

Social Protection Intervention and Household Wellbeing in the Niger Delta Region

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Abstract

This study investigated the relationship between social protection intervention and household well-being in the Niger Delta Region. Specifically, the study focused on key social protection interventions such as cash transfers, food assistance, skills development programs, access to and insurance schemes, availability of community welfare programs. The population of the study consists of 32,277,901 people across the nine Niger Delta states namely Abia, Rivers, Akwa Ibom, Bayelsa, Delta, Cross River, Edo, Imo, and Ondo, as obtained from the National Population Commission. The sample size will be determined using the Taro-Yamane method. Data will be collected through a self-structured instrument titled Social Protection Intervention and Household Well-being Questionnaire (SPIHWBQ). Percentage and frequency counts was used to address the research questions, while the chi-square statistical technique with the aid of Statistical Package for the Social Sciences version 26 was used to test the hypotheses. The results of the study revealed that Cash transfers, Food assistance, Skills development programs, and has a positive and significant relationship with household well-being in the Niger Delta region. It was concluded that social protection interventions had substantial impact on household welfare in Niger Delta region. It was therefore, recommended amongst other that the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, in collaboration with the National Social Safety Nets Coordinating Office and the Niger Delta Development Commission should expand the coverage and funding of cash transfer programmes across the Niger Delta region.

Keywords: Social Protection Intervention, Household Well-being, Cash Transfers, Food Assistance, Skills Development Programmes, Insurance Schemes, Niger Delta Region, Social Protection Theory.

1. Introduction

Improving household well-being has remained a fundamental objective of development policy across both developed and developing economies. In many developing countries, households are frequently exposed to socio-economic risks such as unemployment, income

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instability, food insecurity, and limited access to basic services [1], [2]. These vulnerabilities often undermine the quality of life and reduce the capacity of households to meet essential needs. In response to these challenges, governments and international development institutions increasingly adopt social protection strategies aimed at improving welfare and reducing poverty. One of the most prominent instruments used in this regard is the social safety net, which provides targeted support to vulnerable individuals and households in order to protect them against economic shocks and enhance their living conditions. Globally, social safety nets have become an essential policy mechanism for promoting inclusive growth, improving income distribution, and strengthening the resilience of households to socio-economic uncertainties. According to the World Bank, more than 2 billion people in developing countries benefit from at least one form of social safety net program, reflecting the growing recognition of these programs as critical tools for poverty reduction and welfare improvement [3], [4], [5].

Scholars and international organizations have conceptualized social safety nets from different perspectives, emphasizing their role in supporting vulnerable households. The World Bank defines social safety nets as non-contributory transfer programs targeted at poor and vulnerable populations with the aim of helping them manage risks, cope with shocks, and improve their standard of living. Similarly, the International Labour Organization (ILO, 2017) describes social safety nets as protective mechanisms that include cash transfers, food assistance, and other welfare interventions designed to provide income support and prevent individuals from falling into extreme poverty. In the same vein, Barrientos conceptualizes social safety nets as targeted social assistance programs that provide minimum income support and access to essential services for disadvantaged groups, thereby improving household welfare and reducing socio-economic vulnerability [6], [7], [8]. These perspectives collectively highlight the importance of social safety nets as instruments for safeguarding households against poverty, economic instability, and social exclusion.

The capacity of social safety nets to improve household well-being is largely influenced by the various program dimensions through which assistance is delivered. One of the most widely used components is cash transfer programs, which provide direct financial assistance to vulnerable households. Cash transfers enable households to meet essential needs such as food, healthcare, and education, thereby improving consumption levels and reducing poverty. Empirical evidence indicates that conditional and unconditional cash transfer programs have reduced poverty by approximately 20 percent in several developing countries [9], [10], [11], [12]. In addition to cash transfers, food assistance programs play a critical role in addressing food insecurity among vulnerable populations. Food assistance programs provide subsidized food items, nutritional supplements, or school feeding initiatives that help improve household nutrition and health outcomes. The Food and Agriculture Organization reports that about 828 million people worldwide experience food insecurity, highlighting the importance of food assistance programs in supporting vulnerable households [13], [14], [15], [16].

Consequently, another important dimension of social safety nets is skill development programs, which aim to enhance the productive capacity of individuals through vocational training, entrepreneurship development, and employment-oriented initiatives. These programs enable individuals to acquire marketable skills that improve their employment prospects and income-generating opportunities. According to the International Labour Organization [17], [18], [19], [20], skill development initiatives have contributed to income increases of between 10 and 30 percent among beneficiaries in many developing countries. Similarly, access to

insurance schemes, particularly health insurance and social insurance programs, plays a crucial role in protecting households from unexpected financial shocks. Health-related expenses often constitute a major burden for low-income households. The World Health Organization estimates that about 100 million people globally fall into extreme poverty every year due to out-of-pocket health expenditures, emphasizing the importance of insurance coverage in safeguarding household welfare [21], [22], [23], [24].

In addition to these interventions, the availability of community welfare programs also contributes significantly to household well-being. Community-based welfare initiatives such as cooperative societies, local support groups, and community development programs provide financial assistance, social support, and collective resources that help households cope with economic challenges. Similarly, educational support programs, including scholarships, bursaries, and school feeding initiatives, contribute to improving household welfare by reducing the cost of education and promoting human capital development. Evidence shows that school feeding programs have increased school enrollment and attendance by about 9 percent in low-income countries [25], [26], [27]. Furthermore, emergency relief funds provide immediate assistance to households affected by crises such as natural disasters, economic downturns, or public health emergencies. These funds help households recover from shocks and prevent them from falling into deeper poverty. Closely related to this is the role of micro-insurance schemes, which provide affordable insurance coverage tailored to low-income households. Micro-insurance programs protect households against risks associated with health, agriculture, and livelihood activities. Studies indicate that micro-insurance schemes can reduce vulnerability among low-income households by 15–25 percent in developing countries [28], [29], [30].

In Nigeria, the relevance of social safety nets has become increasingly important due to the rising incidence of poverty and economic vulnerability. Despite being one of the largest economies in Africa, Nigeria continues to face significant socio-economic challenges that affect household welfare. According to the National Bureau of Statistics, approximately 133 million Nigerians representing about 63 percent of the population are classified as multidimensionally poor, experiencing deprivation in areas such as education, health, and living standards. In addition, unemployment and underemployment remain major concerns, limiting income opportunities for many households [31], [32]. To address these challenges, the Nigerian government has introduced several social protection initiatives aimed at improving household welfare. These include programs such as conditional cash transfers, the National Home-Grown School Feeding Programme, and other components of the National Social Investment Programme. Available reports indicate that the Federal Government has disbursed over ₦330 billion in cash transfers to about 8.5 million vulnerable households under the social investment framework [33], [34], [35]. Similarly, the National Home-Grown School Feeding Programme provides meals to over 10 million primary school pupils across the country, contributing to improved nutrition and educational outcomes.

However, despite these interventions, the coverage and effectiveness of social safety nets in Nigeria remain relatively limited. The World Bank reports that Nigeria allocates less than 0.2 percent of its Gross Domestic Product to social protection programs, which is significantly below the global average of about 1.5 percent. Consequently, many vulnerable households remain outside the coverage of social assistance programs, thereby limiting the potential impact of these interventions on household welfare. The situation is even more pronounced in the Niger Delta region, which plays a strategic role in Nigeria's economic

development due to its abundant petroleum resources. The region accounts for over 80 percent of Nigeria's crude oil production and approximately 70 percent of government revenue [36], [37], [38]. Despite its economic significance, the Niger Delta continues to experience high levels of poverty, unemployment, and environmental degradation. Oil exploration activities, including oil spills and gas flaring, have adversely affected traditional livelihood activities such as fishing and farming, thereby increasing household vulnerability in the region. Studies indicate that poverty rates in several Niger Delta communities exceed 50 percent, while youth unemployment remains considerably high (NDDC, 2020). These socio-economic challenges have significantly undermined the well-being of households across the region. As a result, social safety net programs are expected to play a crucial role in improving household welfare by providing income support, food assistance, educational support, and other welfare interventions aimed at reducing poverty and vulnerability [39].

Earlier studies have also provided evidence linking social safety nets to improvements in household well-being. For instance, Barrientos found that cash transfer programs in developing countries significantly improve household consumption, reduce poverty, and enhance overall welfare among vulnerable populations [40], [41], [42], [43]. Similarly, Devereux and Sabates-Wheeler reported that social protection interventions such as food assistance and social transfers improve food security, strengthen household resilience, and enhance access to essential services among beneficiary households. Their findings suggest that households benefiting from social safety net programs experience better welfare outcomes compared to those without such support. Despite the growing importance of social safety nets in Nigeria, there remains limited empirical evidence on their effectiveness in improving household well-being, particularly in economically disadvantaged regions such as the Niger Delta. Given the socio-economic challenges confronting households in the region, understanding the role of social safety nets in enhancing household welfare is of significant policy relevance [44], [45], [46]. Consequently, this study examines the relationship between social safety nets and household well-being in the Niger Delta region of Nigeria, with the aim of providing empirical insights that can inform policy decisions and strengthen social protection interventions in the region.

Statement of Problem

Despite the increasing recognition of social safety nets as important policy tools for improving household welfare, several challenges continue to limit their effectiveness in the Niger Delta. The region is paradoxically characterized by severe socio-economic deprivation despite its enormous contribution to national revenue through petroleum resources. The inability of social safety net interventions to adequately address the welfare challenges facing households in the region has contributed significantly to persistent poverty, unemployment, food insecurity, and low standards of living. One of the major challenges of social safety nets in the Niger Delta is limited coverage and inadequate targeting of vulnerable households. Although several social protection programs exist in Nigeria, only a small proportion of poor households actually benefit from them. At the national level, about 133 million Nigerians representing approximately 63 percent of the population are classified as multidimensionally poor, experiencing deprivation in education, health, and living standards according to the National Bureau of Statistics [47], [48]. This widespread poverty suggests that existing social safety net programs are insufficient to address the scale of vulnerability across the country.

In the Niger Delta region, the problem is even more severe because many rural and riverine communities remain excluded from formal social assistance programs due to poor

administrative structures, weak institutional coordination, and limited outreach to remote communities. Another significant challenge is high poverty and unemployment levels, which continue to undermine household well-being in the region. Although the Niger Delta accounts for the majority of Nigeria's oil revenue, poverty remains widespread. Reports indicate that poverty levels in some Niger Delta communities exceed 60 percent, reflecting widespread income deprivation and poor access to essential services [49], [50]. Furthermore, unemployment in several Niger Delta states remains very high, particularly among youths. Data from the National Bureau of Statistics show that youth unemployment in parts of the region has exceeded 30 percent, limiting income opportunities and weakening the capacity of households to meet basic needs such as food, healthcare, and education [51], [52].

In addition, environmental degradation caused by oil exploration activities has significantly weakened the livelihood base of households in the Niger Delta, thereby limiting the effectiveness of social safety net programs. Oil spills, gas flaring, and land degradation have destroyed traditional economic activities such as fishing and farming, which constitute the main sources of livelihood for many households in the region. According to the United Nations Development Programme [53], the Niger Delta experiences thousands of oil spill incidents annually, leading to the destruction of agricultural land and aquatic ecosystems. These environmental challenges have significantly reduced agricultural productivity and fish catch levels, thereby increasing poverty and food insecurity among households in the region. Another challenge relates to weak infrastructure and limited access to essential social services in many Niger Delta communities. Several rural and riverine communities lack adequate healthcare facilities, quality education, electricity, and transportation networks. According to the World Bank [54], [55], limited access to basic services significantly contributes to poor welfare outcomes in many resource-rich regions of developing countries. In the Niger Delta, inadequate infrastructure makes it difficult for households to benefit fully from social safety net programs because access to education, healthcare, and economic opportunities remains constrained.

Furthermore, institutional weaknesses and poor policy implementation have also constrained the impact of social safety nets in the region. Development initiatives and welfare programs intended to improve living conditions in the Niger Delta have often suffered from poor planning, inadequate funding, corruption, and weak governance structures [56], [57]. According to the Niger Delta Development Commission, several development projects in the region have experienced implementation challenges that limit their impact on household welfare. As a result, many social intervention programs fail to reach the intended beneficiaries or achieve their policy objectives. The cumulative effect of these challenges is the persistence of low household well-being across the Niger Delta region. Many households continue to struggle with inadequate income, poor access to healthcare and education, food insecurity, and limited employment opportunities [58], [59]. These conditions have also contributed to rising social tensions, youth restiveness, and economic instability in the region. Consequently, despite the existence of several social safety net programs in Nigeria, the extent to which these interventions have improved household well-being in the Niger Delta remains uncertain. Given these persistent challenges, there is a need for empirical investigation into how social safety nets influence household well-being in the Niger Delta region. Understanding the effectiveness of these interventions is essential for designing policies that can strengthen social protection systems and improve the living standards of vulnerable households in the region [60], [61], [62], [63], [64].

Objectives of the study

The main objective of this study is to investigate the influence of social protection interventions on household well-being in the Niger Delta region of Nigeria. The specific objectives are to:

- i. Analyze the impact of cash transfers on household well-being in the Niger Delta region.
- ii. Examine the effect of food assistance programs on household well-being in the Niger Delta region.
- iii. Evaluate the influence of skills development programs on household well-being in the Niger Delta region.
- iv. Investigate the impact of access to insurance schemes on household well-being in the Niger Delta region.

Research Questions

The following research questions were formulated to guide the study:

- i. To what extent do cash transfers impact household well-being in the Niger Delta region?
- ii. How does food assistance influence household well-being in the Niger Delta region?
- iii. What is the impact of skills development programs on household well-being in the Niger Delta region?
- iv. How does access to insurance schemes affect household well-being in the Niger Delta region?

Hypotheses

The following null hypotheses were formulated to guide the study:

H₀₁: Cash transfers have no significant relationship with household well-being in the Niger Delta region.

H₀₂: Food assistance has no significant relationship with household well-being in the Niger Delta region.

H₀₃: Skills development programs have no significant relationship with household well-being in the Niger Delta region.

H₀₄: Access to insurance schemes has no significant relationship with household well-being in the Niger Delta region.

Significance of the study

This study is highly significant, particularly for policymakers, development agencies, and local institutions tasked with improving socio-economic conditions in the region. The study provides critical insights that can guide effective planning, implementation, and monitoring of social protection interventions [65], [66].

For the Niger Delta Development Commission (NDDC), the study offers empirical evidence on the effectiveness of current social safety net programs in improving household welfare. Findings can inform the design of more targeted and context-specific interventions that address the unique socio-economic challenges of communities in the Niger Delta, including poverty, unemployment, and environmental degradation. This can help the NDDC optimize resource allocation to ensure that development projects and social programs reach the most vulnerable populations.

For state governments and local government councils in the Niger Delta, the study highlights areas where social safety net programs may be underperforming or inadequately reaching intended beneficiaries. The insights can help local authorities implement more efficient monitoring and evaluation mechanisms, enhance program outreach to marginalized

communities, and ensure that interventions such as skill development, micro-insurance schemes, and educational support directly improve household well-being [67], [68], [69].

For federal agencies such as the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development, the study provides evidence-based recommendations for scaling up social protection programs and improving their impact in the Niger Delta. The findings can support the Ministry in coordinating cash transfer programs, school feeding initiatives, and other social investment programs more effectively, ensuring that they are responsive to local needs and socio-economic realities [70], [71], [72].

For non-governmental organizations (NGOs) and development partners operating in the Niger Delta, the study offers a robust understanding of the gaps and opportunities in existing social safety net interventions. NGOs can use this evidence to design complementary programs, target support to the most vulnerable households, and develop strategies to improve household welfare sustainably.

For community leaders and local cooperatives, the study underscores the importance of community-based welfare programs, micro-insurance schemes, and emergency relief funds in improving household well-being. By leveraging these insights, community leaders can mobilize local resources, strengthen social networks, and advocate for programs that directly address household needs.

Finally, for academics, researchers, and students, the study provides empirical evidence linking social safety nets to household well-being in a region with unique socio-economic and environmental challenges. It contributes to the body of knowledge on social protection in resource-rich but economically disadvantaged areas, and it offers a foundation for further research, comparative studies, and policy evaluation in the Niger Delta and other similar regions.

LITERATURE REVIEW

Conceptual Literature

Social Protection Intervention

Social protection intervention has become one of the most important policy instruments for addressing poverty, vulnerability, inequality, and social exclusion, particularly in developing countries. According to Umukoro [73], social protection refers to policies and programmes established by governments and other stakeholders to address poverty, reduce vulnerability, and promote inclusive growth among disadvantaged populations. The author argues that social protection serves as a mechanism for enhancing the welfare of vulnerable groups while promoting social inclusion and social justice within society. Similarly, Shadare conceptualizes social protection as a broad range of public and private interventions designed to address poverty, vulnerability, and social exclusion [74]. According to the author, social protection encompasses policies and programmes aimed at improving the living conditions of vulnerable individuals through income support, social assistance, social insurance, and other welfare-enhancing measures. This definition highlights the multidimensional nature of social protection and its role in promoting human welfare and social development.

The United Nations Research Institute for Social Development defines social protection as policies and programmes concerned with preventing, managing, and overcoming situations that adversely affect people's well-being. This definition underscores the preventive, protective, and promotive dimensions of social protection by emphasizing its role in helping individuals and households cope with social and economic risks [75]. In the view of Devereux and Sabates-Wheeler, social protection consists of all public and private initiatives that provide

income or consumption transfers to the poor, protect vulnerable groups against livelihood risks, and enhance the social status and rights of marginalized populations. The authors further argue that social protection should not be viewed merely as a poverty alleviation strategy but also as an instrument for promoting social equity, empowerment, and sustainable development.

Furthermore, the Federal Republic of Nigeria through its National Social Protection Policy defines social protection as a set of policies and programmes designed for individuals and households throughout the life cycle to prevent and reduce poverty and socio-economic shocks while promoting sustainable livelihoods and a life of dignity [76], [77]. This definition reflects the Nigerian government's recognition of social protection as a critical tool for reducing vulnerability and improving welfare outcomes among citizens. Patrick, Sheidu and Mbara describe social protection programmes as deliberate policy interventions aimed at alleviating poverty, inequality, and vulnerability among households and communities [78], [79], [80]. According to the authors, social protection contributes to social stability, welfare enhancement, and sustainable development by providing support to vulnerable populations during periods of economic and social hardship. This perspective highlights the developmental role of social protection in fostering resilience and promoting inclusive growth [81], [82].

Household Well-being

The concept of household well-being has gained considerable attention in recent development and social policy literature, reflecting the need to understand how economic, social, and environmental factors collectively influence the quality of life of families. According to Kumar and Zhang [83], household well-being refers to “the capacity of households to meet their basic needs, maintain sustainable livelihoods, and achieve an acceptable standard of living while adapting to social and economic changes.” This definition emphasizes both material and non-material aspects of well-being, recognizing the importance of stability, resilience, and adaptability in sustaining household welfare. Similarly, Adepoju, Nwankwo, and Chukwu conceptualize household well-being as “the overall quality of life experienced by a household, determined by factors such as income security, food availability, health status, educational attainment, and social inclusion.” They argue that well-being is not merely the presence of financial resources but also the household's ability to convert resources into desired outcomes that enhance welfare and human development. This perspective aligns with contemporary thinking that well-being must be assessed holistically rather than solely in economic terms.

From a policy-oriented perspective, World Bank describes household well-being as “a state in which households have sufficient income and access to essential services to support a decent standard of living, ensure health and education for members, and participate meaningfully in economic and social life.” The World Bank emphasizes the role of institutional support and social protection programs in maintaining and improving household well-being, especially in low- and middle-income countries where economic shocks and social vulnerabilities are prevalent. In addition, Peterman extend the concept by highlighting household agency, defining well-being as “the extent to which households have the resources, capacities, and autonomy to make choices that enhance their quality of life, resilience, and future opportunities.” This definition underscores the link between household well-being and empowerment, recognizing that access to resources alone does not guarantee welfare unless households are able to utilize these resources effectively to achieve desired outcomes [84].

Synthesizing these perspectives, household well-being can be understood as a multidimensional construct that reflects the ability of households to secure material resources, access essential services, maintain health and education, and exercise agency to improve their quality of life. While some definitions emphasize material and economic dimensions [85], others incorporate non-material factors such as social inclusion, empowerment, and resilience [86]. This integrated understanding highlights that household well-being is not only about meeting basic needs but also about enhancing life satisfaction, human development, and adaptive capacity in the face of economic, social, and environmental challenges. Therefore, assessing household well-being requires a holistic approach that captures both tangible and intangible factors contributing to the welfare of household members.

Theoretical Literature

Social Protection Theory

The Social Protection Theory was developed and refined over the years by international development institutions such as the World Bank. The theory assumes that households, particularly in vulnerable and low-income settings, are exposed to a variety of risks, including economic shocks, unemployment, environmental hazards, and social exclusion. It further posits that structured interventions, such as cash transfers, food assistance, health subsidies, and public works programs, can reduce vulnerability, stabilize household consumption, and improve overall welfare. Social Protection Theory also assumes that social safety nets have a dual function: they are protective, offering immediate relief during crises, and promotive, enhancing the capacity of households to improve livelihoods, access essential services, and achieve better human development outcomes. Proponents of the theory argue that social safety nets are critical for poverty alleviation, resilience building, and the improvement of household welfare. For instance, Samatar emphasizes that social safety nets allow households to cope with economic shocks, maintain minimum consumption levels, and avoid negative coping strategies such as selling productive assets or reducing food intake. Peterman, Wang, Sonke, and Steinert further highlight that social safety nets strengthen household agency by providing the resources necessary to make decisions that enhance quality of life, promote education and health, and improve economic security. Similarly, the World Bank notes that social protection mechanisms prevent households from falling into chronic poverty and contribute to long-term human development outcomes. Collectively, these proponents view social safety nets as strategic interventions that stabilize household welfare and foster inclusive development.

Critics, however, caution that excessive reliance on social safety nets can create dependency, diminish household initiative, and place significant strains on government resources if programs are poorly designed or unsustainable. Some scholars also argue that while social safety nets alleviate the immediate effects of poverty, they may not address underlying structural issues, such as unequal access to employment, land, and resources, which require complementary development interventions. Despite these critiques, the relevance of Social Protection Theory to studies of household well-being remains strong, as it provides a clear explanation of the mechanisms through which social safety net interventions reduce vulnerability and enhance welfare. In the context of this study, the theory is particularly relevant because it directly links social safety net programs to household well-being in the Niger Delta region. It offers a framework for understanding how interventions such as cash transfers, food assistance, and public works programs help households cope with economic and social vulnerabilities, stabilize consumption, and improve access to essential services.

The theory was chosen as the anchor for this study because it explicitly focuses on the relationship between structured welfare interventions and measurable improvements in household welfare.

Empirical Literature

Matata investigated the impact of cash transfer programs on household resilience and welfare in Kenya using a panel fixed effects model. The independent variables included cash transfer participation, livestock ownership, household size, and access to credit facilities, while household welfare was measured using resilience to climate shocks, income stability, and food security indicators. The findings indicated that cash transfer programs had a positive and statistically significant effect on household resilience and income stability. The study further revealed that households receiving transfers were better able to cope with climate shocks compared with non-beneficiary households.

Gentilini examined the expansion of social safety net programs during economic shocks using global administrative data from multiple countries. The model included variables such as emergency cash transfers, unemployment benefits, public works programs, and food assistance schemes, while welfare outcomes were measured using household income stability, food security, and poverty reduction indicators. Using descriptive and regression analysis, the study found that emergency social protection measures significantly helped households maintain minimum consumption levels during economic crises. The study concluded that social safety nets serve as critical policy tools for protecting vulnerable households from income shocks.

Handa examined the impact of social cash transfer programs on household welfare in Malawi and Zambia using experimental survey data and econometric regression analysis. The model included variables such as cash transfers, household size, education of household head, dependency ratio, and access to social services. Household well-being was proxied by consumption expenditure, food security, and child nutrition indicators. The findings showed that social cash transfers significantly increased household consumption and reduced food insecurity among beneficiary households. The results also indicated improvements in children's nutritional status and educational enrollment, demonstrating that social safety nets improve both immediate welfare and long-term human capital outcomes.

Mano investigated the relationship between cash transfer programs and household welfare in Zimbabwe using multiple regression analysis. The study used variables such as cash transfers, employment status, education level, household size, and agricultural income as independent variables, while household welfare was measured using household consumption expenditure and access to social services. The empirical results revealed that cash transfers had a positive and statistically significant effect on household consumption and access to essential services such as healthcare and education. The study concluded that social safety net programs serve as effective poverty reduction mechanisms that enhance household living standards.

Haushofer and Shapiro conducted an empirical study on the impact of unconditional cash transfers on household welfare in rural Kenya using a randomized control trial approach. The study employed household consumption expenditure, asset ownership, psychological well-being, and food security as indicators of household well-being, while the key explanatory variable was unconditional cash transfer. Control variables such as household size, education level, age of household head, and gender were included in the regression model. The results revealed that cash transfer programs significantly increased household consumption

expenditure, improved asset accumulation, and enhanced psychological well-being. The findings further showed that households receiving transfers recorded higher food security levels compared with non-beneficiary households, indicating that social safety net programs contribute positively to household welfare.

Escobal and Ponce evaluated the welfare impact of social protection programs such as Juntos in Peru using quasi-experimental impact evaluation techniques. The model included variables such as conditional cash transfers, household income, education level, agricultural productivity, and employment status. Household welfare was measured using indicators such as income, consumption expenditure, and food security. The results showed that social safety net programs significantly improved household income levels and reduced poverty rates among beneficiary households. Additionally, the study found that beneficiaries invested more in productive activities, thereby improving their long-term economic well-being.

Davis investigated the impact of social cash transfer programs on rural household livelihoods across several African countries using household panel data and econometric impact analysis. The model included variables such as cash transfer participation, agricultural production, household labor supply, and asset ownership, while household welfare was measured using income, consumption expenditure, and food security indicators. The empirical findings revealed that social cash transfers significantly increased household agricultural investment and productive asset ownership. The results also showed improvements in food consumption and overall household welfare among program beneficiaries.

Kabeer and Waddington examined the impact of social protection programs on poverty and household welfare using systematic review and meta-analysis techniques. The study included variables such as cash transfers, food subsidies, employment programs, and social insurance schemes, while welfare outcomes were measured through consumption expenditure, food security, and health indicators. The results indicated that social safety net interventions had a positive effect on household consumption and significantly reduced extreme poverty among vulnerable populations.

Baird analyzed the effects of conditional and unconditional cash transfers on household welfare and human capital development in Malawi using randomized experimental data. The study incorporated variables such as cash transfers, school attendance, household income, education level of parents, and household demographic characteristics. Household well-being indicators included school enrollment, health service utilization, and consumption expenditure. The findings revealed that households receiving transfers experienced higher school enrollment rates and improved access to healthcare services. The results also indicated increased household consumption and investment in human capital development among beneficiary households.

Alderman and Yemtsov examined the contribution of social safety nets to poverty reduction and household welfare across several developing countries using cross-country panel data. The model incorporated social safety net expenditure, household income, education level, employment status, and demographic characteristics as explanatory variables, while household well-being was measured through poverty headcount ratio, consumption expenditure, and access to basic services. Employing panel regression techniques, the findings revealed that increased government spending on social safety net programs significantly reduced poverty levels and improved household consumption patterns. The results further demonstrated that households benefiting from these programs experienced

improved access to health services and education, suggesting that social protection interventions play a crucial role in enhancing household welfare.

Ravallion examined the relationship between social protection policies and household welfare using cross-country econometric analysis. The study included variables such as government social spending, unemployment benefits, cash transfer programs, and public employment schemes. Household well-being was measured using poverty incidence, income inequality, and consumption levels. The findings demonstrated that countries with stronger social safety net systems recorded lower poverty rates and more stable household consumption patterns during economic downturns. The study emphasized the importance of well-targeted social protection programs in improving household welfare.

Sabates-Wheeler and Devereux analyzed the role of social protection programs in reducing vulnerability and enhancing household well-being in developing countries using mixed-method empirical approaches. The study included variables such as food aid programs, employment guarantee schemes, social pensions, and agricultural support programs. Household welfare indicators included food security, income diversification, and asset ownership. The empirical results indicated that households participating in social protection programs experienced improved income stability and increased asset accumulation. The study concluded that social safety nets are essential instruments for building household resilience and improving long-term welfare outcomes.

Barrientos and Hulme investigated the effectiveness of social assistance programs in improving household welfare in Latin America using comparative case studies and econometric analysis. The empirical model included variables such as conditional cash transfers, household income, parental education, labor participation, and household size, while welfare outcomes were proxied by school enrollment, food consumption, and healthcare utilization. The study reported that conditional cash transfer programs significantly increased school attendance and reduced child labor among low-income households. In addition, the results indicated that beneficiary households experienced improved nutritional outcomes and better health service utilization, demonstrating the capacity of social safety nets to enhance household well-being.

Fiszbein and Schady conducted a comprehensive empirical analysis of conditional cash transfer programs across several developing countries using household survey data and impact evaluation techniques. The study incorporated variables such as cash transfers, parental education, household income, demographic factors, and public service accessibility. Household welfare indicators included educational attainment, healthcare utilization, and consumption expenditure. The findings showed that conditional cash transfer programs had a positive and statistically significant effect on school enrollment and preventive healthcare visits. Moreover, beneficiary households recorded improved consumption levels and reduced vulnerability to poverty.

Hoddinott examined the impact of the Productive Safety Net Programme on household food security and welfare in Ethiopia using panel data econometric techniques. The study incorporated variables such as food transfers, public works participation, household assets, agricultural productivity, and demographic characteristics. Household welfare indicators included food consumption, calorie intake, and nutritional status. The empirical results showed that households participating in the safety net program experienced improved food consumption and reduced vulnerability to food insecurity. The study concluded that social safety net programs play a significant role in improving household resilience and food security.

Skoufias and Di Maro evaluated the welfare impact of the Oportunidades conditional cash transfer program in Mexico using household panel data and econometric impact evaluation methods. The empirical model included program participation, household income, parental education, household demographics, and labor supply decisions. Household well-being was measured through consumption expenditure, food security, and human capital investments. The findings revealed that participation in the program significantly increased household consumption and improved children's educational outcomes. The results also suggested that social safety nets encourage investments in human capital development among poor households.

Duflo assessed the impact of social pension programs on household welfare in South Africa using quasi-experimental econometric techniques. The model incorporated pension transfers, household size, gender of household head, employment status, and educational attainment as explanatory variables, while household welfare was proxied by food consumption, child nutrition, and school attendance. The results indicated that pension transfers significantly improved food consumption and nutritional outcomes among children living in beneficiary households. Additionally, households receiving pension income were more likely to invest in education and healthcare, highlighting the broader welfare effects of social safety net programs.

Evaluation of Empirical Literature

A careful evaluation of the empirical literature reveals that several studies have examined the relationship between social safety nets and household welfare across different countries and contexts. The reviewed studies generally demonstrate that social protection interventions such as cash transfers, food assistance, and other welfare programs significantly improve household living standards by enhancing income stability, consumption levels, and resilience to economic shocks. For instance, the studies by Matata, Ngigi and Bett as well as Gentilini, Almenfi and Dale emphasize that cash transfers and emergency social protection programs enhance household resilience and help maintain minimum consumption levels during economic shocks. Similarly, studies such as Handa, Haushofer and Shapiro, and Mano show that cash transfer programs significantly increase household consumption expenditure and reduce food insecurity among beneficiary households.

Further empirical evidence from scholars such as Escobal and Ponce, Davis, and Kabeer and Waddington also confirm that social protection programs improve household welfare by reducing poverty, strengthening food security, and encouraging investment in productive activities. Earlier contributions by scholars such as Alderman and Yemtsov, Ravallion, and Barrientos and Hulme further support the argument that well-designed social safety net programs contribute significantly to poverty reduction and improved household welfare outcomes. These studies collectively show that social protection programs enhance food consumption, educational outcomes, healthcare utilization, and overall welfare of vulnerable households.

Despite these important contributions, several gaps remain in the literature when considered in relation to the present study. First, most of the reviewed studies were conducted outside the Niger Delta in countries such as Kenya, Malawi, Zambia, Zimbabwe, Peru, Mexico, Ethiopia, and South Africa. This geographical limitation implies that the findings may not fully reflect the socio-economic realities and welfare challenges of households in the Niger Delta region, which is characterized by environmental degradation, oil exploration activities, and persistent poverty. Additionally, majority of the reviewed studies focused primarily on cash

transfer programs as the dominant social protection instrument. While this provides important insights, it creates a variable gap, since other critical dimensions of social safety nets such as food assistance, skill development programs, access to insurance schemes, availability of community welfare programs, receipt of educational support, access to emergency relief funds, and micro-insurance schemes have received limited empirical attention in a single comprehensive framework. The present study therefore expands the scope of analysis by incorporating these multiple dimensions of social protection in order to provide a more holistic understanding of how social safety nets influence household welfare.

Also, many previous studies used diverse welfare indicators such as poverty reduction, food security, asset ownership, and human capital development. Although these indicators are useful, relatively fewer studies specifically focus on household consumption expenditure as the central measure of household well-being within the context of social safety nets. By using household consumption expenditure as the primary proxy for household well-being, the present study provides a clearer assessment of how social protection programs directly influence the consumption capacity of households. Finally, most of the existing studies applied methodologies such as randomized control trials, panel regressions, descriptive analysis, and cross-country evaluations, but did not focus specifically on the socio-economic context and welfare dynamics of households in the Niger Delta region of Nigeria. Consequently, there remains a contextual and empirical gap in understanding how different forms of social safety net interventions jointly influence household well-being within this region. Therefore, the present study addresses these identified gaps by empirically examining the effects of cash transfers, food assistance, skill development programs, access to insurance schemes, availability of community welfare programs, receipt of educational support, access to emergency relief funds, and micro-insurance schemes on household well-being (measured by household consumption expenditure) in the Niger Delta region of Nigeria. By focusing on multiple dimensions of social safety nets within a specific regional context, the study contributes to the existing body of knowledge and provides policy-relevant insights for improving social protection strategies aimed at enhancing household welfare in the Niger Delta region.

2. Research Method

Study Area

The study area for this research is the Niger Delta located in the southern part of Nigeria. The region is widely recognized as one of the most resource-rich areas in the country due to its vast reserves of crude oil and natural gas. The Niger Delta covers nine states, namely Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers. These states are officially recognized as part of the Niger Delta by the Niger Delta Development Commission (NDDC) due to their ecological and socio-economic connections to the oil-producing region. Geographically, the Niger Delta is characterized by extensive wetlands, mangrove forests, creeks, and river networks formed by the delta of the Niger River as it empties into the Atlantic Ocean. The region has a tropical climate with high rainfall, humid conditions, and fertile land that supports agricultural activities such as fishing, farming, and palm produce cultivation. Fishing and small-scale farming traditionally constitute the main livelihood activities for many rural households in the region. Despite its enormous natural resource endowment, the Niger Delta faces significant developmental challenges. The region has experienced environmental

degradation largely associated with oil exploration and production activities carried out by multinational oil companies.

Issues such as oil spills, gas flaring, water pollution, and loss of arable land have adversely affected agricultural productivity and the traditional livelihoods of many households. As a result, many communities in the region face persistent poverty, unemployment, and low living standards despite the region's contribution to national revenue. Socio-economically, the Niger Delta is characterized by a high population of rural and vulnerable households whose livelihoods are often unstable due to environmental challenges, inadequate infrastructure, and limited access to social protection programs. These challenges have made social safety net interventions such as cash transfers, food assistance, community welfare programs, and emergency relief schemes increasingly important for improving household welfare and supporting vulnerable populations. Given these realities, the Niger Delta region provides an important context for examining how social safety net programs influence household well-being. The region's socio-economic vulnerabilities, coupled with its strategic importance to Nigeria's economy, make it a suitable area for assessing the effectiveness of welfare interventions aimed at improving household consumption and overall living standards. Therefore, focusing on the Niger Delta region provides valuable insights into the role of social protection policies in enhancing household welfare in resource-rich but economically vulnerable communities.

Population/Sampling Techniques

The population of the study is 32,277,901 consisting of the residents of the Niger Delta in Nigeria. The Niger Delta region is made up of nine states which include Abia, Rivers, Akwa Ibom, Bayelsa, Delta, Cross River, Edo, Imo, and Ondo. These states are officially recognized as part of the Niger Delta due to their geographical location and socio-economic linkages with oil exploration activities in the region. For the purpose of this study, the population comprises households residing across the nine Niger Delta states. These households constitute the target population from which respondents will be selected to examine the relationship between social safety net programs and household well-being in the Niger Delta region. The focus on households within these states is important because they represent the primary beneficiaries of social welfare interventions such as cash transfers, food assistance, skill development programs, insurance schemes, and other community welfare initiatives aimed at improving living standards in the region.

Sample and Sampling Technique

This study adopted a multi-stage sampling technique to select respondents from the nine states that constitute the Niger Delta region of Nigeria, namely Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States. The multi-stage sampling technique was considered appropriate because of the wide geographical coverage of the study area and the need to ensure adequate representation of respondents across the region. At the first stage, the nine Niger Delta states were purposively selected since they constitute the geographical scope of the study.

At the second stage, one senatorial district was selected from each state using simple random sampling, resulting in a total of nine senatorial districts. At the third stage, two Local Government Areas (LGAs) were randomly selected from each senatorial district, giving a total of eighteen LGAs. At the fourth stage, two communities were selected from each LGA through simple random sampling, resulting in thirty-six communities across the Niger Delta region. At the fifth stage, respondents were selected from the sampled communities using systematic

random sampling. A sampling frame comprising eligible respondents in each community was developed, and every k th respondent was selected until the required number of respondents was obtained.

A total sample size of 400 respondents was used for the study. The sample was proportionately allocated among the selected communities based on their population sizes to ensure fair representation. On average, approximately eleven respondents were selected from each of the thirty-six communities, while adjustments were made where necessary to accommodate differences in population sizes. The adoption of the multi-stage sampling technique enhanced the representativeness of the sample by ensuring that respondents from different states, senatorial districts, local government areas, and communities had an equal opportunity of being selected.

Thereafter, the Taro Yamenes formula was used to determine the sample size of four hundred. The 400 obtained from Taro-Yamane's method is the bench-mark. Therefore, the Sample size of this study is increased to 690 respondent to have a better reflection of the population (Nwankwo, 2016)

This can be illustrated below;

Where; $n = \frac{N}{1+N(e)^2}$

$N =$ population = 32277901

$e =$ tolerable error = 5% or 0.05

$n = ?$

$32277901/1+32277901(0.05)^2$

$n = 32277901/1+32277901(0.0025)$

$n = 32277901/1+80694.7525$

$n = 32277901/80695.7525$

$n=399.9$ or

$n = 400$

Instrument for Data Collection

The primary instrument used for data collection in this study was a structured questionnaire entitled "Social Safety Nets and Household Wellbeing Questionnaire" (SSNHWQ). The questionnaire was considered appropriate because it enabled the collection of standardized information from a large number of respondents within a relatively short period. The questionnaire was divided into two sections. Section A elicited information on the demographic characteristics of the respondents, such as gender, age, educational qualification, marital status, occupation, and state of residence. Section B contained items designed to measure the study variables. The items were structured using a five-point Likert scale ranging from Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), and Strongly Disagree (1).

Validity of the Instrument

In order to validate the instrument "Social Safety Nets and Household Wellbeing Questionnaire" (SSNHWQ), the researcher presented it to two lecturers in the Department of Economics, in the Isaac Jasper Boro College of Education Bayelsa State. The observations and comments made by these experts were imbued in the final draft of this study.

Reliability of the Instrument

To determine the reliability of the study, the instruments was administered to 20 respondents who are not part of the sample to ascertain the internal consistency of the test items. Therefore, the cronbach alpha statistical method was adopted and a coefficient of 0.77

was achieved. The cronbach alpha statistics is suitable for the study because it measures internal consistency between items in sections.

Data Administration and Collection

The formulated research questions were administered directly to the selected respondents in the sampled communities across the nine Niger Delta states. The administration process was carried out with the assistance of trained research assistants who helped explain the purpose of the study and guided respondents where necessary. This approach enhanced the response rate and ensured that the completed questionnaires were properly retrieved for analysis.

Method of Data Analysis

Descriptive statistics such as tables, frequencies, percentages and pie chart will be used to analyze how social safety nets affect household well-being across the nine Niger Delta states. The study will adopt chi-square statistical tools to analyze the hypothesis with the aid of statistical package for social sciences (SPSS) version 26 at 0.05 level of significance.

3. Results and Discussion

This section presents the analysis of data collected from respondents concerning social safety nets and household well-being in Nigeria with a special focus to Niger Delta Region.

Table 1. Response Rate of Respondents.

Categories	Number	Percentage (%)
Administered	400	100.00
Returned	392	98
Not Returned	8	2

A total of four hundred (400) questionnaires were distributed and three hundred and ninety-two (392) were successfully retrieved representing 0.98% was used for the analysis.

Answer to Research Questions: The research questions were answered using percentage (%) and frequency.

Research Question One: To what extent do cash transfers impact household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States)?

Table 2. Frequency and Percentage count of respondents on Cash Transfer Programmes and Household Well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
1	Cash transfer programmes have improved my household income.	164	41.8	133	33.9	60	15.3	35	8.9	392
2	Cash transfers have increased my household's ability to meet basic needs	163	41.6	116	29.6	77	19.6	36	9.2	392

3	Cash transfer programmes have enhanced my household's standard of living	143	36.5	146	37.2	69	17.6	34	8.7	392
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Source: Authors Computation from SPSS, 26

Table 2 presents the frequency and percentage distribution of respondents' opinions regarding the influence of cash transfer programmes on household well-being in the Niger Delta region. The analysis focuses on three key dimensions of household welfare: household income, ability to meet basic needs, and standard of living. The findings indicate that cash transfer programmes have had a positive effect on household income among beneficiaries. Specifically, 164 respondents, representing 41.8% of the sample, strongly agreed that cash transfer programmes have improved their household income, while 133 respondents (33.9%) agreed with the statement. In contrast, 60 respondents (15.3%) disagreed and 35 respondents (8.9%) strongly disagreed. Collectively, 75.7% of the respondents expressed agreement that cash transfer interventions have enhanced household income. This suggests that the programme has contributed significantly to increasing disposable income and strengthening the earning capacity of beneficiary households, thereby improving their economic resilience.

Regarding the ability of households to meet basic needs, the results reveal a similarly positive trend. A total of 163 respondents (41.6%) strongly agreed and 116 respondents (29.6%) agreed that cash transfers have increased their households' capacity to meet essential needs such as food, healthcare, education, and shelter. Conversely, 77 respondents (19.6%) disagreed, while 36 respondents (9.2%) strongly disagreed. Overall, 71.2% of the respondents acknowledged that cash transfer programmes have improved their consumption capacity and purchasing power. From an economic perspective, this finding implies that the programme has enhanced household welfare by reducing financial constraints and enabling beneficiaries to allocate resources more effectively toward basic necessities.

Furthermore, the results show that cash transfer programmes have positively influenced the standard of living of beneficiary households. The data indicate that 143 respondents (36.5%) strongly agreed and 146 respondents (37.2%) agreed that the programme has enhanced their household standard of living. On the other hand, 69 respondents (17.6%) disagreed, while 34 respondents (8.7%) strongly disagreed. The combined agreement rate of 73.7% demonstrates a broad consensus among respondents that cash transfer interventions have contributed to improved living conditions.

Research Question Two: How does food assistance influence household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States)?

Table 3. Frequency and Percentage count of respondents on How does food assistance influence household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
4	Food assistance programmes have reduced	155	39.5	123	31.4	77	19.6	37	9.4	392

	food shortages in my household.									
5	Food assistance has improved the nutritional status of my household.	154	39.3	129	32.9	67	17.1	42	10.7	392
6	Food assistance has reduced household expenditure on food.	165	42.1	115	29.3	90	20.4	32	8.2	392

Source: Authors Computation from SPSS, 26

Table 3 presents the frequency and percentage distribution of respondents' views regarding the influence of food assistance programmes on household well-being in the Niger Delta region. The analysis examines the extent to which food assistance has contributed to reducing food shortages, improving nutritional status, and lowering household food expenditures among beneficiary households. The findings reveal that food assistance programmes have played a significant role in reducing food shortages among households. The data show that 155 respondents, representing 39.5% of the sample, strongly agreed that food assistance programmes have reduced food shortages in their households, while 123 respondents (31.4%) agreed with the statement. Conversely, 77 respondents (19.6%) disagreed and 37 respondents (9.4%) strongly disagreed. In total, 70.9% of the respondents expressed agreement that food assistance interventions have helped address household food shortages. This finding suggests that the programme has enhanced household food security by increasing access to food and reducing the incidence of food deprivation among beneficiary households.

Similarly, the results indicate that food assistance programmes have positively influenced the nutritional status of households. Specifically, 154 respondents (39.3%) strongly agreed and 129 respondents (32.9%) agreed that food assistance has improved their household's nutritional status. In contrast, 67 respondents (17.1%) disagreed and 42 respondents (10.7%) strongly disagreed. Overall, 72.2% of respondents acknowledged improvements in household nutrition attributable to food assistance. From an economic and welfare perspective, this implies that food assistance programmes contribute not only to food availability but also to better dietary quality and nutritional outcomes, which are essential components of human capital development and long-term household productivity. Furthermore, the findings demonstrate that food assistance programmes have contributed to reducing household expenditure on food. The results show that 165 respondents (42.1%) strongly agreed and 115 respondents (29.3%) agreed that food assistance has lowered their household food expenses. On the other hand, 80 respondents (20.4%) disagreed, while 32 respondents (8.2%) strongly disagreed. Collectively, 71.4% of the respondents agreed that food assistance has reduced the financial burden associated with food purchases. This outcome suggests that the programme has generated positive income effects by freeing

household resources that can be reallocated to other essential expenditures such as healthcare, education, housing, and productive investments.

Research Question Three: What is the impact of skills development programmes on household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States)?

Table 4. Frequency and Percentage count of respondents on the impact of skills development programmes on household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, do, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
7	Skills development programmes have improved my employability	156	39.8	130	33.2	69	17.6	37	9.4	392
8	Skills acquisition programmes have increased my income opportunities	149	38.0	148	37.8	54	13.8	41	10.5	392
9	Skills development initiatives have improved household welfare	164	41.8	120	30.6	76	19.4	32	8.2	392

Source: Authors Computation from SPSS, 26

Table 4 presents the frequency and percentage distribution of respondents' opinions regarding the impact of skills development programmes on household well-being in the Niger Delta region. The analysis focuses on three key indicators of welfare enhancement, namely employability, income-generating opportunities, and overall household welfare. The findings reveal that skills development programmes have significantly improved the employability of beneficiaries. The data show that 156 respondents, representing 39.8% of the sample, strongly agreed that skills development programmes have improved their employability, while 130 respondents (33.2%) agreed with the statement. Conversely, 69 respondents (17.6%) disagreed and 37 respondents (9.4%) strongly disagreed. Overall, 73.0% of the respondents expressed agreement that participation in skills development initiatives has enhanced their prospects of securing employment. This suggests that the programmes have strengthened beneficiaries' human capital by equipping them with relevant competencies, technical knowledge, and marketable skills required in the labour market.

The results further indicate that skills acquisition programmes have increased income-generating opportunities among participants. Specifically, 149 respondents (38.0%) strongly agreed and 148 respondents (37.8%) agreed that the programmes have expanded their opportunities for earning income. In contrast, 54 respondents (13.8%) disagreed, while 41 respondents (10.5%) strongly disagreed. Collectively, 75.8% of respondents acknowledged

that skills acquisition programmes have enhanced their economic opportunities. Furthermore, the findings demonstrate that skills development initiatives have contributed positively to household welfare. The data reveal that 164 respondents (41.8%) strongly agreed and 120 respondents (30.6%) agreed that these initiatives have improved household welfare. On the other hand, 76 respondents (19.4%) disagreed and 32 respondents (8.2%) strongly disagreed. In total, 72.4% of the respondents expressed positive perceptions regarding the welfare-enhancing effects of skills development programmes. This result suggests that the acquisition of employable skills has translated into improved household economic conditions through increased earnings, enhanced livelihood opportunities, and greater financial security.

Research Question Four: How does access to insurance schemes affect household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States)?

Table 5. Frequency and Percentage count of respondents on How access to insurance schemes affect household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
10	Insurance schemes have reduced financial risks faced by my household	144	36.7	132	33.7	79	20.2	37	9.4	392
11	Insurance coverage has improved household financial security.	164	41.8	128	32.7	65	16.6	35	8.9	392
12	Insurance schemes have enhanced household resilience during emergencies	168	42.9	115	29.3	75	19.1	34	8.7	392

Source: Authors Computation from SPSS, 26

Table 5 presents the frequency and percentage distribution of respondents' views on the effect of access to insurance schemes on household well-being in the Niger Delta region. The analysis focuses on three critical dimensions of household welfare, namely risk reduction, financial security, and resilience during emergencies. The findings indicate that insurance schemes have contributed significantly to reducing the financial risks faced by households. The data show that 144 respondents, representing 36.7% of the sample, strongly agreed that insurance schemes have reduced financial risks within their households, while 132 respondents (33.7%) agreed with the statement. In contrast, 79 respondents (20.2%) disagreed and 37 respondents (9.4%) strongly disagreed. Overall, 70.4% of the respondents expressed agreement that insurance schemes have mitigated the financial risks associated

with unexpected events and economic shocks. This finding suggests that access to insurance serves as an effective risk management mechanism by protecting households against unforeseen losses and reducing their exposure to financial vulnerability.

Similarly, the results reveal that insurance coverage has improved household financial security. Specifically, 164 respondents (41.8%) strongly agreed and 128 respondents (32.7%) agreed that insurance coverage has strengthened the financial security of their households. Conversely, 65 respondents (16.6%) disagreed, while 35 respondents (8.9%) strongly disagreed. Collectively, 74.5% of respondents acknowledged that insurance schemes have enhanced their financial stability. From an economic perspective, this outcome implies that insurance coverage enables households to better manage uncertainties, safeguard assets, and maintain consumption levels during periods of financial distress, thereby contributing to greater economic security and welfare.

Furthermore, the findings demonstrate that insurance schemes have enhanced household resilience during emergencies. The data indicate that 168 respondents, accounting for 42.9% of the sample, strongly agreed that insurance schemes have improved their household's ability to withstand emergencies, while 115 respondents (29.3%) agreed. On the other hand, 75 respondents (19.1%) disagreed and 34 respondents (8.7%) strongly disagreed. Overall, 72.2% of respondents agreed that insurance schemes have strengthened household resilience in times of crisis. This suggests that insurance provides an important social protection function by enabling households to recover more quickly from adverse events such as illness, accidents, natural disasters, or income shocks.

Hypothesis Testing

Hypothesis One: Cash transfers have no significant relationship with household well-being in the Niger Delta region

Table 6. Chi-Square Analysis of Cash transfers and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	626.245 ^a	81	.000
Likelihood Ratio	504.332	81	.000
Linear-by-Linear Association	272.990	1	.000
N of Valid Cases	392		

Source: Authors Computation from SPSS, 26

Table 6 presents the results of the Chi-Square analysis conducted to examine the relationship between cash transfer programmes and household well-being in the Niger Delta region. The Pearson Chi-Square statistic was employed to determine whether a statistically significant association exists between participation in cash transfer programmes and indicators of household well-being. The results show a Pearson Chi-Square value of 626.245 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the probability value is less than the conventional significance level of 0.05 ($p < 0.05$), the null hypothesis is rejected. This indicates that there is a statistically significant relationship between cash transfer programmes and household well-being in the Niger Delta region. The implication of this finding is that access to cash transfer programmes significantly influences the welfare outcomes of beneficiary households. In economic terms, cash transfers serve as a form of

social protection that enhances household purchasing power, increases disposable income, and improves the capacity of households to meet basic consumption needs. By providing direct financial support, cash transfer programmes help alleviate income constraints, reduce poverty vulnerability, and improve living standards among beneficiaries.

Hypothesis Two: Food assistance has no significant relationship with household well-being in the Niger Delta region

Table 7. Chi-Square Analysis of Food assistance and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	584.946a	81	.000
Likelihood Ratio	491.744	81	.000
Linear-by-Linear Association	282.655	1	.000
N of Valid Cases	392		

Source: Authors Computation from SPSS, 26

Table 7 presents the results of the Chi-Square analysis conducted to examine the relationship between food assistance programmes and household well-being in the Niger Delta region. The analysis was carried out using the Pearson Chi-Square test to determine whether participation in food assistance programmes is significantly associated with household welfare outcomes. The results reveal a Pearson Chi-Square value of 584.946 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the conventional threshold of 0.05 ($p < 0.05$), the null hypothesis is rejected. This indicates that there is a statistically significant relationship between food assistance programmes and household well-being in the Niger Delta region. The finding suggests that food assistance programmes play an important role in enhancing household welfare by improving access to food, reducing food insecurity, and supporting household consumption. Food assistance serves as a social safety net that supplements household resources, thereby enabling beneficiaries to maintain adequate levels of consumption and reduce the adverse effects of poverty and economic hardship. The Likelihood Ratio value of 491.744 with a significance level of 0.000 further confirms the existence of a statistically significant association between food assistance and household well-being. The consistency between the Pearson Chi-Square and Likelihood Ratio statistics strengthens confidence in the reliability of the findings and demonstrates the robustness of the observed relationship.

Hypothesis Three: Skills development programs have no significant relationship with household well-being in the Niger Delta region

Table 8. Chi-Square Analysis of Skills development programs and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	612.529a	81	.000
Likelihood Ratio	527.433	81	.000
Linear-by-Linear Association	280.858	1	.000
N of Valid Cases	392		

Source: Authors Computation from SPSS, 26

Table 8 presents the results of the Chi-Square analysis conducted to examine the relationship between skills development programmes and household well-being in the Niger Delta region. The Pearson Chi-Square test was employed to determine whether participation in skills development programmes is significantly associated with improvements in household welfare outcomes. The results indicate a Pearson Chi-Square value of 612.529 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the accepted threshold of 0.05 ($p < 0.05$), the null hypothesis is rejected. This implies that there is a statistically significant relationship between skills development programmes and household well-being in the Niger Delta region. The finding suggests that skills development programmes contribute significantly to enhancing the productive capacity of individuals and households. By providing beneficiaries with vocational, technical, and entrepreneurial skills, these programmes improve employability, increase labour market participation, and create opportunities for income generation. Consequently, households that participate in skills development initiatives are more likely to experience improved economic conditions and higher levels of welfare.

Hypothesis Four: Access to insurance schemes have no significant relationship with household well-being in the Niger Delta region

Table 9. Chi-Square Analysis of Access to insurance scheme and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	607.624 ^a	81	.000
Likelihood Ratio	527.614	81	.000
Linear-by-Linear Association	284.907	1	.000
N of Valid Cases	392		

Source: Authors Computation from SPSS, 26

Table 9 presents the results of the Chi-Square analysis conducted to examine the relationship between access to insurance schemes and household well-being in the Niger Delta region. The Pearson Chi-Square test was utilized to determine whether a statistically significant association exists between access to insurance services and the welfare outcomes of households. The results reveal a Pearson Chi-Square value of 607.624 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the conventional 0.05 level of significance ($p < 0.05$), the null hypothesis is rejected. This result indicates that there is a statistically significant relationship between access to insurance schemes and household well-being in the Niger Delta region. This implies that insurance schemes play a critical role in improving household welfare by providing protection against financial uncertainties and unforeseen risks. Insurance functions as a risk-transfer mechanism that enables households to mitigate the adverse economic consequences of events such as illness, accidents, property damage, loss of livelihood, and other unexpected shocks. Consequently, households with access to insurance coverage are better positioned to maintain consumption levels, protect productive assets, and preserve financial stability during periods of economic distress.

Discussion of Finding

Relationship between Cash transfers and Household well-being in the Niger Delta region

The findings of the study revealed that cash transfer programmes have a statistically significant relationship with household well-being in the Niger Delta region. This is evidenced by the Pearson Chi-Square coefficient of 626.245 with a probability value of 0.000, which is less than the 0.05 level of significance. The result implies that participation in cash transfer programmes significantly influences household welfare outcomes among beneficiaries. The significance of the Linear-by-Linear Association coefficient (272.990; $p = 0.000$) further indicates a positive directional relationship between cash transfer interventions and household well-being. From an economic perspective, cash transfer programmes enhance household welfare by increasing disposable income, improving purchasing power, and enabling households to meet basic consumption needs. The direct injection of financial resources into beneficiary households reduces income constraints and promotes consumption smoothing, thereby reducing vulnerability to poverty and economic shocks. The result suggests that households receiving cash transfers are more likely to experience improvements in food consumption, healthcare access, educational expenditure, and overall living standards.

This finding is consistent with the study of Haushofer and Shapiro, who investigated the impact of unconditional cash transfers on household welfare in rural Kenya. Using a randomized control trial, the authors found that cash transfer programmes significantly increased household consumption expenditure, improved asset ownership, enhanced food security, and promoted psychological well-being among beneficiaries. The consistency between the present study and Haushofer and Shapiro's findings underscores the effectiveness of cash transfer programmes as social protection instruments for improving household welfare and reducing socio-economic vulnerability.

Relationship between Food assistance and Household well-being in the Niger Delta region

The study found that food assistance programmes have a statistically significant relationship with household well-being in the Niger Delta region. This conclusion is supported by the Pearson Chi-Square value of 584.946 and a corresponding probability value of 0.000, indicating significance at the 5 percent level. The Linear-by-Linear Association statistic of 282.655 ($p = 0.000$) further confirms a positive association between food assistance interventions and household welfare outcomes. Economically, food assistance programmes contribute to household well-being by improving food security, reducing food shortages, and enhancing nutritional outcomes among beneficiaries. By lowering household expenditure on food, these programmes create a positive income effect that allows households to reallocate resources to other essential needs such as healthcare, education, and housing. Furthermore, improved nutritional intake contributes to human capital development by enhancing health status, labour productivity, and economic participation.

The finding corroborates the empirical evidence provided by Hoddinott, Gilligan and Taffesse, who examined the impact of the Productive Safety Net Programme in Ethiopia. Their study revealed that participation in food assistance programmes significantly improved household food consumption, calorie intake, and nutritional status while reducing vulnerability to food insecurity. The similarity between the two studies reinforces the argument that food assistance programmes are effective social protection mechanisms capable of improving household welfare and strengthening resilience among vulnerable populations.

Relationship between Skills Development Programs and Household well-being in the Niger Delta region

The findings revealed a statistically significant relationship between skills development programmes and household well-being in the Niger Delta region. The Pearson Chi-Square coefficient of 612.529 with a probability value of 0.000 indicates that the relationship is significant at the 5 percent level. In addition, the Linear-by-Linear Association coefficient of 280.858 ($p = 0.000$) suggests that increased participation in skills development initiatives is associated with corresponding improvements in household welfare. The economic implication of this finding is that skills development programmes enhance human capital formation by equipping individuals with vocational, technical, and entrepreneurial competencies that improve employability and income-generating opportunities. Increased employability translates into higher earnings, greater labour market participation, and improved household income. Consequently, households are able to achieve higher levels of consumption, better living conditions, and enhanced economic security.

This finding aligns with the study of Davis, Handa, Hypher, Rossi and Winters (2016), who examined the impact of social protection interventions on rural livelihoods across several African countries. Their findings showed that social support programmes significantly increased productive investments, household income, and asset accumulation among beneficiaries. The authors concluded that programmes that enhance productive capacity contribute substantially to long-term welfare improvements. The agreement between their findings and the present study highlights the importance of skills acquisition programmes as a sustainable pathway for poverty reduction and household welfare enhancement.

Relationship between Access to insurance schemes and Household well-being in the Niger Delta region

The findings of the study revealed that access to insurance schemes has a statistically significant relationship with household well-being in the Niger Delta region. This is evidenced by the Pearson Chi-Square coefficient of 607.624 and a corresponding probability value of 0.000, which is less than the 0.05 level of significance. The result indicates that access to insurance schemes significantly influences household welfare outcomes among beneficiaries. Furthermore, the Linear-by-Linear Association coefficient of 284.907 ($p = 0.000$) suggests a positive and significant trend between insurance coverage and household well-being, implying that increased access to insurance services is associated with improvements in household welfare. From an economic standpoint, insurance schemes serve as important risk management and social protection mechanisms that shield households from financial losses arising from unforeseen events such as illness, accidents, natural disasters, and income disruptions. Access to insurance reduces household exposure to economic shocks, facilitates consumption smoothing, and enhances financial security. Consequently, insured households are better positioned to preserve productive assets, maintain living standards, and avoid falling into poverty when adverse events occur. This finding is consistent with the study of Sabates-Wheeler and Devereux, who examined the role of social protection programmes in reducing vulnerability and improving household welfare in developing countries. Using mixed-method empirical approaches, the study found that social insurance and related social protection interventions significantly improved income stability, asset accumulation, and household resilience. The authors concluded that social protection mechanisms are essential for reducing household vulnerability and promoting long-term welfare outcomes.

4. Conclusion

Conclusion

This paper research work investigated the impact of Social protection intervention and Household Well-being in Niger Delta Region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States). The study is an empirical study. The analytical section of the study made use of Likert scale rating and chi-square. To this end, the study concluded that Cash transfers,, Food assistance, Skills development programs and Access to insurance schemes has a positive and significant relationship with household well-being in the Niger Delta region. Hence, it was concluded that social safety nets had substantial impact on household welfare in Niger Delta region

Recommendations

- i. The Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, in collaboration with the National Social Safety Nets Coordinating Office (NASSCO) and the Niger Delta Development Commission (NDDC), should expand the coverage and funding of cash transfer programmes across the Niger Delta region.
- ii. Furthermore, the Federal Ministry of Agriculture and Food Security, in partnership with the NDDC, state governments, and relevant humanitarian agencies, should strengthen food assistance programmes aimed at vulnerable households in the Niger Delta. This can be achieved through the establishment of community food banks, nutrition support initiatives, and targeted food subsidy programmes that improve food security, reduce malnutrition, and enhance household consumption capacity.
- iii. Also, the Niger Delta Development Commission (NDDC), Ministry of Niger Delta Affairs, and the National Directorate of Employment (NDE) should increase investment in vocational and entrepreneurial skills development programmes tailored to the economic realities of the Niger Delta region. Such programmes should focus on market-driven skills, digital entrepreneurship, agro-processing, renewable energy, and vocational trades capable of generating sustainable employment and improving household income levels.
- iv. Additionally, the National Insurance Commission (NAICOM), in collaboration with insurance providers and state governments in the Niger Delta, should develop and promote affordable insurance products targeted at low-income households. Public awareness campaigns should be intensified to improve insurance literacy and encourage enrolment in health, agricultural, and asset insurance schemes capable of protecting households against economic and environmental risks.

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