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# Strengthening Nigeria's conditional cash transfer programme: Lessons from Brazil's Bolsa Família for sustainable population well-being in Sokoto state

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## Abstract

Persistent poverty, limited human capital development, and weak social protection remain critical challenges in northern Nigeria, particularly in Sokoto State. Although Nigeria's Conditional Cash Transfer (CCT) Programme under the National Social Investment Programme seeks to improve population well-being, its effectiveness has been constrained by irregular disbursements, weak monitoring systems, inadequate transfer amounts, and poor integration with education and health services. This study examined lessons from Brazil's Bolsa Família Programme to inform strategies for strengthening Nigeria's CCT Programme in Sokoto State. A mixed-methods approach was employed, combining questionnaire data from 400 beneficiary households across four purposively selected Local Government Areas with programme reports and official records. The findings indicate that despite relatively high compliance with programme conditionalities, irregular payments, insufficient financial support, weak institutional coordination, and limited service delivery significantly undermine improvements in education, health and long-term poverty reduction. In contrast, Bolsa Família's effectiveness is attributed to predictable and adequate transfers, strong monitoring and evaluation systems, integration with public services, robust institutional coordination, and gender-sensitive targeting. The study recommended that strengthening payment regularity, monitoring mechanisms, service integration, governance, and policy continuity would enhance programme effectiveness, promote sustainable human capital development, reduce intergenerational poverty, and improve sustainable population well-being.

**Keywords:** Bolsa família, Conditional cash transfer, Nigeria, Poverty, Programme, Sokoto State.

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## Contents

**Contribution of this paper to the literature**
Unlike previous studies that examine Nigeria's Conditional Cash Transfer Programme or Brazil's Bolsa Família Programme in isolation, this study integrates comparative empirical evidence with the Capability Approach to develop context-specific institutional and policy recommendations for strengthening Nigeria's Conditional Cash Transfer Programme and promoting sustainable population well-being in Sokoto State.

## 1. Introduction

Social protection programmes, particularly Conditional Cash Transfers (CCTs), have emerged as prominent policy instruments for poverty alleviation and human development in developing and emerging economies. CCTs provide regular monetary transfers to vulnerable households on the condition that beneficiaries engage in behaviours that enhance human capital, such as school attendance, child immunisation, and maternal health check-ups (Fiszbein & Schady, 2009), as quoted by Barrientos and Villa (2015). Beyond offering short-term income support, these programmes are widely recognised for their capacity to improve educational outcomes, health status, and overall population wellbeing, thereby contributing to sustainable human development and the reduction of intergenerational poverty (Bastagli et al., 2016; World Bank, 2020).

Brazil's Bolsa Família Programme is one of the most extensively documented and successful CCT initiatives globally, which was established in 2003. The programme combines financial assistance with mandatory education and health requirements, and empirical evidence indicates that it has substantially increased school enrollment and attendance rates, decreased child labour, and improved maternal and child health outcomes (Lindert, Linder, Hobbs, & de la Brière, 2007; Rasella, Aquino, Santos, Paes-Sousa, & Barreto, 2013). These outcomes provide an important reference for Nigeria's Conditional Cash Transfer Programme, particularly in contexts such as Sokoto State, where poverty and inequality levels are high and human development indicators, like persistent deprivation in income, education, and health outcomes among households, remain below national averages (National Bureau of Statistics, 2022). Although Nigeria's CCT programme is designed to support extremely poor households and promote investments in education and health, its effectiveness has been constrained by implementation challenges, including irregular disbursements, weak monitoring mechanisms, limited programme coverage, accountability systems, and limited integration with local service delivery structures, particularly in high-poverty regions such as Sokoto State where institutional capacity remains weak (Ogujiuba, Ojo, & Adegboye, 2021; United Nations Development Programme, 2024; World Bank, 2020).

Empirical evidence indicates that the Brazil programme has reduced child labour, increased school enrolment, improved maternal and child health outcomes, and contributed to breaking intergenerational cycles of poverty, thereby providing a model of sustainable population wellbeing that integrates short-term income support with long-term human capital development (Bastagli et al., 2016). These outcomes position Bolsa Família as a critical reference point for strengthening the CCT programme in other developing contexts. Despite these successes, there remains limited empirical research on how lessons from Brazil's Bolsa Família can be adapted to Nigeria's Conditional Cash Transfer Programme, particularly at the sub-national level in high-poverty regions such as Sokoto State. Existing studies on Nigeria's CCT implementation largely emphasise national aggregates or urban areas, often overlooking the socio-economic, cultural, and institutional factors that shape programme uptake and effectiveness in northern states (Ajakaiye, Jerome, & Nwokolo, 2020; United Nations Development Programme, 2024). Moreover, achieving sustainable population wellbeing, understood as sustained improvements in human capital, health, education, and social inclusion, requires interventions that move beyond short-term income support to expand household capabilities (United Nations Development Programme, 2024). Nigeria's current CCT programme shows promise but lacks sufficiently robust mechanisms to ensure long-term, intergenerational gains, particularly in disadvantaged regions such as Sokoto State, where structural poverty, service delivery constraints, and contextual cultural factors may limit programme impact. In light of the above, there is an urgent need for research that systematically examines Nigeria's CCT Programme through the lens of lessons from Brazil's Bolsa Família, assessing how implementation strategies can be adapted to the Sokoto context to achieve sustainable population wellbeing. Understanding the pathways through which CCTs enhance capabilities, improve human capital, and foster long-term social and economic development is essential for evidence-based policy reform that can enhance both programme effectiveness and resilience in Nigeria's northern regions. Therefore, this study aims to examine lessons from Brazil's Bolsa Família Programme to strengthen Nigeria's Conditional Cash Transfer (CCT) Programme in Sokoto State, with a view to promoting sustainable population well-being.

### *1.1. Conceptual and Theoretical Framework*

This section presents the key concepts of Conditional Cash Transfers, sustainable population well-being, and sustainability, and links them to the Capability Approach, providing a conceptual and theoretical framework that illustrates, through a diagram, the pathways through which CCT programmes promote enduring human development outcomes. These are presented below:

Conditional Cash Transfer (CCT): Conditional Cash Transfers are targeted monetary payments provided to poor or vulnerable households on the condition that beneficiaries engage in specific human development behaviours, such as school attendance and health service utilisation, with the dual aim of alleviating short-term poverty and fostering long-term human capital development (Esa, Yaacob, & Wahid, 2025; Onwuchekwa, Verdonck, & Marchal, 2021). Thus, CCTs function as investment-oriented social assistance, premised on the understanding that poverty persists not only due to income deprivation but also from underinvestment in education, health, and nutrition. By linking cash support to developmental behaviours, CCTs shape household decision-making towards improved future productivity and wellbeing (Bastagli et al., 2016). Their effectiveness, however, is context-dependent, influenced by programme design, adequacy and predictability of transfers, institutional capacity for implementation, and the availability and quality of public services necessary to meet conditionalities (World Bank, 2020). Therefore, CCTs are not merely financial transfers but complex policy instruments embedded within broader governance and service delivery systems, designed to generate sustainable improvements in human development outcomes. Sustainable

Population Wellbeing: Sustainable population wellbeing refers to a long-term, multidimensional state in which individuals and households experience persistent improvements in quality of life, human capabilities, and social inclusion that extend across present and future generations, encompassing not only material living standards but also health, education, social relations, and the opportunities for people to lead lives they value (Boskovic, Sandor, Benczur, & Zec, 2026; Organisation for Economic Co-operation and Development (OECD), 2024). This concept moves beyond narrow income-based measures of welfare by integrating economic, social, and environmental dimensions that are essential for both current well-being and its resilience to future economic, demographic, and environmental changes (Organisation for Economic Co-operation and Development (OECD), 2024). In the context of social policy, sustainable population well-being denotes outcomes such as enduring poverty reduction, improved educational and health achievements, reduced vulnerability, and enhanced human capabilities across population groups, reflecting structural improvements rather than short-term consumption smoothing (Boskovic et al., 2026). This conceptualisation aligns with contemporary human development and sustainable development frameworks that prioritise inclusive, long-lasting improvements in population welfare (United Nations, 2015; United Nations Development Programme, 2024). Thus, in this study, it reflects a condition in which social policies, such as Conditional Cash Transfers, contribute to structural transformation of life chances, rather than merely smoothing consumption in the short term.

Sustainability: The concept of sustainability in development refers to the capacity of policies, processes, or outcomes to be maintained over time without undermining future economic, social, or environmental conditions (United Nations, 2015). Sustainability emphasises durability, resilience, and long-term viability, distinguishing it from short-term or transitory outcomes. Within social policy analysis, sustainability means welfare interventions should produce lasting improvements in living conditions rather than temporary relief from poverty or vulnerability (Devereux & Sabates-Wheeler, 2015). A sustainable intervention is one whose benefits extend beyond immediate programme cycles, remain resilient to economic or social shocks, and avoid creating dependency or fiscal strain; in a cash transfer programme, sustainability encompasses fiscal capacity to maintain transfers, stable institutional and governance structures, and lasting improvements in human capital and overall wellbeing (Barrientos, 2013). Hence, sustainability is a central evaluative criterion for assessing the long-term relevance and effectiveness of poverty reduction policies.

Theoretical Framework: This study is guided by the Capability Approach, developed by Sen (1999) and further advanced by Nussbaum (2011), which conceptualises development not merely as income growth but as the expansion of individuals' real freedoms and capabilities to lead lives they value. Well-being, from this perspective, is assessed by the ability to achieve valued functioning, such as being healthy, educated, participating in society, and living with dignity, with poverty understood as capability deprivation rather than low income. The Capability Approach is particularly relevant to Conditional Cash Transfer (CCT) programmes, as these interventions aim to enhance access to education and health while alleviating income constraints. It provides a multidimensional and sustainability-oriented understanding of well-being, aligns with the study's focus on sustainable population well-being, incorporates intergenerational equity, and supports context-sensitive policy analysis by recognising that the effectiveness of social interventions depends on social, institutional, and economic conditions (Nussbaum, 2011; Sen, 1999; United Nations Development Programme, 2024). Moreover, its widespread adoption in development research and its role in global metrics such as the Human Development Index reinforce its analytical credibility and policy relevance.

Notwithstanding, Figure 1 illustrates the conceptual and theoretical pathways through which Conditional Cash Transfers (CCTs) contribute to sustainable population well-being, grounded in the Capability Approach. At the core, CCTs function as targeted monetary transfers to vulnerable households, providing short-term income support that alleviates immediate poverty and meets basic needs, such as food, shelter, and nutrition. Simultaneously, the incorporation of conditionalities, such as mandatory school attendance, child immunisation, and maternal health visits, promotes investment in human capital, fostering improvements in education and health outcomes. These dual pathways enable households to allocate resources towards essential services and developmental activities, facilitating both immediate relief and long-term capability expansion. The Capability Approach provides the theoretical lens to interpret these outcomes, emphasising that wellbeing is realised not solely through income, but through the substantive freedoms and real opportunities individuals have to achieve valued functioning, including health, education, and participation in societal life (Nussbaum, 2011; Sen, 1999).

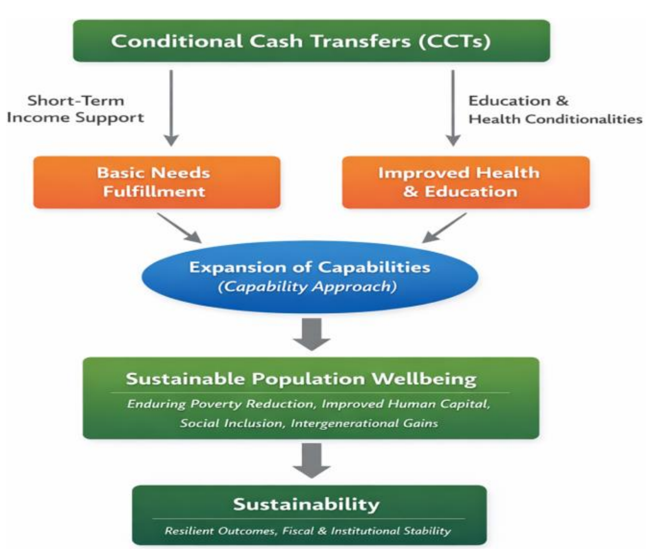


**Figure 1.** Conceptual and Theoretical Linkages for Conditional Cash Transfers and Population Well-being.

Nevertheless, the expansion of capabilities resulting from CCTs leads directly to sustainable population well-being, characterised by enduring poverty reduction, enhanced human capital, social inclusion, and intergenerational gains. In this framework, sustainable population well-being represents a multidimensional measure of welfare that transcends short-term consumption smoothing, encompassing the resilience of health, educational attainment, and social integration over time. Furthermore, Figure 1 underscores the critical role of sustainability, which ensures that these gains are durable, resilient to socio-economic shocks, and supported by stable institutional and fiscal structures. By integrating immediate income support with strategic human capital investments, CCTs operationalised within a capability-informed framework create a robust pathway from poverty alleviation to long-term, resilient wellbeing, offering a model for sub-national policy adaptation in contexts such as Sokoto State, Nigeria, where structural poverty, institutional constraints, and socio-cultural factors influence programme effectiveness.

Therefore, Conditional Cash Transfers (CCTs) represent a powerful tool for promoting both immediate poverty relief and long-term human development by linking financial support to education and health outcomes. Through this dual mechanism, households are enabled to expand their capabilities, improving their opportunities to achieve valued functions such as access to education, better health, and active social participation. When effectively implemented within resilient institutional frameworks and adapted to local contexts, CCTs contribute to sustainable population wellbeing, fostering enduring improvements in living standards, human capital, and social inclusion that extend across generations. For regions like Sokoto State, integrating these principles offers a pathway to transform short-term assistance into lasting, equitable development outcomes that are resilient to social and economic challenges.

### *1.2. The Study Area*

Sokoto State is located in the extreme North-West of Nigeria, between Latitudes 12°00'N and 13°05'N and between Longitudes 8°08'E and 9°54'E. By its location, it shares boundaries with the Republic of Niger to the north, Kebbi State to the west and south-west, and Zamfara State to the east (Figure 2). The state covers a total land area of approximately 32,000 km². It has twenty-three (23) Local Government Areas (LGAs), with three senatorial districts, namely Sokoto East, Sokoto North and Sokoto South (Sokoto, 2006; NPC, 2006) as quoted by Sani (2021). The state capital is Sokoto, an ancient city that historically served as the headquarters of the Sokoto Caliphate (Barau, Sani, Dangaladima, & Muhammad, 2022).

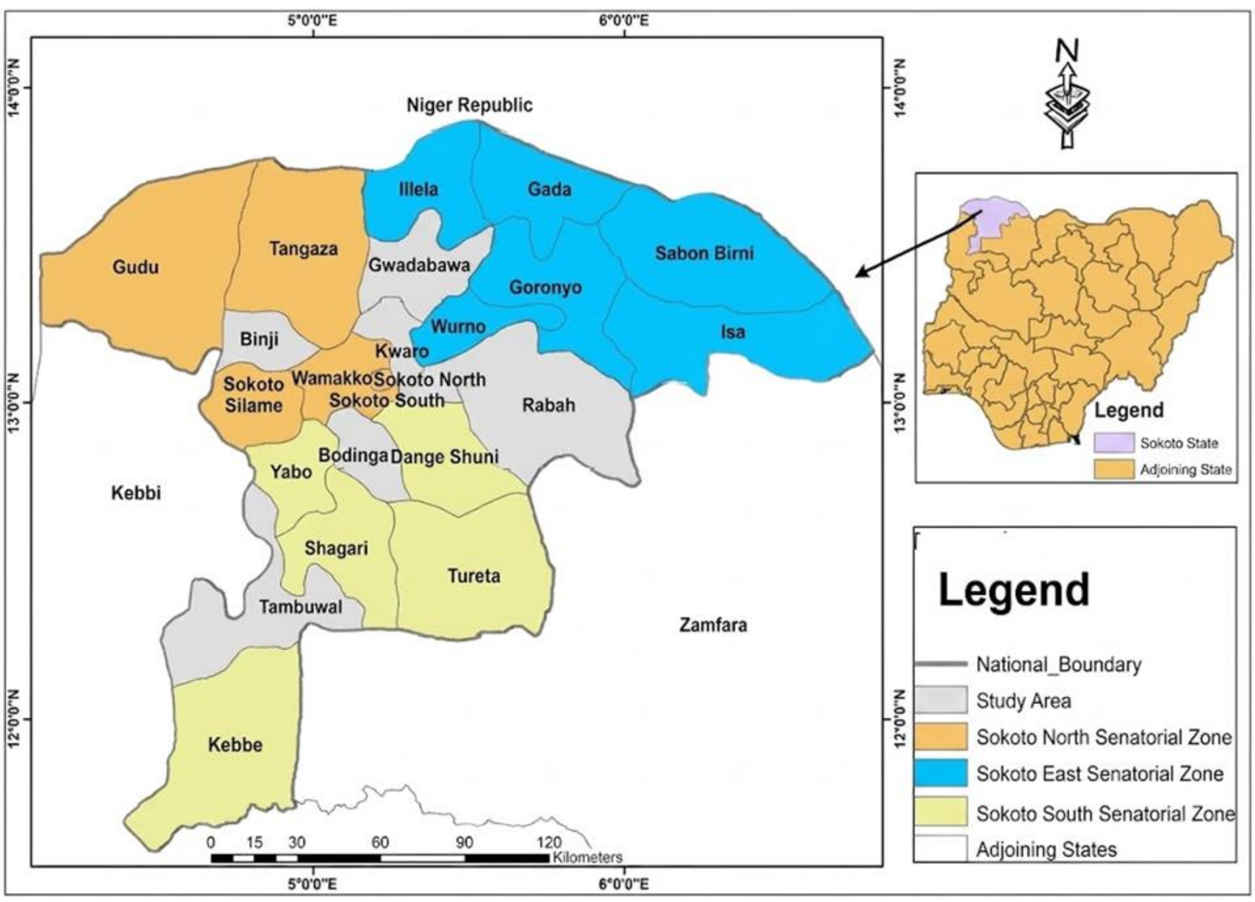


**Figure 2.** Map of Sokoto State.

Nonetheless, as of the 2006 census, the state had a population of 3.7 million, projected to reach over 6.3 million by 2024, with a nearly even gender distribution and a 3% annual growth rate. The projection was done using Newman's (2001) as cited by Barau et al. (2022). The population is unevenly distributed across its 23 local government areas, with densities exceeding 300 persons/km² in densely settled zones (Sani, 2021). The demographic profile is youthful; 45% are under 15 years old, while only 35% fall within the working-age bracket (15-64 years), and 20% are 65 and older. This youth-heavy structure imposes a high dependency burden on the economically active population. Most residents live in rural areas and rely on subsistence agriculture for survival (National Population Commission, 2010, 2019).

Although agriculture dominates Sokoto's economy, engaging over 80% of the population. Subsistence crops include millet, maize, rice, cassava, and beans, while wheat, cotton, and vegetables are cultivated for commercial purposes (Barau et al., 2022). Traditional crafts such as blacksmithing, weaving, and leatherwork also contribute to local livelihoods. The state's river basins support a thriving fishing industry, and the tsetse fly-free grasslands favour livestock production (Sani, 2021). Despite these economic potentials, infrastructural deficits in roads, irrigation, markets, and education hinder development and exacerbate food insecurity. These challenges, compounded by climate stress, have intensified rural-urban migration as households seek alternative livelihoods (Associated Press, 2025).

## 2. Methods

The study employed a comparative and explanatory research design, integrating qualitative and quantitative approaches (mixed methods). The study utilises both primary and secondary data sources. Primary data consist of firsthand information obtained from CCT beneficiary households involved in the implementation and administration of the programme in Sokoto State. These data provide direct insights into beneficiaries' experiences, programme operations, and contextual factors influencing the effectiveness of the CCT scheme. The secondary data were obtained from official records, program reports, publications by international development agencies, government documents, peer-reviewed journal articles, and other relevant sources about Brazil's Bolsa Família Programme and Nigeria's CCT Programme.

However, the study used a questionnaire to generate quantitative data from beneficiaries of the CCT Scheme in Sokoto State, focusing on socio-demographic characteristics, programme participation, compliance with conditionalities, and perceived impacts on household wellbeing. The qualitative data from official records, program reports, publications by international development agencies, government documents, peer-reviewed journal articles, and other relevant sources provided detailed insights into program design, implementation procedures, challenges, and lessons that could inform the enhancement of Nigeria's CCT Scheme, drawing from Brazil's Bolsa Família experience.

The study targeted households benefiting from the CCT Scheme in both rural and urban areas of Sokoto State. Using the 2006 Population and Housing Census figure of 701,675 households and with an annual growth rate of 2.6 per cent, the total number of households was projected to approximately 1,194,555 by 2024 based on Newman's (2001) projection formula as cited by Barau et al. (2022). The household survey sample size was determined using Yamane (1967) formula.

$$SS = \frac{N}{1+N(e)^2} \qquad (1)$$

Where SS = Sample size.
N = Total population size.
1 is constant.
e = The assumed error margin or tolerable error, which is specified as 5% (0.05) in this study.

$$SS= \frac{N}{1 + N\,(e)^2} = \frac{1{,}194{,}555}{1+1{,}194{,}555\,(0.05)^2} = \frac{1{,}194{,}555}{1+2{,}986.3875} = \frac{1{,}194{,}555}{2{,}987.3875} = 399.8 = 400 \qquad (2)$$

Thus, a minimum sample of 400 households. This sample size was adopted for questionnaire administration, as it was considered sufficient to provide reliable and representative data for the study. To ensure adequate spatial and socio-demographic representation, a multistage sampling technique was employed. Four Local Government Areas (LGAs) were purposively selected from the three senatorial districts, comprising Gada and Tambuwal LGAs as rural areas and Sokoto North and Sokoto South LGAs as urban areas within the Sokoto metropolis. Subsequently, four wards were selected from each LGA using cluster sampling, yielding a total of sixteen (16) wards (Table 1). Households within these wards were selected using systematic sampling, while eligible married men and women were selected by employing simple random (stratified) sampling. A total of 400 respondents were selected, with 25 respondents assigned to each of the 16 wards. A disproportional quota sampling method was used, given the absence of ward-level household data, following the approach employed by Rilwanu (2014). The questionnaire was translated into Hausa and administered face-to-face by trained research assistants, and a pre-test was conducted to ensure the validity and reliability of the research instrument, thereby strengthening the robustness of the study's findings.

**Table 1.** Selected LGAs and wards using purposive and cluster sampling techniques.

| S/N | Senatorial District | LGA | LGA Type | Total Wards | Selected Wards |
|---|---|---|---|---|---|
| 1. | South | Tambuwal | Rural | 11 | Romon Sarki<br>Bagida/Lukkingo<br>Tambuwal/Shinfiri<br>Dogondaji/Sala |
| 2. | East | Gada | Rural | 11 | Gada<br>Kaddi<br>Gilbadi<br>Kiri |
| 3. | North | Sokoto North | Urban | 11 | Waziri A<br>Magajin Gari A<br>Magajin Rafi B<br>Sarkin Muslmi A |
| 4. | North | Sokoto South | Urban | 11 | R/Dorowa A<br>Tudun Wada A<br>Gagi B<br>Sarkin Zamfara B |

**Source:** Independent National Electoral Commission (2015).

Notwithstanding, quantitative data obtained from the questionnaires were analysed using descriptive statistical techniques, including frequencies, percentages, and tabular presentations, to summarise respondents' characteristics and programme outcomes. Qualitative data were analysed thematically through the identification, categorisation, and interpretation of recurring themes related to programme effectiveness, implementation challenges, and policy lessons derived from Brazil's Bolsa Família Programme. Ethical considerations were central to the research process; participation was voluntary, informed consent was obtained before data collection, and respondents were assured of confidentiality and anonymity. All information was used solely for academic purposes, cultural norms were respected during field interactions, and the study complied with established ethical standards in social science research.

## 3. Results and Discussion

### 3.1. Socio-Demographic Characteristics of the Respondents

Regarding sex composition, the results reveal a marked predominance of female beneficiaries compared to their male counterparts (Table 2). This distribution reflects the gender-sensitive targeting strategy embedded within Nigeria's CCT architecture under the National Social Investment Programme, where women, particularly mothers, are designated as primary recipients of household transfers that align with international best practices in social protection. This study is similar to the work of Soares and Sátyro (2009), who demonstrate that the Bolsa Família Programme deliberately prioritised women as beneficiaries, contributing to measurable improvements in school attendance and maternal health compliance.

**Table 2.** Socio-demographic characteristics of the respondents.

| Variables | | Frequency | Percentage (%) |
|---|---|---|---|
| Sex | Male | 86 | 21.5 |
| | Female | 314 | 78.5 |
| | Total | 400 | 100 |
| Age | 18-30 | 158 | 39.5 |
| | 31-45 | 124 | 31 |
| | 46-60 | 98 | 24.5 |
| | 65 & above | 20 | 5 |
| | Total | 400 | 100 |
| Marital Status | Married | 338 | 82 |
| | Separated | 4 | 6 |
| | Divorced | 46 | 9 |
| | Widowed | 12 | 3 |
| | Total | 400 | 100 |
| Household Size | 1-3 | 120 | 30 |
| | 4-6 | 200 | 50 |
| | 7+ | 80 | 20 |
| | Total | 400 | 100 |
| Level of Education | Non-formal Education | 238 | 23 |
| | Primary | 89 | 25 |
| | Secondary | 58 | 35 |
| | Tertiary | 15 | 17 |
| | Total | 400 | 100 |

**Source:** Fieldwork and Data Analysis (2026).

The age distribution of respondents further reveals that the majority of beneficiaries fall within economically active and reproductive age groups. Specifically, 39.5% of respondents are aged 18-30 years, 31% are aged 31-45 years, and 24.5% are between 46-60 years, while only 5% are aged 65 years and above (Table 2). This predominantly youthful profile mirrors the demographic structure of Sokoto State, which is characterised by high fertility rates and a youthful population base. The concentration of beneficiaries within the 18-45 age bracket suggests that the programme is largely reaching households with young children, thereby reinforcing its human capital orientation, especially in rural areas. Bastagli et al. (2016) note that transfers targeted at households with young parents and dependent children yield stronger long-term returns in education and health outcomes compared to transfers directed toward elderly-only households.

The marital status data show that the majority of respondents are married, with 9% divorced, 6% separated, and 3% widowed. The dominance of married beneficiaries underscores the household-based nature of the CCT programme, which is designed primarily for family units with dependent children (Table 2). In the socio-cultural environment of Sokoto State, marriage is both normative and socially institutionalised, usually occurring at relatively early ages. The high proportion of married respondents, therefore, reflects both demographic realities and programme targeting criteria. At the same time, the presence of divorced, separated, and widowed beneficiaries highlights the programme's relevance for socially and economically vulnerable women who may lack stable spousal support. This inclusion dimension is particularly important in high-poverty contexts, where female-headed households often experience heightened vulnerability to income shocks and limited access to productive resources. Similarly, empirical literature indicates that CCT programmes often rely on household-based targeting mechanisms, particularly in contexts where child welfare is central to programme design (Soares & Sátyro, 2009).

Additionally, the household size distribution shows that 50% of respondents live in households with 4-6 members, 30% in households of 1-3 members, and 20% in households with 7 or more members (Table 2). These findings indicate the prevalence of medium to large-sized household structures, typical of northern Nigerian communities where extended family systems and high fertility rates are common. Larger household sizes tend to increase dependency ratios, thereby placing greater pressure on limited household income. In these settings, cash transfers serve not just as additional income but also as tools for stabilising consumption and reducing vulnerability. However, larger household sizes may also dilute the per capita impact of transfers, particularly when payment amounts are modest or irregular. Consequently, understanding household composition is essential for evaluating the adequacy and distributive impact of the programme in Sokoto State. Similarly, Campello and Neri (2014) note that in Brazil, Bolsa Família's impact varied across household size categories, with larger households requiring complementary policies to achieve substantial improvements in living standards.

Likewise, educational attainment among respondents suggests generally low levels of formal education (Table 2). The frequency distribution indicates that a substantial proportion of beneficiaries possess non-formal or only primary-level education, while a relatively small number have attained tertiary education. Low educational attainment has important implications for programme implementation and sustainability. Beneficiaries with limited literacy may face challenges in understanding programme guidelines, monitoring requirements, or grievance redress procedures. Furthermore, low maternal education has been widely associated with poorer child health and education outcomes. Onwuchekwa et al. (2021) found that CCT impacts on child health service utilisation were stronger among mothers with at least basic literacy. Likewise, Bastagli et al. (2016) report that education levels influence beneficiaries' understanding of programme conditionalities and compliance behaviour.

### *3.2. Implementation and Outcomes of Nigeria's CCT Programme in Sokoto State*

Figure 3 indicates varying durations of participation among beneficiaries of the CCT programme in Sokoto State, suggesting that a considerable proportion of respondents have not experienced long-term and uninterrupted exposure to the intervention. The implication for Sokoto State is that where beneficiary participation is short-term or inconsistent, the programme may struggle to achieve sustainable population well-being, as intermittent exposure weakens behavioural incentives tied to conditionalities and limits long-term capability expansion.

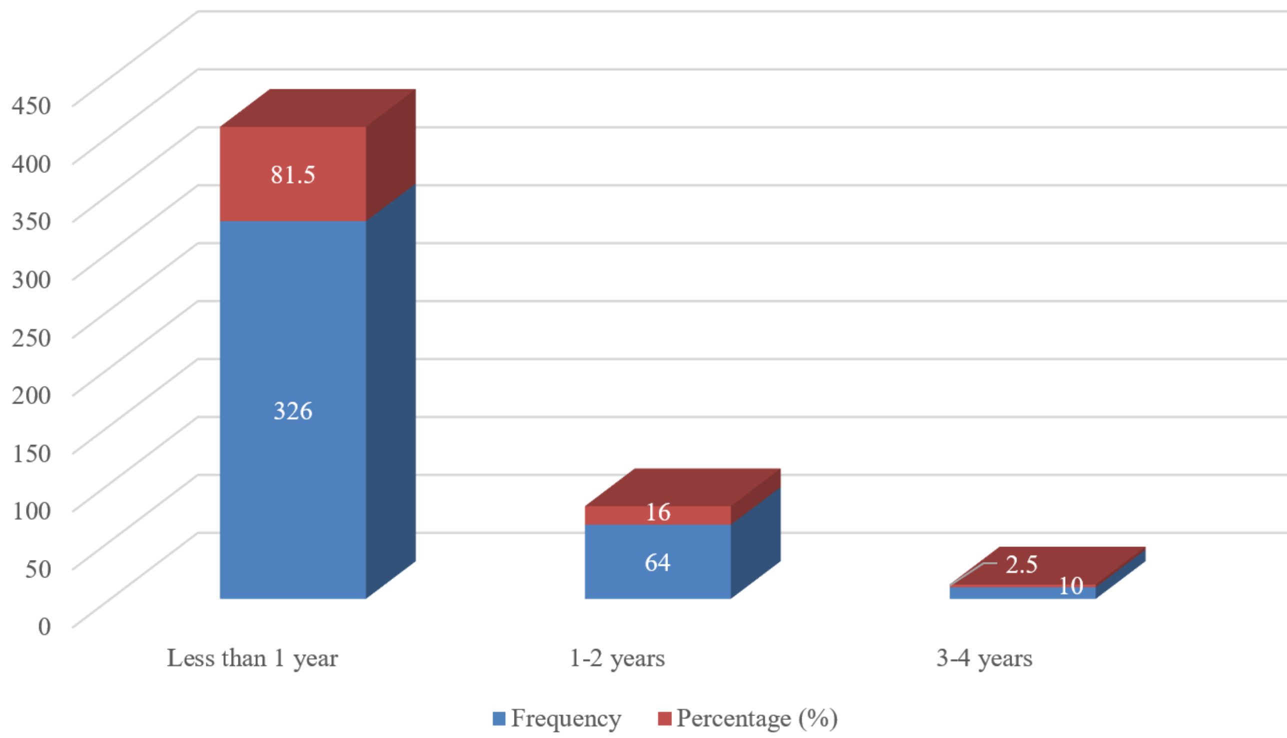


**Figure 3.** Respondents' duration in the participation of the CCT programme.

**Source:** Fieldwork and Data Analysis (2026).

Empirical evidence demonstrates that sustained participation is critical for consolidating gains in education, health, and poverty reduction outcomes. For instance, Bastagli et al. (2016) found that longer exposure to cash transfer programmes strengthens cumulative human capital investments, while Soares and Sátyro (2009), in their evaluation of the Bolsa Família Programme, showed that continuous enrolment was central to maintaining school attendance and preventing reversals into poverty. Similarly, Rasella et al. (2013) observed that consistent participation over time contributed significantly to reductions in child mortality in Brazil.

Table 3 reveals that an overwhelming majority of respondents reported receiving payments irregularly, with only a negligible proportion receiving monthly or bi-monthly transfers. This finding highlights a major structural weakness in program implementation. Therefore, the high level of payment irregularity observed in Sokoto State likely constrains the program's capacity to function as a stable social protection mechanism and weakens its transformative developmental potential.

**Table 3.** Frequency of payment to the respondents.

| Response | Frequency | Percentage (%) |
|---|---|---|
| Monthly | 11 | 3.0 |
| Bi-monthly | 7 | 1.5 |
| Irregular | 368 | 92.0 |
| Not sure | 14 | 3.5 |
| Total | 400 | 100 |

**Source:** Fieldwork and Data Analysis (2026).

Studies consistently identify payment predictability as a core determinant of CCT effectiveness. Bastagli et al. (2016) emphasise that regular and reliable transfers enhance household consumption planning and compliance with education and health conditions. According to Soares and Sátyro (2009), part of the success of Bolsa Família is its stable and predictable monthly disbursement system, which strengthened beneficiary trust and ensured sustained behavioural compliance. Conversely, this finding collaborates with that of Ogujiuba et al. (2021), who report that irregular payments in Nigeria undermine programme credibility and reduce its poverty-reduction impact.

Figure 4 suggests that a substantial proportion of beneficiaries perceive the transfer amount as inadequate to meet household needs. This indicates that transfer size significantly influences programme outcomes, as insufficient amounts may only smooth short-term consumption without generating meaningful improvements in education or health indicators. Bastagli et al. (2016) argue that adequacy relative to household size and poverty thresholds determines the magnitude of impact, while Campello and Neri (2014) note that although transfers under Bolsa Família were modest, they were calibrated to household vulnerability and delivered consistently, enhancing their effectiveness.

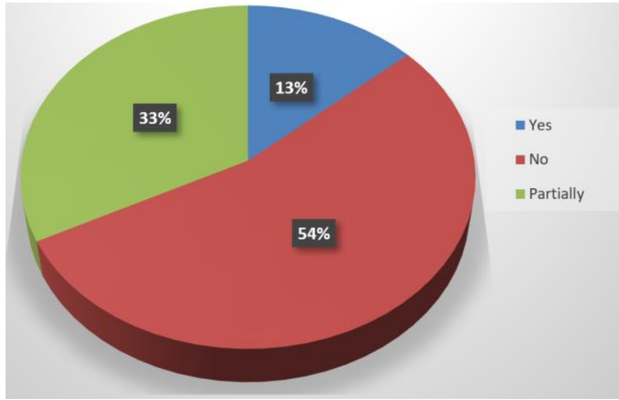


**Figure 4.** The adequacy of the amount to the respondents.
**Source:** Fieldwork and Data Analysis (2026).

In the context of Sokoto State, where households are moderately large and economic vulnerability is high, perceived inadequacy of transfers may dilute per capita benefits and limit compliance with conditionalities, thereby reducing the program's capacity to achieve sustainable population wellbeing. This is contrary to the study by Rasella et al. (2013), who demonstrate that appropriately structured transfers contributed to measurable health improvements in Brazil.

### *3.3. Compliance with Conditionalities in the Sokoto State*

The findings from Sokoto State indicate a relatively high level of compliance with the CCT programme's conditionalities. As illustrated in Table 4, school attendance recorded the highest compliance rate at 86%, followed by child immunisation at 79.5%, antenatal visits at 67.5%, and participation in nutrition talks at 52.5%. Only a small fraction (3%) of respondents reported not complying with any of the programme conditions. This pattern suggests that while the majority of beneficiaries actively participate in conditions directly linked to tangible child health and educational outcomes, compliance diminishes for conditions perceived as less immediate or less incentivised, such as nutrition talks.

**Table 4.** Conditions complied with (Multiple responses).

| Condition | Frequency | Percentage (%) |
|---|---|---|
| School attendance | 344 | 86.0 |
| Child immunization | 318 | 79.5 |
| Antenatal visits | 270 | 67.5 |
| Nutrition talks | 210 | 52.5 |
| None | 12 | 3.0 |

**Source:** Fieldwork and Data Analysis (2026).

These results align with empirical findings from other developing country contexts. For example, studies on Brazil's Bolsa Família Programme (BFP) have consistently shown high compliance with school attendance and vaccination conditionalities, as these conditions are directly linked to observable benefits for children and are closely monitored (Carvalho, de Souza, & Soares, 2019; Soares, Ribas, & Osório, 2010). Similarly, in a study on CCT programs in Sub-Saharan Africa, Banerjee et al. (2015) observed that compliance rates are higher for conditions with clear short-term benefits and community-level monitoring mechanisms. In supplementary activities, such as health education sessions, participation is often lower due to perceived opportunity costs or logistical challenges.

Figure 5, which reflects respondents' ease of meeting programme conditions, underscores an important behavioural insight. Most participants are aware of the requirements as indicated. Higher compliance in school attendance and immunisation can be attributed to both strong institutional support and the perceived direct benefit to children's well-being. Conversely, lower compliance in antenatal visits and nutrition talks may reflect barriers such as distance to health facilities, scheduling conflicts, and limited household resources, which are consistent with challenges reported in similar CCT programs in Nigeria and other low-income settings (Fiszbein & Schady, 2009; Onwujekwe, Uzochukwu, & Obikeze, 2018).

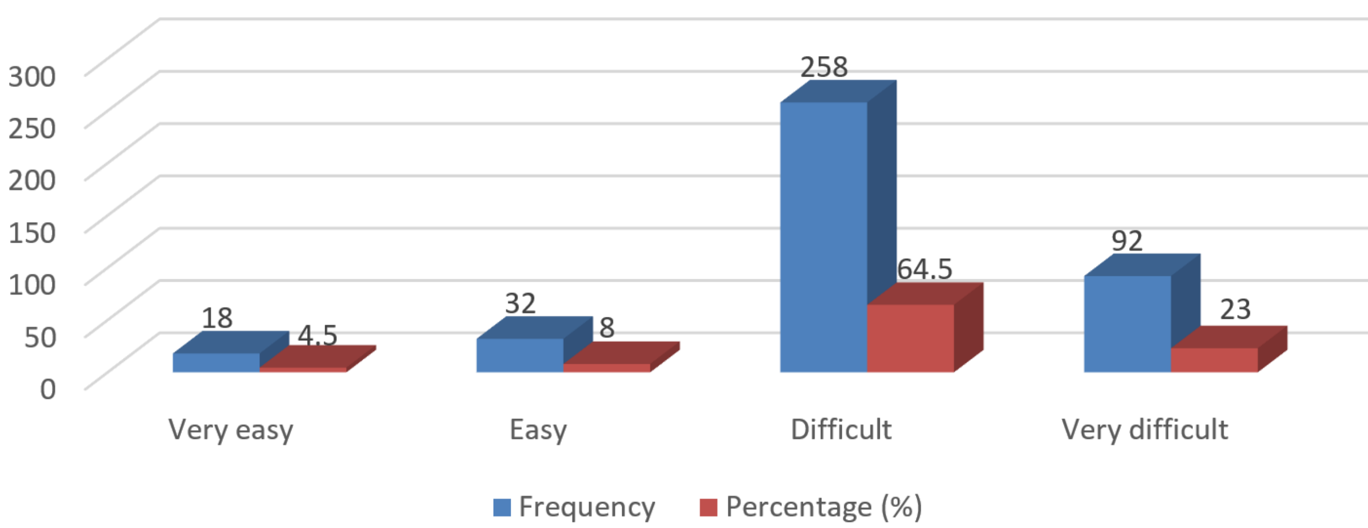


**Figure 5.** Respondents' ease of meeting conditions.
**Source:** Fieldwork and Data Analysis (2026).

This highlights a potential lesson for Nigeria: strengthening the monitoring system, providing logistical support, and increasing awareness of the long-term benefits of health and nutrition activities could improve overall adherence in Sokoto State. But the Bolsa Família experience shows that compliance can be further enhanced through integrated monitoring and community engagement. For instance, conditionalities linked to routine health check-ups achieved higher adherence in Brazil, where local health workers actively tracked participation and provided reminders to households (Lindert et al., 2007).

### *3.4. Challenges and Gaps in the Implementation of the Sokoto State CCT Program*

The analysis of barriers to compliance (Table 5) reveals that poor service quality (43%) is the most significant impediment to effective participation in Nigeria's CCT programme in Sokoto State, followed by financial constraints (27%), distance to facilities (19.5%), and cultural or religious factors (10.5%). These findings indicate that structural and institutional constraints, rather than socio-cultural resistance, primarily hinder beneficiaries' ability to meet programme conditionalities. This aligns with previous studies in Nigeria, which emphasise that weak infrastructure, limited staffing, and inadequate monitoring undermine compliance and programme effectiveness (Akinola, 2018; Dauda, 2020; Olanrewaju, Adepoju, & Yusuf, 2019).

**Table 5.** Barriers to compliance of the program.

| Response | Frequency | Percentage (%) |
|---|---|---|
| Distance to facility | 78 | 19.5 |
| Poor service quality | 172 | 43.0 |
| Financial constraints | 108 | 27.0 |
| Cultural/religion | 42 | 10.5 |
| Total | 400 | 100 |

**Source:** Fieldwork and Data Analysis (2026).

The Sokoto findings indicate that conditional cash transfers alone are insufficient to drive behavioural compliance; their effectiveness depends on the quality and accessibility of underlying public services. This underscores the need for a systemic approach, which the CCTs complement by robust investments in education and health infrastructure, mirroring the success of Bolsa Família, where integrated service delivery enabled beneficiaries to meet conditionalities effectively (Rasella, Harhay, Pamponet, Aquino, & Barreto, 2019; Shei, Behrman, & Cordero, 2014).

Table 6 reveals that the CCT programme had minimal impact on education, with the majority of households reporting stagnant enrollment (74%), attendance (78%), and persistent child labour (61%), highlighting limited effectiveness in promoting human capital development. These outcomes suggest that Nigeria's CCT programme in Sokoto State has had limited success in promoting human capital development. Studies confirm that irregular disbursements, insufficient monitoring of conditionalities, and inadequate awareness of programme requirements constrain educational impacts in Nigerian CCT programmes (Adebayo, 2021; Okoli & Uzonwanne, 2020).

**Table 6.** Response of education outcomes among Households'.

| Response | Yes (%) | No (%) | Not Applicable/Not Sure (%) | Total and percentage (%) |
|---|---|---|---|---|
| Increased enrollment | 48 (12.0) | 296 (74%) | 57 (14%) | 400 (100%) |
| Improved attendance | 44 (11%) | 312 (78%) | 44 (11%) | 400 (100%) |
| Reduced child labour | 68 (17%) | 244 (61%) | 88 (22%) | 400 (100%) |

**Source:** Fieldwork and Data Analysis (2026).

The findings from Sokoto thus demonstrate that cash transfers by themselves are insufficient to enhance educational outcomes; meaningful improvement requires simultaneous investment in school facilities, teacher quality, and effective enforcement of programme conditions. This highlights the need to address both demand- and supply-side factors when designing effective CCT interventions. In contrast, the Brazilian Bolsa Família programme significantly improved enrollment and attendance, particularly among marginalised children, and effectively reduced child labour through a combination of predictable payments and strict compliance monitoring (Chitolina, Ferreira, & Rios-Neto, 2016; Glewwe & Kassouf, 2017).

However, health and nutrition indicators also reflect limited programme impact. Only 24.5% of respondents reported improved health service utilisation, while 75.5% noted no improvement (Table 7). Improvements in immunisation (10%), maternal care (11%), and nutrition (18%) were minimal, with a significant proportion of respondents indicating slight or no change. These findings are consistent with studies highlighting weak rural health infrastructure and inadequate capacity as major barriers to the effectiveness of CCT health conditionalities in Nigeria (Akinleye, Bello, & Musa, 2022; Okoli & Uzonwanne, 2020).

**Table 7.** Response of health and nutrition among Households'.

| Response | Yes (%) | No (%) | Slightly/Not Applicable (%) | Total and percentage (%) |
|---|---|---|---|---|
| Health service use improved | 98 (24.5%) | 302 (75.5%) | — | 400 (100%) |
| Immunization completed | 40 (10%) | 324 (81%) | 36 (9%) | 400 (100%) |
| Maternal care improvement | 44 (11%) | 276 (69%) | 80 (20%) | 400 (100%) |
| Nutrition improved | 72 (18%) | 192 (48%) | 136 (34%) | 400 (100%) |

**Source:** Fieldwork and Data Analysis (2026).

This implies that the Sokoto State evidence underscores that conditional cash incentives alone cannot overcome systemic health sector weaknesses, reinforcing the need for integrated programme design that aligns transfers with functional service delivery. By disparity, Bolsa Família demonstrated substantial improvements in health service uptake, immunisation coverage, and maternal and child health outcomes, largely due to the integration of CCTs with comprehensive health monitoring systems and reliable public health services (Rasella et al., 2019; Shei et al., 2014).

Figure 6 suggests that a substantial proportion of respondents remain in vulnerable economic categories despite participation in the CCT programme. This implies that while the programme may temporarily alleviate consumption gaps, it has a limited impact on long-term poverty reduction. Consistent with Nigerian studies, inadequate transfer amounts, irregular payments, and limited targeting reduce the scheme's potential for structural poverty alleviation (Akinleye et al., 2022; Dauda, 2020).

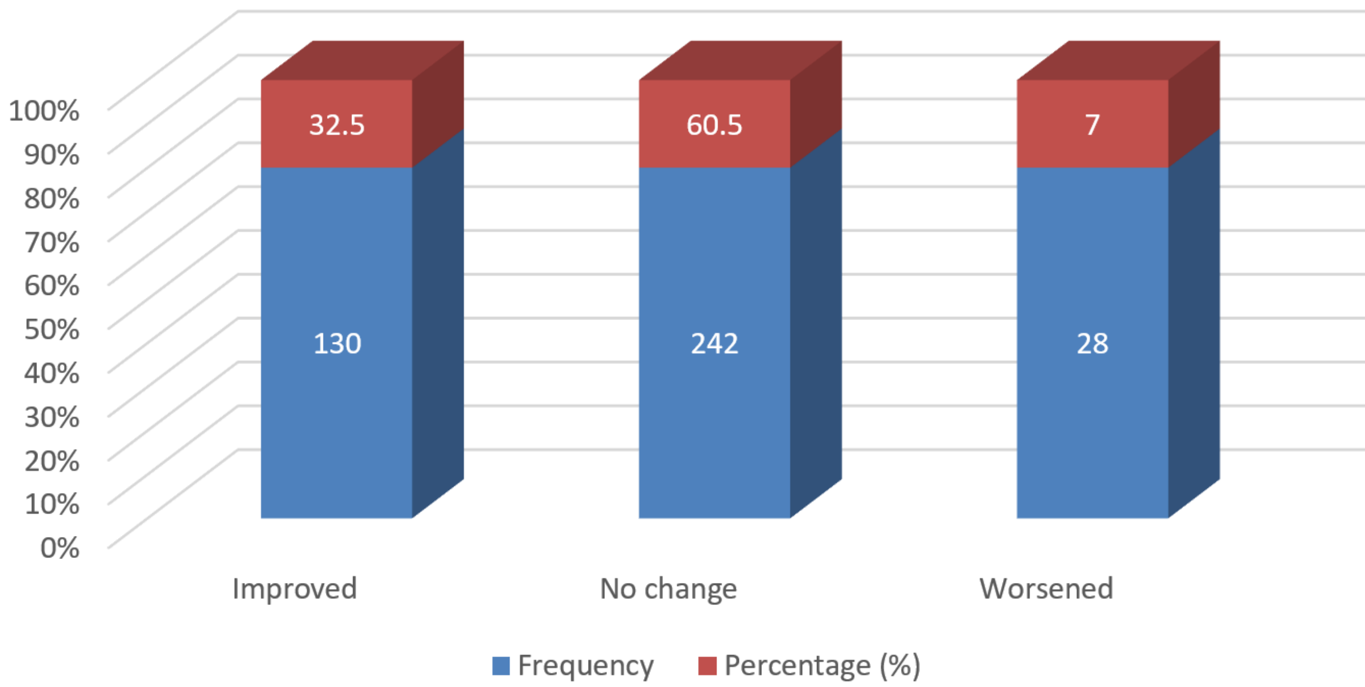


**Figure 6.** Respondents' poverty status.

**Source:** Fieldwork and Data Analysis (2026).

The findings suggest that for Nigeria's CCT programme to meaningfully reduce poverty, it must prioritise transfer adequacy, payment regularity, and improved targeting mechanisms. This study disagreed with the findings from Brazil, which indicate that Bolsa Família reduced extreme poverty and income inequality, supported by predictable, adequately sized transfers, and robust beneficiary monitoring through a unified social registry (Campello & Neri, 2014; Lindert et al., 2007).

Respondents' perceptions of the programme's sustainability indicate moderate or uncertain confidence in its continuity (Figure 7). These sentiments likely stem from payment inconsistencies, administrative inefficiencies, and weak institutional consolidation, which have been cited in Nigerian research as limiting programme credibility and long-term effectiveness (Omilola & Akanbi, 2019).

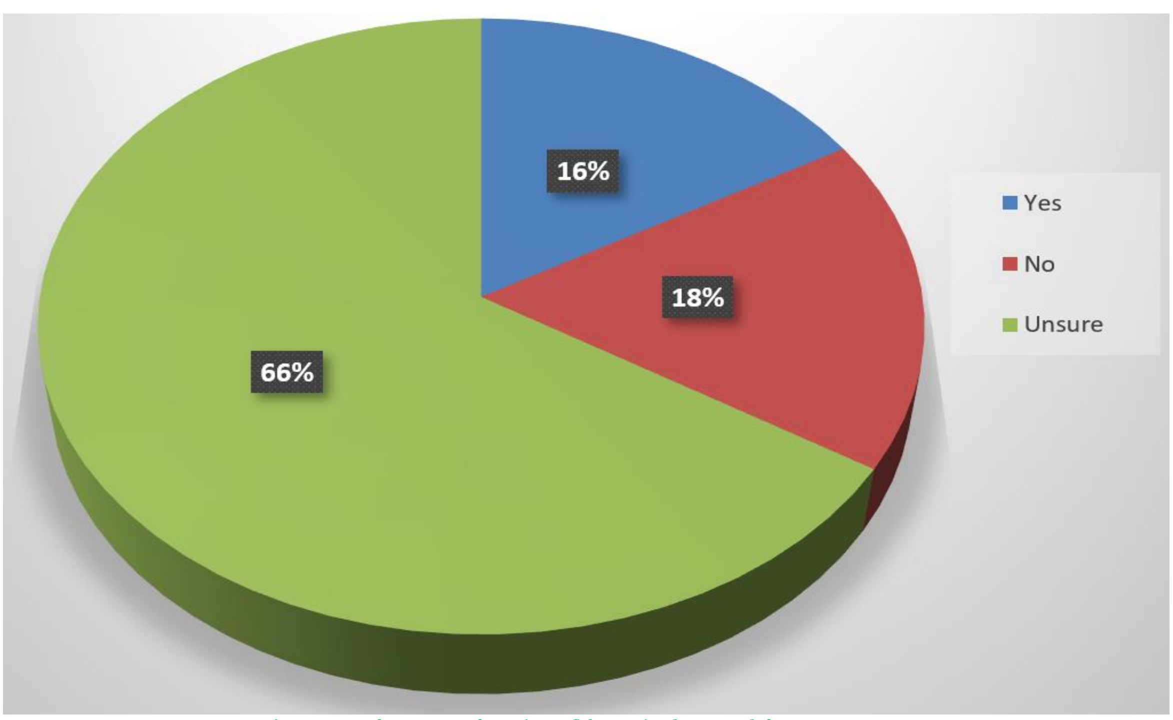


**Figure 7.** The respondents' confidence in future of the programme.

**Source:** Fieldwork and Data Analysis (2026).

Similarly, findings highlight that sustainable programme design requires institutional stability, transparent administration, and predictability of benefits to foster trust among beneficiaries and maximise long-term impacts. By contrast, the institutionalisation of Bolsa Família within Brazil's legal framework ensured continuity across political cycles, enhancing beneficiary confidence and adherence to programme requirements (Lindert et al., 2007).

### *3.5. Brazil's Bolsa Família Programme and Nigeria's CCT Programme in Sokoto State*

Table 8 provides a comprehensive comparative assessment of Brazil's Bolsa Família Programme and Nigeria's National Cash Transfer Programme, situating the latter within the operational realities of Sokoto State. The systematic contrasts programme architecture, institutional coordination, targeting efficiency, payment regularity, compliance monitoring, integration with social services, governance mechanisms, and sustainability frameworks (Table 8). Empirical evidence suggests that Bolsa Família's success has been largely attributable to its institutional consolidation within Brazil's social protection system, the operationalisation of Cadastro Único as a unified social registry, predictable digital payment mechanisms, and rigorous enforcement of education and health conditionalities, which collectively strengthened human capital accumulation and reduced intergenerational poverty (Bastagli et al., 2019; Campello & Neri, 2014; Glewwe & Kassouf, 2012; Soares & Sátyro, 2009; World Bank, 2022). Its embedded monitoring and evaluation culture further enabled continuous programme refinement and accountability.

**Table 8.** Brazil Bolsa Família and Nigeria CCT in Sokoto State.

| Key Dimension | Bolsa Família Programme (Brazil) | Nigeria's CCT Programme (Sokoto State Context) |
|---|---|---|
| Programme Design and Institutional Framework | Strong federal coordination with clear legal and institutional backing; integrated within Brazil's broader social protection architecture. | Implemented under the National Cash Transfer Programme framework with federal, state coordination gaps and weak institutional integration at sub-national levels in Sokoto State. |
| Targeting Mechanism | Unified Registry (Cadastro Único) ensures transparent, data-driven targeting of poor households. | Targeting through the National Social Register, but data gaps, political interference, and limited updates affect accuracy. |
| Payment System | Regular, predictable, technology-driven payments through banking and digital financial systems. | Irregular disbursements and delays were reported, undermining trust and programme credibility. |
| Compliance with Conditionalities | Strong monitoring of school attendance and health visits; conditionalities strictly enforced. | Weak monitoring and limited enforcement of education and health conditions; compliance is inconsistently tracked. |
| Integration with Education and Health Services | Complemented by functional public schools and primary healthcare services. | Supply-side constraints (poor school infrastructure, limited health facilities) reduce programme impact. |
| Monitoring and Evaluation | Continuous impact evaluations and data-driven adjustments improved programme effectiveness. | Limited systematic impact evaluation at the state level; weak feedback mechanisms. |
| Poverty and Human Capital Outcomes | Demonstrated reductions in extreme poverty and improvements in school enrollment and health indicators. | Limited measurable improvement in educational and health outcomes due to structural and implementation challenges. |
| Governance and Transparency | Strong accountability mechanisms and transparent operational guidelines. | Reports of weak monitoring, politicisation, and limited grievance redress mechanisms. |
| Sustainability and Political Commitment | Long-term political commitment ensured programme continuity and scaling. | Policy continuity is vulnerable to political transitions and fiscal constraints. |

**Source:** Data Analysis (2026).

In contrast, the Nigerian CCT programme, as reflected in the Sokoto State context, exhibits structural and administrative constraints that moderate its impact. These include irregular disbursement cycles, limited updating of the National Social Register, weak enforcement of conditionalities, inadequate grievance redress systems, and persistent supply-side deficiencies in schools and primary healthcare facilities (Table 8). The literature consistently demonstrates that cash transfers yield stronger developmental outcomes when complemented by functional service delivery systems and effective governance frameworks (Baird, Ferreira, Özler, & Woolcock, 2014; Handa et al., 2015; World Bank, 2021). Where institutional capacity is weak and monitoring systems are fragmented, the transformative potential of conditional cash transfers becomes diluted, limiting sustained improvements in educational attainment, health utilisation, and poverty reduction.

Overall, Table 8 demonstrates that the effectiveness of such programmes extends beyond the mere disbursement of financial resources and is fundamentally shaped by the strength, coherence, and functionality of the surrounding institutional and governance framework within which they are implemented. The comparative analysis reinforces the argument that sustainable population well-being depends on policy coherence, predictable financing, administrative transparency, and complementary investments in social infrastructure. Without these reinforcing structures, conditional cash transfer programmes risk functioning primarily as short-term consumption support mechanisms rather than as strategic instruments for long-term human capital development and structural poverty reduction.

### *3.6. Analytical Lessons from Brazil's Bolsa Família Programme for Nigeria's CCT Programme*

The comparative evidence generated in this study provides important analytical insights into the institutional and operational conditions under which Conditional Cash Transfers (CCTs) produce sustainable human development outcomes. The contrast between Brazil's Bolsa Família Programme and Nigeria's CCT implementation in Sokoto State illustrates that programme effectiveness is shaped less by the nominal presence of conditionalities and more by the coherence of the surrounding governance, fiscal, and service delivery systems.

A central distinction emerging from the analysis concerns payment regularity and predictability. In Brazil, the institutionalisation of stable and technology-driven transfer mechanisms contributed significantly to beneficiary trust, behavioural compliance, and long-term poverty reduction. By contrast, the irregular disbursement patterns observed in Sokoto State weaken consumption planning, reduce the incentive effect of conditionalities, and limit cumulative human capital investment. This suggests that predictability functions not merely as an administrative feature but as a behavioural and developmental catalyst within CCT architecture. A second analytical insight relates to institutional integration. The Brazilian model demonstrates that conditionalities yield measurable improvements in education and health outcomes when embedded within functional and accessible public service systems. The

Sokoto evidence, however, reveals that supply-side deficiencies, such as poor service quality, infrastructural limitations, and weak monitoring, constrain the translation of compliance into tangible developmental gains. Thus, conditional cash transfers appear most effective when demand-side incentives operate in synergy with strengthened public service provision.

The comparative findings further highlight the importance of robust data systems and monitoring frameworks. Brazil's unified social registry and continuous evaluation culture facilitated targeting accuracy, administrative transparency, and adaptive programme refinement. In contrast, limitations in data updating, compliance tracking, and grievance redress mechanisms in Sokoto State expose structural vulnerabilities that may reduce programme credibility and sustainability.

These differences underscore the role of information systems and accountability structures as foundational pillars of effective social protection. Another significant lesson concerns political and institutional continuity. Bolsa Família's durability across political cycles reflects its embedding within a consolidated legal and fiscal framework, which enhanced programme stability and long-term impact. The Sokoto findings suggest that perceptions of uncertainty regarding programme continuity may weaken beneficiary confidence and limit sustained behavioural change. This indicates that sustainability in social protection extends beyond fiscal capacity to include institutional resilience and policy stability.

Finally, the gender-centred design of Bolsa Família, particularly the prioritisation of women as recipients of transfers, emerges as a critical factor in enhancing intra-household welfare allocation and child-focused outcomes. While Nigeria's CCT architecture incorporates elements of gender-sensitive targeting, the depth and complementary empowerment structures differ in scope and institutionalisation. The comparative evidence reinforces the broader literature suggesting that gender-responsive social protection enhances both immediate welfare and intergenerational human capital formation. Therefore, these analytical insights suggest that CCT effectiveness is contingent upon a multidimensional ecosystem comprising predictable financing, integrated service delivery, institutional coordination, accurate targeting systems, accountability mechanisms, and sustained political commitment.

Within the Capability Approach, the evidence indicates that cash transfers contribute to sustainable population well-being only when they expand substantive opportunities and capabilities through structurally embedded, resilient institutional arrangements. In the absence of such reinforcing systems, CCTs risk functioning primarily as short-term consumption support mechanisms rather than as transformative instruments for long-term human development.

## 4. Conclusion and Recommendations

This study examined the comparative dynamics between Nigeria's Conditional Cash Transfer (CCT) Programme in Sokoto State and Brazil's Bolsa Família Programme to identify institutional and structural factors shaping the capacity of cash transfers to promote sustainable population well-being. Findings reveal that while Nigeria's CCT demonstrates moderate compliance with conditionalities, its broader developmental impact is constrained by irregular payments, inadequate transfer amounts, weak monitoring, limited grievance mechanisms, and persistent deficiencies in education and healthcare services.

Consequently, improvements in educational attainment, health utilisation, and long-term poverty reduction remain limited, underscoring that conditionalities alone are insufficient in contexts with fragile service delivery and institutional coordination. In contrast, the Brazilian experience highlights that CCTs are most effective when embedded within an ecosystem of predictable financing, robust data systems, strong compliance monitoring, functional public services, and sustained political commitment. Applying the Capability Approach, the study affirms that sustainable population well-being is achieved when social protection interventions expand substantive freedoms beyond immediate programme cycles. Overall, Nigeria's CCT Programme holds significant potential for sustainable human development, but realising this potential requires integrating cash transfers into a resilient, accountable, and service-oriented framework capable of transforming short-term assistance into enduring improvements in education, health, and poverty reduction.

Based on the study's findings and the comparative insights drawn from Brazil's Bolsa Família Programme, the following recommendations are proposed to enhance the impact and sustainability of Nigeria's Conditional Cash Transfer (CCT) Programme in Sokoto State.

1. Ensure Regular and Adequate Payments: The government should establish predictable disbursement schedules and review transfer amounts to meet household needs effectively, thereby strengthening beneficiary trust and compliance with programme conditionalities.
2. Strengthen Monitoring and Compliance Mechanisms: Robust monitoring systems should be instituted to track adherence to conditionalities, assess outcomes, and identify gaps in service delivery, complemented by capacity building for local administrators and programme officers.
3. Enhance Grievance Redress and Accountability Structures: Functional complaint and redress mechanisms must be developed to allow beneficiaries to report delays, errors, or exclusion, ensuring transparency and fostering confidence in programme administration.
4. Integrate CCTs with Functional Education and Health Services: Cash transfers should be embedded within a coordinated social service ecosystem, ensuring that complementary investments in schools, healthcare facilities, and human resources accompany financial support to generate sustainable human capital gains.
5. Promote Policy Continuity and Political Commitment: Sustained political support, fiscal stability, and institutional coherence are essential for long-term programme success. Policymakers should prioritise the institutionalisation of the CCT within national social protection strategies to secure intergenerational benefits.

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