# CONDITIONAL CASH TRANSFER PROGRAM AS A STRATEGY FOR POVERTY ALLEVIATION IN KANO STATE NIGERIA

**BY**

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**DECLARATION**

I declare that the work in this Thesis entitled "Conditional Cash Transfer Program as a Strategy for Poverty Alleviation in Kano State Nigeria" has been carried out by me in the Department of Economics, Faculty of Social Sciences, Ahmadu Bello University, Zaria. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this Thesis was previously presented for another degree or diploma at this or any other institution.

Umar Yunusa SA'ID _____ _____

Signature Date

**CERTIFICATION**

This thesis entitled, Conditional Cash Transfer Program as a Strategy For Poverty Alleviation In Kano State Nigeria by Umar Yunusa Sa'id meets the regulations governing the award of the degree of M.Sc Economics of the Ahmadu Bello University, and is approved for its contribution to knowledge and literacy presentation.

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**DEDICATION**

This work is dedicated to my parents Alhaji Saidu Umar and late mother Hajiya Gambo Saidu for their immense contributions to my academic carrier.May her soul rest in peace. Amin.

**ACKNOWLEDGEMENTS**

In the name of Allah, the beneficent, and the merciful; all praises be to Allah, Master of the Day of Judgment. It is pertinent to start by expressing my gratitude to Almighty Allah for granting me the opportunity to complete this study successfully. I also commend the efforts of my supervisors; Prof. Peter Njiforti and Dr. Salamatu I. Isah for moulding and shaping the study to the right direction.

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**ABSTRACT**

*The study analyses the effect of Conditional Cash Transfer (CCT) program on poverty alleviation in Kano state with specific focus on school enrollment outcome, health attendance, poverty reduction and the challenges of the CCT program in the study area. The stratified sampling technique was used to determine the specific local government to be drawn from each senatorial zone. A total of 175 beneficiaries were selected out of 4500 beneficiaries using Yamane's formula for determining sample size. The study used structured questionnaire techniques of data collection. The data were analyzed using both descriptive and inferential statistical techniques. The result of the descriptive analysis was presented in frequency distribution tables and percentages; while the results of inferential analysis were estimated using chi-square test and probit regression model. The major findings of the study show; that CCT program has improved on school enrollment in the sampled communities as well as registration to health clinics. With respect to factors influencing parents attitudes to send their children to school such as parents educational background, occupation of the households heads, distance from dwellings to school, both the chi square and the probit model coefficients are not statically significant at 5%, meaning that those factors had no influence. Rather parents patronize the CCT because of the sensitization campaign of the program and awareness created by other agencies such as UNICEF,UNESCO on the importance of children education. It was also found that, the sampled household heads had strong perception that CCT program could serve as a strategy for poverty alleviation, because they believed that education of the child would expose the child to future better economic opportunities. Based on these findings, the major recommendations made by the study are, that the conditional cash transfer program should be replicated in other local governments in the state, since it has improved school enrollment and registration in health clinics. In addition, the program should be fully implemented as designed, since it is line with the MDGs program, it will achieve the desired objectives. Monitoring and evaluation of both the staff, beneficiaries and the schools and the primary clinic involved in the implementation of the program should be carried out from time to time for efficient outcome, and that the time frame of the beneficiaries should extend beyond the normal two years for more desirable outcome.*

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## LIST OF ABBREVIATIONS AND ACRONYMS

Conditional Cash Transfer Program (CCTP)

United Nations International Children Educational Fund (UNICEF)

Department for International Development (DFID)

National Directorate of Employment (NDE)

National Primary Health Care Development Agency (NPHCDA)

National Insurance Corporation of Nigeria (NICON)

The Universal Basis Education (UBE)

The Federal Agricultural Coordinating Unit (FACU),

The Agricultural Projects Monitoring and Evaluation Unit (APMEU)

National Poverty Eradication Program (NAPEP)

Education Sector Support Program in Nigeria (ESSPIN),

Education Strategy Plan (ESP)

World Bank (WB)

United Nation Development Programme (UNDP)

Human Development Index (HDI)

International Comparison Program (ICP)

Petroleum Trust Fund (PTF)

Petroleum Technology Development Fund (PTDF)

Community Banking (CB)

Micro Finance Banking (MFB)

Micro Finance Institutions (MFLs)

National Poverty Eradication Program (NAPEP)

Agricultural Cooperative and Rural Development Bank (NACRDB)

Nigeria Agricultural and Cooperative Bank (NACB)

People Bank of Nigeria (PBN)

The Family Economic Advancement Program (FEAP);

# CHAPTER ONE

## 1.1 INTRODUCTION

Poverty is an old age concept in economic literature. This concept has inundated the economic political and social climates in Nigeria. The hydra headed Munster has been tackled by various Nigerian governments; Conditional Cash Transfers' (CCT) is one of those strategies' employed in recent time. The conditional cash transfer program (CCTP) is a recent development in poverty alleviation strategy by the Nigerian government. It is a program that gives cash incentive to parents to send their children to school. The program was first initiated in Mexico in 1997 when they realized the essence of building human capital for economic growth and breaking poverty circle. Nigeria developed its own version of the Conditional Cash Transfer called 'Project Comfort' in 2007. The project was first initiated in three states Kano, Bauchi and Katsina, as a pilot to encourage enrollment in most impoverished, with the support of the Department for International Development (DFID), United Nations International Children Educational Fund (UNICEF) and the World Bank also have CCTs designed specifically to improve enrolment of children within the universal basic education (Holmes et al., 2011,).

The poverty rate in Nigeria has doubled over the past two decades despite strong economic growth: at 69% with a total population of over 170 million out of which 70% as extremely poor and above 60% of the population are below 18 years (World Bank Report, 2014). The distribution is disproportionate given the nature of this percentage, it is significant to incorporate this people into social welfare system that would bridge the gap and reduce the extent of inequality accessibility and availability of some of the basic needs like education, health and

housing. Therefore CCT is seen as a project that would encourage poor household to send their kids to school in other to enhance the enrolment rate and reduce mortality rate in the process.

Prior to pilot take off in the CCT program in 2009, Kano State recorded poverty rate of 61.26% in 2004 and this rose to 72.3% in 2010 with non-poor (above poverty line) of 27.3% compared to Lagos and Abuja with 59.2% and 59.9% respectively (NBS Nigeria, 2012). Evidence from Kano state health statistical data in 2014 shows that mortality rate was estimated to be 1,025/100,000. This figure appears to be considerably high for a developing nation. Consequently, to close the rank between mortality and poverty rate, the state government introduces the CCT program because of the health component so as to reduce the motility rate in the state. An intuition that may likely suffice as self-evidence is that State with high poverty incident may tend to be associated with high mortality rate. For instance, based on World Bank (2014) survey on mortality in Nigeria's under-five mortality rate is among the highest in the world (ranked 18$^{th}$ out of 193 countries). This suggests that there could be some possible link between high cost of health care and low utilization of medical services which may have been exacerbated by the crisis of diminishing purchasing power in some cases this may even lead to inability to pay for increasing drug and cost of treatment. Meanwhile, indirect and direct costs of schooling may be contributing to low educational attainment, with net attendance at primary school at 62.1% National Population Commission (NPC, 2008).

Evidence from National Literacy Survey (2010) shows overall adult literacy rate was 71.6 % and youth literacy rate in any language was 85.6%, out of which 28.4% are non literate adult and 14.4% are non literate youth. Among the adult literacy male share accounted for about 79.3% while that of the female was 63.7% respectively. Unfortunately, majority of Nigeria's

non-literate population are found to be based in the northern region of the country because educational awareness appears to be less compared with other part of the country. There is a belief that majority of these illiterates could be inhabitant of the rural areas. The Northern part of the country tends to have more of its population being poor, for instance, states like Jigawa is considered as the poorest among the North West state with 87% poverty incidence. Typical characteristics of the poor are high illiteracy rate, as well as high mortality rate especially among children below the age of five. Poverty Incidence by State (PIS 2009)

The indices from Annual Abstract of Statistics (2012) shows that a cross-section of the population in Kano state have more share of non-educated population as poor compared to the educated population .The statistic reveals that 68.7% of the total non-educated population remain poor while only 50% of educated population was recorded as being poor . This shows that lack of education in Kano state accounts for more poverty with about 18.7%.

Existing literatures shows that there is a strong nexus between poverty and level of education on the one hand and the level of education and culture/ tradition. For instance People or households with low level of education are generally assumed to be poor. The low level of education may be a function of the cultural background of the individual. A more vibrant poverty alleviation strategy especially in situations where cultural factors played a role in understanding the relationship between poverty, education and culture, one of such program adopted by the Nigerian government is the Conditional Cash Transfer Program (CCT). It is a program that gives cash incentive to parent to send their children to school and register them with a health clinic.

The North West states which Kano state is a part are increasingly responding to the Education Sector Support Program in Nigeria (ESSPIN), one of such program in recent time is the conditional cash transfer (CCT).The CCT is a poverty alleviation strategy initiated to understand some cultural factors that play a vital role in understanding relationship between education and culture and how these factor can be arrested to ensure high school enrolment, accessibility and utilization of health care facilities as well as indirectly reducing poverty among group of individuals and households is an intervention program in which state are actively involved by ensuring that the less privileged children get access to Education and healthcare. Kano state in particular is actively involved in this program.

Statistics has shown that in 2004 over 60% of individual in Kano state lived below poverty level, the state is classified as one of the poorest state in Nigeria. This could be attributed to limited access to quality education provision but also limit the domestic resources available to Kano for education development. This result is based on Kano State and its LGAs regarding federal government funding. Funding formulas used to allocate federal resources across states result in a very low allocation to Kano State and its LGAs. Coupled with the limited availability of internally generated revenue this has a significant impact on the quantity and quality of education services that Kano State has been able to provide. The Education Strategy Plan (ESP) proposal in 2009-2018

With the CCT currently going on in Kano state, it is significant to investigate and evaluate the impact of the program on poverty through it link with school enrolment, and other key expected outcome of the project in a socio-cultural environment such as Kano- state.

### 1.2 Statement of the Research Problem

The problem of poverty is an intricate one, a serious concern to most governments in developing countries. Indices of poverty manifest in the form of low per capita income; malnutrition, high mortality rate and morbidity especially for children below five years, low literacy rate etc. Nigeria the number $6^{th}$ and $8^{th}$ in gas reserves in the world, yet the country is still struggling to sustain growth and improve the lives of its citizens. Even though growth has averaged 6% since 2004 to 2015, yet population living below 2% remain above 80% with only 48% of Nigeria as being access to electricity in 2010, Unemployment rate was estmated 24% in 2013, (World Bank Development Indicators,2015)

Kano State is one of the states in Nigeria with high incidence of poverty. It was estimated in 2009 to be 71.4%. Only about 30% of children within the school age actually attend school, and the enrollment distribution is disproportionate for boys and girls (PIS).The low level of enrolment rate and high poverty level is not peculiar to Kano state alone, and many studies have found out that there is a strong nexus between poverty, level of education and literacy rate level in Nigeria. For example literacy rate in Nigeria shows an unequal distribution among gender, age group, region etc .The adult literacy rate in Nigeria shows that the Northern part of the country's has the least compared to the other region, it was estimated to be North West 70.1%, North East with 62.8%, North Central 61.9%, South South 75.4, South West 77.9 , South East75.1% respectively, bearing in mind that North West has seven state and South East has five state. Unfortunately, majority of Nigerian illiterate population are based in the northern part of the country. There is little or no doubt that majority of these illiterates are females (NBS 2010).

**Comment [UL1]:** what is the full meaning of this

There is higher level of girls' enrolment in schools and higher number of learned women from the south than in the north as that could be authenticated if one looks at our institutions of learning and places of work where the women of southern extraction are engaged in different careers. Of the states in the north, Zamfara, Katsina, Kebbi, Sokoto, Jigawa, Bauchi, Adamawa and Borno states are said to have more illiterate women compared to the other states in the same region (tolulope 2013)

Poverty is important in determining both school attendance and learning outcome and as well correlated with socio-economic status of student households; poor children tend to have lower levels of literacy and numeracy compared to their non-poor counterparts. This also affects gender imbalance which is higher in poor households where decisions on schooling tend to exclude some children in the household Education Support Program (ESP).

Kano state is one of the states whose government has put so much effort to ensure increase in school enrollment and health attendance as a means of alleviating poverty. Using the CCT poverty alleviation program has been policy discourse globally and assessment of such program has also been a means of assessing the progress made so far in achieving or improving the social wellbeing of citizen this program set to target. The evaluation outcome have always been used by successive government to draw policy framework on how to empowered or drawing new policy framework from the reviewed past policy. Thus, this study intend to investigate and examine the impact of the CCT project on school enrollment and health attendance, and the perception of CCT program on poverty reduction in Kano state.

### 1.3 Research Questions.

The issues of poverty and poverty alleviation programs have become major policy discourse globally. To this extent the research work has generated a set of questions which would guide this work. The questions include;

**a)** What are the socioeconomic characteristics of the sampled household head in the selected communities?

**b)** To what extent has CCT program improved on school enrollment and health attendance of children of the sampled communities?

**c)** What is the perception of the sampled household heads toward CCT program in poverty reduction?

**d)** What are the challenges of Conditional Cash Transfer Program in the study location?

### 1.4 Objectives of the Study

The main objective of this study is to examine the impact of Conditional Cash Transfer as a short run poverty reduction strategy and long run human capital investment on poor families in Kano state Nigeria. The specific objectives include the following:

a) To evaluate the socioeconomic characteristics of the sampled household heads in the selected communities.

b) To evaluate the extent to which CCT program can improve on school enrollment and health attendance of children of the sampled communities.

c) To examine the perceptions of the sampled household heads toward CCT program in poverty reduction.

d) To identity the challenges associated with the conditional cash transfer in the study location.

**1.5 Statement of Research Hypotheses**

The main and specific objectives of this study have been specified in the preceding section. The associated research hypotheses are as follow:

(a) Ho: Conditional Cash Transfer has not improved school enrolment, attendance and health status of the children in the study area.

(b) Ho: that the conditional cash transfer will not guarantee poverty alleviation in the study area.

**1.6 Significance of the Study**

The motivation behind this study is that Poverty is pervasive in our economy, particularly in the Northern part of the countries where the socio-economic consequences such as street begging, low enrollment rate, primary and secondary school dropout is prevalent, despite attempts to alleviate it by federal, and state governments have not yielded the desired results. Evidence from National Literacy Survey(2010) shows that, about 1.5 million children of primary school age were not attending any school. The number represents 8.1% of the population of children 6-14 years of age. Most likely the northern part of the country will have more dropout than any part of the country because of low level of educational awareness.

The outcome of the study will serve as road map for other state that are yet to adopt the CCT program. Also because this is an impact study, the findings will provide a fair picture of the performance of the CCT program among the pilot states. Similarly this work will be beneficial for reference material for further studies in the academic environment. In addition the study seek

to know the extent of the success and the weakness of the program, because there have been various poverty intervention programs initiated by the past and present government to alleviate poverty in Nigeria most of the program do not yield the required result due to the gap in the socio and cultural background and as well the level of education among the populace. This has resulted to low level of literacy which partly account for low level of development in Nigeria. CCT program has integrated these variables in to consideration; the study will evaluate the role of these variables in poverty reduction in Kano state.

**1.7 Scope and Limitation of the Study**

The study is situated in Kano and four local government areas were selected using stratify sampling technique from conditional cash transfer program, whereby each of the three senatorial districts was represented. The metropolitan Kano was represented with two local governments, from 2009 to 2015. The justification for drawing two local government areas from the urban Kano was based on the large share of the population residing within the urban area and also due to the increasing surge in population in the urban center from the rural areas. Similarly the assumption guiding the movement into the urban centers from the rural areas is the search for sustenance and the need to escape from the prevailing incidence of poverty among other things. Therefore this study considers a section of this population important.

Furthermore the scope of study was informed by the fact that the program was conceive in Nigeria in 2007 but became operationalized in 2009. Therefore the study period covers 2010-2014. The choice of Kano state was based on the effort of the former governor Rabiu Musa

Kwankwaso to fulfill his campaign promises of poverty alleviation which was shown by its commitment to programs.

The study like many other research work has its own limitation. One of such limitation is the unavailability of adequate secondary data which compels the need for primary data generation through the use of structured questionnaire. It is important to note that the perceptions of the respondents and their responses may be subjective as some of them are ignorance of the concept of the program (CCT) and in some case the respondent are biased in their responses. As such this subjectivity could undermine the accuracy in measurement of some variables of interest. Similarly the sample of one hundred and seventy five out of four thousand five beneficiaries was drawn. This is due to limited time frame and financial constrain at our disposal to conduct the field survey. Thus, the conclusion drawn from this study may be influence by these factors.

### 1.8 Structure of the Work

This work is divided into five chapters, chapter one consist of the introduction, statement of the research problem, research questions, objective of the study, statement of research hypotheses, significant of the study and scope and limitation of the study. Chapter two the literature review, which comprises of conceptual, theoretical and empirical literature. Chapter three, comprises of background of the study, conceptual framework, population of the study, sampling techniques and sample size, collection and source of data and analytical techniques. chapter four consist of socio-economic characteristics of CCT beneficiaries, education and health status of the beneficiaries, CCT and school related information, perception on CCT and poverty,

crosstabulations, challenges of CCT in Kano state, and econometric analysis. chapter five summary, conclusion and recommendation.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Conceptual Literature

### 2.1.1 Conditional Cash Transfer (CCT)

Conditional cash transfers (CCTs) are programs that transfer cash, generally to poor households, on the condition that those households make pre-specified investments in the human capital of their children. Conditional cash transfer (CCT) programs are aimed to reduce poverty by making welfare programs conditional upon the receivers' actions. The government (or a charity) only transfers the money to persons who meet certain criteria. These criteria may include enrolling children into public schools, getting regular check-ups at the clinic, receiving vaccinations, and so on. CCTs are unique in seeking to help the current generation in poverty, as well as breaking the cycle of poverty for the next through the development of human capital. Health and nutritional conditions generally require periodic checkups, growth monitoring, and vaccinations for children less than 5 years of age; prenatal care for mothers and attendance by mothers at periodic health information talks. Education conditions usually include enrolment rate, scores in Mathematics English and pedagogical skills of the child. CCT programs may transfer the money to the mother of the household or to the student in some circumstances (fiszbein et al 2009).

### 2.1.2 Forms of Conditional Cash Transfer (CCT), some of which are;

**a) Bolsa Família**

Brazil was the first country in Latin America to implement conditional cash transfer (CCT) programs called **Bolsa Família** (Portuguese pronunciation: [□ bowsɐ fa□ milɨɐ ],which means Family Allowance. The program started in October 2003 as a social welfare program of the Brazilian government, part of the Fome Zero network of federal assistance programs targeting the poor families with a monthly per capita income of less than R$100 (USS 40), and must be registered in unified roll (Cadastro Unico). The condition attached to the program involve 85% attendance in school as well as updated immunization cards for a child between the age of 0-6 years old with regular visit to health centers for breast feeding or pregnant woman.

The program broad objective are; i) reduce short-term poverty by direct cash transfers, and ii) fight a long-term poverty by increasing human capital among the poor in the process of cash transfer. Other key focus is to give free education to children who cannot afford to go to school, thus stressing the importance of education as a source of archiving human capital development. Bolsa Familia is currently the largest conditional cash transfer program in the world, though, the Mexican program Oportunidades was the first nation-wide program of this kind. The Bolsa Familia program has been mentioned as one factor contributing to the reduction of poverty in Brazil, which fell 27.7% during the first term in president Lula administration.

Certain sectors of the Brazilian society, both among the conservatives and the progressives, as well as the Catholic Church, oppose the concept of money transfers to the poor, it was assumed

that people with less education would not use their money wisely. This is the major weakness of the program.

**b) Oportunidades/ Progresa**

This program Oportunidades which means opportunities (Now rebranded as Progresa) was established in 1997 by the government of Mexico, implemented as an integrated approach to poverty alleviation through the development of human capital. PROGRESA was demonstrated to be a successful human development program and has consequently became a template for other poverty alleviation strategies in Central and South American countries. PROGRESA adopted an unusual approach that may have been important to its success. The program emphasizes on three key issues;

i. Education through human development building.
ii. Health
iii. Nutrition

The objectives of the educational component were to improve the school enrollment, attendance, and educational performance of children in targeted households. To achieve these objectives PROGRESA applied four mechanisms:

i. a system of educational grants;
ii. . monetary support for acquisition of school materials;
iii. strengthening of the supply and quality of educational services; and

iv Cultivation of parental responsibility for and appreciation of the advantages stemming from their children's education (Skoufias 2005). Key features of Oportunidades include;

i. Conditional Cash Transfer (CCT) - To encourage co-responsibility, receipt of aid is dependent on family compliance with program requirements, such as ensuring children attend school and family members receive preventative health care.
ii. "Rights holders" - Program recipients are mothers, the caregiver directly responsible for children and family health decisions.
iii. Cash payments are made from the government directly to families to decrease overhead and corruption.
iv. A system of evaluation and statistical controls to ensure effectiveness.
v. Rigorous selection of recipients based on geographical and socioeconomic factors.
vi. Program requirements target measures considered most likely to lift families out of poverty, focusing on health, nutrition and children's education.

The program, enabled the poorest citizens to take responsibility for their own health and education decisions. The program corrects some of the problems seen in other Mexican poverty and food insecurity alleviation programs, which was inefficient in terms of outcome and result.

The educational grants were used to encourage parents to send their children to school, with higher transfers for secondary-school students.

Despite its success, the program failed due to lack of community participation in identification of beneficiaries. However, the allocation of funding helped to limit the opportunities for corruption at the local level, which has traditionally been a problem with such government-

funded programs that is “top down” approach. Also officials in related structures such as the Ministry of Health and Education were not provided with the appropriate incentives to channel their work towards Progresa-Oportunidades that is (Problem of fund).

**c) Colombia Familias en Acción**

The program was establishes in 2000 in Colombia to mitigate the macroeconomic shocks which had particularly adverse impacts on poor households, as percentage of individuals falling below the national poverty line was rising, coupled with declining levels of school attendance and nutritional intake among poorer households. The overall objectives of the program were:

i. to complement the income of extremely poor families with young children;
ii. to reduce non-attendance and drop-out rates among primary and high-school students;
iii. to increase health care provision to children younger than 7 years old;
iv. to improve health care practices in nutrition and early educational development

The program provides grants of between US$5 and US$17 per month to poor households with children, on the condition that children aged less than 7years old are expected to attend medical check-ups, and that children aged between 7 and 18 years are to attend not less than 80% of school classes during the school year. It has currently reached approximately 400,000 households (5% of the population) in 700 municipalities (out of a total of 1,060). In recent time the program *Familias en Acción* was implemented in 631 municipalities, covering 58 percent of all low-density areas, and benefited nearly 1 million children in 340,000 families.

**d) Pantawid Pamilyang Pilipino Program (4Ps)**

Pilipino Program also known as **(4Ps)** is a poverty reduction strategy that provides grants to extremely poor households to improve their health, nutrition and education particularly families within the aged of 0-14. The program provides incentives for poor families to invest in their future by ensuring that mothers and children can avail the free healthcare as well as the free education for children. Given this objective, the program is seen as human development program that invests in the health and education of children. It aims to provide monetary aid to poor beneficiaries with the hope that these investments in human capital would lessen the great financial constraint among the haves and the have not.

The key of objective of the Pilipino Programs are;

i. Eradicate extreme poverty and hunger
ii. Achieve Universal Primary Education
iii. Promote gender equality and empower women
iv. Reduce child mortality, and
v. Improve maternal health and to promote Department's commitment to United Nations' Convention on the Rights of Children.

The above programs discussed have virtually the same features which aim at short run poverty alleviation and long run human capital formation, and also were in line with MDGs Goals. Even though that of the pilipino program gives more emphasis on gender equality.

### 2.1.2 Poverty

Poverty is a situation of lack of basic necessities of life including basic food, shelter, medical care and safety. It is acknowledged that poverty is an outcome with various dimensions including social, political and economic. According to Hazel and Haddad (2001), poverty consists of two interacting deprivations: physiological and social. Physiological deprivation is a state of individual's inability to meet basic material and physiological needs resulting from lack of income. Social deprivation refers to an absence of elements that are empowering such as autonomy, time, information dignity and self-esteem. In a more general term that allows international comparison, poverty can be seen as a statistical measure that indicates the annual income for a family to survive. This is commonly known as "poverty line". Poverty can be described as the level of deprivation that encompasses shortfalls or inadequacies in basic human needs, which prevents people from achieving internationally acceptable levels of well-being (Sengul and Tuncer, 2005).

Poverty as a concept can be seen as the absence or lack of basic entitlements. These entitlements include economic, political, and socio-cultural. Poverty emerges from the lack or absence of financial and physical necessities of creating a suitable environment for sustainable living standard and from the disparities and inequalities in access to, control of, and benefits from economic, social and political resources (Okoroafor and Nwadiaro, 2011). World Bank (2001), states that "Poverty can be regarded as the denial of individual from making a choices and opportunities, a violation of human dignity. Todaro and Smith (2011) states that the poor are widely perceived to be unable to feed adequately, lack asset and are indebted, live in an inadequate and unhygienic environment, they lack access to medical facilities, water and other

basic services, they mostly indulge in alcoholism, drugs abuse, domestic violence they are physically handicapped and indolence. Ajayi (2006) as cited by Sanyal (1991) and Schubert (1994) saw poverty as either absolute or relative or both. Absolute poverty is that which could be applied at all times in all societies such as the level of income necessary for bare subsistence. In absolute Poverty Productivity is low; the GDP per capita is less than the amount. People in absolute poverty suffer from a lack of sufficient resources to provide for their daily requirements. Aliyu (2003) explained absolute poverty as "the condition where an individual or group of people are unable to satisfy their basic requirements for human survival in terms of education, health, housing, feeding employment, transportation, etc. Todaro and smith (2011) see absolute poverty as a situation of being unable or only barely able to meet the subsistence essentials of food, clothing and shelter. In contrast to this views Relative poverty "as a situation In consideration of the several empirical surveys undertaken by World Bank (WB), United Nation Development Programme (UNDP), Human Development Index (HDI) and International Comparison Program(ICP) three forms of 'poverty line' have been determined. These are relative poverty line, absolute poverty line and poverty line based on US $1 a day, (World Bank, 1999-2005; UNDP, 2001; International Comparison Program, 2005). Ultimately a poverty line refers to the expenditure level below which a households cannot attain sufficient calories (basic energy requirement), even if they spend all their money on food.

Relative poverty can be related to poverty in the UK today we rarely mean malnutrition or the levels of squalor of previous centuries or even the hardships of the 1930s before the advent of the welfare state. It is a relative concept. 'Poor' people are those who are considerably worse off than the majority of the population – a level of deprivation heavily out of line with the general

living standards enjoyed by the majority of the population in one of the most affluent countries in the world. Professor Peter Townsend, a leading authority on UK poverty, defines relative poverty as when someone's "resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities". (Reporting poverty in the UK)

### 2.1.3 Child Poverty

Child poverty is the poverty experienced during childhood by children and young people. It differs from adult poverty be because it is effects, and the impact on poverty during childhood has permanent effects on children (CHIP, 2004; UNDP, 2004). This may be attributed to the dead of parents or absent of one or two of the parents, or went the parents cannot meet up with their basic necessities it will expose child to be vulnerable in the society. This deprivation can deter long term growth. UNICEF (2005) defined child poverty as Children whose parents could not have access to resources for survival and deprivation of spiritual and parental care that will not able them develop and thrive, leaving them unable to enjoy their rights to achieve their full potential or participate as full and equal members of society "This definition suggests that the poverty children experience with their hands, minds and hearts is correlated (UNICEF, 2005b). For example, child whose parents are poor may faces insufficient food which may translate to malnutrition, which in turn affects health and education, which in turn may impact a child's long term development. Furthermore, to address the lack of financial resources, children from poor households may be engaged in child labor which may negatively impact a child's cognitive and physical development by depriving the child from school. Contrarily to children in rich

households may not be free of suffering from deprivation. “Living in an environment that provides little stimulation or emotional support to children can remove much of the positive effect of growing up in a materially rich household” (UNICEF, 2005b)

### 2.1.4 Vicious Circle of Poverty

Bradshaw (2006) argued that individual can be poor due to the followings;

a) individual deficiencies,
b) cultural belief systems that support subcultures in poverty,
c) political-economic distortions
d) geographical disparities or
e) Cumulative and circumstantial origins.

The poverty cycle in other word is called *"development trap"* when it is applied to countries it means that is to say poor man is poor because he is poor or a country is underdeveloped because it is underdeveloped. The vicious cycle of poverty is a kind of curse which is feared by individuals and countries because it is said that an individual/country is poor because it is poor. The theory states that there are circular relationships known as the “vicious cycle of poverty” that tend to perpetuate the low level of development in less developed countries (LDCs). The trajectory is that poverty is caused by low income. Low income engenders low savings and this in turn leads to low investment. The latter provokes low productivity and the cycle continues (Nurkse’s 1953).

Livny (2012) considering the Georgian economy attribute high level of income inequality among citizen as a cause of poverty which as a immediate effect on household to sent their children to

school among the country and it equally affect the social cohesion and morale. Inaddition poverty has a spillover effect on poor individual because they cannot afford good school for their kids and their chances of dropping out of school is high due to the fact that they cannot meet the minimum requirement for them to further their education . Thus, the inadequate investment in human capital can lead to perpetuation of poverty and if allow it will reaches a critical threshold that the whole country may be trapped in poverty.

Nurske who lay the foundation of the thesis known as vicious cycle of poverty, believe that poor countries would remained in there vicious circle of poverty and stagnation because of their low level of income which make saving in possible ,thus preventing the capital accumulation necessary for an increase in income. Others may includes the size of the markets in poor countries which may hindered specialisation necessary for higher incomes; that demand is too small to permit profitable and productive investment; that government revenues are insufficient for the establishment of effective public services; and that malnutrition and poor health keep productivity low, which prevents a rise in income. International private investment may not, on this argument, alleviate the situation, since one aspect of the vicious circle is a lack of profitable opportunities for private investment.

However, Bauer (1965), and Richmond (1953 )disagree with Nurske, preposition that a country is poor because it is poor, is not true because the variables in the model do not reflect the through picture of reality because some of the variables are irrelevant to determinant economic development, or they do not interact in the fashion implied. To invalid his argument there are significance individuals, groups and communities that could not have get out of poverty to become what they are today, these individual pass across both rich and poor countries. This in

itself should be sufficient to disprove the thesis as a general proposition, and as it is related to underdeveloped and developed nations.

Nurkse's 1953 was equally criticized for omitting economic factors in development, which include capital formation in education, skills and health thus anticipating ideas of the human capital theory), even though he was criticized by (Hagen 1955,) that emphasizes was led on what Richmond put forward that is to say Nurkse had commented on "educational investments" as one of the basic targets for capital formation (such as Nurkse 1957). But the question is why did Nurkse not make such factors of development clear in his argument?

Nurkse's give more emphasizes on capital formation as a tool for poverty alleviation and in the formulation of policies to overcome this was not so much because he was not aware of social and cultural determinants of poverty. He rather intended to deliberately confine himself to a problem, to the solution of which he as an economist could contribute most. This becomes apparent in the introduction to his 1953 book: "Economic development has much to do with human endowments, social attitudes, political conditions – and historical accidents. Capital is a necessary but not a sufficient condition of progress." (Nurkse 1953,)

### 2.1.5 Causes of Vicious Circle of poverty

The debate on poverty has raised so many issues especially on the causes or factors that perpetuate it. Rayne (2005) stressed the issues of family background, unemployment, effect of modern education and so on. Taking the above issues accordingly;

### i. Family background

According to Harding et al(2002), research paper titled "The Changing Effect of Family Background on the Incomes of American Adults" analyzed changes in the determinants of family income between 1961 and 1999, focusing on the effect of parental education ,which indicate that parent that shows non chi lent attitude toward their children education tend to remain in poverty ,than does whom show concerned.

### ii. Lack of jobs due to deindustrialization

Sociologist William Julius Wilson has said that the economic restructuring of changes from manufacturing to a service-based economy has led to a high percentage of joblessness in the inner-cities and with it a loss of skills and inability to find jobs. This "mismatch" of skills to jobs available is said to be the main driver of poverty. Similar to this view Ojo (N D) who argued that over dependence of the economy on the exportation crude oil has created a narrow and weak economy base. This has led to inability of the government to provide adequately for the people, particularly when the price of the product is low in the international market, it reduce the foreign earnings which has an adverse effect in the economy, which has lead to the low economic performance and the growth rate which contributed to the level of poverty in the country.

### iii. Effects of modern education

Research shows that schools with students that perform lower than the normal academic performance are those with least-qualified teachers. This affects the progress of the students in term of moving from secondary to college or to the university. Students from these schools that go on to be college graduates are not as skilled as they would be if they had gone to a school

with higher-qualified instructors. This leads to education perpetuating a cycle of poverty. The lack of adequate education for children is part of what allows for the cycle of poverty to continue(Society for Advancement of Education 2006). Teshome (2008), argued that investment in education is one of the ways individual can get out of poverty, even though Nigerian case as a unique features in the sense that if you are educated and you are not link with those in the corridor of power, you may likely remain unemployed. That is only those close to government official will be employed.

### iv. Culture of poverty

Another theory for the perpetual cycle of poverty is that poor people have their own culture with a different set of values and beliefs that keep them trapped within that cycle generation to generation. This theory has been explored by Payne (2005) in her book A Framework for Understanding Poverty. In this book she explains how a social class system in the United States exists, where there is a wealthy upper class, a middle class, and the working poor class. These classes each have their own set of rules and values, which differ from each other. To understand the culture of poverty and how the rules set by the working poor class tend to keep them trapped in this continual cycle, Payne describes how these rules affect the poor. The first is 'time is treated differently by the poor'; secondly 'they generally do not plan ahead but simply live in the moment', thirdly is the idea that it 'keeps them from saving money that could help their children escape poverty'.

### v. Life shocks

In 2004 a research in New Zealand by Berry(2006) produced a report that showed that "life shocks" can be endured only to a limited extent, after which people are much more likely to be tipped into hardship. The researchers found very little differences in living standards for people who have endured up to 7 negative events in their lifetime. People who had 8 or more life shocks were dramatically more likely to live in poverty than those who had 0 to 7 life shocks. A few of the life shocks studied were: Marriage (or similar) breakups (divorce) ,Forced sale of house ,Unexpected and substantial drop in income ,Eviction ,bankruptcy ,Substantial financial loss ,Redundancy (being laid off from a job) ,Becoming a sole parent ,three months or more unemployed, Major damage to home, house burgled, Victim of violence ,Incarceration, A non-custodial sentence (community service, or fines, but not imprisonment) ,Illness lasting three weeks or more ,Major injury or health problem and Unplanned pregnancy and birth of a child (Berry 2006).

The level of attacks by the insurgency, robbers and kidnapper has created social unrest in the economy. This has translated to an increase in the poverty levels in the country. With violence, people tend to embrace migration and are faced with the challenge of resettlement. Examples of this can be seen with the internally displaced persons who have now become a part of the poverty stricken populace. Adequate security and proper reintegration of internally displaced persons will go a long way in reducing poverty (Ojo, N D) .

### vi. Tracking in education

History in the United States has shown that Americans saw education as the way to end the perpetual cycle of poverty. In the present, children from low to middle income households are at a disadvantage. They are twice as likely to be held back and more likely not to graduate from high school. Recent studies have shown that the cause for the disparity among academic achievement results from the school's structure where some students succeed from an added advantage and others fail as a result of lacking that advantage. Educational institutions with a learning disparity are causing education to be a sustaining factor for the cycle of poverty. One prominent example of this type of school structures is tracking, which is predominantly used to help organize a classroom so the variability of academic ability in classes is decreased. Students are tracked based on their ability level, generally based on a standardized test after which they are given different course requirements. Some people believe that tracking "enhances academic achievement and improves the self-concept of students by permitting them to progress at their own pace."

The above factors are few among others. It therefore follows that any family face with any of the above factor is more likely to be poor. However, the extent of remedy poor depends on how he adjust to the current state or how individuals, group or government intervene. Livny (2012), Ashworth, Hill, and Walker (2004) in line with Bloomberg (2013), have suggested some some strategies that could help in moving people out of constraints that could imporish him.

Acording to Livny (2012),he opined that the high level of income inequality among individual, community or group can be corrected through distortionary taxation and redistribution in policies which will enhance economic growth and the educational system should be inclusive

that is all the individual should be carried along. Similar to the above view, Research Council of Norway harmonized both the redistribution economic growth and limited expansion of opportunity as panacea to poverty. The solutions are hinge within the national and general poverty reduction strategies. The former is related to poorest countries, particularly in sub-Saharan Africa, the growth paradigm has gained in importance. In a situation with the later emphasizes on economic growth first before redistribution.

Bloomberg (2013) has been on the advocate of a plan where parents are paid up to $5000 a year for meeting certain goals that will better their lives. This policy was modeled after a Mexican initiative that aimed at helping poor families make better decisions that will help them in the long-term and break the cycle of poverty and dependence that have been known to last for generations. In addition, other states in U .S also have been making a attempts to help break the cycle. For example, a bill has been proposed in the California Assembly that "would establish an advisory Childhood Poverty Council to develop a plan to reduce child poverty in the state by half by 2017 and eliminate it by 2027"(George 2003).

Ashworth, Hill, & Walker (2004) Opined that in recent years, both the urban and rural poor share the same feature in terms of socio-seconomic status because they tend to disassociate themselves similar with the non poor items of school and coming together for social event this tend to affect their behaviors both in school and outside school.

In Nigeria there are many poverty alleviation program introduced among few are National poverty Eradication program (NAPEP), Universal Basic Education (UBA), National Directorate of Employment (NDE), and Conditional Cash Transfer which give more emphasis on how to

break the circle of poverty so that poverty cannot be transfer from one generation to another which has been the major problem of poverty in Nigerian.

### 2.1.4 Institutional Frame Work for Operation of Conditional Cash Transfer

Effort has been made by the past and present government to reduce the poverty rate in Nigeria because of its social and economic consequence. The commitment of the federal government was demonstrated by the introduction of the National Poverty Eradication Program (NAPEP) in the year 2001 charged with the responsibility of coordinating and monitoring all poverty alleviation programs, including the implementation of conditional cash transfer program. The CCT is poverty alleviation or welfare program in which cash transfers are given to individuals or households on the condition that they adopt a welfare package enshrined in the CCT program, such that they can benefit and the spill-over extends to the larger community in general. The conditions are tied to primary school attendance and the utilization of public basic healthcare facilities, for extremely poor families, the cash provided by CCTs provides emergency assistance, while the conditionalities promote long- term investment in human capital for breaking intergenerational poverty.

The Nigeria version of the CCT program is also called COPE (Negeria's CCT) was coined from the word "*care of the people"* has been developed by the NEPEP after extensive consultation with stakeholders within and outside the country. Although the program was conceptualized and designed by NEPEP, COPE was implemented with support from the MDG office and with collaboration with SMEDAN in all pilot state.

**Objective of Cope**

i. To reduce vulnerability of the core poor in the society against existing socio economic risks.
ii. To reduce intergeneration of poverty

**Targeting**

i. Poor female –headed households with children of basic school age.
ii. Poor aged headed households with children of basic school age.
iii. Physically challenged persons headed households with children of basic school age.
iv. Households headed by special groups( Victim of VVFs,PLWHAs, flood and other vulnerable group such HIV AID, with children of basic school ag

**Condition for Participation**

i. Enrolment and retention of basic school age children in basic education (primary one to junior secondary school).
ii. At least 80% school attendance
iii. Attendance in training for life and vocational skills, basic health and sanitation available in the community.

On the above bases funds will be disburse on two phases; firstly, the basic income guarantee (BIG) is the monthly guarantee income given to the head of participating households which depend on the number of children. The payment ratio is shown below

| Number of Children | Amount of The Big |
|---|---|
| 1 Child | 1500 |
| 2-3 Children | 3000 |
| 4 Children and above | 5000 |

Secondly, the guaranteed investment grant(PRAI) given to the head of the household toward the end of the program to start a business or hand work of his/her choice or invest in profitable business venture that will yield sufficient income to sustain the program. The PRAI represents a compulsory saving component of the COPE program. With a monthly saving of N7,000, at the end the participating households will receive a total sum of N 84,000 as investment funds.

It is anticipated that if this condition are fulfills it will impacted positive in the long run poverty reduction and human capital formation.

## 2.2 Theoretical Literature

### 2.2.1 Poverty Alleviation and Theory of Social Wellbeing

Social Wellbeing can be seen as the value that is added to individual's life with regard to both the presence and relative frequency of positive and negative emotions over time, and one's overall level of life-satisfaction (Diener, 2000; Diener, Sapyta, & Suh, 1998; Diener, Suh, Lucas, & Smith, 1999).Wellbeing as been define as 'living and faring well', 'flourishing', 'bound up with ideas about what constitutes human happiness and the sort of life it is good to lead' ( Gough

2005). Many theories have been developed on the issue of well being, the most popular aspect of the theories are Subjective wellbeing, Objective wellbeing and Eudaimonic wellbeing.

**a) Subjective wellbeing**

According to classical, hedonistic utilitarianism makes assertion that; fundamental moral obligation is to make the world as good as we can make it (Consequentialism), that the world is made better just when the creatures in it are made better off (Welfarism); second that creatures are made better off just in case they receive a greater balance of pleasure over pain (hedonism). The third of this assertion is essentially a theory of well-being (heathwood, ND).

As much as subjective theory can be appreciated, however there seems to be some major drawback in it Welfarist assertion, that making *"creatures better off".* Because making creatures happy depends on the availability of resources and since resources are relatively scarce it then becomes a constrain to making creatures better off because the scarcity of the resources has set a limit as to how better off creatures can be. Similarly the consequentialist claim of "making the world as good as it can be" is really a flawed statement because of the variation in consumer behavior. The notion of altruism is a counter factual to the doctrine of hedonism because again, some consumers drive pleasure in the pain they inflict on others. Therefore satisfying such consumer behaviour essentially isn't going to make the world any better as claimed by the subjective theory. As such the greater balance is unrealistic.

Subjectivists maintain that something can benefit a person only if he wants it, likes it, cares about it, or it otherwise connects up in some important way with some positive attitude of his.

Yet again the idea of liking and wanting is also limited by what the consumer or individual can afford or attain because most individual may never get what they want due to resource constrain

and competitive nature of other individual on such wants. Subjective Well-being theories base their notion of well-being on the fact that people are reckoned to be the best judges of the overall quality of their lives, and it is a straightforward strategy to ask them about their well-being. (Frey and Sutzter, 2002).

However the assumption that individual are the "best judges of their overall quality of life" can hardly be true, because people may never have the available information to make such best judgment. As such either their best judgment is constrain by cognitive capacity or perhaps because of asymmetry of information. Subjective wellbeing is relative that is only basic to only relevant factors, such as institution, law, politics and justice.

The shortcoming of the theory is that it does not captured the concept intrinsic value that is to say what is intrinsically valuable for a person must have a connection with what he would find in some degree compelling or attractive, at least if he were rational and aware. It would be an intolerably alienated conception of someone's good to imagine that it might fail in any such way to engage him.

**b) Objective Well-being**

Taxonomies of philosophical theories are not inherently interesting. But sometimes it can be useful to see that a bunch of theories have something important in common, so that when we see that a theory has that feature, we will know that the theory is likely to be vulnerable to a particular kind of objection. In this case, put very roughly, subjectivists about well-being argue that all objective theories face a worry about alienation: objective theories tell us that certain things are good for us whether we care about those things or not. But how could something be good for me if I did not care about it? Objectivists, on the other hand, point out that subjective

theories entail that we cannot be wrong in what we care about, because there is no objective standard by which to judge our cares; things are good for us merely because we care about them, no matter how worthless, trivial, or immoral those things might be. But surely, says the objectivist, we can be mistaken about what is good for us (Bradley 2014).

The theory is base on the fact that individual must be contended before one can survive, those requirements are universal and do not vary among societies. Subjective Well-being theories base their notion of well-being on the fact that .people were reckoned to be the best judges of the overall quality of their lives, and it is a straightforward strategy to ask them about their well-being. (Frey and Sutzter, 2002). It is in accordance with the requirements of human nature and it does not include knowledge. Objectivists believe that things that make our lives better do so independently of our particular interests, likes, and cares. Objective Well-being theories are based on the fact that individual must be contended before one can survive, those requirements are universal and do not vary among societies.

**c) Eudaimonic wellbeing**

Eudaimonic Well-Being (EWB) is based on potentials in individual that will determine development quality of life and pace of human fulfillment of personality, expression, self-concordant goals (Sheldon, 2002; Waterman, 1990a, 2008). Ryff & Singer (1998, 2000) have explored the question of well-being in the context of developing a lifespan theory of human flourishing. Also drawing from Aristotle, they describe well-being not simply as the attaining of pleasure, but as "the striving for perfection that represents the realization of one's true potential". The eudaimonic conception of well-being calls upon people to live in accordance with their daimon, or true self. He suggested that eudaimonia occurs when people's life activities are most

congruent or meshing with deeply held values and are holistically or fully engaged. Under such circumstances people would feel intensely alive and authentic, existing as who they really are—a state Waterman labeled personal expressiveness (PE).

This work will also be link to both the objective and eudaimonic theory of wellbeing with some modification in the case of objective wellbeing, things are good to us weather we care about them or not. Education and health for example are seen as a catalyst of breakthrough of nation and as well individual development but must individual due not give them priority particularly the core poor, that is why the conditional cash transfer program give them incentive to send their child to school and attend medical health care these are very important for their growth as well as national growth. On the other hand the eudaimonic theory of wellbeing which is base on individual potential some individual has some special skill on them which you need to identity on that basis you advice the individual on what to do you are building human capital.

In addition to the social wellbeing theory is the human capital theory which central argument is that education should be considered as an investment and not to be seen as consumption, and then, to consider the wealth accumulated through this investment as a form of capital (Chapelain and Mateos 2015) because the development and growth of any economy dependence on the quality of human capital which is the core of neo-classical theory. Frank & Bemanke (2007) define that human capital is 'pulling together of factors that interplay such as education experience, training, intelligence, energy, work habits, trustworthiness, and initiative that affect the value of a worker's marginal product'. Considering the production-oriented perspective, the human capital is'the stock of skills and knowledge embodied in the ability to perform labor so as to produce economic value' (Sheffin, 2003). define human capital as that potential knowledge,

skills,competencies that facilitate the creation of personal, social and economic well-being' with the social perspective (Rodriguez & Loomis, 2007).

Schultz (1961) recognized the human capital as important concept of labor force in the classical perspective, and the productive capacity of human beings is more relevant than all other forms of wealth taken together'. Most of researchers have accepted that his thought of viewing the capacity of human being is knowledge and skills embedded in an individual (Beach, 2009). Similar to his arguments show that the human capital can be closely linked to knowledge, skills, education, and abilities are (Garavan et al., 2001; Youndt et al., 2004). Rastogi (2002) conceptualizes the human capital as'knowledge, competency, attitude and behavior embedded in an individual'.

Both the social wellbeing and human capital theories emphases on adding value to individual which the conditional cash transfer program will encourage through given cash incentives to households with condition of sending their children to school and attend health clinic which will have a positive impact in the future on development of human capital of the child.

## 2.3 Empirical Literature Review

### 2.3.1 Over view Pro- Poor Policies of poverty alleviation in Nigerian (1999-2016)

In an attempt to provide an over view of empirical literature on poverty it is imperative to look at intervening program in Nigeria. Shehu et al (2012) evaluate the impact of International Fund For Agricultural Development intervention program ( IFAD) on rural poverty reduction with a particular reference to selected rural communities in Sokoto State Nigeria. The study employed structured questionnaire, the study obtains data from 210 respondents randomly drawn from the IFAD beneficiary LGAs. The study uses both descriptive and Logit regression approach for the purpose of analysis. It was found hat education has significant negative impact on relationship with rural poverty while gender, age and household size had significant positive relationship with rural poverty, which is fewer women participated on the IFAD program. It was also found that IFAD poverty intervention program has positively impacted on the rural poverty reduction in the selected LGAs. The study therefore recommend that IFAD should focus more on educating the rural communities as well as the provision of infrastructural facilities in order to ensure more effective poverty reduction.

Ogbonna et.al (2012) carried out an empirical study to determine factors that influence households' exit from poverty as a guide for policy intervention in the increase in yam production among yam producers. Mean poverty ratios and linear multiple regression analysis was employed and the result shows that problems of food insecurity among poor yam farm households. If yam farm households are to improve on yam production, then there is the need to provide them with adequate compensation scheme. This can be done through provision of credit facilities. This will encourage them to produce more irrespective of the cost of production and

increase in income. Finally, the study revealed that the level of education of the household head determine the level of productivity.

Orji (2005) examines the concept of development and poverty as well as critically analyzed the various poverty measures put in place by the government and how the program have impacted on the people. The result were analyzed using chi – square statistical technique, and it revealed that despite the human and natural resources available in Nigeria, majority of its citizens are extremely poor. The current estimate of people who live below the poverty line is higher than what was obtainable before the discovery of oil in Nigeria. The factors responsible for increase in poverty levels are:

I. Fluctuation in oil press in the international market.
II. Poor macroeconomics and sectoral policies.
III. Servicing of external debts by the Nigeria government.
IV. Investment in unproductive venture, and large scale corruption in the polity.

The above factors can be attributed to the education received from our colonial master. Orji (2005) further argued that the extreme poverty is more among the rural areas which are predominantly women.

Ogundele et al (2012) investigate entrepreneurship training and education as strategic tools for poverty alleviation in Nigeria. Using a stratified random sampling technique found that the wide spread of skills acquisition centers in all the Local Governments and Local Council Development Areas in Lagos State is a clear indication of the acceptance of entrepreneurship education and training by the government, necessary for economic empowerment and poverty alleviation.

Developing entrepreneurship has been identified as a means of providing employment and a powerful weapon of fighting poverty in the country.

Agbaam and Dinbabo(2014) assess the Livelihood Empowerment Against Poverty (LEAP) in Ghana social grants program as a key component of its National Social Protection Strategy (NSPS) Which will help to evaluate and produce evidence of its impact on poverty indicators in beneficiary households and communities. Using Chi-square test base on well structured questionnaire on household data the result shows that the LEAP cash transfer has a positive impact on key household poverty indicators such as the frequency of utilization of healthcare facilities, school enrolment for children aged 6-13 years and food consumption (satisfaction after meals).

Charles et al (2011), examines the roles of microfinance institution as a poverty intervening measures as well as assessment of the bank operation in the nation building. The study employed descriptive survey method by testing chi-square test, F-test and T-test and the parameters revealed that there is a significant difference between those people who used microfinance institutions and those who do not use them. There is a significant effect of microfinance institutions in alleviating poverty by increasing income and changing economic status of those who patronize them. The study concludes that microfinance institution is indeed a potent strategy of poverty reduction and a viable tool for purveying credit to the poor. However, microfinance can be more viable tool for sustainable poverty alleviation if more is done on program outreach and depth than the present outreach. This argument were in line with the results of empirical evidence indicates that the poorest can benefits from microfinance from both an economic and socio well-being point-of-view, and that this can be done without jeopardizing the financial sustainability of the Micro-financial institutions (Zaman, 2000; Robinson, 2001; Dahiru and

Zubair,2008). For instance, Khandker (1998), in several related studies using statistical method on assessment of impact of microfinance among three Bangladesi programs found that every additional takas lend to a woman add additional of 0.18 taka to annual household expenditure. Similarly, in an updated study using panel data in Bangladesh, Khandker (2005), found out that each additional 100 taka of credit to women increase total annual household expenditures by more than 20 taka. These studies showed overwhelming benefit of increase in income and reduction of vulnerability.

Tamuno – Omi (2012) see poverty in Nigeria as a paradox given the enormous human and natural endowment of the country. The study evaluated poverty poverty reduction program particularly from 1985 to 2012. The programs are; Nigeria Agricultural Cooperative Bank (NACB): Family Support Program (FSP); River Basin Authorities; Operation Feed the Nation (OFN); Rural Banking; Universal Basic Education (UBE); Directorate of Food, Roads and Rural Infrastructure (DFRRI); Oil Mineral Producing Areas Development Commission (OMPADEC) and its successor the Niger Delta Development Commission (NDDC). Others include the Mass Transit Schemes: Petroleum Trust Fund (PTF); Petroleum Technology Development Fund (PTDF); and the recently transformed Community Banking (CB) to Micro Finance Banking (MFB); the N50 Billion Loan to Micro Finance Institutions (MFLs) by the Federal Government for onward lending to rural customers and the setting up of the National Poverty Eradication Program (NAPEP) which is the Government's boldest step to demonstrate its commitment to the eradication of extreme poverty in Nigeria.

Other program undertaken by the Government to fight poverty and to avoid the pitfalls which previous poverty reduction program encountered in past include the formation of the Nigeria Agricultural Cooperative and Rural Development Bank (NACRDB); Nigeria Agricultural and

Cooperative Bank (NACB); People Bank of Nigeria (PBN); The Family Economic Advancement Program (FEAP); The National Bank for industry (NBI-the NBI was formed from the merger of the Nigeria Industrial Development Bank the Nigeria Bank for Commerce and Industry the National Economic Reconstruction Fund) Similarly, the Nigeria Mortgage Finance Ltd was merged with the Federal Mortgage Bank of Nigeria (FMBN). In the same vain the work-scope of the National Directorate of Employment (NDE) was reviewed and streamlined to exclude credit delivery to allow the NDE focus on training for skill acquisition. Also the Nigeria Agricultural Insurance Corporation (NAIC) was merged with the National Insurance Corporation of Nigeria (NICON) while the National Primary Health Care Development Agency was to focus on the provision and coordination of Rural Health Facilities in Nigeria while the function of prevention became the responsibility of the Federal Ministry of Health. The Universal Basis Education (UBE) was also set up and it took over the functions of the National commission for Mass Literacy, Adult and Non-Formal education. The Federal Agricultural Coordinating Unit (FACU) and the Agricultural Projects Monitoring and Evaluation Unit (APMEU) had their functions transferred to the Ministry of Agriculture. All these efforts of merger and re-organization were steps undertaken by the Federal Government with a view of reducing extreme poverty in the country from the Federal Level to the State, Local Government and the rural populace. The National Poverty Eradication Program (NAPEP) set up 2001 is a mechanism for correcting the shortcomings for past poverty eradication efforts while also effectively refocusing the policy for fighting in the country. Since its establishment (NAPEP), has succeeded in positioning itself as a catalyst and the rallying point for the mobilization of both private and sector resources for the sustainable development of the masses and. Society as a whole.

The above program were interrogated using primary data which was based on well structured questionnaire use to interview the beneficiary of the program and the result shows that it has not been encouraging due to ill macro-economic and monetary policies of the government, increase foreign debt, in proper management of the nation resources, large scale fraud and corruption and poor execution of government program and project.

Aigbokhan (2008) examined growth, inequality and poverty in Nigeria found that the rising rate of inequality in many countries over the last two decades and half, even as the period has witnessed increased focus on poverty reduction. In Nigeria in particular there are various reforms that reflect a strong growth performance. However, despite this strong growth performance, poverty incidence has remained high, rising from 42.7 percent in 1992 to 65.6 percent in 1996. Although estimated to have declined to 54.4 percent in 2004, poverty incidence could still be considered high. The decline gives an annual average of 1.6 percentage points since 1997. These variables were tested with statistical technique. An empirical test for the growth-inequality-poverty nexus in the Nigerian context, two levels of analysis were done. First is a simple correlation analysis in which the correlations between growth and inequality and growth and poverty, as well as between changes in them are explored. The result shows that all the variables are statistically significant.

Secondly is estimation of growth elasticity of poverty, in which a simple model was adopted in Ravallion (2001) was applied with a cross-section (states) data from the 2004 National Living Standards Survey (NLSS 2004). This was complemented with estimation of theoretical elasticity formula, based on this the following recommendations were made

a) Build human capital by refocusing public spending. Invest in basic and technical education to raise the supply of skilled labour. And, given that labour is the main asset of the poor, create opportunities for them to be gainfully engaged.

b) Closely related to the above is the need to correct market failures, particularly in the credit market. This includes regulating the banking system to ensure that shareholders do not gain at the disadvantage of the poor. A situation where the spread between deposit and lending rate is as wide as 15 percent would favour the shareholders than the depositors, which will in turn burden poor consumers more.

c) Redesign stabilization program to avoid sharp demand contraction and protect pro-poor public spending. Education and health spending traditionally suffer in stabilization program.

d) Improve governance to reduce "state capture" by the rich and leakages in poverty alleviation program.

Santerelli and Figini(2002) assess globalization as an instrument of poverty alleviating ,going beyond openness and include other variables such as country's size and the distribution of assets, absence of policy distortions or trade barriers. These include tariff rates or coverage ratios for non-tariff barriers. The study therefore used other measures of globalization such as tariffs over trade or over GDP or, when available, indices of liberalization like the Economic Freedom Index. Both headcount poverty indices (HPI) and Gap Poverty Index (*GPI*) were employed to estimate the model based on data from Sala-i-Martin (2002a) and the result shows that "size of the government" seems to be associated with lower poverty levels while financial openness, although not statistically robust, tends to be linked to more poverty.

Nzenwa and Oboh (2005) conducted a study on households' endowments on poverty among farmers in Benue State, Nigeria. They employed logit model to estimate proxy measures of household endowments. They used the ratio of individual income to the poverty line as dependent variable in the logit. The household endowment variables used in estimating the logit model were age of household head, educational level of household head, household size, and ownership of house. Others include farm income, off farm income, land holding, dwelling type and sex. The results showed that six of the variables were significant in the logit model. These are age and household size which was positively related while education level, house ownership, farm income and off farm income, were negatively related to poverty status in Benue. Babatunde *et al.,* (2008) on the other hand, conducted a study on rural households' poverty in South Western Nigeria. They used exponential model and log of per capita expenditure as the dependent variable. They found that the male gender (dummy), level of education of head of household, farm size, land ownership and membership of farmers' group were positive and significantly related to household's per capita expenditure. According to Babatunde *et al.*, the prevalence of poverty is higher among older (age), small-scale farmers with large household size and household headed by uneducated female (i.e negative relationship leading to increase in poverty).

### 2.3.2 Relationship between Poverty and Culture

Jordan (ND) examines the causes of poverty in the united state by considering cultural and the behavioral arguments. The method was based on descriptive statistics using aggregate data from united state to estimate the multiple regressions. Culture is seen as explanatory variable which supported the agreement that poverty is largely the result of social and behavioral deficiencies in individuals that ostensibly make them less economically viable within conventional society. The later argue that most poverty can be traced back to structural factors inherent to either the economy and/or to several interrelated institutional environments that serve to favor certain groups over others, generally based on gender, class, or race. Even though only annual changes in divorce and total direct payments to individuals (as a percent of GDP) were found to be significant, Criminal activity and births to teen mothers were both found to be insignificant in all cases regardless if they were tested independently or in conjunction with other independent variables. The results seem to confirm that the increasing rate of divorce, which leads to more single mother households, may be contributing to poverty in general.

Most of the institutional environments that tend to sustain a multitude of economic barriers to different groups, it is discrimination based on race and gender that create the most insidious obstructions. The disproportionately high rate of poverty among women may be viewed as the consequence of a patriarchal society that continues to resist their inclusion in a part of society that has been historically dominated by men, and as a consequence, welfare programs have been designed in ways that stigmatize public support for women as opposed to marital support; both arrangements tend to reinforce patriarchy (Abramovitz, 1996). In this regard, the rise in poverty among women is an important structural level variable to consider, but the lack of reliable data

going back to 1947 makes testing difficult. The result indicated that each region and cities has its own courses of poverty.

Popa (2012) Put forward that the correlation between the social factors and the economic growth using panel data consisting an annual data extracted from 2005-2009 from EU countries and the result revealed the impact of human development upon the economic development, both through direct and indirect mechanisms. As it was showed, both cultural and demographic factors have specific influences on the economy. More specifically, the culture defines the way population's preferences, the way they take decision, the perception upon living and the perspective for the futures. On the other site, the demographic factors are important, mainly because of the population structure and the capacity of working and contributing to the GDP.

Chaudhry (2009) investigated factors affecting rural poverty in Southern Punjab (Pakistan). He concluded that alleviation of poverty is possible by lowering the household size and dependency ratio, improving education, increasing female labor participation. He employed Logit regression models and used primary source of data from the project area of Asian Development Bank for estimation. Results indicate that as dependency level and household size increase the probability of being poor increases too. Education has the significant inverse relationship with poverty because it provides employment opportunities and rejects poverty.

Cooper (2008) argued that chronic and Inter Generation Transfer ( IGT ) poverty has a correlation between the inheritance system practice in Africa is what determine transmission of poverty from one generation to another using panel data and its explore the role of social exclusion and links between household dynamic IGT power).

Apparently the findings in the literature has shown some overlapping similarities across different countries and even continents in terms of how poverty is inherently related with cultural and

institutional arrangement in different society as evident in Popa (2012) for Europeans societies, Chaudhry (2009) in the case in India, Cooper (2008) supported similar findinds in the case of Africa. However isolated cases could exist were this evidences might be at variance and reasonably to a large extend it is appealing to bear in mind that strength of institution and political-will might have some influence on cultural in respective countries which might affect poverty alleviation programs. For instance observations has shown that in Nigerian there are some cultures (or beliefs) that see female education particularly at the tertiary level as a taboo or unethical and some cases it against the norms of raising a female child.This study evaluated cultural factors in the study area as it affected poverty reduction achievement in Kano State.

### 2.3.3 Relationship between CCT and Poverty

Sadoulet et al (2004) examined the role of Conditional Cash Transfer (CCT) programs in serving as a risk management instrument for the poor in rural Mexico. This is because directly or indirectly the poor tend to expose to shocks due to difficulties in sustaining consumption, children can be taken out of school and sent to work, eventually returning to school once the shock has been absorbed. Dropping out of school and temporary reliance on child labor can thus be used as a consumption smoothing instrument. Children can enter the labor market, work in home-based enterprises, or substitute for parent time by doing household chores. The problem, however, is that children who leave school and start working are less likely to return to school, and their educational achievements may also suffer. Using linear probability models the estimates showed that shocks are highly prevalent, that many children have irregular periods of school enrollment, and that child labor is very frequent.

Borraz and Gonzalez (2009) Study the impact of the Uruguayan CCT program on school attendance, child labor and labor supply using the annual Uruguayan national household survey, (ECH) by comparing the treated and controlling groups ,both regression discontinuity, probit regression and Propensity Score Matching methods (PSM) were used to evaluate the variables 1)school attendance shows that it has impact on the attendance rate for individuals between 12 and 14 years old.2) Child Labor although the reduction of child labor was not an explicit objective of the Ingreso Ciudadano program evaluate the impact because the program could affect it. Children's time can be divided into schooling, child labour and leisure. CCT programs are intended to change the time allocation of the child between work and education, not leisure. The desired result is that increases in attendance rates reduce the proportion of working children. Given that we did not find a positive effect on the attendance rate, we also might expect no positive effects on child labour.3) Labour Market One of the main concerns of CCT programs is their potential to provide disincentive to work. For example, the cash transfer shifts the budget constraint of the household, and this enables it to substitute leisure for labor and continue consuming the same basket of goods. Therefore, the benefit potentially gives an incentive to reduce recipients work hours, or to even opt out of the labour market. In addition, people who are interested in being treated could adjust their behaviour in order to fulfil the requirement to be in the program. For example, employees could arrange with employers to work "off the books"

based on the finding its conclude that the threshold to enter to the program has not been respected in the practice. This invalidates the use of regression discontinuity analysis. We use a propensity score matching procedure to assess the casual impact of the program. We find that the Ingreso Ciudadano program has no impact on school attendance, it reduces female child labor in

Montevideo and it reduces total hours of work in the rest of the urban country. Our work suggests that the disincentives to work are relevant in the Uruguayan case.

Ospina(2010) Analyzed the impact of a CCT program on the ability of households to smooth consumption when faced with negative shocks, such as consumption ,weather and violence. Using a panel dataset in Colombia which estimated the fixed effect regression and the results suggest that a CCT programs, specifically Familias en Accion (FA), is effective as a risk-management instrument. Overall, beneficiary households of FA appear to have lower absolute changes in consumption than control households when subject to idiosyncratic shocks, and there is no effect of the program on risk pooling within communities. Results show that beneficiary households of the program are able to protect food consumption from shocks such as crop loss and also to safeguard nonfood consumption when faced with the death of a household member. The program has not been effective in insuring unemployment and illness shocks. In sum, Familias en Accion, despite not being a consumption insurance program, helps treated families to smooth consumption, working as a social insurance program.

Although both hypotheses have been repeatedly rejected in studies using micro data, empirical evidence has shown that consumption reacts too little to income shocks to be consistent with the theory. Townsend (1994) and Ravallion and Chaudhuri (1997) test the hypothesis in the ICRISAT Indian villages and reject it, although they find a substantial amount of risk sharing. Deaton (1992) and Grimard (1997) test the hypothesis of perfect risk sharing within villages and ethnic groups in Cote d'Ivoire and find little evidence of any risk pooling at the municipality level and somewhat stronger evidence within ethnic groups. Udry (1994) also rejects the hypothesis for northern Nigerian villages. Skoufias (2003) examined the extent to which Russian

households were able to protect their consumption from fluctuations in their income using longitudinal data from 1994 to 2000. The study found that consumption was only partially protected from idiosyncratic shocks to income; with food consumption's being better protected than nonfood consumption expenditures. Evidence from developed countries has also rejected the hypothesis of full risk insurance (Mace, 1991; Cochrane, 1991). Cochrane (1991), using data on household food consumption from the Panel Study of Income Dynamics (PSID) for the period 1980– 1983, regressed changes in consumption onto different measures of idiosyncratic shocks. His results rejected the full insurance hypothesis for some but not all of the different shocks. Similarly, Mace (1991) tested consumption insurance with panel data from the U.S. Consumer Expenditure Survey (CEX). She could not reject the full insurance hypothesis when evaluating changes in consumption against changes in income, but she did reject full insurance when using growth rates. Finally, using household panel data from Bangladesh, Ethiopia, Mali, Mexico, and Russia, Skoufias and Quisumbing (2003) examined the extent to which households are able through formal and/or informal arrangements to insure their consumption from specific economic shocks and fluctuations in their real income. The study showed that adjustments in nonfood consumption appeared to act as a mechanism for partially insuring ex-post the consumption of food from the effects of income changes.

Sarah et al (2010) analyses the schooling impacts of a randomized intervention in Malawi that provide cash transfer to adolescent girls to stay in school. the study shows that out of 176 enumerates, that was experimented. A sub group form the EAs is 88 where the randomly assigned to receive, either conditional or unconditional transfer. The transfer is randomized among the sample as it takes the integer value between $5 and $15 per month. The experimental design allows as isolating the impact of the conditionality itself, above and beyond the simple

income effect of a given transfer. The result indicated that each region and cities has its own causes of poverty. The finding was based on multi topic questionnaire administered to the targeted audience. The result shows that the adolescent girls in Malawi are more sensitive to the unconditional cash transfer and have strong effect on schooling rate, and that the additional impact of making these payments conditional on school attendance is surprisingly limited. However, the results are in conformity with the substantially poor profile of Malawian households, meaning the reason adolescent girls drop out of school may have much more to do with financial constrain than their counterparts in Latin American.

Brauw and Hoddinott (2011) assess the impact on conditional cash transfer program (CCT) with particular emphasis to human capital formation, school enrollment the condition attach to the program is that students in grades three and higher must have 85% attendance in school and parent must attendant monthly meeting and parent are to receive a form called E1 they are incorporated into the program. The study was based on the data collected during the evaluation of Mexico's PROGRESA program. Probit regression were used to estimate the parameter and the result shows that on average the absence of these forms reduced the likelihood that children attended school, and the likelihood was severely reduced when children were making the transition to lower secondary school. For children making the transition to lower secondary school, the impact of the transfer on school enrollment can only be effective on conditionality.

Persson and Alpizar (2012) developed a conceptual framework in analyzing CCT. In their analysis, they consider relevant of additionality to households that have already enroll their children in schools. As such the additionality according to Persson and Alpizar should be an extension of pre-existing CCT program. Therefore the major suggestion from the study is that CCT offer a positive incentive to both households and society in respect to human investment

with resultant spillover effect on the society. The study also pointed out the benefit of improving the marginal increase in human capital development which is subsidized by the CCT. They posited that the net increase in human investment can be corrected for market failure, in the case of low income households.

Loureire (2012) Analyses the impact of CCT program on crime rates and poverty reduction in the Brazilian States. Using panel data to establish a relationship between the variables and each of the variables were estimated using regression the result shows that Bolsa Familian Programme has a significant effect on poverty reduction particularly for state that implement the propose guide line, because many recipients of the program are still below the poverty line. Some results suggest that CCT expenditures contribute to reduction in robbery, theft and kidnapping rates, while no significant relationship was found for homicide and murder.

Gokovali (2013) Examined whether laws and regulations take into account the feminization of poverty, and as well as interrogate poverty alleviation policies whether they are gender oriented in Turkey. The study used well structured questionnaire through patchy micro-credit approach that targeted women and household and the result shows that that there is no significant legal bias against women. In particular, due to being a part of the strategy for European Union accession and the ratification of some international agreements, gender equality has been established within the legal sphere. The implementation of laws and regulations, however, may contain bias against women. For example, equal wages for equal work are regulated by law (No 55/8), yet there are differences between genders in terms of actual wage rates. Another example concerns inheritance rights. On the side of poverty alleviation policies do not necessarily coincide with what women expect from government to increase their well-being and welfare.

The results of the case study suggest that general macroeconomic conditions are a prerequisite for improvement in households' welfare.

Rasella et al (2013) assess conditional cash transfer program on mortality in Brazilian municipalities, and bellow five year were sample, with emphasis on the causes of mortality associated with poverty (such as malnutrition, diarrhoea, and lower respiratory infections) and on some of the potential intermediate mechanisms (such as vaccination, prenatal care, and admission to hospital). The study employed multivariable regression analyses of panel data with fixed-effects negative binomial models, adjusted for relevant social and economic covariates, and for the effect of the largest primary health-care scheme in the country (Family Health Program).The result show that a multi sectoral approach, combining a large-scale conditional cash transfer program, with the potential to act on important social health determinants, and effective primary health care, capable of attending basic health demands of the same population and of attending conditions imposed by the conditional cash transfer program, can substantially reduce childhood mortality from poverty-related causes in a large middle income country such as Brazil.

Manley et al (2013) Evaluate the effectiveness of cash transfer on nutritional status using meta-analysis which provide marginal effects and test for simple statistic effect, due to limited sample size and the result shows that cash transfer program have not always affected children nutritional status because household have incomplete information about the value of investment in education, health-based condition do not increased gain in nutritional status and targeting the poorest.

Lancker and Mechelen (2014) investigate the impact of child benefit on poverty reduction to find out which of the approach is more efficient between the universalism and the targeting approach,

Using two data sources. First, data on targeting is provided by the CSB MIPI database, an expert sourced data base on minimum income protection provisions for different target groups in 25 EU countries and three US states while the second data source rely on is the EU-SILC 2010 (European Union Statistics on Income and Living Conditions) survey, with income reference year 2009 which matches the timeframe of the statutory MIPI data. The SILC dataset provides unique and comparable data on income and living conditions of European households and is maintained by Eurostat (although carried out by the statistical offices of the particular countries). Which were computed using poverty index and the result shows that 7 out of 26 countries operate selective benefit system while most countries operate the universal framework? The best performing countries are actually countries with a system of targeting within universalism. In these countries, two channels of poverty reduction are simultaneously at play: they combine high redistributive budgets with higher benefit levels for low income families. This leads us to conclude that targeting as such might not be the problem; rather it is important how targeting is done.

### 2.3.4 Gap in the Literature

From the reviewed of the literature many studies have been conducted in the area of poverty intervention programs in Nigeria few among them are Charles et al (2011), Tamuno-Omi (2012), Shehu et al (2012). But these studies examined how the CCT as a poverty alleviation program through an incentive system that affect education and health outcome is used to impact changes in a socio- cultural constraint environment like Kano state.

## CHAPTER THREE

## METHODOLOGY

### 3.1 Introduction

This section discusses on the various steps that were used to carry out the study and it comprises of background of the study area, conceptual frame work, population and sample size, and data collection and sources of data and analytical techniques that were used to achieve designed objectives.

### 3.2 Background to the Study Area

Kano state is located between latitudes $12^0$ 40' and $10^0$ 3O' and longitude $7^0$ 4O' and $9^0$ 30'.Kano name originated from it ancestor Abagayawa (the earliest settler), who migrated from Gaya in search of ironstone and chemicals. Kano State was among the twelve state created on May 27, 1967 and it is one of the most populous state which with an estimated population of 11,087,817 (NPC 2011), on August 27 1991; Jigawa State was caved from it. It is now composed only of Kano Emirate.

Administratively Kano state has forty four local government areas which form twenty four federal constituencies and three senatorial districts with capital Kano and refers to as centre of commerce because of its commercial activities.

In 2010, the World Bank ranked Kano 8th in Nigeria in the term of Doing Business, ahead of Lagos, Abuja, Kaduna, Cross River, and Enugu. According to Kano state investment hand book Kano State is the commercial and investment centre of Northern Nigeria and the third largest non- oil and gas economy in Nigeria with an estimated Gross State Product [PPP] of US$15- 19

billion. Its economy is driven largely by commerce, manufacturing and subsistence agriculture-which is the dominant activity, with up to 70% of the population engaged directly or indirectly.

The MSME [Micro, Small and Medium Enterprises] sector is strong and diverse, with an estimated 1.6 million businesses across all economic activities, and contributing approximately 60-70% of output and employment.

Kano has historically been a major commercial and manufacturing center in the West African sub-region-even before the incorporation of Nigeria into the European system of global commerce. In the pre-colonial period, it served as a major entry port and the southern hub of the trans-Saharan trade route for centuries. In the 1950's and 1960's, Kano provided the bulk of Northern Nigeria's export products of groundnuts, cotton, hides and skins;- Kano's famous groundnut pyramids have become a national emblem portraying wealth and self reliance.

Throughout the 1970's and 1980's, Kano grew to become Nigeria's 2nd largest industrial and commercial centre with over 500 medium and large scale industries, across all branches of manufacturing activities: textiles and apparels, plastic and rubber, paper and paper products, leather, food and beverages, basic industrial products etc (KSIH 2013).

The Education Strategy Plan (ESP) proposal of 2009-2018 put forth that in 2004 statistics has shown that over 60% of individuals in Kano state lived below poverty level, the state is classified as one of the poorest state in Nigeria .this could be attributed to limited access quality education provision but also limit the domestic resources available to Kano for education development. This results in based on Kano State and its LGAs on federal government funding. Funding formulas used to allocate federal resources across states result in a very low allocation to Kano State and its LGAs. Coupled with the limited availability of internally generated revenue this has a significant impact on the quantity and quality of education services that Kano State has been

able to provide. The high level of illiteracy in Kano state is alarming to a level that twenty six parents have been taken to court in Kano state because they refuses to send their children to school. The state government had only recently warned parents to either send their children to school or face unpleasant consequences (New Nig. Wed. 4th July 1984.p 16)

The kwankwasiya era (2011 to2015), as part of his efforts to addressed the menace of illiteracy in Kano State, he declared free and compulsory education at all levels. The governor who made this known during the presentation of 2014 appropriation bill to the House of Assembly revealed that the program would start from 2014 academic year. And CCT program is one of the majors take to address the menace, because program gives incentives to households by sending their children to school and attend health clinic.

**3.3 Conceptual Framework**

The conceptual framework shows the channel through which the conditional cash transfer would lead to poverty reduction. However, this study was anchored on vicious circle of poverty with some modification on how the circle can be broken. The CCT program which gives cash incentives to household with condition that the child would have more than 75% attendance in school and attend health clinic, this can lead to poverty reduction, because if the child acquire education there is likely tendency that the child will be better than the parent .However the vicious circle of poverty argues that poverty can be transferred from one generation to another. Using conditional cash transfer program as a proxy for breaking the circle, therefore the vicious cycle of poverty has been defined as a phenomenon where poor families become impoverished for at least three generations, that is for time that the family includes no surviving ancestors who

possess and can transmit the intellectual, social, and cultural capital necessary to stay out of or change their impoverished condition. In calculations of expected generation length and ancestor lifespan, the lower median age of parents in these families is offset by the shorter lifespan in many of these groups.

**Conceptual Framework for Conditional Cash Transfer Program**

**Poverty Intervening Framework**

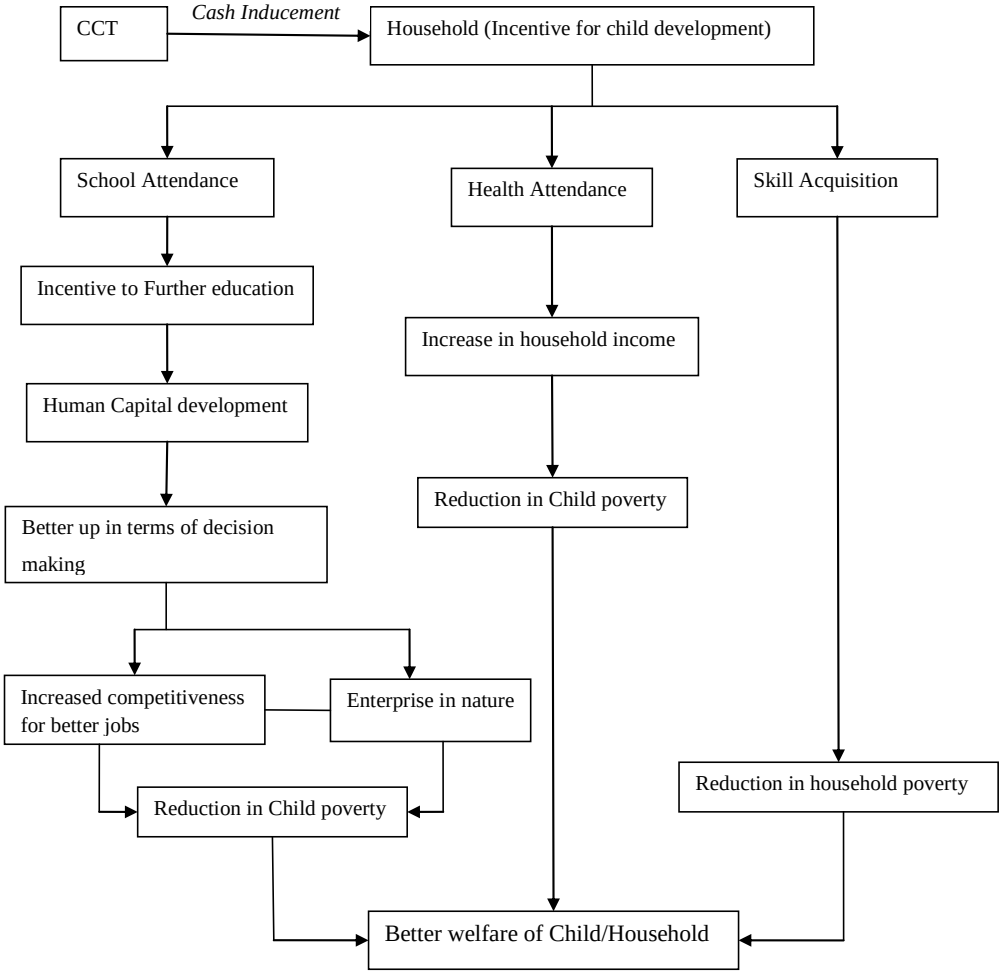



**Figure 1: Channels and expected outcome of CCT**

**Author's Conception (2015)**

To break the circle from the intervening diagram figure 1 the conditional cash transfer comes in form of incentive to the household with a condition that the household will allow his/her child to go to school and attend primary health care. This will serve as an incentive for the child to further his/her education and if the child further his/her education, it will lead to human capital development, and the child will be better in terms of decision making, that will enable the child to compete for job or seeking to become and enterprise, this will better his welfare or reduce poverty in the long run. Equally if a child attends health care and become healthy, he/she will be better up in terms of welfare because it will increase the household expenditure, since part of the income that will use to take care of the child will be converted to household expenditure. Since the health care is free. Finally, the program is organize for one year, the skills acquired by the household will augments the program, since at the end of the program the household will be entitle to eighty five thousand naira(N85,000) to strength his/her business which will be use to encourage or sustain the child in school.

**3.4 Population**

The population of this study consists of the entire households that have children within the universal basic education (UBE) age and have participated in the CCT program. The program started in 2009 in Kano state with the participation of 10 local governments. Therefore, from 2009 to 2014 the population is 4500. Out of 44 local governments in Kano state 19 local governments benefited from the CCT program, in which Kano municipal LG benefited twice. The following are the beneficiary of the CCT program in the three senatorial zones as shown in the table below.

**TABLE 3.1: The Beneficiary of The CCT Program in The Three Senatorial Zones**

| Central senatorial zone<br><br>1 | North senatorial zone<br><br>2 | South senatorial zone<br><br>3 | Years<br><br>4 | Ward<br><br>5 | Households<br><br>6 | No of LG in years<br><br>7 | Total each of the LG<br>8<br>(6*7) | total LG multiple by total hh in each LG<br><br>9<br>(7*8) |
|---|---|---|---|---|---|---|---|---|
| KMC, Modobe, Nasarawa, Munjibir, | Danbanta, Gwarzo, Bagwai, | Gyaya,Kiru, Tudun Wada, | 2009-2010 | 10 | 5 | 10 | 50 | 500 |
| KMC | Bichi, | Dogowa | 2011-2012 | 10 | 40 | 3 | 400 | 1200 |
| Ungogo, Gazawa | Shanono, Tsanyawa ,Rimin Godo,Tofa | Garko | 2013-2014 | 10 | 40 | 7 | 400 | 2800 |
| Total = 7 | 8 | 5 | | | | 20 | | 4500 |

**Source: Compiled by author (2015)**

From the above table four local governments were selected purposively one from each of the senatorial zones and two from the central zone and the total population of the beneficiary of the CCT from the four local governments is 1250.

3.5 Sampling techniques and sample size

Following Yamane (1962), the samples size was derived mathematically by using the formula:

$$n = \frac{N}{1 + N(e^2)} \quad \text{.....3.1}$$

, where;

n = the sample size

N = the total population

e = the level of precision

: - from table one

N = 1250

$$n = \frac{1250}{1+(1250)(.07^2)}$$

$$n = \frac{1250}{7.125}$$

n=175.4

Therefore, the sample size is 175 household, for the four local governments. To determine the percentage share of the four local government area.

**TABLE 3.2: Selected Percentage Share of each Local Area in Sample Size**

| Local governments | Year | NO of household | Household Sample per local Gvt |
|---|---|---|---|
| KMC | 2010-2011 | 50 | $\frac{50}{1250} \times 175 = 7$ |
| Gezawa | 2011-2012 | 400 | $\frac{400}{1250} \times 175 = 56$ |
| Tofa | 2013-2014 | 400 | $\frac{400}{1250} \times 175 = 56$ |
| Dogowa | 2013-2014 | 400 | $\frac{400}{1250} \times 175 = 56$ |
| Total= 4 | | 1250 | 175 |

**Source: Compiled by author (2015)**

A simple random sample was employed to administered the questionnaire among the household across the four local governments, with pre- assumption that the households are homogenous in nature.

**3.6 Data Collection and Source of Data**

Both secondary and primary data were used in this research work. The primary data were collected through the use of well-structured questionnaires and interview. The study covered the three senatorial zones in the state. Secondary data were obtained from the records of the CCT programs, documentaries, library, journals and internet source.

Basically, the questionnaires were structured in such a manner that the questions asked brought out maximum information about the CCT program among the beneficiaries in Kano state. The questionnaire contains a combination of closed and open ended questions. The open ended

questions encouraged respondents to provide detailed answers to the questions, while answers to the closed ended questions required that the researcher seeks further clarification from other sources in order to be able to use such information adequately.

### 3.7Analytical Techniques

The analytical techniques used for the study; this includes descriptive statistics such as frequency tables, ratios, percentages etc. Binary Response Model and chi-square employed.

### 3.7.1 Chi- Square Statistics

One of the objectives of the study is to ascertain whether CCT could improve the future welfare of the family as a result of education of the child. Consequently, households were asked whether CCT could through education of the child change the family fortune. This question became relevant because it is likely that some household may only respect the CCT conditions because of the cash incentives without thinking about the long run benefit of the Childs education. Therefore it was hypothesized that about 50% of the households have knowledge of the long term benefit of child's education. Therefore, the response of the household to the question that the fortune of the family could change as a result of schooling outcome of the child because of CCT constitutes the observed frequency.

This information was subjected to the chi-square formula for testing etc.

$$\chi^2 = \frac{\sum (O - E)^2}{E} \quad \text{----------3.2}$$

Where;

$\sum$ = Summation

O = Observed frequencies

E = Expected frequencies

$\chi^2$ = Chi-square

This was based on 5% level of significance.

The a priori expectation was that from the theoretical framework, we expect that at least 50% of the respondents. The program impacts positively on them.

Decision rule if the calculated value were less than the critical value; we accept Ho and reject Hi.

If the calculated value were greater than the critical value, we accept Hi and reject Ho.

### 3.7.2 Probit Regression Model

Comment [P2]: Why the probit model?

To estimate the extent in which the socio economic background of the household aids or acts as contributing factor or otherwise to the success of the conditional cash transfer, the model, which sees the CCT as a function of educational qualification, number of wives of the households aid, major occupation and size of the households aid so on. Since the program is designed for one year and at the end of the year the skill acquired by the household through the MDG programs and the money given to the household will be used to sustain the program, it means the above factors will play a significant role in the sustainability of the success or otherwise of the program. Therefore, we want to know what is probability of the success or failure of the program we therefore use the probit model to determine the success or failure. Therefore the model becomes,

$$P(y = 1|x) = F(\beta_0 + \beta_1 X_1 + \cdots\cdots \beta_x X_k) = G(\beta_0 + X\,\beta) \quad \text{---------- 3.3}$$

Where *F* is a function taking on values strictly between zero and one: $0 < F(z) < 1$, for all real numbers *z*. This ensures that the estimated response probabilities are strictly between zero and one. Therefore, success is 1 and 0 for failure.

**Y** = indicates success or failure.

**X** = is a vector of household characteristics such as education level, income level, asset level and previous experience on any intervening program.

## Chapter four

## PRESENTATION AND ANALYSIS OF THE RESULTS

### 4.0 Introduction

This chapter analyzes the data collected through the administration of questionnaire. The data are presented and analyzed in order to address the research questions. The questionnaires were administered to beneficiaries of the conditional cash transfer in four local governments in Kano state Nigeria. Out of one hundred and seventy five questionnaires administered, thirty eight were returned not filled. The questionnaires were divided into four sections namely; section A covering the background information of the households heads, section B, Education and Health Status, Section C, covered Conditional Cash Transfer and Human Capital Development and section D, covered Perception on Conditional Cash Transfer. The results of the study are presented in frequency distribution tables and percentages. In order to test the hypothesis, cross tabulation, Chi-square statistic and probit regression model were used.

### 4.1 Socio-Economic Characteristics of CCT Beneficiaries

#### 4.1.1 Demographic Characteristics of Respondents of Household Head

Table 4.1.1 the demographical distribution of household head shows that 81.2% of the sampled households are headed by female, while 18.2% by male. From the total sample, 55.5% are widows and 36.5% are married. The reason for having more female than male participants is because more preference was given to the female single parent's households who are more vulnerable. The age distribution shows that 50% of the respondent are within the age bracket of 35-49 years, which constitute the majority, while the remaining constitutes 19.9% represent 50-

64 years, 10.3% represent 20-34 years, 5.1%represent 65-75 years respectively, and those that did not answered the question because they are not certain about their age represent 15.3%.

**Table 4.1.1: Demographic Distribution of Respondent**

| Variables | Frequency | Percentage |
|---|---|---|
| **a) Gender** | | |
| Male | 25 | 18.2 |
| Female | 112 | 81.8 |
| **Total** | **137** | **100.0** |
| **b) Age** | | |
| 20-34 | 14 | 10.3 |
| 35-49 | 68 | 50.0 |
| 50-64 | 27 | 19.9 |
| 65-79 | 7 | 5.1 |
| Missing Value | 21 | 15.3 |
| **Total** | **137** | **100.0** |
| **c) Marital Status** | | |
| Single | 1 | .7 |
| Married | 50 | 36.5 |
| Widow | 76 | 55.5 |
| Divorce | 10 | 7.3 |
| **Total** | **137** | **100.0** |
| **d) Educational Qualification** | | |
| Non Formal Education | 2 | 1.5 |
| Quranic Education | 83 | 60.6 |
| Adult Education | 4 | 2.9 |
| Primary Education | 23 | 16.8 |
| Secondary Education | 20 | 14.6 |
| Missing Value | 5 | 3.6 |
| **Total** | **137** | **100.0** |

***Source: Field Survey, Report (2016)***

The education qualification of the beneficiaries' household head shows that majority 60.6% of the respondents attend the Quranic education while 16.8% and 14.6% have primary and secondary education respectively. The non formal and adult educations have 1.5% and 2.9% respectively.

### 4.1.2 Education and Health Status of the Beneficiaries

Table 4.2a and 4.2b shows that majority of the beneficiaries attend dispensary and primary health clinic, 49.6% attend dispensary, while 46% attend primary health clinic. Only 1.5% attends both. This shows that majority of the beneficiaries attend dispensary and primary health clinic. The distance to the health facility varies among respondents for instance 78.1% of the respondents said the distance from their houses to the health post is between 1-3km and 15.3% said it is 3-6km and 3.6% said it is 6-7km and 1.5% said it is 10km and above. However the distance to the health post could influence health attendance, as longer distance may reduce rate of participation. The distribution of the respondents that register with health facilities, show that, 75.5% registered while, 23.4% have not registered. The unregistered are less because one of the conditions of the CCT is that, if you are sick you must register with the health care unit. This is why the number of children that registered with the health centers was more compared with those that do not registered. Majority of the women give birth, and attend health clinic which has reduced mortality rate among the beneficiaries.

In the study location, most of the schools are public schools. It was found that 83.2% of the schools are public and 5.1% are private while 10.9% have both public and private schools. The

locations have only few private schools because most parents cannot afford to pay for private school. The distance from the schools ranges between 1-10km.For instance 83.9% of the respondents said the distance from the house to the school is between 1-4km and 14.6% said it is between 5-10km. This shows that majority of the beneficiaries stay within the location of the schools in the community. However, it shows that the longer the distance to school, the less the participation by children especially the girl child.

**Table 4.1.2a: Education and Health Status of Beneficiaries**

**a) Health Status Distribution of Respondent by Type of Health Service Visitation**

| Variable | Frequency | Percent |
|---|---|---|
| Dispensary | 68 | 49.6 |
| Primary Health Center | 63 | 46.0 |
| Others | 4 | 2.9 |
| Both A and B | 2 | 1.5 |
| **Total** | **137** | **100.0** |

b) **Distribution of Respondents Based on Distance to Health Center**

| Variable | Frequency | Percent |
|---|---|---|
| 1-3km | 107 | 78.1 |
| 4-6km | 21 | 15.3 |
| 7-10km | 5 | 3.6 |
| 10km and above | 2 | 1.5 |
| Missing Value | 2 | 1.5 |
| **Total** | **137** | **100.0** |

**Continuation of Table 4. 1.2a**

*c) Are Your Family Members Registered With the Health Center*

| Variable | Frequency | Percent |
|---|---|---|
| Yes | 103 | 75.2 |
| No | 32 | 23.4. |
| Missing Value | 2 | 1.5 |
| Total | 137 | 100.0 |

**d) How Many Children do You Have**

| Variable | Frequency | Percent |
|---|---|---|
| 1-4 | 89 | 65.0 |
| 5 and above | 43 | 31.4 |
| Missing Value | 5 | 3.6 |
| **Total** | **137** | **100.0** |

*3.6*

**Table 4.1.2b: Education and Health Status of Beneficiaries**

**a) Does Your Wife Give Birth At The Health Center**

| Variable | Frequency | Percent |
|---|---|---|
| Yes | 117 | 85.4 |
| No | 12 | 8.8 |
| Missing Value | 8 | 5.8 |
| **Total** | **137** | **100.0** |

**b) What Kind of Primary School Do You Have in Your Community**

| Variable | Frequency | Percent |
|---|---|---|
| Public | 114 | 83.2 |
| Private | 7 | 5.1 |
| both public and private | 15 | 10.9 |
| Missing Value | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**c) What is the Distance From Your House to the School on the Average**

| Variable | Frequency | Percent |
|---|---|---|
| 1-5km | 115 | 83.9 |
| 5-10km | 20 | 14.6 |
| Missing Value | 2 | 1.5 |
| **Total** | **137** | **100.0** |

**Continuation of table 4.1.2b**

**d) Which of the School is Your Best Option**

| Variable | Frequency | Percent |
|---|---|---|
| Private | 7 | 5.1 |
| Public | 126 | 92.0 |
| Missing Value | 4 | 2.9 |
| **Total** | **137** | **100.0** |

**e) Why Do You Prefer That?**

| Variable | Frequency | Percentage |
|---|---|---|
| Financial Constraint | 59 | 43.1 |
| Professionalism | 40 | 29.2 |
| Competence, Caring, and More Considerate | 35 | 25.2 |
| Missing Value | 3 | 2.2 |
| **Total** | **137** | **100.0** |

***Source: Field Survey- Report (2016)***

### 4.1.3 Conditional Cash Transfer and School Related Information

Table 4.3 shows the distribution of the respondents that have benefited from the CCT program, out of 137 beneficiaries only 15.3% of the respondents said they are aware of previous poverty alleviation program, while 81.8% said they have no idea of the program. Out of those that said they are aware of previous poverty alleviation program, only 9.5% said they could remember the program, 85.7% said the program was between 2007 to 2015, while 4.7% said it was between 1999-2007.

The use of district head is an effective means of communication (introduction) and creation of awareness of the CCT program to the various community or households. Other medium includes electronic medium like radio and television. The distribution of the respondent based on medium of awareness of the CCT program, shows that 73.1% respondents were informed about program through district head of their communities while 13.9% and 10.2% were informed of the CCT program through radio and television respectively. Majority 69% were aware of the precondition for selection. The conditions include households must be core poor, households with OVC, households with HIV/AIDS, victims of flood and households with disability, only few 29.2% that were not aware about these conditions for selection. This may be due to remoteness of their location. The incentives given to beneficiaries includes monthly allowance, attendance of health clinic and attachment to any of the MDG program, but unfortunately majority 50.4% only benefited from the monthly allowance, only 21.9% are those who benefited from both the MDG and monthly allowance.

Majority 99.3%of the beneficiaries received N 5,000 monthly, because they have three children and above. Thus the BIG Monthly Guaranteed Income is optimally explored by the beneficiaries.

If CCT had not offered them cash, 75.2%, agreed that they can still allow their children to attend school and health clinic, provided that they have the fund while 23.4% disagreed. Provided that UBE is not free 81.8% agreed that they can use the money earned by CCT program to sponsor their children to school while 17.5% said that they cannot use the cash from CCT to sponsor their children in school. Majority with 58.4% do not see formal education as a set back to their religious and tradition, while 40.9% see it as a set back to the religion and tradition. This may be due to wrong perception over formal education.

**Table 4.1.3 Conditional Cash Transfer Based on School Related Information**

**a) Distribution of Respondent Based on Awareness of Poverty Alleviation**

| Variable | Frequency | Percent |
|---|---|---|
| Yes | 21 | 15.3 |
| No | 112 | 81.8 |
| Missing Value | 4 | 2.8 |
| **Total** | **137** | **100.0** |

**b) Can You Identify the Program**

| Variable | Frequency | Percent |
|---|---|---|
| No | 15 | 71.4 |
| Yes | 2 | 9.5 |
| Missing Value | 4 | 19.04 |
| **Total** | **21** | **100.0** |

**c) When Was That**

| Variable | Frequency | Percent |
|---|---|---|
| 1999-2007 | 1 | 4.7 |
| 2007-2015 | 18 | 85.7 |
| Missing Value | 2 | 9.5 |
| **Total** | **21** | **100.0** |

**d) Nature Of Intervention**

| Variable | Frequency | Percent |
|---|---|---|
| direct fund | 43 | 31.4 |
| provision farm equipment | 1 | .7 |
| Missing Value | 93 | 67.9 |
| **Total** | **137** | **100.0** |

**e) Source of awareness About the CCT Program**

| Variable | Frequency | Percent |
|---|---|---|
| Radio | 19 | 13.9 |
| Television | 14 | 10.2 |
| Teacher | 1 | .7 |

| **Continuation of table 4.1.3** | | |
|---|---|---|
| Doctor | 1 | .7 |
| District Head | 101 | 73.7 |
| Missing Value | 1 | .7 |
| **Total** | **137** | **100.0** |

**f) Do You Know the Precondition For Selection**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Yes | 95 | 69.3 |
| No | 40 | 29.2 |
| Missing Value | 2 | 1.5 |
| Total | 137 | 100.0 |

**g) Which of These Are the Precondition For Selection**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Low Income Earners | 125 | 91.2 |
| Household With HIV/AIDS | 1 | 0.7 |
| Household With Disability | 4 | 2.9 |
| Missing Value | 7 | 5.1 |
| **Total** | **137** | **100.0** |

**h) Which of the Incentives Have You Enjoy**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Health | 27 | 19.7 |
| Education | 7 | 5.1 |
| Monthly Allowance | 69 | 50.4 |
| Entrepreneurial Skill | 1 | .7 |
| Both A,B,C,D. | 30 | 21.9 |
| Missing Value | 3 | 2.2 |
| **Total** | **137** | **100.0** |

**i) What is the Nature of This Program**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Cash Incentive to Household to Send Their Children to School | 133 | 97.1 |

| **Continuation of table 4.1.3** | | |
|---|---|---|
| Attend Health Clinic | 3 | 2.2 |
| Attachment to Any of the MDGs Programs | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**j) How Many of Your Children Are Beneficiary of the CCT Program**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| 1child | 0 | 0 |
| 2-3 children | 78 | 56.9 |
| 4 and above | 50 | 36.5 |
| Missing Value | 9 | 6.6 |
| **Total** | **137** | **100.0** |

**k) How Much Do You Receive From CCT Monthly**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| 5000 | 136 | 99.3 |
| 5000 and Above | 1 | .7 |
| **Total** | **137** | **100.0** |

**l) If CCT Had Not Offered You Cash, Will You Have Still Allowed Your Children to Enroll in School and Registered With the Health Clinic**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Yes | 103 | 75.2 |
| No | 32 | 23.4 |
| Missing Value | 2 | 1.4 |
| **Total** | **137** | **100** |

**m) Provided, UBE is Not Free, Can You Use Cash From CCT to Sponsor Your Children in School**

| **Variable** | **Frequency** | **Percent** |
|---|---|---|
| Yes | 112 | 81.8 |
| No | 24 | 17.5 |
| Missing Value | 1 | 0.7 |
| Total | 137 | 100.0 |

**Continuation of table 4.1.3**

**n) Do You See Formal Education As A Setback To Your Religion And Tradition**

| Variable | Frequency | Percent |
|---|---|---|
| Yes | 56 | 40.9 |
| No | 80 | 58.4 |
| Missing Value | 1 | 0.7 |
| **Total** | **137** | **100.0** |

***Source: Field Survey- Report (2016)***

### 4.1.4 Impact of Socio-Economic Background of Respondent to CCT: Econometric Analysis; Binary Response Model - Probit Regression

Table 4.1.4 estimated how the socioeconomic characteristics of the respondents influence the CCT program. The set of socioeconomic factors considered are household size, numbers of wives, number of children, Occupation of the household head, level of education of the household head, proximity to primary school, proximity to health centre and knowledge about the previous intervention program. The estimated probit model shows that there is a positive but insignificant relationship between major occupation of the beneficiaries and CCT at 5% level of significance. This findings is in agreement with the result in the cross table above. Parents know the importance of children education irrespective of occupation background. The challenge parents may have is the cost of education or when the schools is far from the community. The awareness about the importance of education has been through sensitization by most intervention agency such as the CCT itself and others like UNESCO, UNICEF etc.

The estimated probit model shows that there is a positive and significant relationship between educational qualification and CCT program at 5% level of significant. Therefore, we could reject the H0 and conclude that there is a significant relationship between educational qualification and

CCT. This finding is consistent with the assertion that there is a significant relationship between educational qualification and CCT. This result is in conformity with the findings of Brauw and Hoddinot(2011) who assess the impact of CCT on human capital formation and school enrollment and the result impacted positively on the outcome in Mexico.

The estimated probit model shows that there is a nagative but insignificant relationship between household size and CCT program at 5% level of probability. Therefore, we could not reject the H0 and conclude that there is no significant relationship between household size and CCT program. This finding is inconsistent with assertion that there is a significant relationship between household size and CCT program. This could be attributed to the time lag which is too small because the program only last for few years.

From the estimated probit model shows that there is a positive and insignificant relationship between beneficiaries of any government intervening program and CCT at 5% level of significant. Therefore, we could not reject the H0 and conclude that there is no significant relationship between beneficiaries of any government intervening program and CCT. This finding is inconsistent with the assertion that there is a significant relationship between beneficiaries of any government intervening program and CCT. This could be attributed to the fact that the past government intervention programs are not tailored toward breaking of intergeneration transfer of poverty.

The estimated probit model shows that there is a nagative and insignificant relationship between proximity of the student house to the school and CCT at 5% level of significant. Therefore, we could not reject the H0 and conclude that there is no significant relationship between proximity

of the student house to the school and CCT. This finding is inconsistent with the assertion that there is a significant relationship between proximity of the student house to the school and CCT.

The estimated probit model shows that there is a positive and insignificant relationship between proximity of the student house to the health centre and CCT at 5% level of significant. Therefore, we could not reject the H0 and conclude that there is no significant relationship between proximity of the student house to the health centre and CCT. This finding is inconsistent with the assertion that there is a significant relationship between proximity of the student house to the health centre and CCT. This could be attributed poor facilities in the health centre.

**Table 4.1.4: Impact of Socio-Economic Background of Respondent to CCT**

| Parameter | Estimate | Std. Error | Z | P-VALUE |
|---|---|---|---|---|
| a) major occupation | 0.193 | 0.217 | 0.889 | 0.374 |
| b) educational qualification | 0.782 | 0.370 | 2.115 | 0.034 |
| c) Household size | -.058 | 0.067 | -.859 | 0.391 |
| d) have you ever benefited from any of the past govt intervening programs in your community | 0.070 | 0.652 | 0.107 | 0.915 |
| e) Proximity of your house to the school on the average | -1.362 | 1.263 | -1.079 | 0.281 |
| f) Proximity of your house to health center | 1.011 | 0.719 | 1.408 | 0.159 |
| Intercept | -.937 | 1.847 | -.507 | 0.612 |

***Source: Eviews Output, 2016***

### 4.2 CCT, School Enrollment, Health Attendance

#### 4.2.1Cross Tab/Chi-Square Analysis

Table 4.2.1a, show 100% of the respondents with non-formal education revealed that CCT has encouraged them to send their children to school, while 98% of those with primary education said CCT has encouraged them to send their children to school.100% and 98.8% of the respondents with primary and secondary education respectively agreed that CCT has encouraged them to send their children to school. However, the chi-square statistic is not significant; indicating that there is no significant statistical correlation between educational background and children school enrollment. From the cross tab in table 4.6a, parents with no educational background or with informal education background were motivated by the CCT program to send their children to school. This is because the CCT in the first instance use to carry out mass sensitization program in the communities about the importance of education. Beside, agents from UNESCO, UNICEF etc from time to time had been in those communities to sensitize parents about the importance of children education. This finding is in conformity with the work of Brauw and Hoddinot(2011) who assess the impact of CCT on human capital formation and school enrollment and the result impacted positively on the outcome in Mexico.

**Table 4.2.1a Cross tab Between Parents Educational Qualification and Children Enrolment in School**

| | | Did the CCT Program Encourage You to Send Your Children to School | | Total |
|---|---|---|---|---|
| | Options | Yes | No | |
| Educational Qualification | Non Formal Education | 2(100%) | 0(0%) | 2(100%) |
| | Quranic Education | 82((98.8%) | 1(1.2%) | 83(100%) |
| | Adult Education | 4(100%) | 0(0%) | 4(100%) |
| | Primary Education | 23(100%) | 0(0%) | 23(100%) |
| | Secondary Education | 19(95%) | 1(5%) | 20(100%) |
| | Missing value | | | 5(100%) |
| Total | | 135(98.5%) | 2(1.45%) | 137(100%) |

| | **Value** | **df** | **Prob value** |
|---|---|---|---|
| Pearson Chi-Square | 6.534 | 12 | 0.887 |
| Likelihood Ratio | 4.884 | 12 | 0.962 |
| Linear-by-Linear Association | 0.023 | 1 | 0.878 |
| N of Valid Cases | 137 | | |

***Source: Field Survey, 2016***

Table 4.2.1b show 100% of the respondents with non-formal education revealed that CCT has encouraged them to send their children to medical clinic, while 98.8% of those with quranic education agreed that CCT has encouraged them to send their children to medical clinic. 100% and 95% of the respondents with primary and secondary education respectively agreed that CCT has encouraged them to send their children to medical clinic. However, the chi-square statistic is not significant; indicating that we could not reject the H0 at 5% level of significant. This implies that there is no statistical correlation between educational background of the respondents and encouragement to send children to medical clinic by the CCT program. This means that many people in the community send their children to medical clinic even before the CCT program, may be because of the sensitization effort by various bodies such as village heads, Imans, UNICEF and many others.

This finding is in line with the work of Rasella et al (2013) who assess conditional cash transfer on mortality rate in Brazilian municipalities and found that the program has made positive impact on health. However, there are developmental and commitment differences.

**Table 4.2.2b Cross tab Between Educational Qualification and CCT Program as its Encourage Parents to Sent their Children to Medical Clinic**

| | | Did the CCT Program Encourage You to Send You Childred to Medical clinic | | Total |
|---|---|---|---|---|
| | Options | Yes | No | |
| Educational Qualification | Non Formal Education | 2(100%) | 0(0%) | 2(100%) |
| | Quranic Education | 82(98.8%) | 1(1.2%) | 83(100%) |
| | Adult Education | 4(100%) | 0(0%) | 4(100%) |
| | Primary Education | 23(100%) | 0(0%) | 23(100%) |
| | Secondary Education | 19(95%) | 1(5%) | 20(100%) |
| | Missing value | | | 5(100%) |
| Total | | 135(98.5%) | 2(1.5%) | 137(100%) |

| | Value | Df | Prob value |
|---|---|---|---|
| Pearson Chi-Square | 2.284 | 6 | 0.892 |
| Likelihood Ratio | 2.112 | 6 | 0.909 |
| Linear-by-Linear Association | .623 | 1 | 0.430 |
| Total | 137 | | |

***Source: Field Survey, Report 2016***

### 4.3 Perception on The Extent In Which CCT Program Can Guarantee Poverty Reduction

One of the models for addressing the livelihood issues of the community is the "Step out Model". This has to do with community members leaving the community to other areas, if the resources in the community can no more adequately support livelihood, or as a result other natural factors like drought or flood, or increase in population. Most community members are very familiar with this and that is why in the study area, households at times send out young boys to the cities to search for greener pastures. However remittances from the migrant labour have always been very meager and the most often engaged in unskilled work due to their poor educational background.

This section seeks to find out the perceptions of the households whether if the children go to school they could steps out the communities to get good jobs and remit back good proceeds. This question was asked to both the male and female headed households in other to evaluate the extent in which CCT can guarantee poverty reduction. The study crosstab between set of variables such as gender, education qualification and major occupation s of the beneficiaries.

The result of the perception is revealed in Table 4.3 with 72% of the male agreed and 28% strongly agreed that the program can guaranteed poverty reduction while on the part of female beneficiaries 40% agreed and 59% strongly agreed that the program would guaranteed poverty reduction only 0.9% disagreed that the program would not guaranteed long term poverty reduction because of their wrong perception over government program.

In addition, the finding on table 4.3 shows both the male and female headed household agreed that the educational agenda of the CCT can likely improve the future poverty status of the

household, and children with good educational back ground would be able to have good jobs and good income for the family. It is significant to note that the chi square statistics is highly significant thereby confirming that parents have strong belief that CCT educational drive could in the near feature make their children to have good jobs and good salaries.

Table 4.3 evaluates the perception of the beneficiaries about the CCT role on poverty reduction, 96.4% agreed that CCT program if properly managed could reduce poverty through children education while 3.6% disagreed that the program will not reduce poverty due to insincerity of those involve in the implementation of the program. The majority of the beneficiaries see it as an excellent and good program initiated by the federal government with 48.9% and 29.7% respectively. Those that see the program has fairly good and bad are19.7% and 0.7% respectively. Virtually all the beneficiaries see CCT program as motivating factor to send their children to school and attend medical clinic.

Majority 97.8% agreed that they can use the proceed from what they are earning to send their children to school provided that they are given the lump sum amount at the end of the program. All agreed that the CCT program is a successful program that can touch or change the future of the less privileged if the guide lines are followed just the way it has turned the live of many in Brazil and Mexico where the program was first initiated. Just like any other government program in Nigeria, the CCT program is faced with a lot of challenges, among the major ones is inconsistency and lack of supervision which constitute 47.4%, financial constraint 43.1%, this is because governments do not disburse the fund at appropriate time. Professionalism with 29.2%,it is assume that government school have the best hand, even though the nonchalant

attitude of the teachers result to low performance among the students and competence, caring and more considerate35(25.5%).

**Table 4.3 Perception on CCT and poverty**

**a) Did You Expect the CCT To Change Your Fortune**

| **Variable** | **Variable** | **Variable** |
|---|---|---|
| No | 5 | 3.6 |
| Yes | 132 | 96.4 |
| **Total** | **137** | **100.0** |

**b) To What Extent**

| **Variable** | **Variable** | **Variable** |
|---|---|---|
| Agree | 63 | 46.0 |
| Strongly Agree | 73 | 53.3 |
| Disagree | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**c) How Do You Perceived The CCT that You are Benefiting or Benefited From**

| Variable | Variable | Variable |
|---|---|---|
| Good | 40 | 29.2 |
| Fairly Good | 27 | 19.7 |
| Bad | 1 | .7 |
| Excellent | 67 | 48.9 |
| **Total** | **137** | **100.0** |

**d) Did The CCT Program Encourage You to Send Your Children to School**

| Variable | Variable | Variable |
|---|---|---|
| Yes | 135 | 98.5 |
| No | 1 | 0.7 |
| Missing Value | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**Continuation of table 4.3**

**e) Did The CCT Program Encourage You to Send Your Children to Medical Clinic**

| **Variable** | **Variable** | **Variable** |
|---|---|---|
| Yes | 135 | 98.5 |
| No | 2 | 1.5 |
| **Total** | **137** | **100.0** |

**f) Can You Use the Proceed From What You Are Earning to Send Your Children to School**

| **Variable** | **Variable** | **Variable** |
|---|---|---|
| Yes | 134 | 97.8 |
| No | 2 | 1.5 |
| Missing Value | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**g) Did You See CCT as Successful Program**

| | | |
|---|---|---|
| Yes | 137 | 100.0 |

**h) Did Your Level of Education Influence the Success of the CCT**

| **Variable** | **Variable** | **Variable** |
|---|---|---|
| Yes | 122 | 89.1 |
| No | 14 | 10.2 |
| Missing Value | 1 | 0.7 |
| **Total** | **137** | **100.0** |

**Table 4.3.1a Cross tab Between Gender and to What Extend CCT Program Can Guarantee Long Term Poverty Reduction**

| | | To what Extend | | | Total |
|---|---|---|---|---|---|
| | | Agreed | Strongly agreed | Disagreed | |
| **Gender** | Male | 18(72%) | 7(28%) | 0(0%) | **25(100%)** |
| | Female | 45(40%) | 66(59%) | 1(.9) | |
| | | | | | **112(100%** |
| **Total** | | **63(46%)** | **73(53%)** | **1(.7)** | **137(100%** |

| | | | |
|---|---|---|---|
| | **Value** | **Df** | **Prob value** |
| Pearson Chi-Square | 8.393 | 2 | 0.015 |
| Likelihood Ratio | 8.675 | 2 | 0.013 |
| Linear-by-Linear Association | 7.236 | 1 | 0.007 |
| **Total** | | **137** | |

From the Table 4.3.1a the distribution of the respondent with Quranic education shows that 37% and 45% agreed and strongly agreed that CCT would guarantee poverty reduction, while 57% and 43% with primary education agreed and strongly agreed that the program is effective in reducing poverty. Equally 30% and 70% with secondary education agreed and strongly agreed that it would guarantee poverty reduction. However, the chi-square statistic is not significant; This implies that the sampled community members irrespective of their educational background know that education is se quo non or prerequisite to better livelihood, and good life.

**Table 4.3.1b: Crosstab Between To What Extent CCT Program Can Guarantee Poverty Reduction And Educational Qualification of The Beneficiaries**

| | | To what Extend CCT Program can Guarantee poverty Reduction | | | | |
|---|---|---|---|---|---|---|
| | | **Agreed** | **Strongly Agreed** | **Disagree** | **Missing Value** | **Total** |
| **Educational Qualification** | Non Formal Education | 1(50%) | 1(50%) | 0(0%) | 0(0%) | 2(100%) |
| | Quranic Education | 37(43.5%) | 45(53%) | 3(3.5%) | 0(0%) | 85(100%) |
| | Adult Education | 4(100%) | 0(0%) | 0(0%) | 0(0%) | 4(100%) |
| | Primary Education | 13(57%) | 10(43%) | 0(0%) | 0(0%) | 23(100%) |
| | Secondary Education | 61(45%) | 14(70%) | 0(0%) | 0(0%) | 20(100%) |
| | Total | 61(45%) | 73(53%) | 3(2.2%) | 0(0%) | 137(100%) |

**Continuation of table 4.3.1b**

| | Value | Df | P-VALUE |
|---|---|---|---|
| Pearson Chi-Square | 9.402 | 12 | 0.668 |
| Likelihood Ratio | 11.668 | 12 | 0.473 |
| Linear-by-Linear Association | 0.111 | 1 | 0.739 |
| N of Valid Cases | 137 | | |

From the table 4.3.1c show that the majority of beneficiaries has one form of occupation or the other, 54% and 56% engaged in petty trading agreed and strongly agreed that CCT would guaran tte poverty reduction, while 27% and 73% that engaged in local processing agreed and strongly agreed that CCT would guarantee long term poverty reduction. The distribution of those that engaged in farming are 60% and 40% agreed and strongly agreed that CCT would guarantee long term poverty reduction. However, the chi-square statistic is not significant; this is because irrespective of their occupational background in the sampled communities household heads know that education is very important for successful livelihood and better condition of living.

**TABLE 4.3.1c; Crosstab Between To What Extent CCT Program Can Guarantee Poverty Reduction And Major Occupation Of The Beneficiaries**

| | | To what extend CCT Program can Guarantee poverty Reduction | | | | |
|---|---|---|---|---|---|---|
| | | **Agreed** | **Strongly Agreed** | **Disagree** | **Missing Value** | **Total** |
| **Major Occupation** | Petty trading | 36(54%) | 31(56%) | 0(0%) | 0(0%) | 67(100%) |
| | Local processing | 7(27%) | 19(73%) | 0(0%) | 0(0%) | 26(100%) |
| | Artisan | 3(30%) | 7(70%) | 0(0%) | 0(0%) | 10(100%) |
| | Farming | 6(60%) | 4(40%) | 0(0%) | 0(0%) | 10(100%) |
| | Eateries | 11(46%) | 12(50%) | 1(4%) | 0(0%) | 24(100%) |
| | Total | 63(46%) | 73(53%) | 1(0.7%) | 0(0%) | 137(100%) |

| | **VALUE** | **d.f** | **P-VALUE** |
|---|---|---|---|
| Pearson Chi-Square | 12.054 | 8 | 0.149 |
| Likelihood Ratio | 11.002 | 8 | 0.202 |
| Linear-by-Linear Association | 1.395 | 1 | 0.238 |
| TOTAL | 137 | | |

***Source: Field Survey, Report 2016***

### 4.4 Challenges of Conditional Cash Tranfer in Kano State

From the table 4.8 shows that inconsistency and lack of proper supervision which constitute the major percentage represent 47.4% of the total respondents, political interference and awareness and enlightenment represent the following respectively 19% and 13.1% and does who could not express their opinion represent 20%. This could be due to high level of illiteracy. The inconsistency and lack of proper supervision could be as a result of distance between the beneficiaries and the desk officers in charge of the program in Kano state.

**Table 4.4: Challenges of Conditional Cash Transfer in Kano State**

| Variables | Frequency | Percent |
|---|---|---|
| Political Interference | 26 | 19.0 |
| Awareness and Enlighment | 18 | 13.1 |
| Inconsistancy and Lack of Supervision | 65 | 47.4 |
| Missing Value | 28 | 20.4 |
| **Total** | **137** | **100.0** |

***Source: Field Survey ,Report 2016***

# CHAPTER FIVE

## 5.0 SUMMARY, CONCLUTION AND RECOMMENDATIONS

### 5.1 Summary

The study examines impact of conditional cash transfer on poverty reduction in Kano state. The CCT is a poverty alleviation scheme meant to encourage parents to send children to school and enroll them with a health unit. The intension is that these children will acquire capacity that will improve on their livelihood and consequently break the vicious cycle of poverty in the near future. Therefore this study investigated the perceptions of sampled household heads of CCT toward poverty alleviation of selected communities in Kano State. Survey design and purposive sampling technique was adopted to generate the information for the analysis. Key variables such as number of children enrolment to school and health unit, distance of household to school and health unit, socio-demographic characteristics of the household head such as occupation, level of education, level of income, experience with previous poverty alleviation program etc, data were collected based on this variables. Descriptive statistics such as frequency tables cross tabulation and econometrics model such as the probit were employed for the analysis.

The study found that the sampled household heads in the study communities agreed that CCT program has encouraged them to send their children to school, and equally enrolled them to a health unit; consequently, CCT has increased school enrolment in the study communities.

The study equally found that most of the household head agreed that they would use the cash inducement received to pay for their children education.

The study found that the socioeconomic background of the household heads had no significant influence on children enrolment to school and health clinic because most of the parents without any form of education and even those with Quranic education sent their children to school because of CCT. The reason is because of the sensitization of importance of education by CCT and other intervention agencies such as UNESCO, UNICEF, local community PTA etc.

From the probit model, only level of educational qualification was the only significant factor that influenced the socio-economic variables.

On the whole, the study found that the sampled household head have strong perceptions that CCT could improve on the future status of the family through children education.

## 5.2 CONCLUTION

Conditional Cash Transfer (CCT) program has encouraged increase in school and health clinic enrolment in the sampled communities in Kano State. The program through is school sensitization programme has encouraged many parent to send their children to school irrespective of their professional educational background. Household head in the study communities have very strong perception that CCT would improve the poverty status of the family through human capital development of the children that would improve on their livelihood and income.

## 5.3 RECOMMENDATION

The followings are recommendation for the study;

I. Because of the success of the CCT program in the selected communities in Kano, it is recommended that it should be replicated in other communities in the State.

II. Monitoring and evaluation of the of stakeholder involve in the implementation of the program that is both the staff and the beneficiaries should be monitored and evaluated time to time for efficient out come.

III. The conditional cash transfer program should be fully implemented as designed, particularly the attachment of the MDGs program by parents.

IV. Time frame of the beneficiaries should extend beyond the normal two years so that the impact can be felt.

V. The schools and the health clinic should be equipped to meet up the need of the community.

VI. Government should avoid delay in disburse fund mend for the program.

VII. More household should be involves because if you compared the beneficiaries and the number of poor in the study area they are insignificant.

VIII. Selection should be based on merit rather than political compensation.

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**APPENDIX 1**
**SAMPLE OF BENEFICIARY OF CONDITIONAL CASH TRASFER**

**QUESTIONNAIRE**

Sir/Madam

I am a postgraduate student in the department of economics, ABU, Zaria, conducting an academic research on the topic "Conditional Cash Transfer as a Strategy of Poverty Reduction in Kano State Nigeria" for the award of Masters of Science (M.Sc.) Degree in Economics. Please, kindly fill the questionnaire. All responses will be strictly confidential and would be used for the purpose of academic research only.

**PLEASE TICK OR FILL APPROPRIATE.**

**INDIVIDUAL QUESTIONNAIRE**

**SURVEY IDENTIFICATION** LGA…… Village……

Date……. Enumerator…….. GSM Nos……

Supervisor…….. GSM Nos…….

**SECTION A: BACKROUND INFORMATION**

1. Name of the respondent …….
2. Phone Number…….
3. Gender of household head a) Male b) Female

**4.** Age…….

**5.** Marital status a) Single ( ) b) Married ( ) c) Widow ( ) d) Divorce ( )

**6.** Educational Qualification a) Non-formal education ( ) b) Qur'anic education ( ) c) Adult Education ( ) d) Primary Education ( ) e) Secondary Education ( ) f) Tertiary Education ( )

**7.** Total years in formal education…….

**8.** Household Size…….....persons a) Number of wives…….. b) Number of male children……. c) Number of female children……

d) Number of children < 6yrs…… e) Number of children > 6yrs……

**9.** Number of children going to school? ..... a) Males……. b) Females……

**10.** Number of children going to a) Primary…… b) Secondary……

c) Tertiary…….

**11.** Major occupation……

**12.** Other occupation…….

**13.** Association Membership a) Yes b) No

**14.** Years in Association……..

**15.** Main source of income **during rainy season**a) Farming ( ) b) Petty trading ( ) c) Bus/Taxi transportation ( ) d) others Specify……

**16.** Main source of income **during dry season** a) Farming ( ) b) Petty trading ( ) c) Bus/Taxi transportation ( ) d) others Specify……

**17.** Does income varies with season? a) Yes ( ) b) No ( )

**18.** Average monthly income during **rainy season**…….

**19.** Average monthly income during **dry season**……

**SECTION B**

**Education and Health Status**

1. What kind of health services do you have in your community a) Dispensary b)Primary health centre c) others specify.----------
2. How long is it from your house to the health centre? a)One to three kilometer b) Three to six kilometer c) Six to ten kilometer d) Ten kilometer and above
3. Are your family member registered with the health centre a) Yes b) No
4. Are your children registered with the health centre a) Yes b) No
5. How many of them a) One to four b) four and above
6. State the number of male children a) One to four b) Four and above
7. State the number of female children a) one to four b) Four and above
8. Do your wife give birth at the health centre a) Yes b) No
9. What kind of primary school do you have in your community a) public b) private c) both private and public
10. How long is your house to these school on the average a) One to five kilometer b) five to ten kilometer c) Ten kilometer and above
11. How long to the public school a) One to five kilometer b) Five to ten kilometer c)Ten kilometer and above
12. How long to the private school a) One to five kilometer b) Five to ten kilometer c)Ten kilometer and above

13. How many of your children attend these school a) One to four b) Four to ten c)Ten and above
14. Number of male in the public school a) One to four b) Four to ten c) Ten and above
15. Number of male in the private school a) One to four b) Four to ten c) Ten and above
16. Number of female in the public school a) One to four b) Four to ten c) Ten and above
17. Number of female in the private school a) One to four b) Four to ten c) Ten and above
18. Which of the school is your best option a) Private b) Public
19. Why do you prefer that----------

---

**SECTION C**

**Conditional Cash Transfer and Human Capital Development**

1. Have you ever benefited from any of the past government intervening programs in your community. a) Yes b) No
2. Can you identify the program ----------
3. When was that a) 1980 and to 1999 b) 1999 to 2007 c) 2007 to 2015
4. what is the nature of intervention a) direct fund b) provision of farm equipment c) provision of transport d) other specify ----------

---

5. How do you get know about the conditional cash transfer program? a)Radio b) Television c) Teacher d) Doctor e) other source specify----------

6. . Do you know the precondition for selection? a) Yes b) No
7. What are the preconditions for selection a) low income earners b)Households with OVC c) Households with HIV/AIDS d) Victims of flood e) Households with disability
8. How many of the incentives have you enjoy a) Health b) Education c) Monthly allowance d) Entrepreneurial skill e) other specify----------
9. What is the nature of this program a) Cash incentive to household to send their children to school b) Attend health clinic c) Attachment to any of the MDGs program
10. How many of your children are beneficiary of the CCT a) one to four b) Four to ten c) Ten and above
11. State the number of male----------
12. State the number of female----------
13. How much do you receive from CCT monthly----------
14. If CCT had not offered you cash , would you have still allowed your children to enroll in school and registered with the health clinic a) Yes b) No
15. Provided, UBE is not free, can you use cash from CCT to sponsor your children in school? a) Yes b) No
16. Do you see formal education as a setback to your religion and tradition a) Yes b)No

**SECTION D**

**Perception ON CCT and Poverty**

1. Did you expect the conditional cash transfer to change your fortune? a) Yes b) No

2. To what extent a) agree b) Strongly agree c) Disagree d) Strongly disagree.

3. How do you perceived the conditional cash transfer that you are benefiting or benefited from- a) good b) fairly good c) bad d) fairly bad e) excellent

4. Did the conditional cash transfer program encourage you to sent your child to school a) Yes b)No

5. Did the conditional cash transfer program encourage you to send your child to medical clinic?

a) Yes b) No

6. Can you used the proceed from what you are earning to sent your child to school. a) Yes b) No

7. Did you see conditional cash transfer as a successful program? a) Yes b) No

8. Did your level of education influence the success of the CCT? a) Yes b) No

9. What are the challenges of the conditional cash transfer program, briefly express your view.---

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