

Extending and Maximizing Benefits of Conditional Cash Transfers (CCTs) to Internally Displaced Persons in Benue State, Nigeria.

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Abstract

Conflicts and protracted crises have resulted in a sharp rise in the number of Internally Displaced Persons (IDPs) in Nigeria. Displaced persons not only face physical threats in such circumstances of forced migration, but are also confronted with the challenge of economic survival. In this context, Conditional Cash Transfers (CCTs) becomes an increasingly important tool in humanitarian response and poverty reduction. In recent years, Nigeria has deemed it necessary to embrace cash transfers as social protection instruments to tackle poverty and vulnerability. This study examined the implementation of the CCT programme in Benue State, Nigeria. The vulnerability theory was used as the theoretical underpinning of the study. The study adopted both quantitative and qualitative methodological approaches to carry out in-depth investigation. Survey and documentary sources were used for data collection, while descriptive statistics and content analysis were used for data analysis. The data analyzed revealed that the CCT Programme as presently implemented in Benue State covered the poor and vulnerable, but did not extend to the large IDP population. It also established that IDPs in Benue State were supportive of in-kind assistance, but indicated the need for a combination of in-kind and cash assistance. The study recommended that in extending the CCT programme to IDPs in Benue State, strategies such as establishment of a robust programming framework; strong Measurement and Evaluation (M&E) mechanisms; and training to help beneficiaries utilize from provided assistance, among others, should be adopted to maximize benefits and mitigate possible risks associated with the programme.

Keywords: Cash transfers, Conditional Cash Transfers, Displaced persons, Internal displacement, Poverty, Vulnerability.

Introduction

Conflicts and protracted crisis have resulted to a sharp rise in the number of Internally Displaced Persons (IDPs) in Nigeria (IDMC, 2017; UNHCR, 2017). Displaced persons not only face physical threats in such circumstances of forced migration, but are also confronted with the challenge of economic survival. Abrupt detachment from economic activities generates high levels of unemployment among IDPs which creates restrictions to basic incomes. The consequences of unemployment and absence of income in displacement situations can be far-reaching, with poor nutrition, lack of access to basic services, psychological distress and social conflict as some of the possible results (Deblon and Gutekunst, 2017).

In this context, Conditional Cash Transfer (CCT) Programmes become an increasingly important tool in humanitarian response and poverty reduction (Addison, Gisselquist, Nino-Zarazua and Singhal, 2015; Crost, Felter and Johnston, 2014; 2016; Deblon & Gutekunst, 2017). CCTs are social assistance programmes that provide periodic cash transfers to targeted households, often conditional upon parents, to enable them take care of the basic needs of their children (Crost, Felter and Johnston, 2014; Jones, Vargas and Villar, 2008; Nelson & Sandberg,

2016). CCTs are understood to promote human capital development and help break life course and inter-generational transfers of poverty by facilitating households' capacities to ensure children's rights to adequate nutrition, health care and education (Fiszbein and Schady, 2009; Jones, Vargas and Villar, 2008).

Over the past decade, CCTs have become one of the most important modes of delivering development aid, and a large literature documents their positive impact on the wellbeing of the poor (Croft, Felter and Johnston, 2014; 2016; Gore and Patel, 2006; Fiszbein and Schady, 2009). State and non-state actors comprising governments, non-governmental organizations, private individuals and companies, bilateral and multilateral organizations, development partners and other members of the donor community encourage the adoption of CCTs, particularly in developing countries where vulnerabilities to various kinds of risks prevent the human capital development of households and communities (Akinola, 2014).

In recent years, Nigeria and her development partners have deemed it necessary to develop social protection instruments as mechanisms to tackle such high rates of poverty and vulnerability and to support progress in both the economic and the social spheres. Thus, social protection has become an emerging and fundamental component of the policy objective of government. As part of these efforts, cash transfers were identified at the federal level and some selected states in 2007, to serve as potential instruments to achieve government's goal of building a socio-economic base for the poor and vulnerable people (Holmes, Samson, Magoronga, Akinrimisi and Morgan, 2012).

Benue state constitutes one of the states captured in this initiative due to its general poverty profile, high levels of social vulnerability, and susceptibility to shocks and stress. CCTs as social protection mechanisms were adopted by the Benue State government to provide a holistic approach of addressing poverty and vulnerability in all ramifications (BSIP, 2018). However, the implementation of the policy has generated mixed reactions concerning the selection process of poor and vulnerable beneficiaries. The study therefore investigates the implementation of CCTs in Benue State to ascertain the potentiality of the policy in addressing poverty and vulnerability among IDPs. The general objective of the study is to evaluate the implementation of the CCT programme in Benue State. In specific terms, the study aims to:

1. Examine the scope and dimension of the CCT programme in Benue State.
2. Rationalize the need to extend the CCT programme to IDPs in Benue State.
3. Suggest strategies for maximizing benefits and mitigating risks of CCTs to IDPs in Benue State.

Conceptual Clarification

Conditional Cash Transfers (CCTs)

Conditional Cash Transfers (CCTs) are financial cash schemes that provide cash directly to poor households in response to the household/individual fulfilling specific conditions. The scheme creates incentives for households to adjust their behaviour towards nationally accepted social goals (Cookson, 2016; DFID, 2011; Seeta-Prabhu, 2009). In technical terms, the objective of such programmes is "to correct for market failures associated with non-internalized positive externalities" (Janvry and Sadoulet, 2004:1).

In other words, they are used to (a) incentivize private behaviour to secure positive externalities such as enhanced consumption of merit goods like health and education; and (b) target vulnerable groups who are unable to access merit goods due to negative income effects caused by cyclical downturns and/or exogenous shocks. These schemes have typically been used to improve school attendance by children, boost attendance at health clinics and enhance participation in immunization programmes (Seeta-Prabhu, 2009).

CCTs are different from unconditional cash transfers (UCTs) – grants to vulnerable persons/groups on the basis of certain pre-determined eligibility criteria. Social transfers such as pensions to senior citizens, the physically challenged, etc., are the most common UCTs. The main difference as compared to CCT schemes is that they are unconditional programmes and do not attempt to influence individual/household consumption preferences (Lindert, 2013; Seeta-Prabhu, 2009; UNHCR, 2012).

Internally Displaced Persons

The United Nations Secretary-General in 1992, defined IDPs as “persons or groups who have been forced to flee their homes suddenly or unexpectedly in large numbers, as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disaster, and who are within the territory of their own country” (UN, 1992).

In 1998, the UN restructured this definition and elucidated IDPs as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border” (UN guiding principle on internal displacement, 1998).

Unlike refugees, who are persons who have fled across the border of their countries because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order, and are therefore no longer under the protection of their country of origin, IDPs are displaced citizens still under the territory of their country. Their government is legally responsible for their protection and welfare (Cartagena Declaration on Refugees, 1984; UNHCR, 1995).

Theoretical framework

The vulnerability theory of Martha Fineman (2008) formed the theoretical underpinning of the study. The central thesis of the theory is that vulnerability is inherent to human condition, and that the state therefore has a corresponding obligation to reduce, ameliorate, and compensate for that vulnerability (Fineman, 2008 cited in Kohn, 2014). Fineman (2008, 2010, 2013) posits that in order to meet its obligation to respond to human vulnerability, the state must provide equal access to the “societal institutions”, that distribute social goods such as healthcare, employment, and security.

In Fineman’s view, this obligation is consistent with the original purpose of the state: to respond to human vulnerability. She further argues that it is the state that has legitimized and given power to social institutions that increase resilience for some while undermining the resilience of others; thus the state must accept responsibility for the “effects and operation” of those institutions (Fineman, 2008, 2010, 2013).

Fineman has explicitly developed vulnerability theory as an alternative to theories of social justice and responsibility that focus on achieving formal equality (equality that results from sameness of treatment). Fineman sees vulnerability theory as capable of advancing substantive equality (equality that results when people are equally benefited or disadvantaged by a law or policy) in a way that traditional approaches to equality cannot (Fineman, 2012 cited in Kohn, 2014). Fineman (2012) suggests that by focusing on the universal human condition, vulnerability theory makes salient the need to alter institutional arrangements that create privilege and perpetuate disadvantage.

The vulnerability theory thus provides an alternative basis for defining the role of government and a justification for expansive social welfare policies. In applying the theory, the study maintains that:

1. The prodigious importance of the state and its responsibility of creating and supporting systems that promote resilience across its diverse population inform the need for CCTs. CCTs constitute government policies aimed at resolving inequality by ensuring that vulnerable persons are provided with the economic means that grants them access to basic social services.
2. Instead of directly advocating for equal access to societal institutions (a condition that denies flexibility of choice and is capable of creating congestions and pressure on existing social facilities), CCT policies or designs opt for provision of direct cash that gives the vulnerable group a wide range of options regarding what social services to obtain and where to obtain those social services.
3. In this way, CCTs as instruments for curbing inequality, considerably improve human conditions by building the economic base of vulnerable persons. CCTs help to provide a justification for the adoption of policies that create and sustain important social welfare systems.

Literature Review

Evolution of cash transfer schemes

CCT schemes originated in middle-income Latin American countries that had good infrastructure and supply systems. They were positioned as formal, publicly provided safety net programmes that essentially supplied cash to the needy and helped them tide over the period of economic crisis. The earliest of such programmes were identified in Brazil and Mexico (Johannsen, Tejerina and Glassman, 2010; Maite, 2012; Ulrichs and Roelen, 2012). In Brazil, the first CCT programme was started in 1996 with a focus on child labour. While some more programmes based on the CCT philosophy were introduced to address specific areas, these were integrated in 2004 into the now well-known programme 'Bolsa Familia'. In Mexico, Progresa was initiated in 1997 with a new approach integrating interventions in health, education and nutrition. It was based on the understanding that these important dimensions were direct correlates of human welfare (Seeta-Prabhu, 2009).

Other countries that initiated CCT programmes include Chile, Colombia, Ecuador, Jamaica, South Africa and Turkey. In Asia, Bangladesh had a Female Stipend Programme as early as 1982 followed by a Food for Education Programme in 1993. Food grants were later converted to cash grants in 2002. Indonesia launched a pilot CCT programme called Programme Keluarga Harapan (PKH) in 2007. Its beneficiaries were very poor households that had pregnant women and/or zero to 15-years-old children. The PKH required them to access education and health services to be eligible for the cash transfer (Seeta-Prabhu, 2009).

CCT schemes represent a shift in the focus of social policy from supply-side provisioning to addressing demand-side constraints. They typically have multiple objectives that foster the virtuous cycle between social protection and human development. The early CCT schemes had two main objectives – to reduce poverty and to enhance capabilities of the poor. While these appear as two distinct objectives, in reality they constitute two phases of the single objective of poverty reduction, with the cash transfer part addressing poverty in the short-run, and the conditionality component addressing poverty in the long-term through building of human capital/human capabilities and thereby reducing the intergenerational transmission of poverty (DFID, 2011; Seeta-Prabhu, 2009; UNDP, 2009).

The focus of the initial CCT programmes was on the urban poor in Brazil and rural poor in Mexico. The schemes which were implemented in low-income countries (such as Nicaragua

and Honduras in Latin America) focused on the rural poor. The CCT programmes have also been used to address the needs of vulnerable sections of the population such as IDPs (Colombia), physically challenged persons (Jamaica) and households affected by HIV/AIDS (Zambia). In Chile, the programme makes psychosocial assistance available to all beneficiaries in an attempt to help them acquire the social skills and training needed to escape poverty. The scope of the programmes has also expanded beyond school enrollment and immunization to cover aspects like secondary school completion (Mexico) and adult education, microcredit and housing (Brazil) (De la Briere and Rawlings, 2006).

With the use of CCTs, transfers are made in cash rather than in-kind, the reason cited being that cash transfers provide greater discretion to the poor households to spend on items they consider important, allowing the decision-making power to be with the households. Cash transfers are also relatively simple to administer than in-kind transfers. Generally, cash transfers are made to the woman in the household as the literature on the subject indicates that women spend a greater proportion of the money under their control on children's education, health and nutritional requirements (Lund, Noble, Barnes and Wright, 2008).

The term 'conditionality' in CCT schemes is specific rather than holistic; they do not prohibit but incentivize. Thus, they do not require a household to reduce its consumption of demerit goods but allow it to supplement the consumption of merit goods. This is because the transfer of cash is conditional on certain requirements, e.g. school attendance (minimum attendance norms), and/or visits to health clinics, immunization of children and soon. The objective is to induce households to change their behaviour in a manner that contributes to the realization of a nationally accepted consensus that the achievement of common social goals requires the protection of a minimum-level of merit good consumption by all households (Bloom, Mahal, Rosenberg and Sevilla, 2010; Cookson, 2016; Nelson and Sandberg, 2016; Seeta-Prabhu, 2009).

The Emergence of Conditional Cash Transfers in Nigeria

Nigeria is a middle-income country with high dependence on oil revenues, although there has also been growth in the non-oil economy in recent years. Despite strong economic growth, 54% (approximately 75 million people) of Nigeria's population lives in poverty. While recent forecasts suggest that poverty may be reducing slightly, of most concern is the fact that the poverty rate has doubled in the past 20 years. Nigeria is also highly unequal: The Gini coefficient was 43.8 as of 2005 (Ortiz and Cummins, 2011). Meanwhile, income inequality is just one dimension of poverty in Nigeria; poverty and vulnerability are also highly influenced by social and other factors, including geography, ethnicity, age and gender. The severity of poverty and vulnerability has also been exacerbated by the recent conflicts and instability in the country (Hagen-Zanker and Holmes, 2012; Holmes *et al*, 2012; Holmes, Akinrimisi, Morgan and Buck, 2011).

In attempt to tackle the high rates of poverty and vulnerability, the government of Nigeria and its development partners sought to develop social protection instruments in the country which could foster economic and social development. Thus, cash transfers were identified by the federal government as potential social protection instruments to achieve these goals. Basically, cash transfers based on the Latin American model (that is, using conditions linked to education and/or health) are the main types of transfer programming being implemented in Nigeria (Holmes *et al*, 2012).

The first cash transfer programme, known as, In Care of the People (COPE) started as a pilot in 2007. The objective of COPE was to break the intergenerational transfer of poverty, to reduce the vulnerability of the core poor in society against existing socioeconomic risks and to improve their capacity to contribute to economic development in the community, state and

nation (Akinola, 2014; 2016; 2017). In the COPE, beneficiaries selected using geographical, community and categorical targeting methods received a Basic Income Guarantee (BIG) ranging from N1,500 Nigerian Naira per eligible child (approximately US \$10) to a maximum of N5,000 (US \$33) for 4 children and above monthly (NAPEP, 2007). An additional N7,000 was put aside every month on behalf of every participating household and a total of N84,000 (US \$560) was given to the household as investment fund after 12 months when participants were required to exit the programme (NAPEP, 2007). This investment fund was known as the Poverty Reduction Accelerator Investment (PRAI) (Akinola, 2014).

The second CCT (referred to as CCT for girls' education) was implemented through the state education sector in Nigeria, supported by the United Kingdom Department for International Development (DFID), United Nations Children's Fund (UNICEF) and the World Bank, in Kano, Bauchi and Katsina states. The CCT was targeted at reducing girls' dropout resulting from early marriage specifically in the transition period from primary to secondary school (Holmes *et al*, 2011; 2012).

Holmes *et al* (2012) averred that examining the appropriateness of the early CCTs in the context of high rates of poverty and vulnerability in Nigeria highlights a number of important issues. A main concern was the limited coverage of these cash transfer programmes. For instance, COPE coverage was 0.001% of the poor. The targeting policy, based on the CCT design, restricted eligibility to a subsection of the poor by limiting the number of potential beneficiaries to households with school-age children plus another categorical identification (e.g. elderly, female-headed, HIV and AIDS affected). There was therefore a need to think about possible sequencing of cash interventions which cover a larger section of the poor, which may mean attaching different conditions or eliminating the issue of conditionality completely.

The current CCT operational in Nigeria is the CCT embedded in the National Social Investment Programme (NSIP) which was established by the Federal Government in 2016. The NSIP consists of a suite of programmes which focus on ensuring a more equitable distribution of resources to vulnerable populations, including children, youth and women. The CCT programme of the NSIP directly supports those within the lowest poverty bracket by improving nutrition, increasing household consumption and supporting the development of human capital through cash benefits to various categories of the poor and vulnerable. The support is conditioned on fulfilling soft and hard co-responsibilities that enable recipients improve their standard of living (NSIP, 2018).

In the NSIP CCT, beneficiaries selected through a Community Based Targeting (CBT) method receive N5,000 monthly. They also receive a mandatory training on various forms of skill acquisition and business development to help them have a sustainable livelihood at the end of the programme. The idea is that beneficiaries cannot be getting N5,000 monthly ad infinitum since the amount cannot sustain them if they are not doing any business alongside it. The N5,000 is primarily to cushion their feeding while they build their capacity to have sustainable livelihood. Apart from the N5,000 basic payments, households with pregnant women, infants and children of school age, are given another top-up of N5,000 and that makes it N10,000 monthly transfer for such beneficiaries. The top-up only comes on the condition that beneficiaries satisfy the defined co-responsibilities (antenatal visits, immunization for children and children's education) (NSIP, 2018; Onehi, 2017).

Currently, 16 out of the 36 states in the Federation are captured in the programme, with over 300,000 households registered. However, the households recorded to have been receiving the cash transfers since October, 2017 are 70,000. The target of the programme is 1,000,000,000 people and it is expected that the target will be met when all states in the Federation are captured in the programme. The programme is expected to span for six years

with beneficiaries limited to three years of participating in the programme (NSIP, 2018; Onehi, 2017).

Implementation of the Conditional Cash Transfer Programme in Benue State

The adoption of CCTs in Benue State was due to the high poverty profile of the state. Benue State is one of the thirty-six states of the Nigerian federation and has been identified as the 13th poorest state in the country (Oxford Poverty and Human Development Initiative [OPHI] Report, 2017) (Table 1). Poverty in Benue State is absolute, severe, widespread, multi-dimensional and has increased in the last decades. Poverty in the state is also identified to be predominantly rural (Ikwuba, 2011).

Table 1: Poverty profile of states in Nigeria

Lagos	8.5%
Osun	10.9%
Anambra	11.2%
Ekiti	12.9%
Edo	19.2%
Imo	19.8%
Abia	21.0%
Rivers	21.1%
FCT (Abuja)	23.5%
Kwara	23.7%
Akwai Ibom	23.8%
Delta	25.1%
Kogi	26.1%
Ogun	26.4%
Ondo	27.9%
Enugu	28.8%
Bauchi	29.0%
Oyo	29.4%
Nasarawa	32.4%
Cross River	33.1%
Plateau	51.6%
Febonvi	56.0%
Kaduna	56.5%
Adamawa	59.0%
Benue	59.2%
Niger	61.2%
Borno	70.1%
Kano	76.4%
Gombe	76.9%
Taraba	77.7%
Katsina	82.2%
Sokoto	85.3%
Kebbi	86.0%
Bauchi	86.6%
Jigawa	88.4%
Yobe	90.2%
Zamfara	91.9%

Source: Oxford Poverty & Human Development Initiative [OPHI] Report, 2017

In attempt to tackle the high poverty profile, the state keyed into the CCT of the Federal Government NSIP in 2017 (BSIP, 2018). Thus, the implementation of the programme in Benue State applies the design and implementation mechanisms of the NSIP. The broad objective of the programme is to: reduce extreme poverty and bridge inequalities gaps among citizenry as well as prevent the vulnerable from falling further down the poverty line and build resilience to withstand shocks and risks. The specific objectives of the programme are to: increase and improve household's consumption of the extreme poor; improve human capital development; and deliver regular and reliable targeted cash transfers that are easily accessible to the extreme poor (BSIP, 2018).

Methodology

The study adopted both quantitative and qualitative methodological approaches to carry out in-depth investigation. Surveys using interviews and questionnaires, as well as documentary sources were used for data collection, while descriptive statistics and content analysis were used for data analysis. The sampled population for the study consists of 102 respondents comprising of 90 IDPs in Benue State, 6staff of the Benue Social Investment Programme (responsible for the disbursement of CCTs), and 6staff of the Benue State Emergency Management Agency (responsible for the management of IDPs).

Result of Findings

Scope and Dimension of Conditional Cash Transfers in Benue State

The eligibility criteria of the CCT programme in Benue State defines the scope and dimension of the programme. The eligibility criteria simply outline the conditions that qualify people as beneficiaries of cash transfers.

In the interview session with informants from the BSIP, it was noted that while beneficiary households were mostly located in geographical areas and communities with low human development indicators, lack of access to the basic needs of life such as food, clothing and shelter formed the primary eligibility criterion for every household. In selecting beneficiaries, preference was given to households living in extreme or abject poverty.

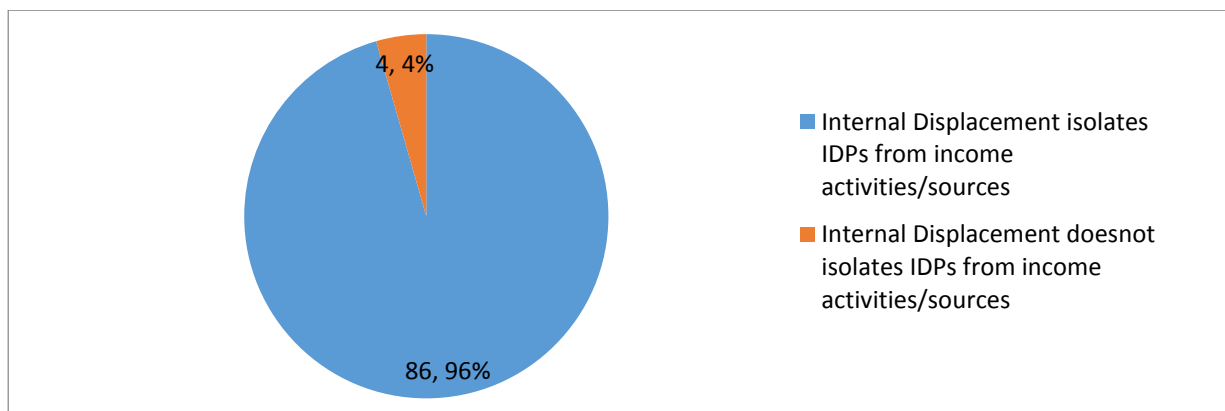
BSIP informants further asserted that the selection of households was done through a process known as Community Based Targeting (CBT). This means the community identifies the poorest people because the programme is not just targeted at the poor but the poorest within the community. Various poverty criteria have been thrown up so far; in some cases, people have said it is the number of times they eat, the state of the shelter they live in, mortality rate and access to basic medical care, the size of farmland or type of crops grown, etc. The identified beneficiaries receive N5,000 monthly payments under the CCT as a form of social safety net for the poorest and most vulnerable, for a period of 3 years, not subject to renewal.

It was also gathered that although the policy stipulates N5,000 monthly payments, the money was paid bi-monthly, which totals N10,000 for each beneficiary, so as to condense logistics constraints in the disbursement of funds. The beneficiaries also receive training on life skills, savings and business development to make them self-reliant after the programme. Informants from BSIP and BSEMA maintained that IDPs were not captured in the CCT programme.

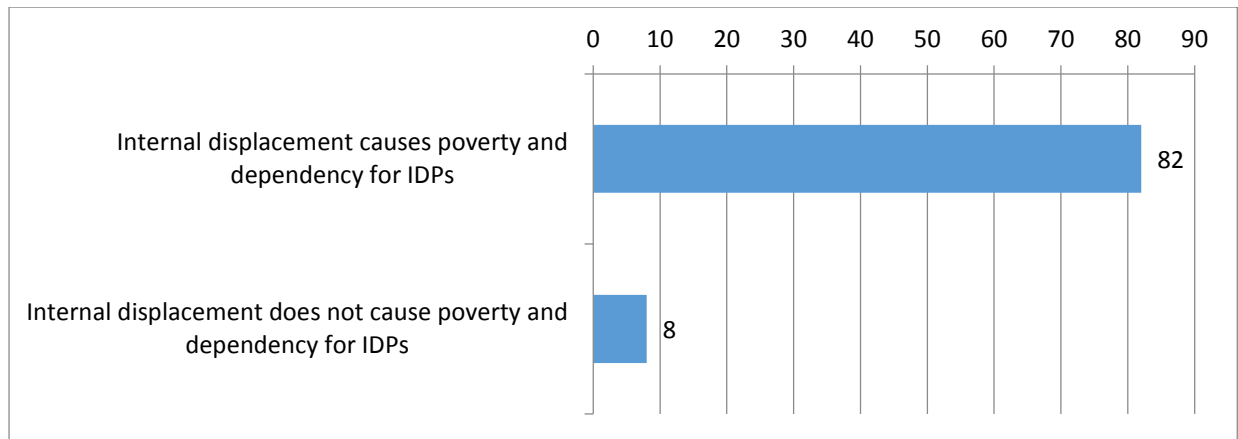
Rationalizing the need to extend the CCT programme to IDPs in Benue State

The scope and dimension of CCTs in Benue State clearly reveal that IDPs are not covered in the programme. However, a thorough examination of the eligibility criteria shows that IDPs also meet the stipulated conditions that qualify people as beneficiaries of the programme. IDPs are among the poorest and most vulnerable in the sense that their means of livelihood has been destroyed and as such, they depend entirely on society for their basic means of survival (Figure 1 & Figure 2).

Figure 1: Internal displacement & IDPs income activities/sources



Source: Field Survey, 2018

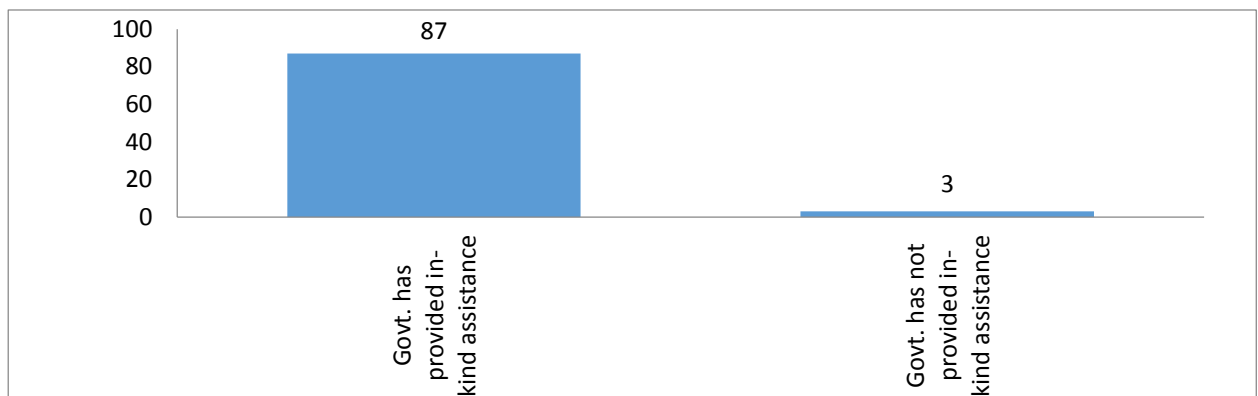


Source: Field survey, 2018

Figure 2: Internal displacement, IDPs poverty and dependency

In the field survey conducted, 86 respondents (96%) indicated that internal displacement had cut them off from their income activities and sources. Similarly 82 respondents (91%) noted that internal displacement had caused poverty and dependency for them. Thus, the aftermath of displacement has been the need for IDPs to fall back on government to rescue them from the precarious situation.

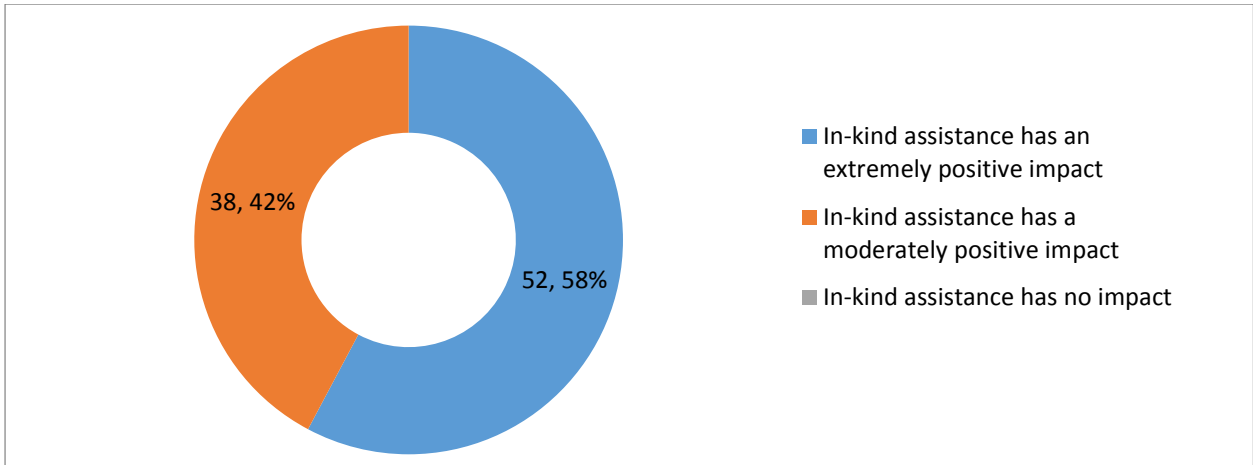
Concerning the efforts by government to take care of the welfare needs of IDPs in displacement situations, 87 respondents (97%) maintained that government was supportive in providing in-kind assistance in the form of foodstuff and other material goods (Figure 3).



Source: Field survey, 2018

Fig. 3: Government and in-kind assistance to IDPs

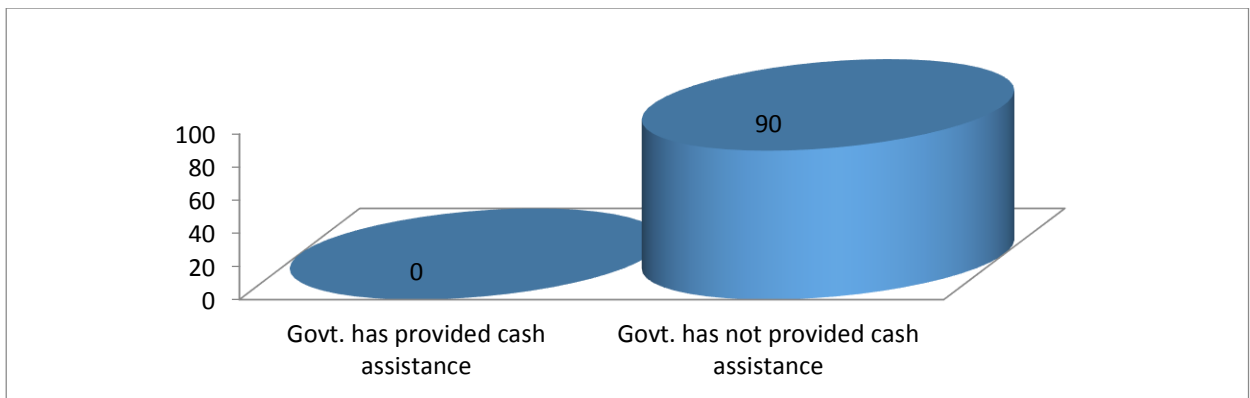
Responding to the issue of perceived impact of in-kind assistance from government, 52 respondents (58%) posited that in-kind assistance had an extremely positive impact on their wellbeing, while 38 respondents (42%) posited that in-kind assistance had a moderately positive impact on their wellbeing (Fig. 4)



Source: Field survey, 2018

Fig. 4: Perceived impact of in-kind assistance to IDPs

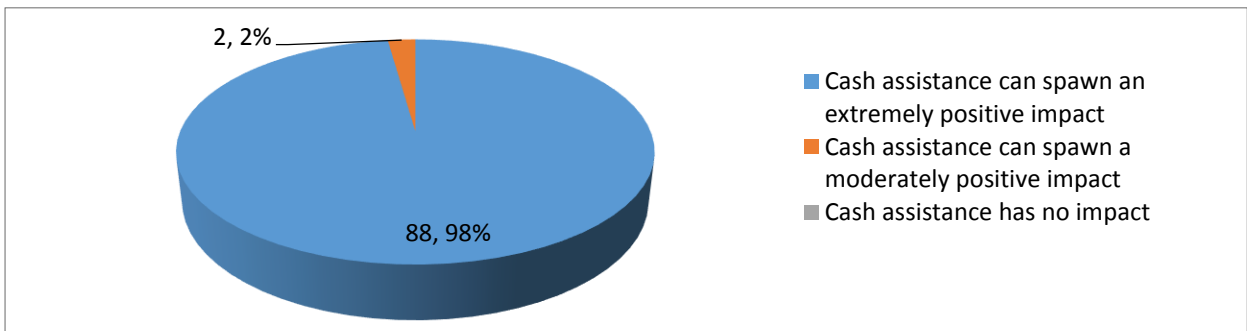
In response to whether government gave support in the form of cash assistance, 90 respondents (100%) indicated that no cash assistance was made available by government (Fig. 5).



Source: Field survey, 2018

Fig. 5: Government and cash assistance to IDPs

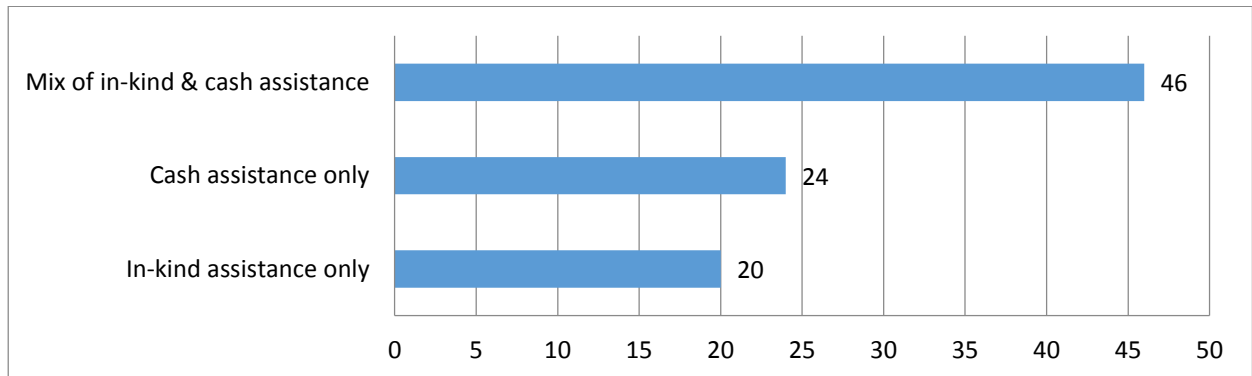
88 respondents (98%) further argued that the presence of cash assistance would have spawned an extremely positive impact on their well being, while 2 respondents (2%) opined that the presence of cash assistance would have spawned a moderately positive impact on their well being (Fig. 6).



Source: Field survey, 2018

Fig. 6: Perceived impact of cash assistance to IDPs

Thus, regarding the issue of most preferred form of assistance that IDPs desired from government, 46 respondents (51%) indicated preference for a combination of in-kind and cash assistance, 24 respondents (27%) indicated preference for only cash assistance while 20 respondents (22%) indicated preference for only in-kind assistance (Fig. 7).



Source: Field Survey, 2018

Fig. 7: Preference of IDPs on government assistance

It could therefore be extrapolated from the above analysis that, IDPs like other poor and vulnerable groups in society require CCTs in order to help them cope with prevailing shocks and stresses, and to help them develop the long-term potential of household members particularly children.

The interview discussions with IDPs corroborated with these findings as 13 out of 15 IDPs interviewed (86%) expressed their support for CCTs, since the mechanisms were more flexible safety nets that provided opportunity for people to purchase goods/services according to their needs or preferences. Similarly, 11 out of 15 IDPs interviewed (73%) maintained that CCTs were desirable as they represented a more empowering and dignified form of support.

Strategies for maximizing benefits and mitigating risks of CCTs to IDPs in Benue State

Some crucial measures should be considered in ensuring that the extension of CCTs to IDPs in Benue State generate maximum benefits and mitigate possible risks associated with the programme. The measures adopted for this study are basically drawn from strategies used in providing direct cash assistance to IDPs in post conflict regions and regions that have experienced intense natural disasters around the globe. This is for reason that the IDP situation in Benue State over the years has been traced to conflicts as the predominant cause, with flooding also noted as a minor cause. These strategies are examined below:

The establishment of a robust programming framework is necessary for the successful implementation of CCT programmes. The choice of the form of implementation depends on the objectives of the programme. Thus, there is need for simple and clear objectives, tailored to the needs identified. Given objectives are clear and the programme is planned accordingly, the potential advantage of cash-based approaches is that they potentially allow linking assistance and recovery, by alleviating short-term poverty through allowing people to address their direct needs, while incentivizing families to invest in longer-term activities and human capital impacting on their livelihoods.

The adoption of strong Measurement and Evaluation (M&E) mechanisms come in as a follow up in monitoring the implementation process. There is need for M&E mechanisms that involve multiple stakeholders (government, CSOs, donor organizations etc) through a public process to mitigate dissipation of funds. The synergy between multiple stakeholders in the implementation of CCT programmes will ensure that parties involved act as checks for each

other. M&E mechanisms also ensure that beneficiaries apply the funds appropriately to meet up with the intended objectives of the programme.

IDPs who meet the requirements to be beneficiaries of the CCT programme should receive appropriate training to equip them with the necessary knowledge that would help them utilize from provided assistance. CCTs normally impose behavioural conditions on transfer recipients which set minimum requirements on beneficiaries' attention on the education, health and nutrition of children. Through advocacy and awareness campaigns, beneficiaries could be effectively sensitized on how best to apply these funds in order to meet up with the objectives of the programme.

There is need for improved security and protection for IDPs with the introduction of cash based assistance. The growing feelings of physical insecurity are driven by rising unemployment, lack of basic services and subsequent levels of crime. These feelings are triggered by members of host communities who have a lower assessment of their personal life situation as compared to IDPs who have received some form of cash assistance. As a result, the provision of cash assistance to vulnerable IDPs increasingly causes tension within and outside camp settlements, which can result in physical conflict, particularly during periods of distribution of assistance.

Emphasis on transparency and accountability in the CCT programme to ensure that power brokers do not misappropriate cash. This could be facilitated with the adoption of electronic payment systems to avoid diversion of funds and to maintain proper tracking of cash transfers/ flows. However, a context and conflict sensitive approach is necessary to ensure the safe access of beneficiaries to payments. If there is no functioning banking system or digital infrastructure, it may be necessary or preferable to use existing payment mechanisms, but braced with effective transparency and accountability mechanisms.

Conclusion

CCTs are social protection mechanisms adopted by government to address social and economic vulnerabilities such as poverty, old age, disability or unemployment and to complement household income in times of exposure to shock (Gore and Patel, 2006). The CCT implementation in Benue State has so far not been targeted at IDPs who constitute an extremely vulnerable group. Evidence derived from the study shows that it is important to extend CCTs to the large IDP population if they are to serve as holistic and effective strategies for alleviating poverty in Benue State.

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