and limitations of the study, methodology and outline of chapters. Theoretical framework and literature review constitute the second chapter of this research. Chapter three traces the historical background, features, and objectives of Conditional Cash

Transfers (CCT). Also included in the chapter is the debate on attaching ‘conditions’ to the transfer. Chapter four analyses the data in relation to the assumptions formulated; while the last chapter deals with the conclusion, summary and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Opening Statements

This chapter provides a review of literature relevant to the subject of study. Particularly, the concept of poverty, classification/types of poverty, causes of poverty and the concept of governance are elucidated and the connection between poverty and governance is clarified. Additionally, this section provides an overview of Conditional Cash Transfer (CCT) programme implementation in Latin American countries specifically Brazil and Mexico. Lastly, this chapter contained the theoretical framework within which the study is situated.

2.2 The concept of Poverty

Poverty is multi-dimensional in nature. Thus, scholars and organisations informed by different understanding of development have different definitions and descriptions of the concept of poverty. It is argued that the concept of poverty has defied universally accepted and objective definition or assessment because it is not only an expression of life's situation but equally a state of mind and perception of self in the complex web of social relation.

Economists have considered poverty in terms of meeting basic needs such as food, clothes and shelter. For instance in this regard, Ravallion and Bideni (cited in Oluyole, 2012) see poverty as lack of command over basic consumption needs; that is, a situation of inadequate level of consumption; giving rise to insufficient food, clothing and shelter. Aluko (1975) refers to poverty as a lack of command over basic

consumption needs, which means that there is inadequate level of consumption giving rise to insufficient food, clothing and shelter.

Similarly, poverty is related to the income level accruable to individuals and households for daily subsistence. The World Bank's measurement indicator of poverty, as revised in (2008), scaled \$1.25 a day per person, adjusted for Purchasing Power Parity (PPP) as the absolute poverty line. Any individual who falls below this level is considered to be living in a condition of absolute poverty. The utilization of the income poverty line fosters the impression that a statistical test is capable of identifying who is and who is not suffering from the impact of the phenomenon of poverty.

The main criticism of the above conception of poverty is that it is a multifaceted phenomenon that cannot be reduced to income level alone. Access to basic social services of education, health and water supply improves human condition and the living standard of the people, which are not captured in the income matrix. Thus, non-income indicators of poverty were developed. As a result, the United Nations Development Programme (UNDP) evolved the Human Development Index and later the Human Poverty Index which encompass these social dimensions of poverty.

In a UNDP study conducted by Mbaya KanKwenda et al., (cited in Adejumobi, 2006:5), poverty is problematised thus:

While situations vary from country to country, poverty is recognised as a multi-dimensional phenomenon, influenced by a wide range of factors. These include poor people's lack of access to income-earning and productive activities and to essential social services (health, education, safe water, etc.). Their low level of participation in political processes and their lack of influence in the political life of the countries are the major obstacles. Compounding this, are the direct and indirect

consequences of external economic and financial sectors over which governments have no control.

Ajakaiye (as cited in Lawal & Hassan, 2012:97) conceptualised poverty in four ways; these are lack of access to basic needs/goods, a result of lack or impaired access to productive resources, outcome of inefficient use of common resources, and a result of exclusive mechanisms. The first is essentially economic or consumption oriented. It explains poverty in material terms and specifically employs consumption-based categories to explain the extent and depth of poverty, and establish who is and who is not poor. Thus, the poor are conceived as those individuals or households in a particular society, incapable of purchasing a specified basket of basic goods and services such as nutrition, shelter/housing, water and healthcare. The second conception viewed poverty as a lack of or impaired access to productive resources including education, working skills/tools, political and civil rights to participate in decisions concerning socio-economic conditions. In the third sense, poverty is seen as the outcome of inefficient use of common resources which may result from weak policy environment, inadequate infrastructure, and weak access to technology etc. The fourth definition associates poverty with the result of certain groups using certain mechanisms in the system to exclude problem groups from participating in economic development including the democratic process.

A critical look at these conceptualisations shows that it is only the first that gives some definition of poverty. The remaining three definitions are more or less focused on the causes of poverty. In addition, the third and fourth conceptualisations can be seen as the same since the efficient utilisation of common resources presuppose either wastages of the resources, or denying some segments of the population access to common or societal resources.

Sweetman (cited in Adekola & Uzoagu, 2011) argued that the narrow definition of the concept of poverty focuses on economic wants to a greater extent and leads to programmes of actions which focused on wealth creation without much emphasis on the social dimension, while broader definitions emphasise the connection or interface between economic wants and social contexts. Based on the latter position, she defines poverty as wants of the necessities of life.

According to Abubakar (2002), poverty is complex and multi-dimensional. Very often, income/consumption and material based indicators constitute attractive reference points for defining poverty. The nature of poverty however cannot be captured by a single income-based or consumption-based indicator, not even by the broadest material proxy measurement of income poverty. He defines poverty based on the utilitarian approach of income/consumption and material index as the totality or state of being wherein individuals, households or communities are unable to afford or fulfil the basic necessities of life: food, clothing and shelter and other economic and social obligations (cited in Lawal & Hassan, 2012:97). Borgatta and Montgomery (2000) alluded to the complex nature of poverty and defined it as the state of lacking material possessions, of having little or no means to support oneself.

From the foregoing review of the literature, we can see that there is a general agreement that poverty is lack of basic needs and services necessary to remain alive such as food, clothing, shelter, basic healthcare facilities, and education. However, beyond that, there is little agreement. Some scholars and policy makers would draw the poverty line at the bare subsistence level, while others agree for poverty definitions that include persons whose level of living is above subsistence but who have inadequate.

This contestation has given rise to different categorisations of poverty. In general terms, Ekong (as cited in Adawo, 2010) sees poverty from two broad perspectives: relative poverty and absolute poverty. Relative poverty is associated with experiencing deviational outcomes from expectations and irrelevant comparisons of one's material position with others, mostly peer and age groups. Absolute poverty is a misery linked to an insufficient resource base, lack of income, narrow margin high risk of failure, hunger and disease.

The Copenhagen Declaration of the World Summit for Social Development defines absolute poverty as:

A condition characterised by severe deprivation of human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to social services (1995).

Absolute poverty set a poverty line at a certain income amount or consumption amount based on the estimated value of a basket of goods (food, shelter, water and so on.) necessary for living. On the basis of this, the World Bank report on poverty estimates revised in 2008 set an income of \$1.25 or less a day and \$1 a day or less for poverty, and extreme poverty respectively. Absolute poverty suggests living below a certain minimum standard in relation to the quality of life. Relative poverty on the other hand, indicates that people are poor in relation to other people.

Townsend (1979) offers a broad and clear definition of relative poverty as:

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged as approved in the societies to which they belong. (Cited in Lawal & Hassan, 2012)

The significance of relative poverty is that it gives a more practical or objective approach of looking at poverty. However, the difficulty associated with relative conception of poverty is that there is hardly uniform conception of desirable or acceptable standards among members of society. In rural agrarian societies, affluence is measured by the number of wives and children while in urban industrialised and monetised societies, large families are identified with the poor.

In his analysis, Hettne (2002, cited in Victor & Kelechukwu, 2012:41) classified poverty into five. First, absolute poverty, that occurs when human beings live in a state of deprivation due to meagre income or lack of access to basic human needs which include food, safe water, sanitation, health, shelter, education and information. Second is the relative poverty that defines poverty from a comparative point of view. This is measured by what members of society consider desirable and acceptable standard of living within the context of their situations, circumstances, environment and culture. Third, chronic/structural poverty, which means that poverty, is persistent or long term. Its cases are more permanent and depend on a host of factors such as limited productive resources, lack of skill for gainful employment, vocational disadvantage or endemic socio-political and cultural factors. Fourth, conjunctural transitory, which means poverty is temporary or short term and is caused mainly by factors such as natural or man-made disasters such as wars, and environmental degradation or structural changes induced by policy reforms which result in loss of employment, loss in value of real income assets, etc. Fifth, spatial/location that means poverty depends on geographical or regional spread and incidence. It involves urban squalor/poverty typified by the existence of ghettos, slums and charities in metropolitan cities and is characterised by environmental degradation, inadequate welfare services and social deprivations, low per capita income, over-crowded

accommodation, engagement in informal business, rural poverty characterised by poor conditions of living.

Sani (cited in Mustapha, Habu and Ibrahim 2008:3) expanded the list of categorisation of poverty to include subjective and moral poverty. Subjective poverty refers to individuals or groups' subjective feelings of being poor. Subjective poverty is not measured by the level of income or living standards but by an individual's intrinsic feeling of contentment and sense of fulfilment or otherwise in life. The concern is not of being rich or wealthy but being able to live a quality and improved life within the limited amount of resources. It is about feeling satisfied, enriched and enhanced. Moral poverty is also not within the confinement of income or minimum requirement for living but is measured by the normative way of life defined by society. While developing societies of Africa and Asia face the problem of material poverty, the developed societies of the West face the problem of moral poverty. Even though morality itself is socially defined, there is what is referred to as 'moral universals' that is behaviour or practice which all societies accept as moral. Moral poverty manifests itself in such behavior as same sex marriage, sex exchanges and gender crossing, incest, abortion, single parenthood, drug culture, child abuse and exploitation and other practices universally conceived as morally inadequate and questionable.

Based on the literature reviewed, there are three major things to be noted about poverty. First, it is a structural phenomenon that has multi-dimensional perspective. It manifests in economic, social and political arenas. The second is the process nature of poverty. Poverty is not a natural state of affairs nor is it a specific event. It is usually the result of a constellation of forces that undermine the capacity and living conditions of a people. Third, is the relative nature of poverty; poverty has cultural

relativism. Apart from the general standards, there are socio-cultural variations to the issue of poverty. What a society considers to be a feature of poverty may not be so for some other societies. As such, caution is necessary in understanding the issue of poverty on a global scale.

2.3 Causes of Poverty

There is no one cause or determinant of poverty. Theoretical considerations and empirical evidence show that poverty is a result of combination of several complex factors. These factors interact over various scales of time and space, but broadly they include issues related to governance, economic, social, culture, corruption, human rights and globalisation.

Collier (2007) attributed the persistent poverty in developing countries particularly Africa to one or another of the four traps: the conflict trap; the natural resources trap; the trap of being landlocked with bad neighbours; and the trap of bad governance. Obadan (1997) identified some factors as the causes of poverty among which are; inadequate access to employment opportunities; inadequate physical assets; inadequate access to markets; destruction of natural resources; lack of power to participate in the design of development programmes and inadequate access to assistance for those living at the margin of existence (Cited in Mustapha, Habu and Ibrahim, 2008).

The UNCDF (2003) notes that poverty stem from the following factors:

1. lack of power

This form of deprivation is powerlessness: the lack of a voice in decision making and public policy choices or in the access to resources required to rise out of poverty; lack of basic political freedoms; social exclusion and lack of social rights; and limited capacity to access and influence state institutions and/or social processes. This

problem is endemic in rural areas. It affects certain groups (e.g., pastoralists, ethnic minorities, indigenous or marginal groups) more than others due to the fact that they are mostly uneducated and dispersed, and live in remote and inaccessible areas. In addition, the poorer segments of the population are often considered to be expendable by decision-makers – who sometimes choose to reallocate their land based on different priorities.

This lack of power also disproportionately affects specific social categories/groups (e.g., poor women, low caste groups, etc.), mainly because of the features of local social and cultural interactions. In politically-marginalized rural areas, the poor have few opportunities to influence government policies and strategies. The condition of the rural poor may also be worsened by social norms, power centralization and distribution patterns that may, for example, exclude minority groups and women from land rights and decision-making on environmental issues.

2. Inadequate access to social services

Poor access to services (such as education and health facilities) creates low rates of literacy and education, prevents economic growth, decreases people's productive capabilities, limits use of adequate technologies (e.g., for farm and non-farm activities) and hampers communication and exchange of information. The effects of this deprivation are weak participation in civil society and weak civic engagement, which may be defined as the involvement of people in the economic, social, cultural and political processes that affect their lives. Lack of education for girls is particularly considered as a factor leading to illness, excessive birth rates, high infant mortality, malnutrition and HIV/AIDS.

3. Insecure livelihood and vulnerability to environmental risks and poor access to infrastructure

This is a characteristic of rural areas, and it basically concerns assets (i.e., tangible and intangible stores of wealth) and commodities (i.e., products which are exchanged or sold) as well as poor access to basic infrastructure (such as markets, roads, etc.). Livelihood is insecure when stocks, capital, resources, flows of food and cash are inadequate to meet basic needs. The general concept of ‘insecurity’ refers to insecure access to, use of and control over productive resources and income-generating activities. This form of deprivation includes the following aspects:

a. Low asset base: (i) The lack, or loss, of access to and use of arable land — especially fertile and/or irrigated land — and insecure land rights (for agriculturalists and agro-pastoralists), (ii) lack of working capital (domestic or hired labour) as well as investment capital (to buy both equipment and agricultural inputs needed for intensification or diversification of activities) and (iii) lack or loss of animal capital due to epidemics, droughts or sale of capital for consumption (for agro-pastoralists and pastoralists);

b. Vulnerability: The exposure of family-based economies to recurrent and unpredictable events, such as ecological risks, economic shocks, instability of market networks, as well as to recurrent (seasonal) food crises or famines and increasing loss of resilience or capacity to resist and recover after major crises;

c. Food insecurity: As part of a broader aspect of unsustainable livelihoods, food insecurity is not only linked to production failures at the household level, but rather to food access (insufficient purchasing power of the poor). In light of the current debate, the idea of food security has moved from one-dimensional to a multi-faceted concept, which encompasses broader elements of livelihood. With the erosion of their means to

survive, people are suffering from livelihood insecurity, not simply food insecurity. Hunger cannot be solved simply through increased investments in agriculture and lack of access to food is increasingly considered as the major element of a broader equation involving (i) lack of access to productive resources, (ii) lack of control of these resources, (iii) land insecurity, and (iv) poor access to adequate technologies. All these elements prevent the poor from producing adequate food or from accessing sufficient food at all times.

Khor (2001) argued that general economic mismanagement, lack of domestic capacity and weak social and economic infrastructure were the main causes of increased poverty in Nigeria. Judith, Eja, Eko and Josephat (2011) identified unemployment, poor governance which manifest itself in form of corruption and social conflict as some of the major reasons behind the prevalence of poverty in Nigeria.

Moreover, Carm, E., Mageli, E., Nyman, L.B. and Smith, R. (2003) opined that the causes of poverty may be separated into five categories. First is the exogenous set of causes connected with difficult environmental conditions of drought, flood, inaccessible terrain, pestilence and other 'natural' or even man-made causes of environmental degradation. The second category of causes, also largely exogenous, relates to the geo-political arena, involving trade relations between rich and poor countries, the burden of debt carried by the poorer countries, instability of currencies and international conflicts. The third category is the complex of national issues peculiar to but not unique to a nation state. Often aggregated together under the heading of 'good governance' such issues as the rule of law, low levels of corruption, freedom from civil war, equitable land policies, access to employment and social benefits in health and education characterise countries where poverty is less likely to

flourish. The fourth category is that of the community causes of poverty where cultural taboos and pressures prevent communities from adapting to change and finding new ways of prospering. Finally there are individual causes of poverty – the inability of individuals to master their own environment and to seek better ways of managing their own lives, a clear call for education.

2.4 The Concept of Good Governance

The concept of governance is not new. It has been an interesting subject in both political and academic discourse for a long time. In the last two decades, however, governance has risen to the top in the development literature. The concept of governance, like other concepts of its kind, has not been amenable to easy or simplistic definition due to its complex nature. Ordinarily, in the absence of an explicit definition, governance is often used as an umbrella concept under which elusive and ill-defined political processes and concerns as well as desirable goals and value preferences can be subsumed.

There are two perspectives on governance. The first is in technicist form, which essentially refers to the management of state structures and institutions. This is a statist conception of governance (The World Bank, 2000 in Adejumbi, 2006).

The second perspective is that which transcends the purview of the state to include non-state actors. Governance viewed as the steering of state and society towards the realisation of societal goals. Graham, Amos and Plumptre (2003:1, 2) define governance as the traditions, institutions and processes that determine how power is exercised, how citizens are given voice, and how decisions are made on issues of public concern. Hyden, Court, and Mease (2004:5) define governance as the

formation and stewardship of the rules that regulate the public realm –the space where state as well as economic and societal actors interact to make decisions.

According to Kaufmann (2003:5), governance refers to the exercise of authority through formal and informal channels for the common good. The components of governance include; mechanisms and processes of selecting, monitoring and replacing governments, constitutionalism and rule of law, capacity to formulate and implement sound policies and deliver public services, the respect of citizens and the state of the institutions that govern economic and social interactions and citizens and civil society empowerment.

Furthermore, in the context of a political and institutional environment that upholds human rights, democratic principles, and the rule of law, European Union (EU) sees governance as the transparent and accountable management of human, natural, economic and financial resources for equitable and sustainable development. It entails clear decision making procedures at the level of public authorities, transparent and accountable institutions, the primacy of law in managing and distributing resources, and capacity building for elaborating and implementing measures that aim to prevent and combat corruption (<http://www.europa.eu.int>).

In the definitions of governance it is the relationship between state and society and how accountable the state is to citizens that is crucial. Accountability can be described as having two aspects: answerability and enforceability. Schedler (1999) states that answerability consists of accountable actors having to explain or justify their decisions: while enforceability involves accountable persons having to bear the consequences for their decision, including negative sanctions. Accountability has been categorised into three types by Newell and Wheeler (2006) although aspects of

all these tend to overlap. There is political accountability (checks and balances within the state), social accountability (check and balances between state and citizens) and managerial accountability (financial accountability and indicators to monitor performance).

Goetz and Jenkins (2005:16) in Summer, Acosta, Cabral, Kapur, Bahadur, Bobde, Hussein and Brouillet (2008:8) point to the beginning of a new accountability agenda. This new agenda is broadly categorised into three elements: (i) a more direct role for ordinary people and their associations in obtaining accountability, using (ii) an expanded repertoire of methods, in the pursuit of (iii) a more exacting standard of social justice. They further explain that while citizens and civil society have traditionally been relegated to participation in vertical channels of accountability, such as voting, they have now begun to take part in horizontal channels and the search for the new roles by citizens and their associations has caused the vertical-horizontal distinction to blur. In sum, governance is about how who decides – who set what rules, when and how. Such rules are no-longer the preserve of state alone. Citizens have moved from being simply users or choosers of public services policies made by others, to makers and shapers of policies themselves. The trend has moved from representative or formal democracy (i.e. indirect participation) towards more mechanisms for ensuring citizens voice in the decision making-processes.

Adejemobi (2006:6) argues that there are three actors in governance arena. These are the state, civil society (including traditional civil society groups and social movements beyond the NGO phenomenon like labour, students organisations, rural and community based groups), and the private sector.

The notion of governance is underpinned by the philosophical conception of a social pact between the state and society, in which both in an interactive manner define national objectives, negotiate the processes of achieving them and work collectively though with some tensions and contradictions in the realisations of those goals. It is about how national capacity is enhanced for the realisation of the collective good of society.

There is a strong nexus between poverty and governance. Good governance is an essential precondition for sustainable development. Various countries that are quite similar in terms of their natural resources and social structure have shown strikingly different performance in improving the welfare of their people. Much of this is attributable to standards of governance. Poor governance stifles and impedes development. In countries where there is corruption, poor control of public funds, lack of accountability, abuses of human rights and excessive military influence, development inevitably suffers. It has been noted also that of all the ills that kill people, none is as lethal as bad governance. Consequently, many observers and analysts believe that good governance is the main reason for explaining variations in socio-economic development performance around the world and is a precondition for poverty reduction. Kofi Annan, former the U.N. Secretary-General, maintains that good governance is perhaps the single most important factor in eradicating poverty and promoting development (cited in Hyden, Court, and Mease, 2000).

For the World Bank, 'good governance' is "epitomized by predictable, open and enlightened policy-making, a bureaucracy imbued with a professional ethos acting in furtherance of the public good, the rule of law, transparent processes, and a strong civil society participating in public affairs. 'Poor governance', however, is characterized by arbitrary policy making, unaccountable bureaucracies, unenforced or

unjust legal systems, the abuse of executive power, a civil society unengaged in public life, and widespread corruption (cited in UNCDF, 2003).

In its policy paper, Governance for Sustainable Human Development, the United Nations Development Programme (cited in Weiss Steiner 2006) defines good governance as, among other things, participatory, transparent, and accountable as well as effective, equitable, and as promoting the rule of law.' Good governance, accordingly, seeks to ensure that political, social and economic priorities are based on a broad consensus in society and that the voices of the poorest and the most vulnerable are heard in decision-making on the allocation of development resources.'

Therefore, Poverty in its present conception has some governance parameters. The questions of voice and power for the poor and the vulnerable in society are governance issues. Furthermore, getting governance right is at the heart of poverty reduction. It is when there is interconnectedness between state and society that the government can serve the interests of the people and promote the common good central to poverty alleviation. The issues of institutional effectiveness, voice and accountability, power decentralisation, rule of law, adequate delivery of social services, and participatory democracy, which are germane to good governance, are key elements in the reduction of poverty. They are mechanisms through which the energies and creativity of the poor can be unbundled, they can gain voice and power and make the state responsive to their needs and demands.

2.5 Components of Good Governance

Although the concept of good governance has been used for a good number of years, its content and contours remain uncertain. Indeed, a multitude of definitions of differing scope and content have given rise to an increasing confusion regarding the boundaries of the concept.' Yet, conceivably, some kind of common understanding, at

least with respect to the core components of good governance has been recognised in the practice of certain international organizations.

The ASDB identified four basic components of good governance as follows:

(1). Accountability. Public officials should be answerable for government behaviour and responsive to the entity from which they derive authority. The accountability of public sector institutions is facilitated by evaluation of their economic performance.

The suggested specific areas of action would be in the building of government capacity through, for example, public-sector management, public-enterprise management and reform, public financial management and civil-service reform.

(2). Participation. Government structures should be flexible enough to offer beneficiaries and others affected the opportunity to improve the design and implementation of public programmes and projects. The specific areas of action would be in the development of participatory development processes through, for example, participation of beneficiaries, a public/private-sector interface, decentralization/empowerment of local government and cooperation with non-governmental organizations (NGOs).

(3). Predictability. Laws and policies should exist that regulate society and that are applied fairly and consistently. Predictability requires the state and its subsidiary agencies to be bound by and answerable to the legal system in the same way as private enterprises and individuals. The specific area of action could be the development of predictable legal frameworks for private-sector development.

(4). Transparency. Information should be made available to the general public and there should be clarity as to rules and regulations. Access to timely information on the economy can be vital to economic decision-making by the private sector and can also serve to inhibit corruption (cited in Weiss Steiner 2006).

All the above elements are interlinked, and mutually supportive and reinforcing. Accountability is often related to participation and is also the ultimate safeguard of predictability. Transparency and predictability in the functioning of a legal framework would serve to ensure the accountability of public institutions.

The World Bank Institute (cited in Weiss Steiner 2006).distinguished six main components of good governance:

1. Voice and accountability, which includes civil liberties and political stability;
2. Government effectiveness, including the quality of policy- making and public service delivery;
3. Lack of regulatory burden;
4. Rule of law, including the protection of property rights;
5. Independence of the judiciary;
6. Control of corruption.

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) states that good governance is responsive to the present and future needs of society. According to the commission the eight key components of good governance are:'

- (1.) Accountable
- (2.) Transparent
- (3.) Responsive
- (4.) Equitable and inclusive
- (5.) Effective and efficient
- (6.) Follows the rule of law
- (7.) Participatory
- (8.) Consensus oriented (cited in Weiss Steiner 2006).

2.6 Overview of Conditional Cash Transfer (CCT) Programme Implementation in Latin America-Brazil and Mexico

The first generations of Conditional Cash Transfer (CCT) programmes were introduced in Latin America, one of the regions of the world with the highest income inequality, to address the problem of extreme poverty (Aber and Rawlings, 2011). Conditional Cash Transfer (CCT) programmes are a new type of social assistance programme that represents an innovative approach to the delivery of social services. As their name implies, conditional cash transfers provide money to poor families conditional upon investments, most commonly in their children's human capital. In Latin America and increasingly in Asia and Africa, the most common conditions involve sending children to school and/or bringing them to health centers on a regular basis. The cash transfer is aimed at providing short-term assistance to families often in extreme poverty without the means to provide for adequate consumption, while the conditions provide an incentive for longer term human capital investments, especially among the young. These dual goals of poverty relief/reduction and human capital development are the core elements of Conditional Cash Transfer (CCT) programmes.

Although Conditional Cash Transfer (CCT) programmes have also been implemented in a number of other Latin American countries, Asia, Africa Caribbean states and now EU and OECD countries, this section however, reviews the experience of Conditional Cash Transfer (CCT) programme in Brazil and Mexico.

2.6.1 Brief Profile of Conditional Cash Transfer (CCT) in Brazil – Bolsa Família

In Brazil, the first Conditional Cash Transfer (CCT) programme, Bolsa Escola, started in 1996 with focus on the child labour. However, Bolsa Escola was later renamed Bolsa Família. It is one of the world's oldest and largest Conditional Cash Transfer (CCT) programmes, providing benefits to 13.8 million households, or just

over a quarter (26 per cent) of the Brazilian population. The programme was the centre piece of former President Luiz Inácio Lula da Silva's social policy. It was established in 2003 by an executive order that merged four existing social assistance programmes, reduced administrative costs, and expanded eligibility. In 2004, Congress gave this merger the force of law. According to that statute, Bolsa Família's main programme goals are to reduce poverty, promote food security, and increase access to public services, especially health, and education (Fultz and Francis 2013).

Bolsa Família cash transfers are paid according to rules that distinguish households living in poverty and extreme poverty. Households in extreme poverty receive a basic benefit, whether or not they include children. However, all households that include children, pregnant women or breastfeeding mothers, (whether in poverty or in extreme poverty) are required to comply with conditions associated with regular school attendance, prenatal care, health visits, vaccinations, and growth monitoring. Children 6-16 years old must attend school at least 85 per cent of the time, and children aged 16-17, 75 per cent.

The thresholds for poverty and extreme poverty are established and adjusted periodically by the Ministry of Social Development. The 2013 thresholds are 70 *reals* per month (US\$32) for extreme poverty and R\$70.01 to R\$140.00 per month (US\$32-63) for poverty. Eligibility is determined based on self-report of income. The federal government has established municipal quotas for programme participation to prevent local inflation of registrants. As Bolsa Família cash transfers are not a legal entitlement for poor households, a family's receipt of benefits, even where it meets eligibility criteria, depends on the availability of programme resources.

The average monthly household benefit is R\$153, equal to US\$68 in 2013. This is roughly one fifth the minimum wage. According to Fultz and Francis (2013) the benefit has four main components:

1. Basic Benefit: R\$70.00 (US\$32) paid to households with per capita monthly income not exceeding R\$70.00 (regardless of the presence of children, adolescents, pregnant or breastfeeding women).
2. Variable Benefit: R\$32.00 (US\$14.00) paid to households with per capita monthly income not exceeding R\$140.00, with children up to age 15, pregnant or breastfeeding women, capped at R\$160.00 (US\$71.00). Payable for up to a total of five children or women (combined total).
3. Variable Benefit for families with children 16-17 years old: R\$38.00 (US\$17.00), capped at R\$76 Payable for up to two teenage children.
4. Extreme poverty eradication component: A top-up benefit is paid to poor families living below the extreme poverty threshold, covering the difference between the basic and variable parts and the threshold of R\$ 70/person/month.

In Brazil, Conditional Cash Transfer (CCT) programme is administered jointly by the federal government and municipalities. At the federal level, the Ministry of Social Development performs the lead functions in coordination with the Ministries of Health and Education and the state-owned bank *Caixa Economica Federal*. The Ministry determines eligibility, pays benefits via bank cards, monitors households' compliance with conditions, and monitors programme implementation by municipal governments. The Ministry also operates the *Cadastro*, or Unified Registry of participants in a number of other social programmes operated by the federal government.

Municipal governments register families, enter their information into the Unified Registry, and gather information with which the federal government monitors compliance with health and educational conditions. Municipalities are also charged with providing the required health care and education. The quality of schools and quality and supply of health care are major political issues in Brazil today and were among the triggers for widespread street protests in 2013 (Romero and Neuman, 2013 cited in Fultz and Francis, 2013).

2.6.2 Brief Profile of Conditional Cash Transfer (CCT) in Mexico- Progresa/Oportunidades

In 1997, the government of Mexico introduced Conditional Cash Transfer (CCT) programme called Progresa. Five years later, it expanded the programme under the new name Oportunidades. Progresa/Oportunidades was a response to a complex set of social problems, including inefficiency in food aid programmes, low educational achievement by poor children, low wages, high fertility, and local partisan exploitation of existing programmes. In 1994-5, a major economic crisis brought these problems to the top of the national agenda. GDP had declined by 6 per cent, fuelling widespread unrest and demands by the poor for increased social security. Oportunidades provides poor Mexican households with monthly cash transfers equivalent to approximately 20 per cent of average recipient household income, on the condition that children in the household attend school and that all household members obtain preventive medical care and attend health education talks. The programme's coverage is extensive: by 2010 it had reached approximately 5.5 million households (more than 20 per cent of all households in Mexico) living in nearly 100,000 marginalized localities 14 per cent of which were located in urban and semi-urban areas (ILO, 2013). As formulated in Progresa's 1997 blueprint, its main goal is

to develop human capital in the form of health and education, so as to break the intergenerational cycle of poverty.

Progresa/Oportunidades annual cost is approximately US\$5 billion, equal roughly to 0.4 per cent of GDP. The programme receives resources from the budgets of the Ministry of Social Development, the lead agency in its administration, as well as from the Ministry of Education and the Ministry of Health. Since 2001, Oportunidades has also been receiving funds borrowed from the Inter-American Development Bank. Its administrative costs are 9.05 per cent of the annual programme budget (Fiszbein and Schady, 2009).

Eligible households are identified through a two-step targeting process that starts at the territorial level, identifying areas with the highest concentration of households in poverty. Household targeting is then used to identify the poorest families, based on observable characteristics such as housing, assets, and number of children. In addition, eligibility depends on the availability of programme revenues, which are negotiated annually.

Cash transfers are estimated to average US\$69 per month per family (2013) with a family maximum of US\$220 per month. Participating families also receive school supplies and scholarships for primary, junior high school, and high school students. To encourage enrolment of girls scholarships are provided on an individual basis rather than by family. For the same reason, girls receive larger scholarship amounts. Participating families also receive a basic health package; nutritional supplements; and, as more recent programme add-ons, saving accounts for students who complete school (2003), cash support for elderly members of participating households (2006), and energy subsidies (2007). Cash transfers are paid to the woman responsible for household management and childcare.

Conditions include school registration and regular school attendance by each child; participation in workshops on education and health literacy by mother or father and teenage children; and attendance by all family members at scheduled appointments for basic health care.

Oportunidades is administered at the federal level by the Ministry of Social Development and, within the Ministry, by a unit known as National Coordination. It has a council whose members represent the Secretariats of Ministries involved in its operation, as well as a technical committee to advise on operational issues. States and municipalities provide the health and education services on which cash transfers are conditioned. States have no role in programme design, financing, or the selection of households.

An unusual and valuable feature of Progres/Oportunidades is the participation in programme administration of women elected by their peers to serve at the community level. Known as *vocales* (or *promotoras*, in the early stages of the programme), these women help and advice other women on programme benefits and requirements. In each community there are four *vocales*, one each in education, health, nutrition, and programme monitoring. Impact evaluation has been in place since the programme's inception, including a social audit system to promote transparency and surveys to monitor operations every six months (Fultz and Francis, 2013).

2.6.3 Impact of Conditional Cash Transfer (CCT) Programme in Brazil and Mexico

Since the introduction of Conditional Cash Transfer (CCT) programme several studies have been conducted by scholars and international organisations in order to assess its impact on beneficiaries' households. However, looking across the two

countries (Brazil and Mexico), four broad patterns stand out viz; reduction in income poverty and child labour, access to education and utilization of health care services.

Conditional Cash Transfer (CCT) programme has become one of the primary vehicles for providing social transfers to the extreme poor. In Brazil, the country with the largest Conditional Cash Transfer (CCT) programme and one of the highest levels of income inequality in the world, Bolsa Familia serves as the most progressive income source among its beneficiaries family and contributed to a reduction of the poverty gap of 12 percent (Bastagli, 2008 cited in Francesca, 2010). In the years following the launch of Bolsa Família (2003), as a result of the transfers and an increase in the minimum wage, five million Brazilians exited extreme poverty. By 2009, the programme had reduced the poverty rate by 8 per cent (Soares, 2012). Mexico's Progresas is credited with doing the same for about 1.7 million people during 1997-2000. It reduced the poverty headcount by 8 per cent, the poverty gap by 30 per cent and poverty severity by 45 per cent. In Mexico, Oportunidades participants invest some 25 per cent of family benefits on average, an amount equal to one third more than non-participating families with similar income. They invest in microenterprises, agriculture (farm animals), home construction, and services (connection to water).

Skoufias and Parker (2001) examined the short-run impact of Oportunidades on children's work in rural areas of Mexico and found that the programme significantly reduced child labour among 12–17 year-old boys and girls but not among younger boys and girls. A study by Schultz three years later (Schultz, 2004) found only a limited effect of Oportunidades on child labour among rural primary school pupils, but a markedly stronger effect among rural secondary school pupils. This study also showed that Oportunidades substantially increased transition into secondary school in rural areas, potentially explaining why the reduction in child

labour was more marked among older children. Behrman, Parker and Todd, (2011) cited in ILO (2013) examined the long-term impact of Oportunidades in rural areas and found that 15–16 year-old boys who were exposed to the programme for 5.5 years were 14 percentage points less likely to work than boys who were never exposed to the programme. Similarly, Bolsa Familia programme reduced employment among 5–17 year-olds Brazilian by almost two percentage points and reduced the number of weekly hours dedicated to domestic work by 4.5 hours for the same age group. The programme was also responsible for a delay of approximately 10 months in entry into the labour market for children and adolescent males (ILO, 2013).

Conditional Cash Transfer (CCT) programme has also improved education and health indicators in terms of service utilisation. In Mexico, Oportunidades households make use of health services at a rate of 7.6 per cent, one percentage point more than a similar group of non-beneficiaries.²⁷ Women who participate in Oportunidades make greater use of tests for cervical cancer and papilloma. Their use of prenatal care is higher (by 12 per cent) and maternal mortality was reduced to 11 per cent among households beneficiaries compared to control areas. Women's use of contraceptives is significantly higher (57 per cent versus 36 per cent), and they have lower rates of fertility than non-participating women with similar incomes, including lower rates of pregnancy among adolescents (Fultz and Francis, 2013). However, increased utilization, as described above, is accompanied by some downsides. For instance, long waits for appointments, shortages of medications, low level of care, and discourteous treatment by health professionals lead some families to decline participation in Oportunidades.

On access to education, children in families participating in Bolsa Família showed an increase of 5-6 percentage points in school enrolment. And even without

differential stipends, girls aged 15 whose families participated in Bolsa Família were 19 percentage points more likely to continue their education. The largest increases in enrolment were in the historically disadvantaged northeast, where children were almost 12 percentage points (11.7) more likely to be enrolled. In addition, there is evidence that the fraction of students required to repeat a grade of school drops by 11 per cent for beneficiaries of Bolsa Família, compared to non-beneficiaries (Oliveira, Batista and Soares 2013 cited in Fultz and Francis, 2013). In Mexico, Oportunidades, includes larger incentives for families to enrol girls, incentives that increase with each year of schooling. Orozco and Gammage (forthcoming) cited in Fultz and Francis (2013) report an improvement in the likelihood of girls' enrolment in secondary school of 11 per cent to 14 per cent, somewhat greater than for boys. In addition, girls in the age range 19-20, whose households have received the stipend, show, on average, almost an additional year of schooling, somewhat more than boys, versus comparable families that did not receive the transfer.

Therefore, one can argue that Mexico's Oportunidades has gender focus. It has been successful in significantly increasing rates of school enrollment for girls, who have historically faced discrimination because educating them is not considered as important as educating boys.

2.7 Theoretical Framework

A number of theories were developed by scholars to explain poverty as well as its reduction strategy. This study however adopted and used two theories - basic needs theory and human capital theory to explain the Conditional Cash Transfers (CCT) as a poverty reduction strategy.

The basic human needs approach was first put forth in an international forum by the International Labour Office (ILO) at its 1976 World Employment Conference. According to ILO (1977) there are two perspectives to the understanding of basic needs. First, they include certain minimum requirements of a family for private consumption: adequate food, shelter and clothing. Second, they include essential services provided by and for the community at large, such as safe drinking water, sanitation, public transport, and health and educational facilities. From the second perspective, education is itself a basic need, and equality of access to educational services, particularly in rural areas, is therefore an important ingredient of fulfilling the basic-needs of individuals. Lack of access to education denies many people and particularly women the opportunity to participate fully in the social, economic, cultural and political life of the community. Health also occupies much the same position as education in relation to basic needs. A decent level of health is itself a basic need. At the same time, improvements in health can contribute substantially to increased productivity and to fuller participation in society.

Moreover, the basic needs theory /approach focuses not only on the instrumental role of education and health as basic needs of individuals, but also, but also as a means of fulfilling other basic needs. As the World Bank (1980 cited in Melin, 2012) has argued, fulfillment of any one of the basic needs (nutrition, safe drinking water, health, shelter and education) can be beneficial to the fulfillment of each of the others, and conversely. Hence, these basic needs are complementary inputs in child development. For instance, the shadow value of a service is negligible if its complements are unavailable. For example, when a child is undernourished, the value of education to her is low, because an undernourished child is unable to imbibe much knowledge and skills. However, education and health were ranked higher

among the several basic needs: education and health forms critically important factors in the basic needs framework, because they are fundamental to the satisfaction of all basic needs (Noor, 1980 cited in Melin, 2012).

Human capital theory on the other hand, advanced the idea that actions that imply present costs but enhanced individual productivity in the future are seen as investments in a form of capital. The classic expression of human capital theory as argued by Melin, M. (2002) can be traced to the earlier economists Adam Smith (1776) and Alfred Marshall (1920). However, it is Theodore Schultz (1961) and Gary Becker (1962) who created a 'human investment revolution in economic thought' by emphasizing the role of human capital in economic growth and poverty reduction.

Human capital theory rests on the assumption that formal education and health are highly instrumental and necessary to improve the productive capacity of a population. In short, human capital theorists argue that an educated population is a productive population. For Schultz, human capital implies an investment in people. He argues that education, training, and investment in health open up opportunities and choices that otherwise would be unavailable to many individuals. According to Becker the benefits of education in addition to growth and efficiency, is that it serve as the most effective tool for greater equality and the most effective way for able young people of poor backgrounds to rise in the economic hierarchy and escape poverty. Education is therefore a tool for greater equity and reducing the impact of disadvantaged backgrounds. That is why income inequality is great in a country when inequality in education is also high (Becker, 1995 in Carm, E. et-al (2003).

A major criticism of human capital theory is that it places onus on the individual for becoming educated, finding employment, living a healthy life and becoming a productive member of society. The theory implies that if an individual

does not succeed it is their faults-they are too lazy, not bright enough- not to the structural factors in the system. This is a tremendous burden because for many, their inability to find work or escape from poverty is due to their socio-economic status, ethnicity gender and so on. Moreover, knowledge and skills gained through education is not necessarily what is important to employers. As Bowles and Gintis (1976) pointed out, the characteristics that an individual who has been through the formal educational system possesses-obedience and responsibility- are in many cases more attractive to employers than their knowledge and skill.

However, despite the criticisms, the human capital theory is still relevant in that several studies pointed out that the benefits of investment in human capital extend to society in form of social externalities. In education, these “externalities” are described as indirect effects or external benefits which accrue to society in nonmaterial forms, such as more civilised collective behaviour, a more productive environment, and a wiser choice of political leadership. (inCarm, E., Mageli, E., Nyman, L.B. and Smith, R.et-al 2003).

Moreover, healthy children have better cognitive potential. As health improves, rates of absenteeism and early school drop-outs fall, and children learn better, leading to growth in the human capital base. Healthier workers are more productive, earn higher wages, and miss fewer days of work than those who are ill. This increases output, reduces turnover in the workforce, and increases enterprise profitability and agricultural production.

CHAPTER THREE

PREVIEW OF CONDITIONAL CASH TRANSFER (CCT) PROGRAMME

3.1 Opening Statements

This chapter traces the historical background of Conditional Cash Transfer (CCT) programme starting from its evolution in Latin America to its expansion and development in Asia, Africa and the Caribbean states. It also examines the features, objectives as well as the policy debate on attaching ‘conditions’ to the cash transfer.

3.2 Evolution and Development of Conditional Cash Transfer (CCT)

The concept of Conditional Cash Transfer (CCT) originated in Latin American countries mainly in response to the macroeconomic crisis of the 1990s when the demand from poorer households for the social services specifically education and health, was perceived to have declined drastically. The schemes provide cash directly to poor households in response to the household/individual fulfilling specific conditions such as minimum attendance of children in schools and attendance at health clinics, participation in immunisation and the like. The schemes create incentives for households to adjust their behaviour towards nationally accepted social goals.

Conditional Cash Transfer (CCT) scheme was positioned as formal publicly provided safety net programme that essentially supplied cash to the poor household and help them tide over the period of economic crisis. The earliest of such programmes, Progresa (now oportunidades) was initiated in 1997 in Mexico with a new approach, integrating interventions in education, health and nutrition. It was based on the understanding that these important dimensions were direct correlates of

human welfare. In Brazil, the first CCT programme, Bolsa Escola, started in 1996 with a focus on child labour. While some more programmes based on CCT philosophy were introduced to address specific areas, they were integrated in 2004 into the now well-known programme – Bolsa Familia.

The multi-sectoral and integrated nature of most CCT schemes and the prospects of tackling short-term poverty while protecting the formation of human capital/capabilities and thereby addressing long-term poverty have led governments in Latin America, Asia, Africa and the Caribbean to implement such schemes as a response to reducing the daunting deprivations in multiple dimensions of human development. Moreover, the financial and technical assistance from the World Bank, United Nations agencies particularly United Nations Children’s Fund (UNICEF) and Department for International Development (DFID) supported the expansion and replication of Conditional Cash Transfers, especially among African countries struggling with extreme poverty and low human capital.

3.3 Characteristics of Conditional Cash Transfers (CCT)

Conditional cash transfers have been regarded as an effective way to reconcile safety nets (or more generally, social assistance programs) with investment in human development of the poor. The basic idea behind the conditionality of these programs is that the hand-over of cash to bring families out of poverty will not tackle poverty in the long-run. To avoid this shortcoming, conditional cash transfers have been devised to improve human capital among poor families.

Conditional cash transfer is commonly defined as a programme that transfers cash to extremely poor households if they make pre-specified investments in the human capital of their children. In general, this has involved attaching ‘conditions’ to

transfers. Many programmes include two components of conditionalities – education and health. Education conditions usually include school enrolment and attendance at 80 or 85 percent of school days, and occasionally some measure of performance. Health conditions often require periodic checkups or growth monitoring and vaccinations for children less than 5 years of age and parental care for mothers.

The presumption embedded in the CCT approach is that the supply of social services – schools and public health facilities – is in place, and that lack of adequate income is what prevents parents from sending children to school or making use of health/immunisation facilities resulting in inadequate demand. Conditional cash transfer programmes thus represent a shift in governmental approach that earlier focused on the supply side delivery of basic services. Instead, they focus on the demand side, by protecting the consumption/utilisation of merit goods. These programmes also represent a shift from general subsidies to more sharply-targeted programmes that aim to improve human capital formation, and thereby, increase efficiency in the long-run.

Son H. H. (2008: 2-3) summarises the key characteristics of CCT programmes as follows:

1. Conditional cash transfer programmes are targeted to extremely poor households and have a positive gender bias, since the cash transfers are usually addressed to the female head of the recipient households;
2. Some programmes such as Mexico's Progresa include nutritional component that provides cash transfers and nutrition supplements to children, and to pregnant lactating women;

3. To encourage greater school attendance for girls, higher transfers are paid for girls than for boys;
4. Cash transfers may be as a lump sum or determined based on the number of children with amount varying by the children's ages and gender;
5. Transfer amounts are greater for children at the secondary school age groups than those at the primary age group because adolescent children are expected to have higher opportunity cost of attending school, particularly for poor families.

3.4 Objectives of Conditional Cash Transfer (CCT)

The objective of Conditional Cash Transfers (CCT) programmes vary from one country to another as a consequence of differences in both programme design and the context in which they operate. Some Conditional Cash Transfer (CCT) programmes only help households meet their food consumption needs while protecting their productive assets, such as the Direct Support component of Ethiopia's Productive Safety Net Programme (PSNP). Other Conditional Cash Transfer (CCT) programmes have been developed to combat HIV or the effects of the AIDS crisis. Tanzania's Community-Based Conditional Cash Transfer aim to slow the spread of sexually transmitted infections (STIs), HIV, and unintended pregnancies among young adults, with conditions specifically tied to recipients' remaining free from curable STIs.

Moreover, Brazil's Bolsa Familia, Mexico's Progres (now oportunidades), Nigeria's In Care of the People (COPE), Kenya's Conditional Cash Transfer for Orphan and Vulnerable Children (OVC) and Ghana's Livelihood Empowerment Against Poverty (LEAP) programmes have two main objectives-to reduce current

poverty and enhance the long term capabilities of the poor. While these appear as two distinct objectives, in reality, they constitute two phases of the single objective of poverty reduction, with the cash transfer part addressing poverty in the short-run by ensuring that poor households meet a minimum consumption level; and the conditionality component addressing poverty in the long-run through building of human capital and, in so doing, help prevent the inter-generational transmission of poverty.

3.5 Should Cash Transfer Be Conditional? Why Not Just Make the Transfer Unconditionally?

In the policy debate, different opinions exist on the necessity or otherwise of attaching conditions to cash transfers.

Three basic arguments support conditionality. First, the inclusion of conditionality in cash transfers is commonly justified to influence beneficiary behaviour outcomes deemed to be beneficial to the poor household or society. For example, conditions can address the distortion of choices that arise when myopia or information asymmetry leads poor households to make decisions that do not take into account the mid- or long-term benefits of human capital accumulation. Poor knowledge of the benefits of healthcare checkups, pre-natal treatment and other types of preventative healthcare might bring households to underutilise health services. The inclusion of a behavioural requirement in terms of regular healthcare visits would address this distortion. Similarly, conditionality has also been motivated to address intra-household bargaining processes to strengthen the positions of individuals with weak or no bargaining power. Das, Toan Do and Ozler (2004) in Francisca (2010:5) illustrate this case in relation to child labour, where parents favour higher income in

the short-term over potential long-term returns from sending their children to school. As Basu (2003:3) points out, people are frequently impatient, willing to sacrifice too much to make good things to happen too soon and often lacking in self-control. In such cases, the inclusion of school enrolment and attendance – behavioural requirements for school-aged children addresses the differences between child and parent preferences.

Second, conditional cash transfer has also been used as a screening mechanism for targeting resources to poor households. Specifically, when governments are unable to directly observe individual characteristics, conditional cash transfers (CCT) can induce self-selection so that members of targeted groups - extremely poor households - participate in the programme and others opt out.

Third, from political economy perspective, advocates of conditionality emphasise its role in legitimising cash transfers politically. According to such claims, conditional cash transfers (CCTs) are more acceptable to tax-payers and donors than unconditional schemes. In this view, by increasing political acceptability, conditions would also increase the budget size and sustainability of a programme (Francisca, 2010:6).

However, conditionality raises several concerns. First, conditionality may generate high cost, both financial and administrative. Conditions increase the financial cost of running the programme that could otherwise be used to provide benefit payments to other poor so as to increase the programme coverage. For instance, conditionality related cost amounts to 24% of the total costs (excluding transfers) of Mexico's Progresa (Attanasio, Oppedisano and Hernandez 2014:21). Similarly, conditionality requires the regular collection of information regarding beneficiary

behaviour, the verification of compliance, and the implementation of responses to non-compliance. These are administratively demanding activities that may display high costs, especially where constraints on regular information collection, transmission and management are high.

Second, conditionality may act as an additional screening or targeting device when non-compliance leads to beneficiary exclusion from programme participation. A related concern is its potential generation of exclusion errors, whereby eligible poor households are excluded from the programme. If conditions burden low income households with behavioural requirements that they are not able to comply with, they risk screening out eligible households. The risk of exclusion as a result of non-compliance may disproportionately affect particular vulnerable groups. Poorer households or individuals facing high opportunity costs in meeting conditions, determined by low resources and limited access to services, may experience a higher risk of exclusion from conditional transfers. Ulrichs and Roelen (2012) cited in Fultz and Francis (2013) estimate that in Mexico, the education and health conditions associated with Oportunidades result in the exclusion of the majority of half a million of the poorest and most marginalized who, living in Mexico's Sierra and Montana regions, lack access to the education and health services they need to comply. Moreover, conditional cash transfers often target extremely poor households with school-age children, which mean that all impoverished households without school-age children are excluded from participating in the programme. Hence, people in most need are punished rather than helped by conditionality.

Third, conditional cash transfers can be perceived as demeaning because government imposes conditionality on the poor people irrespective of their preferences.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Opening Statements

This chapter presents the result of data collected via focus group discussion and specialize interview. The data generated was qualitative in nature and hence thematic analysis was used to answer the research questions and the two formulated research assumptions.

4.2. The Effects of Poverty on Schools and Clinics Attendance

Education and Health are key to the formation and development of human capital and equally important in achieving social and political development, higher productivity, income growth and the reduction of poverty. As Nelson Mandela has argued, education can make difference between a “life of grinding poverty and potential for a full and secure one”. In many developing countries it is the poor section of the population which is mostly deprived of education and health services. Despite the supply of education and health services free by government at lower levels, the demand or utilisation turn out to be low. The barriers affecting children’s demand for education and health services are formidable and in many cases diverse. These include religious and cultural practices, peer pressure, non-availability of schools and clinics in some communities and lower returns to primary education particularly in Sub-Saharan Africa due to slow economic growth and limited employment opportunities for the growing number of labour market participants with only basic education. However, based on the responses generated from the focus

group interview with beneficiaries of Conditional Cash Transfer programme in the study areas (Bagwai, Minjibir and Gaya Local Government) poverty is one of the major factors affecting schools and clinics attendance. To empirically support the above assertion, one of the respondents stated that:

I have nine children and four were enrolled in schools. After my husband died I cannot continue to bear the private Cost of exercise books, pencils uniform and breakfast (kudin tara) because of poverty. Hence, the children drop out from school without completion (FGD with widow in Bagawi Local Government, 2015).

This position corresponds with argument of Morrisson (2002, 14-15) who noted that the demand for education is sensitive to the costs of education, so that cost of transport, uniform and books may reduce the demand for education substantially. This cost sensitivity (price elasticity) is even greater among the poor, leading to greater inequality in access.

Another widow also pointed poverty as the main factor responsible for her inability to continue to support the education of her children after the dead of their father and she explained that:

I have four children of primary school age and I often manage to give ten naira to the younger ones as money for breakfast (kudin tara). The eldest son refuses to attend schools because I don't have money to give him saying that I love his brothers more than he' (FGD in Minjibir Local Government, 2015).

The report of UNESCO 2005 as cited in Rose and Dyer (2008: 15) shows that the poor are most often excluded from schooling. Of those out of school globally, more than three times as many children are estimated to be from poorest households compared with richest households. The results of Nigeria's Demographic Health Survey (NDHS) further support this position and explain that the economic

background of parents affects their children demand of education and health care services. About 64.4% of the 5.3 million children from families in the poorest quintile were out of school compared to 4.8% of the 4.1 million children from families in the richest quintile. The results again show that the North-West and North-East geopolitical zones which have highest poverty rates in Nigeria are also the regions with highest per cent of primary-aged children who are out of school in the country, each with averages over 50 per cent (cited in UNICEF 2012: 15-17).

There are two fundamental poverty related issues that explain why children of poor in Bagwai, Minjibir and Gaya Local Government Councils have less chance of completing any given educational and health cycle though they are free. First, the private costs/expenses such as books, uniforms, snacks/meals and transport. Second, the higher opportunity costs such as loss of child labour at home. Children of primary school age are needed to work on family farms, often at the same times as they are required to be at school. If a child cannot work because he or she attends school, the family suffer a loss of valuable subsistence output. Therefore, the cost of having an able-bodied child attend school when there is productive work to be done in the farm is too expensive for the poor. As a result, many children drop out from school after enrolment, without completion and graduation.

This suggests that there is a strong linkage between poverty and inadequate access to basic education and health services.

4.3 Impact of Conditional Cash Transfer on Access to the Services

The Conditional Cash Transfer (CCT) programme was developed to stimulate demand/access of free basic primary education and health care services provided by the state by the children of the poorer families. To achieve this objective beneficiary

households receive monthly Basic Income Guarantee (BIG) for one year and made school attendance and the utilisation of basic health care facilities mandatory as a condition to the benefiting families. The Basic Income Guarantee (BIG) ranges from one thousand five hundred naira to five thousand naira depending on the number of qualified children in the household. As stated by the Local Government Monitoring Secretaries:

We distributed the sum of one thousand five hundred naira (US\$13) to the beneficiary household with one child, three thousands naira (US\$26) for a house hold with two or three children and five thousands naira (US\$60) for household with four or more children every month for one year (Specialise Interview, 2015).

This shows that cash transfer payment to registered beneficiaries household are proportionate to the number of qualified children. However, a ceiling of five thousand naira was set as the maximum amount given to house hold with four or more children.

The outcome of the focus group discussion and specialise interview in Bagwai, Minjibir and Gaya local government councils indicate that the programme beneficiaries make more use of education and health services than they would have made in the absence of the intervention. As confirmed by the beneficiaries during the focus group interview:

We use the monthly Basic Income Guarantee (BIG) cash for transport to visit health centres, provides for school uniform, books, and other learning materials to our children in primary schools' (Widows in Bagwai, Minjibir and Gaya Local Government, 2015).

Also a group of male household's beneficiaries stated that:

Unlike before our children are in schools and you cannot differentiate them from the children of those who are better off in the community because they appear in full uniform' (FGD Male Households in Gaya Local Government, 2015)

The headmaster of Kiyawa primary school in Bagwai local government council also confirmed that the rate of school attendance increased among the children of beneficiaries' families. On a similar account the officer in charge (OIC) of Sambauna primary healthcare center in Minjibir local government area stated that demand for vaccines and immunization against major infectious diseases and pre-natal checkups increased among the beneficiaries of Conditional Cash Transfer (CCT) programme.

There are two main channels through which Conditional Cash Transfer (CCT) programme increased the demand of education and health care services among children of the poor families. The first channel works through the conditional nature of the programme. Given the requirement of school enrolment and regular attendance children have less time available for participation in income-generating activities. A study by Baird, McIntosh, and Özler, (2011) implemented such an evaluation of the impact of Conditional Cash Transfers on girls in a rural district in Malawi. The authors found that conditionality appears to matter, at least for school enrolment: the teacher-reported enrolment of girls from households benefiting from Conditional Cash Transfer (CCT) increased by significantly more than that of girls from households benefiting from Unconditional Cash Transfer (UCT). Similarly, Schady and Araujo's (2008) cited in Francesca (2010) examined Ecuador's Bono de Desarrollo Humano (BDH) to assess the impact of conditionality on school enrolment. The study compares 'conditioned' households, which believed there was an enrolment requirement even though no requirements were ever monitored or enforced, with 'unconditioned' households, which did not believe the transfer to be conditioned. It finds that significant (and limited) programme effects on enrolment are only recorded among households who believed there was an enrolment requirement, suggesting that the unenforced BDH schooling requirement has a potential causal effect on outcomes.

The second channel is a pure income effect: the cash transfer has increased schools and clinics attendance by addressing the underlying economic causes that prevent access to school and healthcare services. Similarly, households that receive the transfer are less likely to be dependent on the income of their children, and therefore reduced child work and thus result in increase in school attendance. Moreover, the impact of the Conditional Cash Transfer (CCT) programme in the study area is not limited only to the increased in primary and basic health care attendance but also led to increase in school transition among the children of beneficiaries from primary schools to lower and even higher secondary schools.

4.4 Conditional Cash Transfer and the Reduction of Short Term Poverty

Conditional Cash Transfer (CCT) programme has directly contributed to the reduction of short term poverty of the beneficiaries which is the first objective of the programme. Although the level of the transfer is not sufficient in itself to pool beneficiaries families out of poverty, but the benefits of the cash transfer immediately relieves economic hardships that poor families face before the implementation of the programme. The responses from the FGD with the beneficiaries indicate that cash transfer has positive effects on household consumption.

‘We bought food items. The money brought about a change in our economic situation. We are able to respond better to the needs of our family (FGD with Male Households in Bagwai, Minjibir and Gaya Local Government Councils).

Also, the Poverty Reduction Accelerator Investment (PRAI) that is eighty four thousand naira grant given to the head of households at the end of the programme has helped some households in establishing small-scale income generating activities. Other than direct effects, the indirect impacts of Conditional Cash Transfer (CCT)

programme on poverty dynamics is that it increases income and employment opportunities of other non-beneficiary households in the community. Though there are no official estimates of this in the context of the study areas, but the cash injection inevitably have multiplier effects on the local economy. In sum, Conditional Cash Transfer (CCT) programme expand economic opportunities and enhance economic security of poor households.

4.5 Assumption One

Conditional Cash Transfer (CCT) programme has reduced the current poverty of the poor

The impact of Conditional Cash Transfer (CCT) on immediate consumption is an important determinant of poverty alleviation in the short run, especially because most beneficiaries belong to the poorest part of the population. Conditional Cash Transfer (CCT) has contributed positively towards poverty reduction of the poor households. As suggested by the head of beneficiary's family their participation in the programme provides them with an alternative positive coping strategy. This is important in the context of chronic poverty, where many beneficiaries receive little or no other type of formal support and usually rely on child labour, begging, children hawking in the street and support from family and friends.

According to beneficiaries some of them before the programme went about begging for alms in order to feed their children. After the intervention, they were able to provide for some of their basic needs. A widow in Bagwai local council described the intervention as timely and state that:

I have nine children and four were enrolled in schools. After my husband died, we find it difficult to get food to eat. I was forced to share my children with my relatives even outside Bagwai. But when am selected as beneficiary of Conditional

Cash Transfer (CCT) I went and brought them back and now with help of cash transfer all my children of school age are attending schools and we are able to feed our self” (FGD with widow in Bagawi Local Government).

Similar account on the impact of Conditional Cash Transfer (CCT) on reducing the current poverty of the poor was heard in Gaya, and Minjibir local government councils. For instance, a group of beneficiaries interviewed during the FGD confirmed that their participation in one year skill and vocational training coupled with the disbursement of Poverty Reduction Accelerator Investment (PRAI) of eighty four thousand naira to each beneficiary family as the second component of cash transfer has helped them in establishing small scale businesses. Although few cases of non-compliance of investing the Poverty Reduction Accelerator Investment (PRAI) in business activities has been recorded in Minjibir Local Government Council where a beneficiary household use the money for his daughter’s wedding, but majority of the beneficiaries maintained that the earning from their business is use to provide the immediate needs of the families. Based on the above therefore, the first assumption which state that (Conditional Cash Transfer CCT programme has reduced the current poverty of the poor) has been confirmed and found acceptable.

4.6 Assumption Two

Provision of basic services-schools and clinics has negatively affected Conditional Cash Transfer (CCT) programme long term objective of building human capital of the poor.

Conditional Cash Transfer (CCT) programme generally has increased the use of education and health services. However, service utilization is arguably only an “intermediate” outcome. School attendance is of interest primarily insofar as the children who attend as a result of the programme ultimately complete more years of

schooling, learn more, and earn higher wages as adults. Similarly, increases in the use of health services are of interest primarily insofar as they help improve the health status of children and adults and reduce mortality. However, there are long recognised supply-side factors which affect the realization of long term objective of human capital development of the poor. The barriers arising from the supply side of education are lack of school facilities and infrastructure, shortage of teachers or poor quality of teachers and teaching materials.

The data provided by UNESCO'S Institute for Statistics (2013) show that 37.6 percent of public primary schools in Nigeria do not have portable water, while 65.3 percent do not have electricity. This is in addition to lack of adequate trained teachers and congestion of students in class room. According to UBEC (2010) statistics the total number of primary school teachers in Kano state is 40,772 out of which only 13,047 (32%) teachers were qualified, meaning there were 27,725 (68%) unqualified teachers and the average pupil/qualified teacher ratio in the state is 172:1. Also, the total number of class rooms in primary is 28,953 of which 13,487 are in need of repair and the average pupil/good class room ratio is 145:1.

The report of Kano State Ministry of Education (2010) is corroborating evidence on the poor state of primary schools in Kano state where about 47% of primary schools have no safe drinking water. Only 37% of primary schools have at least one functional toilet. In those schools where there is one functional toilet, for each toilet on average there correspond more than 200 primary school pupils.

Further evidence on the supply side constraint in the area of primary education in Kano state was revealed by the governor Abdullahi Umar Ganduje in 2015 during the inauguration of State Education Promotion Committee (SEPC). According to him

out of thirty thousand primary school class rooms five thousand were in deplorable conditions.

Moreover, the constraints arising from the supply side of primary health care services in Kano State are inadequate infrastructure and facilities, shortage of manpower, and poor supply of basic essential medicine which raises women and children risk of dying. As at January 2009 the state had a total of 219 doctors; 5 of whom are consultant gynecologists, 1470 nurses/midwives, 267 pharmacy staff, 80 X-ray staff and 741 primary health care staff and 248 clinical assistant. This gives a ratio of one doctor to 42,847 persons and 6,383 persons per nurse (Shehu, H. G. Idris S. A., and Sadauki, H. M., 2010) According to DFID (2015) most of the primary healthcare centers especially in the rural areas are poorly equipped, lack skilled medical personnel and basic essential medicines. All these are constraints to effective health care delivery in the state and compromise the long term goal of Conditional Cash Transfer (CCT) programme of building human capital of the poor through the utilization of basic health care services.

The interaction of supply side problems in schools led to poor outcome in primary education as the children lack essential skills of literacy, numeracy, communication, problem solving and productive work. Moreover, the limits in clinics resources impact negatively in improving the health status of children and adults and reducing child mortality. On this basis the second assumption which states that (Provision of basic services-schools and clinics has negatively affected Conditional Cash Transfer (CCT) programme long term objective of building human capital of the poor) holds and is found acceptable.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Opening Statements

This chapter presents the summary of major findings of the research work, conclusion and recommendations.

5.2 Summary of Research Findings

The summary of the major findings of this research work were drawn in line with its objective and research questions. Based on the survey conducted in the study areas (Bagwai, Minjibir and Gaya), this study found that poverty is the main reason for the non-attendance of children at schools and clinics.

The study shows that Conditional Cash Transfer (CCT) programme has significantly increase schools and clinics attendance among the children of beneficiaries. Related to this, the findings of the research also indicate that there was increase in school transition among the children of beneficiaries from primary school to lower and even higher secondary schools.

Furthermore, Conditional Cash Transfer (CCT) programme has directly contributed to the reduction of short term poverty of the beneficiaries. Although the level of the transfer is not sufficient in itself to pool families out of poverty, but the benefits of the cash transfer immediately relieves economic hardships that poor families face before the implementation of the programme. Other than direct effects, there indirect impacts of Conditional Cash Transfer (CCT) programme on poverty dynamics is that it increase income and employment of other non-beneficiary

households in the community. Though there are no official estimates of this in the context of the study areas, but the cash injection inevitably have multiplier effects on the local economy. In sum, Conditional Cash Transfer (CCT) programme expand economic opportunities and enhance economic security of poor households.

The Poverty Accelerator Investment Fund has been instrumental in providing the beneficiaries household with skills and small capital to engage in small scale business activities. However, the study found cases of non-compliance especially on the need of beneficiaries' households to use the Poverty Accelerator Investment Fund in income generating activities.

The study also found that beneficiaries household of Conditional Cash Transfer (CCT) programme were supported for only one year.

Finally, the study found that supply side constraints in primary schools and clinics have negative effect on improved health status of children and reducing mortality and learning outcome and hence threatened the realization of long term objective of Conditional Cash Transfer (CCT) programme of human capital development.

Conclusions

Although the goals of Conditional Cash Transfer (CCT) programme vary from one country to another, but in Nigeria Conditional Cash Transfer (CCT) programme was created with the expectation that it would help reduce consumption poverty, increase the utilization of education and health services to build human capital of the poor in order to break inter-generational transmission of poverty from one generation another. On the household consumption, the Cash Transfer has improved the

consumption of basic food items of its beneficiaries. The money brought about a change in their economic situation.

Moreover, Conditional Cash Transfer (CCT) programme have led to significant increase in the use of services. School attendance has increased among the children of programme beneficiaries in the study areas. The programme also had a increase the use of preventive health care services.

However, poor state of schools and clinics led to poor quality of service delivery and poor outcome in primary education and health status of the beneficiaries. Therefore, increased use of them does not yield large benefits in and of itself.

5.4 Recommendations

In view of the reviews, surveys conducted and findings drawn from it, the research put forward the following recommendations:

1. Government should increase the value of the cash transfer to the beneficiary's household to meet their basic needs. This is necessary in order to alleviate short term poverty.
2. Since Conditional Cash Transfer (CCT) programme is conditioned on schools and clinics attendance, government should addressed the problem of supply side-services. Specifically, in order to improve educational outcomes, the quality of schools and teachers need to be strengthened.
3. On health also, government should employ more medical personnel and re-train and retain the existing one, improve working conditions by investing more in health facilities and infrastructure. Also road networks need to be improving especially in rural areas in order to get access to these facilities.

4. Households in living in extreme poverty should be given a basic benefit, whether or not they include children.
5. An effective monitoring system need to be put in place verify beneficiaries compliance to the conditionality and adjusting transfers where possible.
6. In Nigeria the exit rule (i.e. graduation period) of beneficiaries of Conditional Cash Transfer (CCT) programme is one year. This policy is clearly in conflict with the supposed long –term human capital development objective. Therefore, beneficiary’s families should be supported through the education cycle, for example, through middle school or lower secondary school.
7. The fact that this study focuses on three local governments in rural areas, further researchers could productively focus on assessing the impact of Conditional Cash Transfer (CCT) programme in urban local government areas of the state.

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APPENDICES

APPENDIX A

BAYERO UNIVERSITY, KANO

FACULTY OF SOCIAL AND MANAGEMENT SCIENCES

DEPARTMENT OF POLITICAL SCIENCE

FOCUS GROUP QUESTIONS FOR BENEFICIARIES OF CONDITIONAL CASH TRANSFERS (CCTs) PROGRAMME

FOCUS GROUP INTRODUCTION

Good morning/evening and welcome to the session. Thanks for agreeing to be part of the focus group. My name is Jamilu Rabi'u and assisting me is Aisha Bala Iliyasu. We are both masters' students at Bayero University, Kano. The reason we are having this focus group discussion is to know your feelings and opinions about Conditional Cash Transfer (CCT) programme as a Poverty Reduction Strategy. You are invited because you have participated in the programme as beneficiaries. We need your input and want you to share your honest and open thoughts with us. There are no right or wrong answers but different point of view. Every person's experiences and opinions are important. Speak up whether you agree or disagree. What is said in this room stays here.

Please note that this session will be recorded to ensure we adequately capture your ideas during the conversation. Because people often say very helpful things in these discussions and we can't write fast enough to get them all down. However, the comments from the focus group will remain confidential and your name will not be attached to any comments you make. Do you have any questions before we begin?

Thank You.

FOCUS GROUP DISCUSSION (FGD) QUESTIONS

1. What are the reasons for the non-attendance of your child/children at schools and clinics?
2. How did the Conditional Cash Transfer (CCT) programme address the problem of non-attendance of your child/children at schools and clinics?
3. Conditional Cash Transfer program was attached to some conditionalities. What are those conditions?
4. If the Cash Transfer was Unconditional how would spend the money.
5. What are the problems encountered in meeting the conditions attached to the Cash Transfer?
6. How did the Conditional Cash Transfer help in reducing your current poverty?

Thank you so much for your time!

APPENDIX B

HOUSEHOLD BENEFICIARIES OF CONDITIONAL CASH TRANSFER (CCT) PROGRAMME IN BAGWAI, MINJIBIR AND GAYA LOCAL GOVERNMENT AREA, KANO STATE

BAGWAI LOCAL GOVERNMENT: KANO NORTH SENATORIAL DISTRICT.

S/N.	NAME OF HOUSEHOLD	SEX	WARD/COMMUNITY	NO. OF SCHOOL AGE CHILDREN IN THE HOUSEHOLD
1	Maryam Ibrahim	F	Bagwai	(3) Muhdammad, Mustapha and Aisha
2	Hafsat Idris Ya'u	F	Bagwai	(4) Abulmalik, Furera, Amina and Saratu
3	Hauwa Shuaibu	F	Bagwai	(2) Shamsu and Abdullahi
4	Yarmadina Salisu	F	Bagwai	(2) Usaini and Salisu
5	Rabi Muhammad	F	Bagwai	(4) Usmanz, Ahmed, Muzambilu and Asma'u
6	Aisha Sule	F	Gadanya	(4) Usaini, Yahanasu, Abubakar and Ali
7	Saude Sa'idu	F	Gadanya	(4) Inusa, Abdul, Safiya and Binta
8	Yahanasu Lawan	F	Gadanya	(5) Audu, Nura, Maryam, Ibrahim and Dalhatu
9	Harira Ya'u	F	Gadanya	(4) Isah, Alasan, Abdul'ziz and Ibrahim
10	Salamatu Usman	F	Gadanya	(5) Abdul, Zulai, Salima, Balaraba and Ado
11	Ladi Musa	F	Gogori	(6) Ibrahim, Gambo, Bilya, Mas'ud, Mariya and Sadiya

12	Zulai Rabi	F	Gogori	(2) Amina and Nana
13	Ladi Tela	F	Gogori	(3) Umami, Fadima and Karima
14	Yarba Sule	F	Gogori	(5) Maryam, Aisha, Naziru, Abba and Aminu
15	Usaina Abdulsalam	F	Gogori	(3) Yusuf, Lawan and Umami
16	Safiya Samaila	F	Sare-Sare	(4) Sule, Isah, Muntari and Jafaru
17	Abdullah Magaji	M	Sare-Sare	(5) Naziru, Nasiru, Rufai, Usamatu and Lurwan
18	Halima Ya'u	F	Sare-Sare	(4) Buhari, Danjuma, Gurgu and Naja'atu
19	Hashim Haladu	M	Sare-Sare	(5) Abdulmazid, Saifullahi, Shamsiya, Isyaku and Muhammad
20	Ladidi Abdulkarim	F	Sare-Sare	(5) Hadiza, Kabiru, Safara'u, Sule and Umami
21	Hauwa Ado	F	Rimin-Dako	(2) Habu and Mansura
22	Asma'u Umar	F	Rimin-Dako	(2) Murtala and Shehu
23	Ladi Bako	F	Rimin-Dako	(3) Abba, Aminu and Lantana
24	Ado Ango	M	Rimin-Dako	(3) Hassan, Dahiru and Habubakar
25	Furaira Sama'ila	M	Rimin-Dako	(3) Sama'ila, Mamman and Jibrin
26	Halima Abdussalam	F	Kwajali	(3) Hassan, Nura and Aliyu
27	Gaje Yusuf	F	Kwajali	(5) Marwiyya, Sabi'u, Bello, Nura Salisu
28	Yalwati Shehu	F	Kwajali	(3) Fiddausi, Abba and Umami
29	Hansatu Abdul	F	Kwajali	(3) Sale, Nura and Hauwa

30	Hauwa Na Fanna	F	Kwajali	(2) Tijjani Na Fanna
31	Rakiya Sha'ibu	F	Dangada	(3) Zainab, Asma'u and Ibrahim
32	Fatsima Idris	F	Dangada	(3) Safiyanu, Sunusi and Harira
33	Abdu Muhd Abbas	M	Dangada	(4) Amina, Isah, Huwaila and Sa'ade
34			Dangada	
35	Muhammad Sani	M	Dangada	(3) Idris, Rabi'u and Sale
36	Malam Sule Garba	M	Kiyawa	(5) Aisha, Saratu, Hadiza, Zahra'u and Hauwa
37	Idris Magaji Maskaya	M	Kiyawa	(5) Nuhu, Amadu, Hafsa, Ziyadatu and Rukayya
38	Lawan Afto	M	Kiyawa	(5) Abdulmalik, Mahitsa, Sadiya, Sabiu and Abba
39	Aisha Garba	F	Kiyawa	(5) Uzlifatu, Hindatu, Abbas, Nafisa and Rabi
40	Isyaku Maskaya	M	Kiyawa	(4) Ayuba, Halidu, Abba and Uzairu
41	Muazu Abubakar	M	Romo	(5) Habiba, Amina, Hafsa, Mubarak and Rakiya
42	Mu'azu Limamia	M	Romo	(4) Zulai, Fatima, Ashafa and Zuwaira
43	Tsalha Dambulele	M	Romo	(5) Ibrahim, Mustapha, Umma, Uzaifa and Danliti
44	Sama'ila Liman	M	Romo	(5) Ashafa, Hadiza, Abba, Ibrahim and Yahaya
45	Maijidda Salihu	F	Romo	(4) Bashir, Nana, Aisha and Halima
46	Alkasim Bawa	M	Wura Bagga	(3) Mustapha, Sa'adatu and Kubura
47	Mamuda Shai'bu	M	Wura Bagga	(5) Abdulrazaq, Sa'adatu, Hauwa'u, Bilkisu and yahaya
48	Abdu Haruna	M	Wura Bagga	(2) Yusuf and Ishiriya
49	Shai'bu Ibrahim	M	Wura Bagga	(5) Sabo, Sabiu, Abdulaziz, Saadatu and Talatu
50	Ali Isyaku	M	Wura Bagga	(4) Usman, Alhassan, Abba and Rakiya

MINJIBIR LOCAL GOVERNMENT: KANO CENTRAL SENATORIAL DISTRICT.

S/N0:	NAME OF HOUSEHOLD	SEX	WARD/COMMUNITY	NO: OF SCHOOL AGE CHILDREN IN THE HOUSEHOLD
1	Dahiru Wanzan	F	Agarandawa	(2) Usaiba and Maryama
2	Gambo Ubale	M	Agarandawa	(4) Jummai, Ado, Marakisiyya and Harira
3	Ibrahim Danyaro	M	Agarandawa	(4) Kamalu, Mudansiru, Miko and Wasila
4	Rabo Garba	M	Agarandawa	(2) Tijjani and Mustapha
5	Hindatu Uba	F	Agarandawa	(3) Ibrahim, Binta and Ya'u
6	Yahaya Ado	M	Damisawa	(1) Magaji
7	Nuhu Isa	M	Damisawa	(2) Isyaku and Ado
8	Tasi'u Gurgu	M	Damisawa	(1) Yusha'u
9	Armaya'u Mudi	M	Damisawa	(1) Usman
10	Abdullahi Habibu	M	Damisawa	(4) Ghali, Nura, Mansur and Ibrahim
11	Mariya Isyaku Mai Adashi	F	Kunya	(5) Ado, Naziru, Yahaya, Ishaq and Maryam
12	Malam Yaro Takarda	M	Kunya	(4) Anas, Mansur, Abubakar and Umar

13	Abu Muhd. Danbalangu	F	Kunya	(7) Fiddausi, Salisu, Mudansiru, Rashida, Sadiya, Saminu and Umma-salama
14	Habibu Sulaiman	M	Kunya	(2) Ashiru and Sulaimanu
15	Malam Umaru Chiko	M	Kunya	(2) Suwaiba and Sani
16	Malam Ibrahim Godi	M	Kankarawa	(2) Dahiru and idi
17	Sani Kwatogo	M	Kankarawa	(1) Abdulkadir
18	Sa'idu Sani	M	Kankarawa	(2) Salisu and Kamisu
19	Tabawa Ali	F	Kankarawa	(2) Safiyanu and Rabi
20	Talatu Sabo	F	Kankarawa	(1) Ibrahim
21	Shehu Na Shehu	M	Minjibir	(5) Sadiya, Inuwa, Nafiu, Fiddusi and Mu'azu
22	Sani Ilu	M	Minjibir	(4) Hadiza, Murja, Maryam and Auwal
23	Yusif Mai Hula	M	Minjibir	(2) Hadiza and Maryam
24	Zuwaira Yahaya Tofa	F	Minjibir	(3) Bint, Tijjani and Umma
25	Shuai'bu Alasan Yan Zaki	M	Minjibir	(3) Auwalu, Maryam and Garba

26	Auwalu Alasan	M	Magarawa	(2) Ashafa and Alasan
27	Amadu Umaru	M	Magarawa	(1) Muhammad
28	Ibrahim Isyaku	M	Magarawa	(2) Isyaku and Murtala
29	Bello Hashim	M	Magarawa	(1) Garba
30	Dahiru Manu	M	Magarawa	(1) Tijjani
31	Abdullahi Jibrin Juji	M	Sarbi	(2) Inusa and Nura
32	Yahaya Mati	M	Sarbi	(2) Tasi'u and Maryam
33	Halliru Yahaya	M	Sarbi	(1) Bashariyya
34	Ramatu Ado	F	Sarbi	(2) Abubakar and Zahra'u
35	Binta Abdullahi	F	Sarbi	(2) Surajo and Ibrahim
36	Yakubu Sa'adu	M	Sambauna	(4) Ado, Abba, Mu'alle and Sama'ila
37	Lawan Muhammad	M	Sambauna	(5) Abba, Maimuna, Amadu, Ibrahim and Musa
38	Sale Abdu	M	Sambauna	(2) Buhari and Idris
39	Ali Abdu	M	Sambauna	(4) Isa, Ado, Yahaya and Abubakar
40	A'isha Haladu	F	Sambauna	(4) Gambo, Abdu, Isya and Ummi

41	Hamza Abdullahi	M	Zango	(3) Habibu, Munzali and Ali
42	Yahaya Abdullahi	M	Zango	(3) Amadu, Ibrahim and Naziru
43	Cibi Ya'u	F	Zango	(1) Uzairu
44	Tasi'u Sabitu	M	Zango	(2) Yusufu and Auwalu
45	Abu Ya'u	F	Zango	(2) Umaru and Sa'idu
46	Dan'azumi Ammani	M	Zabainawar Inusa	(3) Munniru, Tasi'u and Rufa'i
47	Haruna Shehu Atillo	M	Zabainawar Inusa	(2) Hassan and Husaini
48	Iliya Gurgu	M	Zabainawar Inusa	(2) Lawan and Salisu
49	Sale Umar Rigidi	M	Zabainawar Inusa	(2) Shafi'u and Zakari
50	Ramatu Idi	F	Zabainawar Inusa	(3) Abubakar, Tasi'u and Aminu

GAYA LOCAL GOVERNMENT: KANO SOUTH SENATORIAL DISTRICT.

S/N0:	NAME OF HOUSEHOLD	SEX	WARD/COMMUNITY	NO: OF SCHOOL AGE CHILDREN IN THE HOUSEHOLD
1	Hajara Abdullahi	F	Gamarya	(2) Lauratu, and Fatimatu
2	Audu Iliya	M	Gamarya	(4) Hindatu, Abba, Umar and Ishaq
3	Sa'idu Usman	M	Gamarya	(2) Hassana and Amadu
4	Hadiza Isma'il	F	Gamarya	(4) Maryam, Bala, Hafsa and Ibrahim
5	Mohammed Dangana	M	Gamarya	(1) Binta
6	Tabawa A. Sani	F	Shagogo	(3) Ayuba, Idris and Fatima
7	Tiya Idi	F	Shagogo	(4) Rukayya, Umar, Maryam and Maimuna
8	Talatu Ubale	F	Shagogo	(3) Dahiru, Musa and Muhammad
9	Maimuna Usain	F	Shagogo	(2) Kabiru and Yahaya
10	Hauwa'u Aliyu	F	Shagogo	(1) Hafsa
11	Hauwa Sani	F	Kademi	(3) Auwalu, Binta and Yusuf
12	Marka Usaini	F	Kademi	(2) Asma'u, Salmanu
13	Hadiza Danladi	F	Kademi	(4) Ladidi, Danjuma, Hindatu and

				Maryam
14	Gaji Usaini	F	Kademi	(3) Muntari, Hafizu and Ummi
15	Kande Isa Gunda	F	Kademi	(2) Jibrin, and Aisha
16	Binta Yusuf	F	Gamoji	(3) Zahra'u, Samaila, Adamu
17	Umma Yusuf	F	Gamoji	(1) Maryam
18	Hadiza Ado	F	Gamoji	(5) Hadiza, Fatima, Sadiya, Aminu and Abubakar
19	Hama Haruna	F	Gamoji	(2) Faruk, and Haladu
20	Jallo Bayero	F	Gamoji	(3) Sunusi, Ibrahim and Asmau
21	Shafa'atu Abdul'rauf	F	Gaya Kudu	(3) Abdullahi, Yakubu, and Hauwa
22	Yarbaba Magaj	F	Gaya Kudu	(5) Sani, Tijjani, Ahmad, Aisha and Usama
23	Rakiya Haruna	F	Gaya Kudu	(2) Halilu and Kadija
24	Talatuwa Mustapha	F	Gaya Kudu	(3) Fatima, Aminu and Bashir
25	Usaini Abbas	M	Gaya Kudu	(2) Farida and Sani
26	Tabawa Guda	F	Gaya Arewa	(5) Usama, Badaru, Ali, Usaibatu and Zahrau
27	Talatu Sallau	F	Gaya Arewa	(2) Kabiru and Usman

28	Asma'u Saleh	F	Gaya Arewa	(4) Muhd.Inuwa, Bello and Habibu
29	Zannu Salmanu	F	Gaya Arewa	(3) Isa, Garzali and Hajara
30	Binta Faruk	F	Gaya Arewa	(4) Murtala, Hindatu, Saddiqa, and Hauwa
31	Yabi Abdu	F	Kazurawa	(3) Shehu, Abdullahi and Aisha
32	Yusuf Ibrahim	M	Kazurawa	(4) Hadiza, Zainab, Farida and Abba
33	Iliyasu Muhammad	M	Kazurawa	(2) Safiyanu and Idris
34	Ibrahim Salisu	M	Kazurawa	(3) Dahiru, Ibrahim and Aisha
35	Adamu Bala	M	Kazurawa	(3) Muhd., Zahradini, and Samaila
36	Mallam Abba	M	Balan	(2) Bashir and Hafsa
37	Abdu Balan	M	Balan	(3) Saidu, Hamza, and Maryam
38	Danladi Bage	M	Balan	(3) Balarabe, Nusaiba, and Umar
39	Haruna Balan	M	Balan	(3) Musa, Haiza and Abdullahi
40	Sha'aibu Miga	M	Balan	(4) Rukaya, Ibeahim, Habiba and Hafsa
41	Tabawa Umar	F	Maimakawa	(2) Muhd., and Nafisa

42	Hauw Sule	F	Maimakawa	(2) Sunusi, and Yahaya
43	Mairamu Tsoho	F	Maimakawa	(3) Jafaru, Surajo and Bello
44	Tatsuma Sabo	F	Maimakawa	(5) Saadatu, Ummi, Sahura, Amina and Amira
45	Taliya Isyaku	M	Maimakawa	(2) Murtala, isyaku
46	Magajiya Rabi	F	Wudilawa	(3) Ado, Mustapha and Salma
47	Binta Amadu	F	Wudilawa	(3) Kbiru, Yahuza and Lawan
48	Hannatu Ya'u	F	Wudilawa	(2) Sani, and Haruna
49	Hajara Ibrahim	F	Wudilawa	(3) Hindatu, Nasiru and Nusaiba
50	Hansatu Iliyasu	F	Wudilawa	(3) Abdulbasi, Jibrin and Najib