

Demographic and Socio-economic Factors Influencing Participation in the Conditional Cash Transfer Programme in Bayelsa State, Nigeria

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doi: <https://doi.org/10.37745/bjesr.2013/vol13n3210223>

Published December 05, 2025

Citation: Ebikake H. and Odubo T.R. (2025) Demographic and Socio-economic Factors Influencing Participation in the Conditional Cash Transfer Programme in Bayelsa State, Nigeria, *British Journal of Earth Sciences Research*, 13(3),210-223

Abstract: *As a social protection mechanism aimed at reducing poverty, the Conditional Cash Transfer (CCT) programme provides cash payments to low-income families. This study examines the demographic and socioeconomic factors influencing participation in the CCT Programme in Bayelsa State, Nigeria. Data for the study were obtained through both primary and secondary sources. While Primary data were collected from Conditional Cash Transfer beneficiaries using a questionnaire, Key-Informant Interviews (KIIs) were employed for qualitative data collection. Data were analysed using descriptive statistics and Thematic content analysis. Findings reveal that beneficiaries were selected using criteria such as household size, employment status, property ownership, and cooking methods, ensuring that resources reached the most disadvantaged members of society. Findings also revealed that women were predominantly chosen as beneficiaries due to their roles as primary caregivers to empower families. It was thus recommended, among others, that the Bayelsa State Government and other stakeholders provide credible and standardised sociodemographic information of citizens to enable the proper identification of those who qualify as beneficiaries of the CCT programme. Also, the programme should offer direct help with healthcare, like affordable medical services, free health check-ups, and advice on good nutrition.*

Keywords: demographic characteristics, human capital, socio-economic, social protection, vulnerability

INTRODUCTION

Conditional Cash Transfer (CCT) programmes have emerged as a popular social protection mechanism aimed at reducing poverty and improving human capital outcomes in low and middle-income countries. These programmes provide cash payments to low-income families, contingent upon specific behavioural requirements, such as children's school attendance,

vaccinations, or regular health check-ups. The first major CCT programme, Mexico's Progresa (later renamed Oportunidades and now Prospera), was launched in 1997. This programme marked a significant shift in the approach to poverty alleviation in Mexico, moving away from general subsidies and towards targeted interventions aimed at improving health, education, and nutrition among the poorest households. The success of Progresa in reducing poverty and improving human capital outcomes spurred interest in CCTs across Latin America and beyond (Adelaja et al., 2019).

Following Mexico's lead, Brazil introduced the Bolsa Família programme in 2003. Bolsa Família provided cash transfers to millions of low-income families, with conditions related to school attendance, vaccinations, and regular health check-ups. The programme was credited with significant reductions in poverty and inequality in Brazil, as well as improvements in education and health outcomes (Oni & Adebayo, 2023).

The global spread of CCT programmes can be attributed to their demonstrated success in improving human capital outcomes, coupled with their adaptability to different socio-economic contexts. By the early 2010s, CCT programmes had been implemented in over 30 countries worldwide, including large-scale programmes in Turkey, Indonesia, and the Philippines. Each of these countries adapted the CCT model to address specific local challenges, such as improving educational attainment, reducing child labour, or addressing public health issues (Abdulai et al., 2019).

The educational level of household heads is another crucial factor influencing participation in CCT programmes, as explored by Bamidele (2023). This is because educated individuals are generally more aware of the programme's benefits, eligibility criteria, and the application process. The ability to comprehend the rules and procedures is essential for effective participation, and individuals with higher education levels tend to be more adept at navigating bureaucratic systems. Moreover, these educated individuals are often better equipped to understand the long-term benefits of CCTs, such as improved access to healthcare and education for their children. This correlation between education and participation underscores the importance of improving educational outcomes at the community level to foster greater engagement with social welfare programmes.

In addition to income, education, and technology, administrative factors also play a pivotal role in shaping participation rates. Shadare (2020) emphasised that the presence and efficiency of local government structures are key determinants of participation in CCT programmes. In many cases, the success of CCT programmes depends on the quality of public administration, including the efficiency of beneficiary registration, fund disbursement processes, and monitoring systems. Shadare's study highlighted that delays in these processes, coupled with inefficiencies in government services, often discourage potential beneficiaries from participating. In areas where government services are perceived as unreliable or slow, households may lose confidence in the programme, leading to reduced participation. For instance, in regions where there is a history of delayed fund transfers or complicated registration processes, households may refrain from enrolling in the programme due to uncertainty or frustration with the administrative hurdles. Furthermore, the lack of transparency

and accountability in the administration of CCTs can exacerbate these challenges, undermining trust in the programme and hindering its effectiveness. Shadare's findings suggest that improving the administrative efficiency and accountability of CCT programmes is crucial for increasing participation rates.

The interplay between these socioeconomic factors—income, education, access to technology, and administrative efficiency—demonstrates the complexity of the challenges surrounding participation in CCT programmes. Overall, the works of these authors contribute to a deeper understanding of the multifaceted factors influencing participation in CCT programmes. Beyond the direct benefits of improved education, healthcare, and nutrition, CCTs also have a broader social impact by fostering social cohesion and reducing inequality. By targeting the most vulnerable populations, including women, children, and marginalised communities, CCTs help reduce disparities in access to essential services and promote social inclusion (Oderinde et al., 2024). This, in turn, contributes to greater social stability and the creation of more equitable societies.

Moreover, CCTs can play a role in strengthening the relationship between citizens and the state by increasing trust in government institutions (Maitalata & Aliegba, 2023). When families receive reliable and consistent support from CCT programmes, they are more likely to engage with other social services and participate in community activities. This increased engagement can lead to greater civic participation and a stronger sense of belonging, which are important for the overall development of democratic societies.

Conditional Cash Transfer (CCT) programmes are purposefully designed to address the needs of vulnerable populations, with a particular emphasis on women and children, who often bear the brunt of poverty's harshest consequences (Olawale, 2022). Women, in their roles as primary caregivers, are central to the well-being of their families. They are often tasked with ensuring access to essential resources such as food, healthcare, and education, which are critical for the development and survival of their children (Olawale, 2022). Recognising this, many CCT programmes prioritise women as primary recipients of cash transfers. This approach is informed by a wealth of evidence suggesting that women are more likely than men to channel additional income into their households, thereby achieving better outcomes for children and families (Shadare, 2020).

The decision to target women is grounded in their unique role within households and their capacity to multiply the benefits of financial assistance. Studies have consistently shown that when women control household resources, they are more likely to allocate funds towards food, healthcare, and education, all of which directly contribute to the broader goals of poverty reduction and human capital development (Shadare, 2019; Oderinde, 2024). For example, in many rural and low-income communities, a woman's access to additional income can mean the difference between a child attending school or dropping out to work (Crespo, 2019). This direct link between women's financial empowerment and improved family welfare underscores the strategic importance of targeting women in CCT programmes (Shadare, 2019).

In addition to the economic rationale, targeting women through CCTs catalyses their social and economic empowerment (Akinleye et al., 2019). By receiving direct financial support, women

gain a measure of independence and decision-making authority that can alter traditional household dynamics (Holmes, 2019). This empowerment extends beyond the immediate context of CCTs, contributing to shifts in gender norms and encouraging greater participation of women in community and societal roles. As women become more visible as beneficiaries and managers of resources, they challenge entrenched stereotypes and pave the way for future generations to access opportunities that were previously out of reach (Holmes, 2019).

Children, another primary focus of CCT programmes, stand to benefit immensely from the targeted assistance provided to their families. Poverty often robs children of the opportunity to thrive, exposing them to risks such as malnutrition, illness, and lack of education (Mba, 2018; Adelaja et al., 2019). CCT programmes aim to disrupt this cycle by ensuring that children from low-income families have access to the basic resources needed for their development (Oderinde, 2024). By linking cash transfers to specific conditions such as school attendance and regular health check-ups, these programmes incentivise behaviours that directly improve children's well-being and prospects. For instance, parents receiving CCTs are more likely to prioritise school fees and health services over other expenditures, thereby increasing children's chances of long-term success (Oderinde, 2024).

Moreover, the focus on children is critical for breaking the intergenerational transmission of poverty. Poor children are disproportionately vulnerable to health and education deficits, which perpetuate the conditions that trap families in poverty across generations (Shadare, 2019). By targeting interventions at this formative stage, CCT programmes create pathways for children to achieve better educational outcomes, improved health, and higher earning potential in adulthood (NCTO, 2019). These benefits are not only transformative for individual families but also have broader implications for societal development, as healthier and better-educated populations contribute more effectively to economic growth and social cohesion (Bamidele, 2023).

CCT programmes also play a pivotal role in addressing the unique vulnerabilities faced by children in marginalised communities (Oni & Adebayo, 2023). In many cases, these children face barriers such as discrimination, lack of access to schools or healthcare facilities, and cultural practices that undervalue their development (Oni & Adebayo, 2023). CCTs, by providing targeted support and linking it to tangible outcomes, offer a lifeline to these children and ensure that they are not left behind in broader poverty alleviation efforts. This approach reinforces the principle of equity by ensuring that the benefits of social protection reach those who are most in need (Oni & Adebayo, 2023).

Furthermore, targeting women and children aligns with global development priorities, such as the Sustainable Development Goals (SDGs), which emphasise the importance of gender equality and the protection of children's rights (UNICEF 2019b). The prioritisation of these groups within CCT programmes reflects an understanding of their centrality to achieving sustainable development. Women's empowerment and children's well-being are not merely byproducts of poverty reduction but are integral to the process of building resilient and inclusive societies (Holmes, 2019).

The targeted focus of CCT programmes on women and children reflects a strategic approach to addressing the root causes and consequences of poverty (NCTO, 2019). By empowering women as primary recipients and improving the welfare of children, these programmes maximise the impact of financial assistance while fostering social and economic transformation (Holmes, 2019). This dual focus ensures that the benefits of CCTs extend beyond immediate financial relief, creating lasting change for vulnerable populations and contributing to the broader goals of societal development. Through their conditionalities, CCT programmes not only alleviate the symptoms of poverty but also lay the groundwork for a more equitable and inclusive future (Oderinde, 2024).

METHODOLOGY

The study was conducted in Bayelsa State, South-South Nigeria. The cross-sectional research design was adopted in this study. The study population was made up of individuals who had benefited from the conditional cash transfer scheme in Bayelsa State. The 2024 report by the NG Cares office in Bayelsa State shows the number of persons that benefited from the transfer scheme from each local government as follows: Brass LGA (417), Ekeremor LGA (2,954), Kolokuma/Opokuma LGA (322), Nembe LGA (2,147), Ogbia LGA (518), Sagbama LGA (220), Southern Ijaw LGA (4,796), Yenagoa LGA (458). Hence, the total number of beneficiaries in Bayelsa is 11,832. Therefore, the population of the study is 11,832. The mixed-methods approach used in this study combines quantitative and qualitative methods. Since the population of the study is known, based on the data provided by NG Cares 2024, the sample size for this study was determined using the Taro Yamane (1967) sample formula.

RESULTS

1. Socio-Demographic Characteristics and Profile of the Respondents

This section of the data analysis shows the results of the socio-demographic characteristics and profile of the respondents. The table below shows the outcomes of respondents' profiles characterised by age, gender, religion, ethnic group, marital status, level of education, occupation, monthly household income and household size.

Table i: Socio-Demographic Characteristics and Profile of the Respondents

Variables	Frequency (n = 381)	Percentage (% = 100)
Mean Age: 44.44		
Age		
18 - 29	35	9.19%
30 - 39	95	24.93%
40 - 49	110	28.87%
50– 59	81	21.26%
60 and above	60	15.75%
Gender		
Male	9	2.4%
Female	372	97.6%
Religion		
	381	100%
Islam	0	0
Traditional	0	0
Ethnic group		
Ijaw	152	39.90%
Nembe	30	7.87%
Ogbia	20	5.25%
Epie/Atissa	117	30.71%
Uhrobo/ Isoko	34	8.92%
Igbo	28	7.35%
Marital Status		
Married	242	63.5%
Widowed	95	25.0%
Divorced	44	11.5%
Level of Education		
No Formal Education	130	34.1%
Primary	100	26.25%
Secondary	115	30.2%
Tertiary	36	9.45%
Occupation		
Farmer	118	30.97%
Trader	106	27.82%
Self-Employed	63	16.54%
Unemployed	41	10.76%
Private Sector	23	6.04%
Retired	30	7.87%
Monthly Household Income		
Less than ₦10000	91	23.88%
₦10100- ₦20000	188	49.34%
₦20100- ₦30000	70	18.37%
₦30100- ₦50000	15	3.94%

Above ₦50000	17	4.46%
Household Size		
1-3	75	19.69%
4-6	170	44.62%
7 and above	136	35.70%

Source: Field Survey, 2024

The socio-demographic profile of the respondents in Table i highlights several key characteristics of the study population. The mean age of respondents is 44.44 years, with the majority concentrated in the middle-aged bracket. Specifically, 28.87% are aged 40–49, followed by 24.93% aged 30–39, while older adults aged 50–59 and 60 and above constitute 21.26% and 15.75%, respectively. The youngest group, aged 18–29, makes up only 9.19%. The gender distribution is overwhelmingly female, with 97.6% of respondents identifying as women and only 2.4% as men. Religiously, all respondents identify as Christians.

Additionally, ethnic diversity reveals that the Ijaw ethnic group represents the largest share of respondents at 39.90%, followed by Epie/Atissa at 30.71%. Other ethnic groups, such as Uhrobo/Isoko (8.92%), Igbo (7.35%), Nembe (7.9%), and Ogbia (5.25%), contribute smaller portions to the population. Marital status shows that a significant majority (63.5%) are married, while 25.0% are widowed, and 11.5% are divorced.

Education levels vary, with 34.1% of respondents having no formal education. A smaller proportion completed secondary education (30.2%), and 26.25% have primary education, while only 9.45% attained tertiary education.

Occupationally, farming is the most common profession, with 30.97% of respondents engaged in agriculture. Traders make up 27.82%, and self-employed individuals represent 18.25%. Other occupational categories include the unemployed (10.76%), retirees (7.87%), and private sector workers (6.04%).

Furthermore, income distribution indicates that nearly half of the respondents (49.34%) earn between ₦10,100 and ₦20,000 monthly, while 23.8% earn less than ₦10,000. Fewer respondents earn higher incomes, with 18.37% earning between ₦20,100 and ₦30,000, and only 3.94% earning between ₦30,100 and ₦50,000. Notably, no respondent reported earnings above ₦50,000. Lastly, Household size reveals that the majority (44.62%) live in large households of seven or more members, while 35.70% live in medium-sized households of four to six members. Only a small fraction (19.69%) resides in households of 1–3 members.

Demographic and Socioeconomic Factors Influencing Participation in the CCT Programme**Table ii: Socioeconomic factors that Influenced Participation in the CCT Programme**

Variables	Frequency (n =381)	Percentage (% = 100)
Source of knowledge of the CCT Programme		
Community leader	25	6.56%
Radio/TV	0	0%
Friends/Relatives	68	17.85%
CCT Officials	288	75.59%
Reason for participating in the programme		
Financial Needs	353	92.65%
Encouragement from others	28	7.35%
Government Recommendation	0	0%
Frequency of Payments		
Monthly	12	3.15%
Quarterly	84	22.05%
Occasionally	285	74.80%
Amount Received		
₦5000	381	100%
₦10000	0	0
₦15000	0	0
Above ₦15000	0	0
Do your children go to school?		
Yes	360	94.49%
No	21	5.51%
The kind of school attended by children		
Public	285	74.80%
Private Government	96	25.20%
(Unapproved)	0	0%
Private Government (Approved)		
Rental Status		
Renting	133	34.91%
Personal Building	158	41.47%
Staying for Free	90	23.62%
Type of House Lived in		
Brick House	120	31.50%
Mud House	88	23.10%
Makeshift House	173	45.40%

Number of meals eaten in a day		
One square meal	95	24.93%
Two square meals	202	53.02%
Three square meals	84	22.05%
More than three square meals	0	0%
Employment Status		
Employed	19	4.99%
Unemployed	186	48.82%
Self-Employed	176	46.19%

Field Survey, 2024

The data provided in Table ii highlights the socioeconomic factors influencing participation in the Conditional Cash Transfer (CCT) programme, with insights into participants' sources of knowledge, reasons for involvement, payment frequency, received amounts, and living conditions.

The majority of respondents (75.59%) learned about the programme through CCT officials, while 17.85% were informed by friends or relatives, and only 6.56% through community leaders. Financial need was overwhelmingly the primary reason for participation, cited by 92.65% of respondents, while 7.35% joined due to encouragement from others. No respondents indicated government recommendations as a factor. Regarding payment frequency, most participants (74.80%) reported receiving funds occasionally, 22.5% received them quarterly, and only 3.15% received them monthly. All respondents (100%) confirmed receiving ₦5000, with no variation in the amount.

In terms of educational impact, 94.49% of respondents indicated that their children attend school, predominantly public schools (74.80%), while 25.20% attend government-unapproved private schools. No children were reported to attend approved private schools. Housing conditions reflect mixed socioeconomic statuses. The largest share of respondents (41.47%) live in personal buildings, 34.91% are renting, and 23.62% stay for free. Housing types reveal that 45.40% reside in makeshift houses, 31.50% in brick houses, and 23.10% in mud houses. Nutrition levels suggest that 53.02% of participants eat two square meals a day, while 24.93% eat one, and 22.05% have three meals daily. None reported eating more than three meals. Employment status shows a significant unemployment rate of 48.82%, with 46.19% being self-employed and only 4.99% employed.

Similarly, the qualitative results show that the Conditional Cash Transfer (CCT) programme was specifically designed to target poor and vulnerable households, ensuring that the most disadvantaged members of society benefited. The programme was deliberately not intended for wealthy individuals, big business owners, politicians, or civil servants. To maintain this focus, community members were encouraged to report any instances of ineligible individuals, such as civil servants, appearing on the beneficiary list. A participant averred thus;

“The cash transfer programme was for the poorest of the poor. Those who are living below the poverty line who are unable to meet their nutritional requirements, so low economic status was a major characteristic considered.” **(KII/Cash Transfer Facilitator/2024)**

Several criteria were employed to identify eligible beneficiaries. These included household size, the number and type of properties owned, the kind of television possessed, and the cooking methods used, such as stove, gas, or firewood. These indicators helped assess the economic status of households. Additionally, the number of meals consumed daily and the employment status of household members were considered to determine eligibility. Low economic status, defined as living below the poverty line and struggling to meet basic nutritional requirements, was a central characteristic for inclusion in the programme. This finding is captured in the comment of a participant below;

“The programme basically was for poor and vulnerable households. The programme was not for the rich, big businessmen, politicians or civil servants. We even told beneficiaries in the communities we went to that if they notice that a civil servant is on our list, they should report it to us immediately. This goes to show that the programme was specifically tailored for the poorest of the poor. Also, household size, number of properties owned, type of television owned, enquiries on what they cook with (stove, gas, Firewood), etc, were all used to select the beneficiaries.” **(KII/Cash Transfer Facilitator/2024)**

Gender played a significant role in beneficiary selection. The programme focused on families, prioritising caregivers as recipients of the cash transfers. In most cases, women are the primary caregivers in African households, responsible for cooking, household chores, and the overall well-being of family members. Consequently, the majority of beneficiaries were women, although a few men were included as well. This approach aimed to empower those directly involved in managing the household's day-to-day needs.

Gender was considered because the target population of the CCT programme were mainly caregivers. Those are the persons who are in charge of the well-being of the members of the family, mainly the one who cooks and those the chores, etc, and in most African homes, women are the caregivers, hence, the CCT programme comprised of more women than men. Household size and employment status were also considered.” **(KII/CCT Monitoring and Evaluation Officer/2024)**

Lastly, results imply that the programme was inclusive and non-discriminatory, welcoming individuals from various cultural and ethnic backgrounds. Eligibility was based solely on economic status and residence in the community, with no exclusions based on cultural or tribal differences.

“Aside from household size, gender, number of meals eaten in a day, and some other factors we use to determine potential beneficiaries’ poverty levels, there were no other criteria used. The programme did not discriminate based on cultural differences; it was open to all, not only Bayelsans. There are Igbos, Deltan’s and a lot of persons from other tribes who were beneficiaries. As long as you live in the community and are considered poor based on our assessment, you are eligible to be enrolled in the CCT programme; there is no exclusion based on cultural differences.” **(KII/Cash Transfer Facilitator/2024)**

Participants also noted that beneficiaries included not only Bayelsans but also individuals from other tribes, such as the Igbos and Deltans, highlighting the programme's equitable and community-focused approach

DISCUSSION

The study revealed that beneficiaries were selected using criteria such as household size, employment status, property ownership, and cooking methods, ensuring that resources reached the most disadvantaged members of society. This finding correlates with the findings of Oderinde et al (2024), who asserted that CCTs target the most vulnerable populations, including women, children, and marginalised communities and help reduce disparities in access to essential services and promote social inclusion. Results from analysing the influence of socio-demographic and economic characteristics of beneficiaries on their participation in the CCT programme showed that the programme's design and implementation were inclusive, targeting households based on economic vulnerability rather than cultural or tribal affiliations. Chima, in his 2022 study, asserted that the effectiveness of CCT programmes is closely tied to various demographic and socioeconomic factors that influence participation rates. These factors include household income, education level, geographic location, and gender.

Findings also revealed that women were predominantly chosen as beneficiaries due to their roles as primary caregivers, aligning with the programme's objective of empowering families and addressing household-level needs. Similarly, Shadare (2020) found that CCT programmes are particularly focused on vulnerable groups, especially women and children, who are often the most severely impacted by poverty. Women are frequently the primary caregivers in their households and play a critical role in ensuring that children receive adequate nutrition, healthcare, and education. By targeting women, CCT programmes aim to empower them and, in turn, improve the well-being of their families. This focus is based on evidence that women are more likely than men to invest additional income in the welfare of their children, making them effective agents for achieving the goals of CCTs.

The study shows that Education is a central focus of many CCT programs, with cash transfers often contingent on school attendance. From the perspective of Human Capital Theory, education is a critical investment that yields significant returns over time. By increasing school attendance, CCT programs help to ensure that more children acquire the knowledge and skills necessary to succeed in the labour market. This can lead to higher earnings and better job opportunities for these individuals in the future, as well as broader economic benefits for society as a whole.

The study also shows that health is another important area where CCTs can have a significant impact. From the perspective of Human Capital Theory, health is a critical investment that yields significant dividends over time. Good health is essential for individuals to be productive and fully utilise their educational and skill-based assets. Individuals become better equipped to participate in the labour market and achieve economic self-sufficiency. This not only improves their own economic prospects but also contributes to overall economic growth and development of the society.

Implications for Research and Practice

One of the critical contributions of this research lies in its illumination of the socio-demographic factors influencing participation in the CCT programme. The findings show that the majority of beneficiaries were middle-aged women from the Ijaw ethnic group, engaged primarily in farming and trading. This observation highlights the importance of understanding local contexts in designing and implementing social programmes to ensure they reach the intended population. Furthermore, the programme's focus on low-income households with large family sizes underscores the effectiveness of targeted interventions in addressing specific vulnerabilities.

CONCLUSION

Demographic and socioeconomic factors like age, employment status, number of meals eaten, type of house lived in, financial needs, etc, were revealed to be major influences on participation in the CCT programme. The use of socio-demographic and economic characteristics to determine beneficiaries on their participation in the CCT programme allowed inclusivity in the design and implementation of the programme, targeting households based on economic vulnerability rather than cultural or tribal affiliations. The target of the most vulnerable populations, including women, children, and marginalised communities, to mitigate disparities in access to essential services is an example of inclusiveness. Moreso, the choice of women as beneficiaries due to their roles as primary caregivers aligns with the programme's objective of empowering families.

Recommendations

1. The Bayelsa State Government and other stakeholders should provide credible and standardised socio-demographic information of citizens to enable proper identification of those who qualify to be beneficiaries of the CCT programme.
2. Regular updates should be carried out on available socio-demographic data of persons to include new entrants, while those who are no longer considered to be vulnerable should be eliminated from the list.
3. Beneficiaries should learn to budget better, save some of their money for emergencies, and invest in small businesses or agriculture to improve their income over time.
4. The government should grant further financial assistance in the form of loans to those who have invested their payment in small businesses or agriculture to help their businesses.
5. Regular electricity supply should be provided to enable beneficiaries to charge their phones and other relevant electronic devices, to enhance receipt of electronic cash transfers of the CCT programme.

Future Research

Future research could delve deeper into the long-term effects of the CCT programme on beneficiaries' economic stability, particularly examining whether the financial independence achieved through savings and investments is sustained after the programme ends. Investigating the specific factors contributing to enhanced agricultural productivity and small-scale

entrepreneurship could offer valuable insights for refining programme components to maximize economic outcomes.

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