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IMPACT OF CONDITIONAL CASH TRANSFER PROGRAMME ON POVERTY ALLEVIATION IN LAVUN LOCAL GOVERNMENT AREA, NIGER STATE, NIGERIA

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Abstract
This study assesses the impact of conditional cash transfer programme on poverty alleviation in Lavun Local Government Area of Niger State. The survey research method was adopted and two hypotheses were formulated in this study. The instrument for data collection was quantitative (structured questionnaire). The population of the study comprises 4000 beneficiaries of the conditional cash transfer in the twelve (12) political wards in the local government area from 2017-2021. Purposive and simple random sampling techniques were used to select 506 respondents. The hypotheses were tested using Chi-square method to determine the relationship between dependent and independent variables. The findings revealed that conditional cash transfer scheme have significant relationship with poverty alleviation in terms of increase in school enrolment of pupils and had tremendously helped in improving health services utilization as most of the beneficiaries of this programme were able to access health facilities better than before the CCT intervention programme. On the basis of the paper concludes that CCT has accomplished its objective of mitigating hardship among the target beneficiaries. It is on that premise that the study recommends that the government should increase the number of household beneficiaries for wider coverage and spread as well as establish more health facilities in the rural areas.
Keywords: Access to education, Conditional Cash Transfer, Health services, Poverty alleviation, political wards

1.1 Introduction:

Poverty has become a severe challenge for human survival in the twenty-first century. It is the most pressing issue on the development agenda of most Third World countries. Poverty is a universal issue that exists in all countries and is fundamentally opposed to human dignity. Poverty is as old as human history and impacts many facets of human life, including physical, moral, and psychological well-being. It is an occurrence that is unaffected by age, race, religion, ethnicity, or nationality. As a result, many lives have been made useless, helpless, powerless, voiceless, and visionless (Mishra, 2010; Roy & Chatterjee, 2006; Savadogo et al., 2015). As a global and multidimensional issue, there were 767 million people living in extreme poverty in 2015 (UNDP, 2016), which fell to less than 600 million by 2018. (Kharas et al., 2019). Statistics shows that billions of people live in poverty, surrounded by hunger, disease, desperation, and squalor. Despite all of the efforts made to alleviate poverty, 766 million people remain impoverished. In 2013, out of 766 million people, 385 million of whom are children, lived on less than $1.90 a day (World Bank, 2017; World Food Programme, 2016). Poverty is not peculiar to Less Developed Countries LDCs; it is also on the rise in Developed Countries DCs; with estimates indicating that over 300 million people lived in poverty in 2012. (ILO, 2012; UNDP, 2016).

According to Nigerian Living Standards Survey (NLSS) report published by the National Bureau of Statistics (NBS, 2020), 40.09 percent of Nigerians are poor. While the poverty rate in cities is only 18.04 percent, rural dwellers account for 52.1 percent of the population. Accounting to Niger State poverty profile, the National Bureau of Statistics (2021) reported that 66.11 percent of Nigerlites live below the poverty line of $1.90 per day, based on the state's poverty profile. As of 2021, Niger state is the eighth (8^{th}) poorest state in Nigeria (NBS, 2021). Sequel to the above development, successive governments in Nigeria has made efforts to reduce poverty. For instance, General Olusegun Obasanjo established Operation Feed the Nation (OFN). Shehu Shagari led the Green Revolution, aimed to increase agricultural production and many more poverty reduction initiatives were implemented by the previous governments. Despite all these efforts, poverty remains pervasive in the country.

In Nigeria and other Less Developed Countries (LDCs), the necessity of social security programmes for addressing poverty and human capital development has garnered renewed and increasing attention in recent decades (Deacon, 2012; World Bank, 2001). This achievement encouraged world leaders to key into the ambitious Sustainable Development Goal SDGs of "eliminating extreme poverty for all people around the world by 2030" (Saunders, 2018). To this end, Conditional Cash Transfer (CCT) programmes are becoming increasingly popular in LDCs around the world as a means of reducing poverty and improving child health and education results. It also reveals the desires of local and international development stakeholders and agencies to ensure that at least a basic level of social protection is provided to those in need (Omilola, 2018; Nigerian Federal Republic, 2017).

Nigeria developed its first nationwide CCT programme, known as the "In Care of the People" (COPE) CCT programme, in 2007 with the goals of reducing "vulnerability of the core poor in society against current socioeconomic threats" and eliminating "intergenerational poverty" (NAPEP, 2007). The Government began implementing the "In Care of the People" COPE in 12 states of Nigeria between 2007 and 2008, with more states joining later. In 2016, the Federal Government established a National Cash Transfer Programme NCTP or Conditional Cash Transfer CCT Programme in fulfillment of its electoral pledge to the people and as part of the National Social Investment Programmes NSIPs. The new CCT programmes have subsequently superseded COPE, and they now operate in 36 Nigerian states, including the Federal Capital Territory, Abuja, National Cash Transfer Office NCTO (2017).

However, the objective of this paper is to assess the impact of conditional cash transfer programme on poverty alleviation in Lavun Local Government Area of Niger State. The paper is divided into five sections: Section two review of the related literature. Section three is the methodology employed for the study. Section four dwelled on data presentation and analysis, while section five contains concluding remarks and recommendations for the study.

Research Question:

1.Has the CCT significantly enhanced school enrolment of children in Lavun Local Government?

2. How has the CCT improved health condition of the beneficiaries in Lavun Local Government?

3. What are the strategies to improve lives of target beneficiaries of CCT in Lavun Local Government?

Research Objective:

1. To examine the impact of CCT interventions on school enrolment of the children in Lavun local government.

2. Assess the health status of the target beneficiaries in Lavun Local Government.

3. To proffer workable solutions to improve lives of target beneficiaries of CCT in Lavun Local Government.

Hypothesis of the Study:

Ho1: Conditional cash transfer does not significantly improve the school enrolment of the children in Lavun Local government.

Ho2: Conditional cash transfer does not significantly improve the health status of the beneficiaries in Lavun Local Government.

2.0. Literature Review:

Cash Transfer and Poverty Reduction Concepts:

A cash transfer is social support given to poor households intentionally to increase their access to services like health services and education (Owusu-Addo et al., 2018). Non-conditional and conditional cash transfers are two forms of cash transfers. Non-conditional cash transfer is cash given to poor households without any conditions and is aimed at assisting them with their basic needs, United Republic of Tanzania URT (2016). Conditional cash transfer is an intervention that assists in the form of cash to poor households with the condition of spending on health services and education of their children to improve human capital investments (Cahyadi et al., 2020; Onwuchekwa et al., 2021). Human capital investments through education and medical care are planned to increase performance and productivity in different activities (Nandi et al., 2018). Cash transfers are used as social protection with the main objective of reducing poverty and for years now many developing countries have used cash transfers as an approach to reduce poverty. As per Daidone et al. (2019), in countries with many poor households, effective design and application of cash transfer programmes can promote poverty reduction. In Tanzania, poor households stay behind in terms of income, food quality and quantity, educational attainment and their use of health services (URT, 2019). For that reason, poverty reduction programmes are important to alleviate the effects of poverty at the household level. However, it is still questionable whether such programmes have an impact on human capital investment at the household level.

The United Nations (2019) defines poverty reduction as procedures that assist poor people in achieving adequate living standards and exercising their human rights. It includes the redistribution of opportunities, assets and incomes with the provision of social protection to poor households for economic development (Kinyondo & Pelizzo, 2018). When someone is living in poverty, they are unable to meet their basic needs (such as food, clothing, and shelter), fulfil their social and financial obligations, and have limited access to social and economic infrastructure, such as education and health, all of which limit their opportunities to improve their welfare (Abbas, 2016).

For the purpose of this study, poverty reduction is considered in human capital investments specifically in improving access to educational enrolment of the school pupils and access to health services. A cash transfer has a positive impact on reducing poverty in a way that improves human capital through education and the health of poor households. For instance, a cash transfers in Tanzania reduce poverty by improving beneficiaries' health status and education outcomes by increasing children's school enrolment and attendance (Jacobus et al., 2020). Evans et al. (2019) proved that cash transfer in Tanzania managed to increase the uptake of health insurance and increase less than five-year-old clinic attendance which reduces the number of sick days of the members of the households. Moreover, Dietrich et al. (2020) noted that other cash transfer helps to increase the child's health as they get immunized at a required time. Furthermore, Mwaita (2018) found that cash transfers contributed to households' ability to access food, health services and education. CCT improves the educational outcomes of poor

households at different levels in society. According to Molina Millán et al. (2020), the study from Honduras noted that CCT has a long-term impact on human capital as it increases the beneficiary children's school enrolment in a secondary school which also gives them a great chance to attend universities. In addition, Sanchez Chico et al. (2020) argued that CCT in El Salvador helps improve schooling out-comes as it increases school enrolment and attendance.

Conditional Cash Transfer and Access to Education Enrolment of School Pupils:
Numerous evaluations conducted in countries like Cambodia, Turkey, Ecuador, Mexico, Nicaragua, and Jamaica have revealed that the conditional cash transfer programme has an effect on education (Schultz, 2014). In some age groups where the programme is specifically designed to focus on girl child education, this effect is discernible. According to Perker et al., (2014) the topic of how transfer size may impact enrollment and retention is highly content-specific and will depend on a number of other aspects. The timing of payments is crucial, and a biweekly or monthly payment schedule may have an impact on enrollment and attendance. Even among the poor, there may be differences in enrollment and predicted return to school (Nichols & Zeckhauser, 2008).

There are a number of reasons why one could anticipate that the poorest households will be more affected by the conditional cash transfer plan. There are greater opportunities for development because such households' baseline educational results are worse (Filmer & Schady, 2008). According to Perker and Soufias (2014), conditional cash transfers contribute to a rise in the frequency and volume of children enrolled in primary and secondary schools. Conditional cash transfer also increase parents' awareness of the importance of attending school and receiving medical care, which reduces child labour. As a result, the parents are less likely to rely on their kids' income and are better able to emphasise the value of attending school, Ayala (2006). Cash transfers can support females' access to basic social services including health care and education, depending on the focus (Nkwede, 2014).

More than 5000 juveniles every year in Colombia received training in a variety of skills through the conditional cash transfer programme, which is a graduate internship programme of the community services and Technical Vocational Education and Training (TVET) Programme (Antanasio et al., 2014). According to a report on the effectiveness of conditional cash transfers in Mexico, 81,876 youths received training in a variety of skills, 1,100 received cash grants to support their educational needs, and 830 benefited from the programme's infrastructural development plan. According to Coady and Perker (2012), the graduate internship programme (GIS) of conditional cash transfer cost the nation N900 million each month. Based on the N18,000 monthly stipend provided to the approximately 50,000 graduates who benefited from the programme during the 2013 fiscal year the N900 million amount was calculated. The conditional cash transfer was a component of the government's triangular approach to tackling Nigeria's poverty and ignorance. It serves as a social safety net by giving people access to short-term means of lowering their poverty levels. In addition, the programme had collaborated with businesses and institutions, which received free labour in exchange for their commitment to train and supervise the interns while they gained experience on the job and received stipends from the government (Betting et al., 2010). One of the goals of conditional cash transfer is to combat illiteracy by teaching young people internship skills in Brazil through its Educational Development Service (EDS) (Cardos & Souza, 2014). It was intended for the internship skills to be developed in labour-intensive community development services. The participants of the internship programme received training in some fundamental skills as well as the proper tools and equipment for the job.

In Latin American nations where neoliberal ideas were pioneered more than three decades ago, social safety-net programmes started to gain traction in the mid-1990s. Today, they are widely used in the majority of emerging nations, including Nigeria. The CCT, which is a type of grant intended to improve the living situations of the underprivileged in society, is the social safety intervention that is most frequently used (Fiszbein et al. 2009). In Nigeria, qualifying low-income households are granted access to the CCT programme with the significant condition that they enrol their children in public school and healthcare programmes. The multifaceted CCT programme, which was put in place to help achieve the Education for All (EFA) and development goals, has not been without difficulties. Evidence implies that there is a problem of overcrowding because the rise in demand for social services (such as education and health care) has not been matched by an equivalent rise in service providers and infrastructure (Adesina 2009; Aiyede et al. 2015).

According Holmes et al. (2012); Mishra and Battistin (2018) CCT programmes can be successful in enhancing some educational outcomes, including access, enrolment, and engagement, in relation to girls' early marriage, child labour, and child nutrition, survival, and protection. CCT has nevertheless only reached 0.001% of the impoverished in Nigeria. The estimated number of out-of-school children increased from 7.3 million in 2008 to 10.5 million in 2010 and 13.2 million in 2013, despite interventions, but low attendance rates and substandard education service provision in schools persist for many vulnerable households and groups (Holmes et al. 2012; Feda et al. 2015). Even while CCT has made considerable progress, given the demands and standards at the core of EFA, it has failed to address the issue of unequal educational attainment among various social classes.

Given the weak policy environment, inadequate teachers and classrooms, poor quality of services, and other factors affecting educational outcomes, some studies on the impact of CCT have shown that while the programmes helped reduce extreme poverty rates and increased school enrolment and attendance, they did not necessarily result in better learning outcomes (Silva 2015; Ayala 2017). This is significant since research indicates that CCT beneficiaries are aware of this and are demanding better services from service providers (Merrien 2013).

Conditional Cash Transfers and Access to Health Services:

Evidence abounds from experience in Latin America that regular utilization of health care is a significant and important component of many conditional cash transfer programmes. Conditional cash transfer programmes force benefited households to use health care services and facilities more frequently than they otherwise would have (Slater, 2009). This is especially true for maternal health and preventive health check-ups for children, with a focus on growth monitoring, immunization, and weight.

According to Levy and Ohls (2007), the initiative had a considerable impact on preventative health care visits by children under the age of six (6) in Jamaica. 'Familias en accion' benefit from the programme in terms of immunization rates, according to Ayala (2006). The campaign has had a significant impact on Nicaragua's vaccination rates (Zacheus & Omonigho, 2014). Conditional cash transfers enable poorer families get over the financial hurdles that prevent them from using and accessing health care, which speeds up the reduction in morbidity and death by focusing on the 'demand side' of the equation (Samson, 2009). A change in behaviour about the use of health services is the distinguishing feature of conditional cash transfers for health issues. It offers the households an income transfer contingent upon visiting a doctor when necessary (Farington et al., 2007). The effect of conditional cash transfers on health outcomes may be due to the income effect connected with the transfers, the explicit conditionalities having a significant impact on health services in that it controls household behaviour. Transfers are subject to conditions in Nigeria, and qualifying families

may be disqualified if they fail to comply with the requirements of frequent health checkups for children under five years old and 85 percent attendance at school (Yablonski & O'Donnell, 2009). Therefore, in order to continue receiving the transfers, households strictly comply with the requirements.

According to Rawlings and Rubio (2013) and Gasper and Claudia (2010), the conditional cash transfer programme in Nigeria combines a traditional cash transfer programme with financial incentives for positive behavioural change in the areas of nutrition, health, education, and small-scale business creation. In order to receive conditional cash transfers, a household must comply with a number of behavioural requirements that are meant to improve their household's health, education, and nutrition. These requirements include prenatal care, baby care, immunization, nutrition monitoring and supplementation, preventive health check-ups, and participation in educational programmes (Danvers, 2010). Conditional cash transfers give the poor the freedom to decide for themselves how to better their lives by getting frequent checkups and other medical care, lowering their vulnerability and deprivation (Barrientors & Nino, 2010).

There is ample and generalizable evidence that conditional cash transfers have decreased the extent to which the poor use traditional medicine and have increased their use of health care services (Kabeer, 2010). According to this data, conditional cash transfers are the most direct way to address health care utilization because they directly fund households' income needs. They also raise living standards, lessen poverty and vulnerability, and change the income distribution, which helps to narrow the wealth gap (Paxson & Schady, 2007). The capacity of the benefited households to use this support to leverage step-wise improvement in their circumstances determines the extent to which conditional cash transfers are able to incentivise or urge households to utilize health services (Obadan, 2011). In order to protect families from the harshest effects of the health crisis, households may need to access health services, which can be made possible by conditional cash transfers (Vincent & Cull, 2009).

The contribution of conditional cash transfer programmes to individual and household health care is one of the most compelling and reliable results about their effects. In low income nations where poverty is typically more acute, conditional cash transfers have had the greatest negative effects on health care. As a result, households are more likely to prioritize spending on enhancing their health and lowering their risk of developing illnesses or infections (Ariel & Norbert, 2009).

3.1 Methodology:

Study Area Description:

The study was conducted in Lavun Local Government Area of Kutigi, situated in the south of the area at 9°12′00″N 5°36′00″E. The Kaduna River forms the eastern border of the LGA. It has an area of 2,835 km2 (NIPOST, 2022), and a population of 209,917 as at the 2006 census and a projected population of 294,700 as at 2016 (NPC & NBS, 2020). However, the population of this research study is made up of the CCT beneficiaries in Lavun Local Government of Niger State which has a total number of Four Thousand (4,000) CCT beneficiaries spread in different wards (NCTO, 2020).

Research Design:

The survey approach was used for this study. The choice of any approach can only be appreciated by a brief appraisal of the approach. Its major attractions are its relatively low cost considering the fact that useful information will be collected about a large number of people from a relatively small number (representative sample); it is easy to generalize the findings to larger populations once representativeness of the sample is assured. In addition, the quantitative

research approach was used as the approach assisted to answer the research question; since quantitative research is used to understand the relationship between the independent and dependent variables in a population (Bloomfield & Fisher, 2019). However, Chi-square was used to test hypothesis.

The wards have been randomly selected due to the availability of many respondents in the area, the CCT beneficiaries have been selected randomly. Simple random sampling was conducted to select the sample of 518 households for research. The method helps to obtain a good representative of the entire population and reduces bias. The sampling was conducted by having the list of respondents in the selected area then followed by assigning numbers in the pieces of paper and being put into a box that was properly mixed manually. Then, pieces were randomly picked out of the box to select the sample. The household survey was used to obtain the quantitative data used in the study. 518 questionnaires were distributed but 506 questionnaires were returned, therefore, the analysis was done based on questionnaire returned.

4.1 Data Presentation and Analysis:

The data collected was coded, verified, compiled and cleaned before the analysis. Descriptive statistics tools (Frequency distribution, tables percentages were utilized in the analysis. Chi-square method was applied to test hypothesis.

Table 4.1.1: Responses on conditional cash transfer on pupil's school enrolment:

Variables	Responses	Frequency	Percentages (%)
My children are now enrolled and attend school regularly	Strongly Agree	309	61.1
	Agree	197	38.9
	Undecided	0	0.0
	Strongly Disagree	0	0.0
	Disagree	0	0.0
	Total	506	100
The performance of my children has improved at school	Strongly Agree	282	55.7
	Agree	218	43.1
	Undecided	0	0.0
	Strongly Disagree	0	0.0
	Disagree	6	1.2
	Total	506	100
More number of college graduates can now further their studies	Strongly Agree	165	32.6
	Agree	213	42.1
	Undecided	18	3.6
	Strongly Disagree	45	8.9
	Disagree	65	12.8
	Total	506	100
I now pay my children's school fees without borrowing	Strongly Agree	176	34.8
	Agree	287	56.7
	Undecided	0	0.0
	Strongly Disagree	0	0.0
	Disagree	43	8.5
	Total	506	100
Payment of bi-monthly stipend of #10,000 is now regular	Strongly Agree	203	40.1
	Agree	286	56.5
	Undecided	0	0.0

	Strongly Disagree	6	1.2
	Disagree	11	2.2
	Total	506	100

Source: Field study, 2023

The result in Table 4.1.1 item one revealed that majority of the respondents 309 representing 61.1% strongly agreed that as a result of the CCT intervention scheme their children are now enrolled and attend school regularly. 197 of the total respondents representing 38.9% agreed, no responses were recorded for undecided options.

Responses to item two showed that majority of the respondents 282 representing 55.7% strongly agreed that the performance of their children in school have improved significantly, also 218 respondents representing 43.1% agreed, 6 respondents representing 1.2% disagreed with the issue while no responses were recorded on strongly disagreed and undecided opinion. Responses to item three on the above table revealed that majority out of the total respondents 213 representing 42.1% agreed that their significant number of college graduates can now further their studies, 165 representing 32.6% strongly agreed, 45 respondents representing 8.9% strongly disagreed, 65 respondents representing 12.8% disagreed while 18 respondents representing 3.6 claimed undecided opinion.

Responses to item four revealed that majority of the respondents 176 representing 34.8% strongly agreed that they can now pay their children school fees without borrowing, 287 respondents representing 56.7% also agreed, 43 respondents representing 8.5% disagreed with the issue while no responses were recorded for strongly disagreed and undecided options.
Responses to item five revealed that majority of the respondents 203 representing 40.1% strongly agreed that they received regularly the bi-monthly stipend of N10, 000=, 286 of the total respondents representing 56.5% also agreed, 6 respondents representing 1.2% strongly disagreed, 11 respondents representing 2.2% disagreed while no respondents held an undecided opinion.

Table 4.1.2: Responses of Conditional Cash Transfer and Access to Health Services:

Variables	**Responses**	**Frequency**	**Percentages (%)**
My household members can now afford to do regular medical check-up	Strongly Agree	293	57.9
	Agree	172	34.0
	Undecided	0	0.0
	Strongly	0	0.0
	Disagree	41	8.1
	Disagree	506	100
	Total		
My family members are now healthier than before	Strongly Agree	193	38.1
	Agree	249	49.2
	Undecided	0	0.0
	Strongly	0	0.0
	Disagree	64	12.7
	Disagree	506	100
	Total		
The intervention scheme cannot solve critical health issues	Strongly Agree	392	77.5
	Agree	114	28.5
	Undecided	0	0.0
	Strongly	0	0.0

	Disagree	0	0.0
	Disagree	506	100
	Total		
We receive health education frequently	Strongly Agree	198	39.1
	Agree	275	54.4
	Undecided	0	0.0
	Strongly	0	0.0
	Disagree	33	6.5
	Disagree	506	100
	Total		
The intervention scheme support with safe drinkable water	Strongly Agree	199	39.3
	Agree	307	60.7
	Undecided	0	0.0
	Strongly	0	0.0
	Disagree	0	0.0
	Disagree	506	100
	Total		
CCT has significantly improve our psycho-social wellbeing	Strongly Agree	203	40.1
	Agree	206	40.7
	Undecided	0	0.0
	Strongly	46	9.1
	Disagree	51	10.1
	Disagree	506	100
	Total		

The result in table 4.3.2 revealed that majority of the respondents 293 representing 57.9% strongly agree that their household members can not afford regular medical check-up. 172 respondents representing 34.0% agreed, while 41 respondents representing 8.1% disagree that their household members can not afford to do regular medical check-ups, while no respondents strongly disagreed or held an undecided opinion.

Responses to item two on whether the household members are now healthier than before the intervention showed that the majority of the respondents 249 representing 49.2% agree, 193 representing 38.1% strongly agreed, 64 respondents representing 12.7% disagreed while no respondents strongly disagreed or held an undecided opinion.

Responses to item three on the above table indicated that the majority of the respondents 392 representing 77.5% strongly agreed that the scheme can solve critical health issues, 114 respondents representing 28.5% also agreed on the issue. While no responses were recorded on strongly disagreed, disagreed and an undecided opinion.

Responses to item four revealed that majority of the respondents, 198 representing 39.1% strongly agreed that they receive health education frequently by the CTFs in charge of their wards. Also, the majority of the respondents 295 representing 54.4% agreed, 33 respondents representing 6.5% disagreed on the issue while no respondents held an undecided opinion.

Responses to item five on the above table revealed that the respondents 199 representing 39.3% strongly agreed that the scheme provided safe drinkable water while majority of the respondents 307 representing 60.7% agreed on the issue. No responses were recorded for strongly disagreed, disagreed and undecided opinion.

Responses to item six revealed that majority of the respondents 203 representing 40.1% strongly agreed that CCT significantly improve the psycho-social wellbeing of the

beneficiaries, 206 respondents representing 40.7% agreed, 46 respondents represents 9.1% strongly disagreed, 51 respondents representing 10.1% disagreed while no respondents held an undecided opinion.

Test of Hypothesis:

Hypothesis One:

Ho: Conditional cash transfer does not significantly improve the school enrolment of the children in Lavun local government.

Hi: Conditional cash transfer significantly improve the school enrolment of the children in Lavun local government.

Table 4.2.1: Test of H_{01}

Impact of Conditional Cash on pupil's school enrolment

Variables	Frequency Observed	Frequency Expected	Fo-Fe	$(Fo-Fe)^2$	$\frac{(Fo-Fe)^2}{Fe}$
Agreed	150	101	49	2401	23.77
Strongly agreed	245	101	144	20736	205.30
Undecided	05	101	-96	9216	91.24
Disagreed	46	101	-55	3025	29.95
Strongly disagreed	60	101	-41	1681	16.64
Total	506				$X^2 = 366.9$

Sources: Field survey, 2023

The Degree of freedom (DF) = (2-1) (5-1) = 4. Level of significance is 5% (0.05).
Therefore, the calculated value X^2 =366.9, while the critical value (table value) is X^2 0.05 DF=9.488.
Decision: Since the X^2 = 366.9 calculated value is greater than the critical or table value X^2 0.05, DF=9.488, the study rejected the null (H_0) hypothesis which stated that Conditional cash transfer does not significantly improve the school enrolment of the children in Lavun local government. While the alternative hypothesis (H_1) was accepted which stated that Conditional cash transfer significantly improve the school enrolment of the children in Lavun local government Area, Niger State.

Hypothesis Two:

Ho: Conditional cash transfer does not significantly improve the health status of the beneficiaries in Lavun Local Government.

Hi: Conditional cash transfer significantly improves the health status of the beneficiaries in Lavun Local Government.

Table 4.2.2: Test of H_{02}

Impact of Conditional Cash Transfer on health status of the beneficiaries

Variables	Frequency Observed	Frequency Expected	Fo-Fe	$(Fo-Fe)^2$	$\frac{(Fo-Fe)^2}{Fe}$
Agreed	180	101	79	6241	61.79
Strongly agreed	215	101	114	12966	128.29
Undecided	05	101	-96	9216	91.24

Disagreed	46	101	-55	3025	29.95
Strongly disagreed	60	101	-41	1681	16.64
Total	506				$X^2 = 327.91$

Sources: Field survey, 2023

The Degree of freedom (DF) = (2-1) (5-1) = 4. Level of significance is 5% (0.05).
Therefore, the calculated value X^2 =327.91, while the critical value (table value) is X^2 0.05 DF=9.488.
Decision: Since the X^2 = 327.91 calculated value is greater than the critical or table value X^2 =0.05, DF=9.488, the study rejected the null (H_0) hypothesis which stated that Conditional cash transfer does not significantly improve the health status of the targeted beneficiaries in Lavun Local Government Area of Niger State. While the alternative hypothesis (H_i) was accepted which stated that Conditional cash transfer significantly improves the health status of the beneficiaries in Lavun Local Government Area of Niger State.

Discussion of Results:

Impact of conditional cash transfer on pupil's school enrolment in Lavun Local area of Niger State

The first finding of this study showed that conditional cash transfer significantly improve the school enrolment of the children in Lavun local government area of Niger State. The findings are in line with Parker and Sakoufies (2014) whose study revealed that conditional cash transfer enables awareness creation as well as empower parents to enrol their children to school. The study also reveals that CCT contribute to a rise in the frequency and volume of children enrolled in primary and secondary schools (Mwaita, 2018; Jacobus et al., 2020). It is also in line with the study carried out by Molina Millán et al. (2020), that the study from Honduras noted that CCT has a long-term impact on human capital as it increases the beneficiary children's school enrolment in a secondary school which also gives them a great chance to attend universities. In addition, Sanchez Chico et al. (2020) argued that CCT in El Salvador helps improve schooling out-comes as it increases school enrolment and attendance. Besides, from responses of the respondents it was found that the total number of children who were enrolled in schools are mostly from the beneficiaries of CCT programme. The presence of the scheme provided a healthy environment among people in a way that every person wants his/her child to go to school. Similarly, with the CCT intervention scheme in the area, the recipients were able to pay pupil's school fee without much difficulty and their children performance improves significantly as a result of regular payment bi-monthly payment.

Impact of conditional cash transfer on health status of the beneficiaries:

The second findings of the study revealed that conditional cash transfer significantly improves the health status of the beneficiaries in Lavun Local Government Area of Niger State. The findings are in line with Ayala (2006) who reported that CCT intervention in Ecuador enhances health status of the beneficiaries better than those who are not recipients of the CCT programme. Similarly, the study also corroborates with (Jacobus et al., 2020) which revealed that cash transfer in Tanzania reduce poverty by improving beneficiaries' health status now than before the intervention. From the respondent's responses, in Lavun Local Government Area of Niger State, it was found out that the health status of the beneficiaries has improved significantly than before the CCT intervention programme in the study area. The recipients were able to go to medical check-ups, received health education frequently, support with safe drinkable water and their psycho-social well-being has improved significantly. However, the

contribution of conditional cash transfer programmes to individual and household health care is one of the most compelling and reliable results about their effects. In low income nations where poverty is typically more acute, conditional cash transfers have had the greatest negative effects on health care. As a result, households are more likely to prioritize spending on enhancing their health and lowering their risk of developing illnesses or infections (Ariel & Norbert, 2009).

5.1 Conclusion and Recommendations:

The main objective of this study was to assess the impact of conditional cash transfers on poverty alleviation, especially on education and health among poor households in Lavun Local Government. The conditional cash transfer programme for the improvement of pupil's enrolment (human capital investments) proved to have a significant effect as it improved poor households' access to education and health services. Based on the findings of the study, it was clear that the conditional cash transfer programme in Lavun Local Government has a significant positive impact on improving access to health and school enrolment of pupils and attendance. The study findings revealed that after the households involved in cash transfers, there was an increase in school enrolment of the children and access to health care services. In the study area, poor households' education and health status improved which was the aim of the programme to improve poor households' well-being. This suggests that through improvements made by the programme to in education and health of poor households, the poverty rate in the study area will decrease as the programme continues.

Based on the conclusion and Findings of the study, it is recommended that:

The Government, Non-Government Organizations (NGOs) and other stakeholders should work together with the conditional cash transfer programme to continue to invest for a long term in the education needs of poor households to improve human capital investments in the study area.

The Ministry of Humanitarian and Disaster Management through the conditional cash transfer programme should consider increasing the basic cash transfer to households with higher household size to enable them enroll their children in school. It is also recommended that the transfers support period of three years is not enough to remove one from poverty, hence the number of years should be increased to at least 5 to 6 years if school enrolment, retention and completion rates are to be achieved. The government should increase the number of household beneficiaries for wider coverage and spread as well as establish more health facilities in the rural areas.

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