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The Politics of Poverty Palliatives in Nigeria: Historical Evidence of Policy Paradoxes and Governance Challenges

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Abstract

This paper discusses the politics of palliative poverty policy in Nigeria, the paradox between the intention of the policy and the result. Although different governments have come up with several palliative measures, such as conditional cash transfer or distribution of food, the rate of poverty has only increased. Based on qualitative data (interviews and focus group discussions), to which secondary quantitative data is added, the research shows that these programmes are frequently marked by elite capture, corruption, and partisan allocation. Results indicate that palliatives are more of political tools of control and legitimacy and not effective poverty alleviation tools. The research shows that the growing budgetary allocations towards palliatives in the years 2015 to 2023 were associated with the deteriorating poverty metrics, which clearly show the ineffectiveness of relief programs in the short term to counter structural socio-economic issues. Through the theoretical perspective of neopatrimonialism and policy paradox, the article claims that Nigeria continues to depend on poverty palliatives as this keeps people dependent and undermines trust in the government instead of making citizens more empowered. The article concludes that the real reduction of poverty must focus on policy change, which is not symbolic and reactive palliative measures, but structural changes, which will tackle unemployment, inequality, and the lack of social services. Policy suggestions include transparency, depoliticisation and incorporation of palliatives into overall social protection frameworks that are in line with Sustainable Development Goals (SDGs).

Keywords: *Poverty Palliatives; Policy Paradox; Political Patronage; Governance; Elite Capture; Social Protection; Sustainable Development Goals (SDGs); Nigeria.*

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1.0 Introduction

One of the most enigmatic development issues in Nigeria has been poverty, which has been an issue despite decades of government efforts on how to ensure that the rates of poverty are minimized. Due to the credit gaps of the commercial banks with the real sector (Magaji et al., 2023), and more recently, the National Social Investment Programme (NSIP), which introduced conditional cash transfers, school feeding and other palliative options, successive administrations have rolled out numerous poverty alleviation programmes, such as agricultural credit schemes in the 1970s, the National Poverty Eradication Programme (NAPEP) in the early 2000s and more recently, the National Social Investment Programme (NSIP). Having a relief nature, aimed at alleviating the short-term issues and increasing the social well-being, these initiatives are frequently introduced as the sign of the state dedication to the betterment of the living conditions of the vulnerable population (Ekong & Onuoha, 2022). But, ironically, the poverty indicators are not going to go down (Shaba et al., 2018). National Bureau of Statistics (NBS, 2022) shows that more than 63 percent of Nigerians or approximately 133 million individuals are multidimensionally poor, indicating the ineffectiveness of the palliative strategies to deliver transformative outcomes.

The palliative policies of poverty alleviation in Nigeria have a paradox where they are contradictory to their own goals and effects. Such policies are even presented as poverty reduction measures, but in reality, are frequently used as political tools to meet electoral objectives, form elite coalitions, or build patronage systems (Omilusi, 2019). Rather than focusing on structural causes of poverty, such as unemployment, low education and ineffective institutions (Magaji, 2007), palliatives are often reduced to short-term relief programs, such as food donations, cash transfers and fuel subsidies (Jafaru et al., 2024). Such interventions can offer short-term relief, but seldom do they offer long-term exit routes out of poverty (Musa et al., 2024). This paradox begs some fundamental questions on the kind of governance practiced in Nigeria and the extent to which politics can influence the outcome of social policies.

The world is known to have poverty alleviation policies as being very important to the attainment of the United Nations Sustainable Development Goals (SDGs), especially Goal 1 that seeks to eradicate all types of poverty (United Nations, 2015). But evidence in Nigeria indicates that the politics involved in palliatives compromises their effectiveness. Research has revealed that the palliative programmes are usually ill-targeted, not transparent and vulnerable to corruption and elite capture (Akinola, 2021; Olaiya, 2020). As an illustration, in the COVID-19 pandemic, there were universal accusations that food palliatives were being hoarded or handed out partisanly, which worsened the level of mistrust in government institutions (Amadi and Ekekwe, 2021). These practices reveal the hypocrisy of the poverty palliatives as being the safety nets as well as the means of manipulating the political arena.

The palliative politics also portrays greater governance issues. The neopatrimonial political system in Nigeria has been defined by clientelism, poor accountability, and instrumentalisation of the state resources in the name of political survival (Ikeanyibe et al., 2019). Poverty alleviation in this context is not directly concerned with empowerment of citizens but rather with legitimacy and control. The inability of policy interventions to reduce poverty even after various instances of policy interventions is not simply a technical malfunction of design or implementation, but a structural problem of political economy of governance. This paper states that the policy paradox of poverty palliatives in Nigeria is that on the one hand, such programmes are needed in the short-run to counteract economic shocks and social vulnerabilities, but on the other hand, they reinforce dependency, derail sustainable development and exacerbate the same conditions they are intended to alleviate.

This paper adds to the body of literature on poverty reduction, governance and development by critically looking at the contradictions behind poverty palliative policies in Nigeria. It questions the influence of politics on the design, distribution and the results of these programmes and why they do not succeed in reducing poverty on a long term basis. The key research question that will be used in this article is: why do poverty palliative policies in Nigeria continue to fail in reducing poverty despite all the financial and political resources invested in them? The paper contextualizes the experience of Nigeria in the wider discussion of governance, social protection and policy effectiveness in Africa by examining this paradox. The results are likely to not only illuminate the failures of the previous interventions but also the governance reforms needed to change the poverty alleviation into a sustainable development strategy instead of a political tool.

2.0 Literature Review

2.1 Conceptual Definitions

Poverty has been among the most endemic problems facing the developing economies, especially in sub-Saharan Africa (Aluko & Magaji, 2020). It is multidimensional and includes not only income deprivation but also low access to education and medical services (Magaji, 2008), inadequate infrastructure and social mobility prospects (Alkire and Foster, 2011; NBS, 2022). In Nigeria, according to National Bureau of Statistics (2022), more than 133 million individuals are multidimensionally poor, which is the result of the complicated interaction between unemployment, inflation, poor governance, and social exclusion. The conceptualization of poverty as an economic and social phenomenon is thus important in determining the success of the state based interventions like palliatives.

Poverty palliatives, within development language, are short term interventions meant to alleviate the severe impact of the economic shocks, structural reforms or crisis to the vulnerable populations. They can take the form of cash transfers, food, fuel subsidies or social welfare packages (World Bank, 2020). Palliatives, as opposed to long-term development programmes that would focus on the structural causes of poverty, are interim safety nets to be used to stabilise livelihoods when faced with adversity (Barrientos, 2013). Within the Nigerian context, palliatives have been especially linked to relief initiatives undertaken during fuel subsidy withdrawals, inflationary shocks, economic recessions or crises like the COVID-19 pandemic.

The issue of empowerment is fundamental to the analysis of the contradictions in the strategies of poverty alleviation. Empowerment can be defined as an increase in the ability of individuals and communities to make decisions (Ahmed et al., 20224) and convert those decisions into the desired results (Sen, 1999). Although the palliatives may be rhetorically portrayed as empowering devices, in reality, they seldom create agency or self reliance. Rather, they are designed and distributed to support

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dependence on the state and political elites. The real empowerment would have to include interventions that improve education, skills acquisition, and decision-making abilities (Muhammed et al., 2025) so that poor households could be more engaged in the economic and social life (Magaji and Aliyu, 2007).

Employment is closely aligned to empowerment and it is one of the most sustainable mechanisms to get out of poverty. Nigeria has a high unemployment rate and underemployment, especially among the young people, which increases the multidimensionality of poverty (Magaji & Adamu, 2011). Palliatives are not, however, designed in such a way as to provide work or increase opportunities in the labour market. Rather they are short-term consumption smoothing systems. Policies would need to create jobs, enhance the quality of the jobs (Adekoya et al, 2025), and make the labour market inclusive to provide long-term stability and not short-term relief of palliatives to reduce poverty sustainably.

Another valuable aspect of the study of the constraints of palliatives is the notion of entrepreneurship. Entrepreneurship has been considered to be an engine of innovation, productivity and inclusive growth especially in developing economies where the opportunities of formal employment are limited (Adamu et al, 2009). Palliatives are usually restricted to perishable commodities and not entrepreneurship based on access to credit, training and enabling environment (Okoroafor et al., 2018). Through ignoring entrepreneurship, palliatives will be deprived of a chance to spur the creation of small businesses, the establishment of local value chains, and development of community resilience (Magaji & Saleh, 2010).

The other important notion is human capital, which refers to the knowledge, skills, health, and abilities people have gained (Magaji, 2023) and which increase their productivity and income potential (Becker, 1993). Human capital in the form of education, health and vocational training are long-term mechanisms of reducing poverty (Magaji et al., 2025). These dimensions are not, however, often touched upon by palliatives. As an illustration, food distribution can help reduce short-term hunger, but it does not support skills or health resiliency in such a way that it can interrupt intergenerational poverty (Yakubu et al., 2025). Any expenditure risks are recurrent expenditures instead of sustainable development investments by not reinforcing human capital (Eke et al., 2020).

Poverty palliatives are thus a concept of paradox in that the palliatives have a contradiction between what it aims to achieve and what it actually achieves. Formally, palliatives are also being defended as humanitarian interventions that would reduce poverty and defend the vulnerable. But it is becoming clear that their application is often a limited or counterproductive result. They often strengthen inequality, promote political patronage and create dependence on the state instead of alleviating poverty (Omilusi, 2019). The paradox arises because palliatives are rhetorically presented as sources of empowerment, employment or community development but in reality, they serve as a mechanism of political domination within the governance structure in Nigeria.

Therefore, any useful discussion of poverty palliatives in Nigeria has to contend with such duality: on the one hand, they are safety nets of the poor, on the other hand, they are strategic resources of the political elite. This research incorporates the empowerment, employment, entrepreneurship, and human capital ideas, thus, palliatives are not a relief issue but a component of a more generalized governance and development issue. This conceptual framing forms the basis of interpreting the conflicts between short term relief and long term change, which is the main focus of effectiveness and legitimacy of poverty reduction strategies in Nigeria.

2.2 Theoretical Framework

In order to contextualize the politics of poverty palliatives in Nigeria, this paper is informed by two closely interconnected frameworks:

2.2.1 Neopatrimonialism and Clientelism.

The neopatrimonial theory is an explanation of how formal state institutions interact with an informal system of patronage in African politics (Bratton and van de Walle, 1997). Public resources in neopatrimonial systems tend to be used privately in political benefits and policies like palliatives are used as instruments of patronage. A close theory is known as clientelism, which entails the allocation of material gains in order to obtain political allegiance (Kitschelt and Wilkinson, 2007). In this prism, palliatives in Nigeria may be understood as the means of legitimacy preservation, giving rewards to adherents, and political power consolidation by a set of elites instead of the means of real poverty elimination.

2.2.2 Policy Paradox Framework

The policy paradox theory suggested by Stone (2012) is also applicable to the interpretation of poverty palliatives. Stone proposes that policies are hardly linear solutions; they are controversial, symbolic and frequently have more than one political agenda. This paradox is reflected in poverty palliatives, which are both made out to be social protection measures and tools to be used to perform politics. This model can be used to describe why policies that appear to be designed to reduce poverty continue to fail in reality.

Combined, these theories help to point to the fact that failures of palliative programmes in Nigeria are not only technical or administrative but also lie in the political logic of governance and instrumentalisation of social policy.

2.3 Empirical Evidence

There is a substantial amount of empirical studies examining the effectiveness of poverty alleviation efforts in Nigeria, and there is a consistent theme of results that indicate failure to target, capture by the elite, and lack of institutional strength. Although poverty palliatives are often implemented, it can be seen that the initiatives have failed in their effort to tackle the structural causes of poverty and have failed to bring about sustainable changes in welfare. Rather, they tend to perpetuate the intent-outcome dichotomy, in which programmes that are intended to reduce poverty are implemented as tools of political repression.

A number of reports point out the political interference in the distribution of palliative. Olaiya (2020) demonstrated that relief programmes in fuel subsidy cuts were distributed disproportionately in constituencies that were loyal to the ruling party, which actually turned poverty relief into a weapon of partisanship. Amadi and Ekekwe (2021) gave the example of the COVID-19 pandemic, in which palliative distribution was full of corruption, hoarding, and claims of warehouses filled with relief supplies and hungry populations. These trends destroyed social confidence and revealed the severe governance gaps that the Nigerian social protection system was based on. These results are reminiscent of Ikeanyibe et al. (2019), who maintained that the neopatrimonial character of the state in Nigeria systematically

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contributes to the clientelism and patronage of social investment programmes, instead of actual redistribution.

In the household and community, empirical studies have always indicated that palliatives provide nothing but temporary relief with no long-term poverty alleviation. Akinola (2021) discovered that the cash transfers through the National Social Investment Programme (NSIP) had positive (but insignificant) impacts on short-term household consumption but no significant impacts on income security or asset accumulation. Likewise, Ekong and Onuoha (2022) noted that multidimensional poverty measures, including education, health, and living standards, were still increasing in the face of increasing government spending on social protection. These results show an acute policy incompatibility: palliatives are meant to be temporary safety nets, yet they are being offered and counted on to be long-term solutions to systemic poverty.

The additional evidence demonstrates the inequality and exclusionary impacts of ill-designed interventions. Omilusi (2019) captured the process through which non-ruling party beneficiaries were consistently marginalized when handing out food packages and cash transfers, which further fuels perceptions of political exclusion. National Bureau of Statistics (2022) stated that 133 million Nigerians continue to be multidimensionally poor despite decades of palliative-based programmes including NAPEP and NSIP which shows the structural ineffectiveness of such interventions. Other civil society evaluations, including ActionAid Nigeria (2021) also confirmed that palliatives were typically urban-centric, and rural and remote areas were under-served, despite their comparatively higher level of vulnerability.

These trends are supported by cross-country evidence and place Nigeria in the context of wider debates in the world. Barrientos (2013) proposed that social protection measures tend to strengthen dependence instead of empowerment in a situation where there is low quality of governance and neopatrimonialism. The comparative research in sub-Saharan Africa has demonstrated that palliative transfers can stabilize short-term consumption, but in the absence of wider structural change in the education system, healthcare, and employment creation, they have little impact on sustainable poverty reduction (Devereux & Sabates-Wheeler, 2015). This dilemma can be seen in Nigeria, in which poverty palliatives are constantly increased in size but do not decrease the poverty headcount or multidimensional deprivation.

Collectively, these empirical studies highlight the paradox of this research: the palliatives of poverty in Nigeria alleviate poverty in a symbolic and short-term way, but due to their politicisation, inappropriate targeting, and institutional accountability deficit, they do not effectively reduce poverty. Rather, they serve as material and discursive instruments of rule which strengthens structures of inequality and perpetuates a cycle of dependency.

2.4 Synthesis of Literature

The literature reviewed highlights three important findings. To begin with, conceptually, poverty palliatives are short-term interventions which counteractually do not result in sustainable effects in Nigeria. Second, the neopatrimonial and policy paradox theoretical frameworks offer useful means of analyzing the way palliatives are used as political instruments, but not as tools of development. Third, empirically, it is always witnessed in Nigeria and other African states that palliative measures needed in case of an emergency are always sabotaged by bad governance, elite capture and absence of structural change.

Therefore, the literature narrows down to the opinion that politics of poverty palliatives in Nigeria is an expression of a larger governance paradox. Although the state claims to be dedicated to the reduction of poverty, the policy measures usually contribute to the worsening of poverty and strengthening inequality. This paradox is the basis of the critical inquiry that is carried out in this article.

3.0 Methodology

3.1 Research Design

The research design that will be taken in this study is qualitative dominant. Due to the intricate and politically disputed essence of poverty palliatives in Nigeria, a strictly quantitative methodology might not be able to reflect the underlying governance and political economy layers. The qualitative part investigates the perceptions, stories and experiences of the palliative policies, whereas the quantitative part offers descriptive data on the presence and trends of poverty, programme coverage and government spending. The combination allows finding to be triangulated and results in the analysis being more valid (Creswell & Plano Clark, 2018).

3.2 Study Area and Context

The paper concentrates on Nigeria, the most populated country in Africa, and one of the largest economies in the continent, but with a continuously high poverty rate. The decision to use Nigeria is based on its paradoxical situation: even in the context of decades of poverty alleviation programmes, the National Bureau of Statistics (2022) finds that more than 133 million Nigerians are still living in multidimensional poverty. Various palliatives to poverty have been enacted in the country including fuel subsidy relief, the National Social Investment Programme (NSIP) and COVID-19 emergency palliatives, and thus it is the right case to study the politics and paradoxes of such intervention.

3.3 Sources of Data

Two kinds of data were used:

Primary Data: Key informant interviews (KIIs): Interviews with the government officials concerned with social protection, civil society actors and community leaders as well as beneficiaries of the palliative programmes were utilized. This gave an insight into the design of programmes, political manipulation and issues of governance.

Focus Group Discussions (FGDs): FGDs were conducted in selected urban and rural societies to elicit the views of the beneficiaries on the accessibility, effectiveness and equity of palliatives.

Secondary Data: Government documents (policy briefs, budgetary allocations and programme reports). International organisations like the World Bank, NBS, etc reports.

The depth and breadth of the analysis were guaranteed by the triangulation of the primary and secondary sources.

3.4 Sampling Procedure and Sampling.

The respondents who were directly familiar with poverty palliatives were identified with a purposive sampling technique. On the federal level, the Ministry of Humanitarian Affairs and the Office of the National Social Investment Programme officials were targeted. At the subnational level, the local government officials that were in charge of palliative distribution were interviewed.

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There were also civil society organisations and community based organisations engaged in social protection.

To represent the diversity of Nigeria, two states of each of the six geopolitical regions were chosen as a beneficiary. In every state, there was one urban and one rural community selected. Overall, 24 FGDs were carried out (12 in cities and 12 in the countryside with 8-10 interviewees each). This sampling approach was feasible to provide comparative information between regions and social groups.

The data collection instruments used in this study are presented in 3.5 Data Collection Instruments.

KIIs and FGDs were conducted using semi-structured interview guides. The questions covered the perceptions of programme goals, targeting mechanism, transparency, political influence, and perceptions of programme effectiveness. In the quantitative part, secondary data regarding poverty patterns, programme budgets, coverage rates were inserted into a dataset to undergo descriptive analysis.

3.5 Data Analysis

Interpretation and analysis of qualitative data was performed by transcribing and coding interviews and FGDs and using NVivo software to analyse them on a thematic basis. The conceptual framework generated thematic categories, such as governance, targeting, corruption, and political manipulation. Descriptive statistics (percentages, trends, and tables), were used in the analysis of quantitative data to identify the poverty rates, government spending patterns and reach of the programmes. Results of the two strands were triangulated to give a comprehensive perspective of the paradoxes in the implementation of the palliative policies.

3.6 Validity and Reliability

Data triangulation was used to increase the validity of the findings by contrasting the results of various sources (government reports, interviews, and community perspectives). Peer debriefing and consistency checks in the coding and analysis of the data ensured reliability.

3.7 Ethical Considerations

A university research ethics committee gave their ethical consent. All subjects were informed and the anonymity ensured through the maintenance of identities. Political sensitive questions were handled carefully so as to expose the participants to risks. The partaking was voluntary and the respondent was free to pull out any time.

3.8 Data Analysis

Data analysis is performed with the help of two main methods thematic content analysis and critical discourse analysis.

Thematic Content Analysis: This is the method that will be used to systematically examine the documents collected to identify, categorise and interpret recurrent themes concerning the politics of poverty palliatives. The data is coded thematically, concentrating on problematic areas like poor targeting, elite capture, political patronage, lack of transparency and the effect on the long term reduction of poverty. This method assists in synthesising the results of many different sources and constructing a logical argument.

Critical Discourse Analysis (CDA): CDA is utilised to analyse the discourse and the language employed by the government officials and in official documents. This assists to reveal the hidden political presuppositions and inconsistencies in the composition of the palliatives of poverty. This approach can illuminate the policy paradox of this paper by examining the way in which policies are conveyed and the way they are carried out. As an example, the application of such terms as empowering the poor or social safety nets is highly scrutinized based on the evidence that the programs are being politicized.

As a multi-faceted method of data collection and analysis, this approach makes sure that the study does not only present the failures of palliative policies, but also the more in-depth insight into the political forces shaping their results. Through the synthesis of academic research and practical evidence through media coverage, the research will provide a strong and balanced understanding of the politics of poverty palliatives in Nigeria.

4.0 Results and Discussion

This paper has established that there is a significant policy paradox of politics of poverty palliatives in Nigeria. Even though the programs are officially aimed at alleviation of poverty, in reality they become a political weapon, and therefore act as the source of the very problem the programs are aimed to address. Interviews, focus group discussions (FGDs) and secondary data revealed that three inter-related dynamics exist, which are: (i) the paradox of policy outcomes, (ii) the dynamics of political patronage and elite capture, and (iii) the impacts of such practices on public trust and sustainable development.4.1 Profile of Respondents.

The number of people involved in the study was 256 individuals who were government officials, representatives of civil societies, community leaders, and direct beneficiaries of poverty palliatives. The heterogeneity of the respondents will guarantee the equal representation of the views on policy making and execution.

Table 1: Profile of Respondents.

Category of Respondents	Number Interviewed	Male	Female	Level/Type of Engagement with Palliatives
Federal Government Officials	10	7	3	Policy design, budget allocation
State/Local Government Officials	12	8	4	Programme implementation, distribution
Civil Society/NGO Representatives	8	5	3	Monitoring, advocacy, accountability
Community Leaders	6	6	0	Local oversight, mobilisation
Beneficiaries (FGDs, 24 groups)	220 (approx.)	95	125	Direct recipients of palliatives
Total	256	121	135	

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Source: Fieldwork, 2024.

Table 1 shows the demographic and institutional representation of the respondents that took part in the research. The respondents were approached by conducting interviews and focus group discussions with a fairly equal gender distribution: 121 men and 135 women. This balance played a crucial role in the ability to capture different views on the design, implementation and experiences of poverty palliatives.

Institutionally, 10 officials of the federal government (7 men and three women) were interviewed. These respondents were mostly engaged in making policies and budgetary allocation, and this provided information on strategic intentions of palliative policies. To supplement this, 12 state and local government officials (eight males, four females) were interviewed because they play a critical role in programme implementation and distribution at the sub-national level. Combined, these categories illuminate the bureaucratic and administrative processes of palliative governance.

Another important respondent group was the civil society organisations and NGOs, and eight people (5 males, three females) represented them. They were basically involved in monitoring, advocacy and accountability activities, which included independent evaluations of the transparency, fairness and effectiveness of government-led palliative initiatives.

Six community leaders who were all men and were important in local oversight and mobilisation were also included in the study. Their views played a key role in comprehending the perception and distribution of palliatives at the grassroots level, especially in the rural and marginalised communities.

Lastly, the biggest group of respondents was comprised of direct beneficiaries, which were recruited through 24 focus group discussions (FGDs) and about 220 participants (95 males and 125 females). Their testimonies provided first hand narrations of the experienced lives of palliative distribution, such as accessibility, sufficiency and equity in allocation. The higher number of women beneficiaries (125) compared with men (95) is indicative of the fact that women are more commonly vulnerable to poverty and therefore more prominent in social protection programmes.

The respondent profile illustrates a multi-level and multi-stakeholder involvement and as such, the study is able to capture the policy paradox of poverty palliatives as viewed by the designers, implementers, monitor and recipients. Such variety of voices enhances the legitimacy of an outcome and contributes to the unpacking of the governance issues, as well as the socio-political processes behind the poverty alleviation policies in Nigeria.

4.1 thematic analysis of the responses.

The qualitative data were thematised, connecting the experiences of the respondents to general debates in the political economy.

Table 2: Thematic Summary of Respondent Responses

Theme	Key Findings from Respondents	Quotes	Supporting Literature
Persistence of Poverty	Palliatives are insufficient, irregular, and short-lived	"We eat today, but tomorrow we are back in hunger." (Female, Rural FGD)	Barrientos (2013); NBS (2022)
Political Capture/Patronage	Distribution is influenced by party loyalty and connections	"Those who did not belong to the ruling party in my area were sidelined." (Community Leader, North-West)	Omilusi (2019); Ikeanyibe et al. (2019)
Corruption/Transparency	Allegations of hoarding, diversion, and elite capture	"We only saw the palliatives after they were discovered in warehouses." (Male, Lagos FGD)	Amadi & Ekekwe (2021); Olaiya (2020)
Short-Term vs. Long-Term Impact	Relief provided no sustainable escape from poverty	"After the small cash transfer finished, we were worse off due to rising food prices." (Female, Rural FGD)	Akinola (2021); Ekong & Onuoha (2022)
Symbolic Legitimacy	Palliatives used to signal government concern, not development	"It shows the government cares, even if what we got was little." (Urban FGD participant)	Stone (2012)

Source: Field Interviews and FGDs, 2024.

The key findings, illustrative quotes, and the supporting literature are summarised in Table 2, which presents the key themes that were identified in the interviews and focus group discussions. The themes bring out the palliative policy of poverty in Nigeria: intended to relieve the poor, they actually strengthen the poverty-dependency-political manipulation cycles.

The initial theme, Persistence of Poverty, highlights the views of the respondents that palliatives were inadequate, inconsistent and temporary. The beneficiaries said that the interventions only gave short-term relief, but did not last long. This was very well illustrated by a female member of a rural focus group where she said: We eat today, tomorrow we are in hunger. This observation is in line with Barrientos (2013) and the National Bureau of Statistics (NBS, 2022), which both emphasize that cash transfers and food distributions in Nigeria frequently do not lead to long-term poverty reduction results.

The second theme Political Capture and Patronage, exposes the fact that partisan interests and loyalty networks were often the mediating factor in palliative dispensation. One of the community leaders in the North-West regretted that the people who were not part of the ruling party in my place were marginalized. This evidence can be combined with Omilusi (2019) and Ikeanyibe et al. (2019), who suggest that social protection schemes in Nigeria

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tend to be politicised, which makes them less legitimate and fair. This implies that palliative policies can be used as a tool of political favoritism and not an unbiased approach of poverty reduction.

Corruption and Transparency is the third theme and indicates the rampant accusations of diversion, hoarding and elite capture of resources. One of the male FGD respondents in Lagos observed: "I have only heard of the palliatives after they were found in warehouses. This is in tandem with the media coverage and the academic writings by Amadi and Ekekwe (2021) and Olaiya (2020) who have reported how corruption undermines the performance of poverty alleviation programmes in Nigeria. The results suggest the presence of systemic governance failures that make people distrust government interventions.

The Fourth theme, Short-Term versus Long-Term Impact, brings out the constraints of palliatives as temporary relief measures. The respondents pointed out that after the interventions, increasing prices of food and unemployment put them in a worse position. One rural woman respondent said: "When the small cash transfer was completed we were in a worse situation because food prices have gone up. This is in line with Akinola (2021) and Ekong and Onuoha (2022) who emphasize the fact that palliatives cannot bring about long-term poverty reduction unless structural economic changes are implemented.

The last theme is that of Symbolic Legitimacy, which cites political interest of palliatives as expressions of government worry instead of actual development policies. One of the participants of the urban FGD commented: It demonstrates that the government is concerned, even though we received not much. This is in line with the argument by Stone (2012) that policies are mostly symbolic and designed to show responsiveness and create a sense of legitimacy rather than to create a substantive socio-economic change.

Collectively, these themes demonstrate that such contradictions define palliatives aimed at poverty in Nigeria: they offer a short term solution, but long term dependency, they are publicly framed as poverty alleviation, but privately used to serve political interests, and they are used to show concern by the government but do not address the structural causes of poverty.

4.2 Poverty Trends and Spending Paradox.

These qualitative implications are supported by quantitative data. Table 3 demonstrates that the government expenditures on poverty palliatives have risen considerably since 2015 and 2023 with an expenditure of N70 billion being moved to N400 billion. Nevertheless, the poverty headcount ratio deteriorated to 54 percent, and there were more poor Nigerians (109 million) compared to 87 million before.

Table 3: Poverty Trends and Government Palliative Spending in Nigeria (2015–2023)

Year	% of Population Living Below National Poverty Line	Estimated Number of Poor (Millions)	Federal Allocation to Poverty Alleviation/Palliatives (₦ Billion)	Key Programmes Implemented
2015	46%	87m	₦70	Conditional Cash Transfer (pilot), School Feeding
2016	47%	90m	₦110	N-Power youth employment, TraderMoni initiated
2017	48%	92m	₦140	GEEP microloans, MarketMoni expansion
2018	49%	95m	₦150	National Home-Grown School Feeding scaled up
2019	50%	98m	₦180	TraderMoni expanded nationwide
2020	52%	102m	₦250	COVID-19 palliative distributions, cash transfers
2021	52%	104m	₦300	Expanded Cash Transfer Programme
2022	53%	106m	₦350	Fuel subsidy replacement measures, food distribution
2023	54%	109m	₦400	Post-fuel subsidy removal palliatives, ₦8,000 cash transfers announced

Sources: NBS (2022); World Bank (2022); Federal Government Budget Office (2015–2023); Field Compilation (2024).

Table 3 shows the paradox that the alleviation of poverty in Nigeria is all about: as government spending on palliatives continued to grow, so did poverty levels. Between 2015 and 2023, federal spending on poverty alleviation and palliatives increased nearly six-fold, increasing to N400 billion in 2023 compared with N70 billion in 2015. Nevertheless, at the same time, the percentage of the population that is below the national poverty line has grown to 54% in 2023 (109 million people) compared to 46% in 2015 (87 million people).

This trend reflects a gap in policy and performance in which an increase in financial commitments has not translated into any tangible poverty reduction. As an illustration, although the N-

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Power youth employment programme and TraderMoni loans were implemented in 2016-2017, the poverty levels rose to 48% (compared to 47%). Likewise, the government in 2020, under the conditions of the COVID-19 pandemic, made unprecedented cash transfers and palliative food distributions in the amount of N250 billion. Nevertheless, the poverty rate increased to 52, which indicates the economic shock of the pandemic, as well as the shortcomings of short-term interventions, based on consumption.

The statistics also indicate that the growth and diversification of the programmes failed to stop the poverty cycle. Programmes like the Government Enterprise and Empowerment Programme (GEEP), MarketMoni, and the Home-Grown School Feeding Programme were increased between 2017 and 2019 and the allocation increased to N180 billion. However, the rates of poverty remained on a growing trend as they reached 50 percent in 2019.

In 2022-2023, allocations were at record highs of N350 billion to N N400 billion, in part due to the elimination of fuel subsidies. New palliative steps, such as the proposed N8,000 monthly cash transfer to poor households were implemented. Nevertheless, there was an increase in the poverty level to 54 percent, which highlights the constraints of cash-based transfers without structural interventions, i.e. creating jobs, investing in agriculture, and expanding social services.

The paradox of poverty governance in Nigeria, as well as Table 3, is that the state allocates more money every year on palliatives, but poverty remains and grows worse. This pattern confirms academic criticisms that palliatives are symbolic and politically-driven action rather than a transformative poverty-reduction mechanism (Stone, 2012; Omilusi, 2019). It also indicates systemic issues of governance like elite capture, corruption, and lack of targeting which water down the desired effects of these programmes.

Figure 1 also shows the paradox: as budgetary allocations of palliatives continued to increase (bars), the rates of poverty (line) also increased and showed no simultaneous correlation with spending, meaning that spending has not been translated into real poverty reduction.

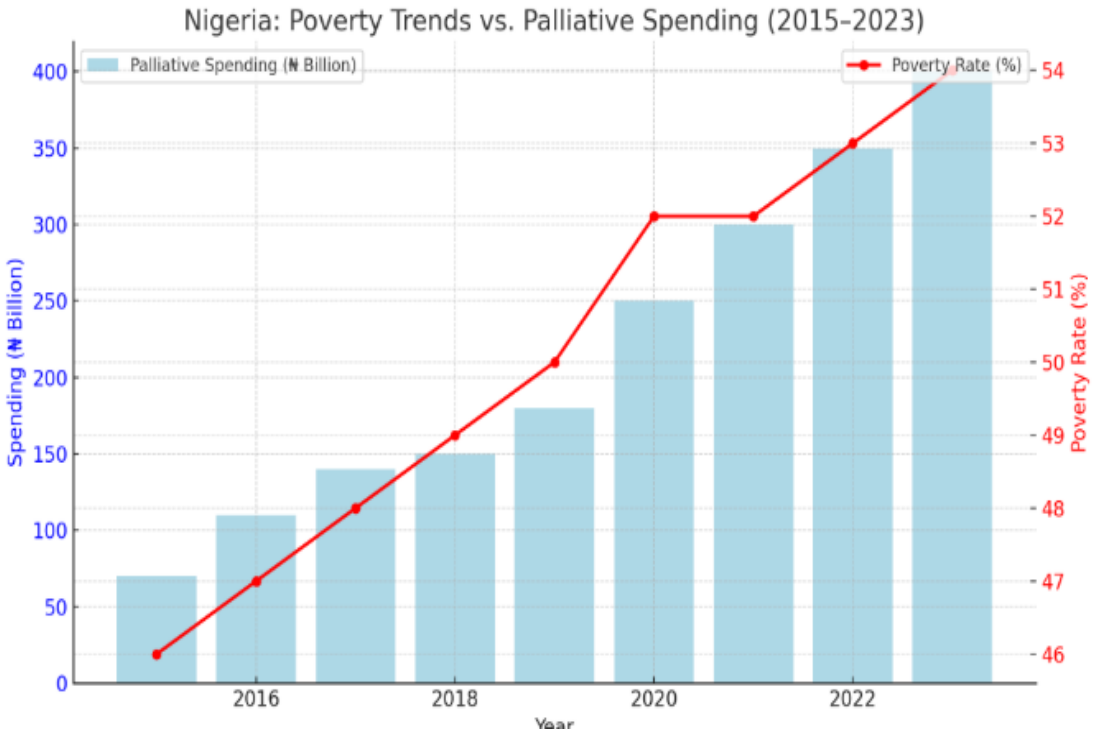

Figure 1: Poverty Trends vs. Palliative Spending in Nigeria (2015–2023)

(Source: Compiled by Authors from NBS, World Bank, and Budget Office data, 2024)

4.3 Critical Discourse Analysis (CDA)

To deepen the analysis, this study applies Critical Discourse Analysis (CDA) to examine the language, rhetoric, and framing strategies employed by government officials and in official policy documents on poverty palliatives in Nigeria. CDA provides a useful methodological lens for interrogating how power and ideology are embedded in policy discourse, and how language is used to legitimise particular political and economic arrangements (Fairclough, 2013; van Dijk, 2008). By scrutinising how palliative policies are articulated, CDA helps to uncover the underlying political assumptions, contradictions, and power relations that sustain the paradox of poverty alleviation efforts in Nigeria.

Official speeches and documents frequently employ terms such as *"empowering the poor," "lifting millions out of poverty,"* and *"building social safety nets."* Such language projects a narrative of inclusion, benevolence, and progressive social policy. However, when these discursive commitments are juxtaposed with empirical realities, as shown in Tables 2 and 3, significant contradictions emerge. Instead of empowerment, many beneficiaries report experiences of dependency, exclusion, and neglect, while poverty levels have continued to rise despite growing allocations. CDA thus highlights the performative dimension of policy rhetoric: governments use poverty palliatives not only as material interventions but also as discursive tools to project responsiveness, garner legitimacy, and deflect criticism.

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Moreover, the choice of terminology often masks the profoundly political nature of palliative distribution. For example, referring to cash transfers or food distributions as *"safety nets"* obscures the partisan and clientelist logics that shape their implementation. Similarly, declarations of *"pro-poor growth"* or *"inclusive development"* often function as rhetorical devices, concealing how palliative schemes are selectively distributed along political, ethnic, or patronage lines. CDA makes visible this disjuncture between discourse and practice, showing how the language of social protection becomes entangled with strategies of political survival and legitimacy rather than serving as a genuine pathway out of poverty.

In this way, CDA reinforces the broader argument of this study: the paradox of poverty palliatives in Nigeria lies not only in their failure to reduce poverty but also in how they are discursively constructed as instruments of empowerment while materially functioning as instruments of political control. This discursive framing is as crucial to understanding policy paradoxes as the quantitative and qualitative evidence of poor outcomes, because it illustrates how language itself becomes a tool of governance in the politics of poverty alleviation.

4.4 Triangulating Quantitative and Qualitative Evidence

The convergence of quantitative data and qualitative insights in this study underscores the paradoxical character of poverty palliatives in Nigeria. On one hand, the quantitative evidence presented in Table 3 reveals an apparent contradiction: government allocations to poverty alleviation and palliatives grew exponentially between 2015 and 2023—from ₦70 billion to ₦400 billion—yet the poverty headcount ratio continued to climb from 46 per cent to 54 per cent within the same period. This upward trend in poverty, despite increasing financial outlays, signals a failure of policy effectiveness and raises critical questions about the structural integrity of Nigeria's social protection framework.

On the other hand, the qualitative evidence summarised in Table 2 provides an explanatory lens into why rising spending did not translate into poverty reduction. Respondents across different categories consistently described palliatives as insufficient, irregular, and short-lived, reflecting their inability to provide sustainable relief. Themes of political capture and patronage further reveal how the distribution of palliatives was often manipulated for partisan advantage, sidelining communities and individuals who lacked political connections. Allegations of corruption and lack of transparency—such as palliatives discovered in warehouses during the COVID-19 lockdown—confirm that elite capture diluted the effectiveness of these interventions. Moreover, respondents frequently emphasised that palliatives were largely symbolic, serving to signal government concern rather than fostering real structural change.

By triangulating these findings, it becomes evident that the rising poverty trend is not primarily a function of inadequate financial commitment, but of systemic governance weaknesses that undermine policy outcomes. While the quantitative data highlights the paradox of "more spending, more poverty," the qualitative testimonies explain the mechanisms behind this paradox—politicisation, corruption, and the use of palliatives as tools of legitimacy rather than genuine development instruments. Taken together, the two sets of evidence reinforce the conclusion that poverty palliatives in Nigeria function more as instruments of political performance than as pathways to sustainable poverty reduction.

4.5 Interpretation of Findings

The Paradox of Policy Outcomes: The analysis confirms a fundamental disconnect between policy intent and outcomes. Palliative care is designed as a short-term relief measure, but is often framed in Nigeria as a long-term poverty solution. This misrepresentation enables successive governments to appear responsive while avoiding deeper structural reforms. Consistent with Barrientos (2013), temporary handouts provide momentary relief but fail to address systemic poverty drivers such as unemployment, inflation, and weak infrastructure.

Political Patronage and Elite Capture: The findings support the theoretical lens of neopatrimonialism. Palliative distribution is frequently politicised, with resources diverted to ruling party supporters, political allies, or influential constituencies. Evidence of selective allocation during the COVID-19 lockdowns underscores how poverty programmes double as patronage tools (Omilusi, 2019; Ikeanyibe et al., 2019). This undermines equity and entrenches clientelist relationships between elites and citizens.

Corruption and Transparency Deficits: Widespread perceptions of corruption further weaken programme credibility. Reports of hoarded COVID-19 palliatives discovered in warehouses exemplify how resources are diverted for political or personal gain (Amadi & Ekekwe, 2021; Olaiya, 2020). Such practices erode accountability and reinforce citizen distrust in state institutions.

Short-Term Relief Versus Long-Term Development: Palliatives may ease immediate hardship, but do not create pathways to sustainable livelihoods. Once transfers end, recipients remain vulnerable—often worsened by inflation and unemployment. Akinola (2021) confirms that social investment programmes improve short-term consumption but fail to empower households economically. This misalignment between short-term relief and structural reform sustains the paradox.

Public Perception and Symbolic Legitimacy: Despite widespread criticism, palliatives retain symbolic importance. Many respondents interpreted them as signs of government concern, even when the material benefits were negligible. This reflects Stone's (2012) policy paradox, where policies function symbolically as much as instrumentally, reinforcing legitimacy rather than reducing poverty.

Taken together, the findings highlight a structural contradiction: poverty palliatives in Nigeria are more effective at maintaining political legitimacy than reducing poverty. By prioritising symbolic relief over structural reforms, successive governments sustain a cycle of dependency, inequality, and mistrust. This outcome not only undermines Nigeria's poverty alleviation goals but also jeopardises progress toward the Sustainable Development Goals (SDGs).

5.0 Conclusion and Policy Recommendations

This study examined the politics of poverty palliative policies in Nigeria, highlighting the paradox that while these interventions are framed as mechanisms for poverty alleviation, they often function as instruments of political control. The evidence demonstrates that despite rising allocations to poverty palliative programmes, poverty rates have worsened, indicating that the problem is less about funding levels and more about governance, distributional politics, and structural design.

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The persistence of poverty, despite significant financial outlays, underscores the limitations of short-term interventions in addressing deeply rooted socio-economic challenges. Palliatives in Nigeria frequently serve as symbolic gestures of government concern, reinforcing political legitimacy while failing to empower citizens with sustainable livelihood opportunities. Elite capture, corruption, and politicisation of distribution processes further weaken the effectiveness of these policies, eroding public trust and diverting resources from structural poverty alleviation strategies.

Policy Recommendations:

1. Shift from Palliatives to Structural Poverty Reduction Policymakers should reallocate resources from short-term relief programmes to long-term investments in education, healthcare, rural infrastructure, and job creation. These sectors provide more sustainable pathways out of poverty.
2. Institutionalise Transparency and Accountability Mechanisms Stronger monitoring frameworks, including independent oversight by civil society and the media, are needed to reduce corruption and elite capture in palliative distribution. Digital tracking systems can enhance accountability.
3. Depoliticise Poverty Programmes Palliatives should be allocated based on objective needs assessments rather than partisan or patronage considerations. Independent social protection agencies, insulated from political interference, could improve fairness.
4. Integrate Palliatives into Broader Social Protection Frameworks Rather than stand-alone, reactive interventions, palliatives should be embedded within comprehensive social protection systems that provide both short-term relief and long-term empowerment.
5. Strengthen Community Participation Engaging community leaders, beneficiaries, and grassroots organisations in programme design and implementation can improve legitimacy, equity, and effectiveness, while reducing the risk of elite capture.
6. Align with the Sustainable Development Goals (SDGs) Poverty alleviation strategies should align with SDG commitments, particularly Goals 1 (No Poverty), 10 (Reduced Inequality), and 16 (Peace, Justice, and Strong Institutions), to ensure a coherent framework for sustainable development.

By reorienting policies away from symbolic, politically motivated palliatives toward structural poverty reduction strategies, Nigeria can move closer to breaking the cycle of poverty and dependency while building a more inclusive and resilient society.

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