Private Sector Investment in Social Protection and Infrastructure Service Delivery in Nigeria

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InfraSpotlight

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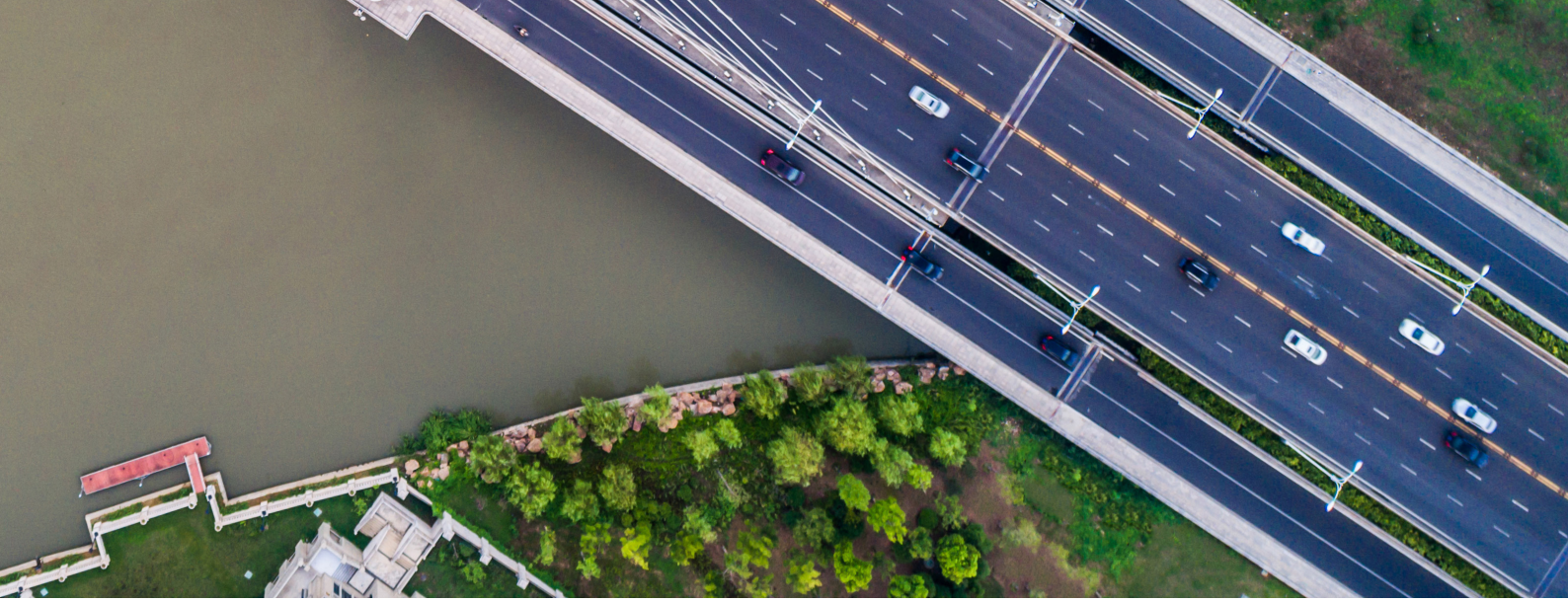
List of Abbrevations

AfDB - African Development Bank
BHCPF - Basic Health Care Provision Fund
CBN - Central Bank of Nigeria
CSI - Corporate Social Investment
CSR - Corporate Social Responsibility
DBN- Development Bank of Nigeria
FGN - Federal Government of Nigeria
HDI - Human Development Index
HMO - Health Maintenance Organisation
ICRC - International Committee of the Red Cross
ICRC - Infrastructure Concession Regulatory Commission
MPI - Multidimensional Poverty Index
NASSCO - National Social Safety-Nets Coordinating Office
NBET - Nigerian Bulk Electricity Trading Plc
NBS - National Bureau of Statistics
NHIS - National Health Insurance Scheme
NPHCA - National Primary Health Care Agency
NSHIP - Nigeria State Health Investment Project
NSPP - National Social Protection Policy
OPHI - Oxford Poverty and Human Development Initiative
PHC - Primary Health Care
PPA - Power Purchase Agreement
PPP - Pubic-Private Partnership
SCADA - Supervisory Control and Data Acquisition
SDGs - Sustainable Development Goals
SPHCB - State Primary Health Care Board
SURWASH - Sustainable Urban and Rural Water Supply, Sanitation, and Hygiene
UNDP - United Nations Development Programme
UNICEF - United Nations Children's Fund
VIP - Ventilated Improved Pit
TCN - Transmission Company of Nigeria
WDC - Ward Development Committee
WHO - World Health Organisation

1 Introdution



Background to the Study

Social protection, as defined by the United Nations, refers to policies and programmes designed to prevent or safeguard individuals against poverty, vulnerability, and social exclusion. These initiatives are crucial for supporting individuals and households facing deprivation and for ensuring a basic standard of living. With an estimated population of 200 million, Nigeria is the most populous country in West Africa. However, this figure remains largely unverified, as the last national population census was conducted nearly two decades ago, in 2006.

Recent data from development institutions indicate a troubling rise in poverty levels. According to the 2022 Multidimensional Poverty Index (MPI) Survey, a joint effort by the National Bureau of Statistics (NBS), the National Social Safety-Nets Coordinating Office (NASSCO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the Oxford Poverty and Human Development Initiative (OPHI), 63% of Nigeria's population, or approximately 133 million people, are living in multidimensional poverty.[1] This form of poverty extends beyond income, encompassing deprivations in essential services such as nutrition, healthcare, clean water, sanitation, housing, and education.

Despite various government interventions, millions of Nigerians still lack access to these basic services. Such deficits heighten the vulnerability of already disadvantaged groups and deepen socio-economic exclusion. To deliver meaningful social protection programmes and initiatives, adequate and accessible infrastructure is essential. Infrastructure in the form of primary health centres, clean water and sanitation facilities, and electricity access can significantly improve the quality of life for people at the base of the economic pyramid.

1 National Bureau of Statistics, 'Nigeria Multidimensional Poverty Index' (NBS, November 2022)

The critical challenge, however, lies in the scale of investment required to bridge these infrastructure gaps. Amidst budgetary constraints, economic pressures, and expanding development needs, the role of the private sector has become increasingly pivotal. Through direct investments, partnerships, and impact-oriented models, private enterprises can complement public efforts by financing and delivering essential services for public benefit.

This study aims to examine the extent to which the private sector can address existing infrastructure investment deficits in Nigeria, with a focus on enhancing social protection. It will also offer practical recommendations for mobilising private capital to support inclusive service delivery in healthcare, clean water and energy access.

Objectives of the Study

The main objective of this study is to explore the role of the private sector in supporting social protection through investment in infrastructure service delivery in Nigeria, particularly in the areas of primary healthcare, access to clean water, and household energy.

The specific objectives are to:

- Examine the current state of access to basic infrastructure services related to social protection in Nigeria.
- Identify the extent of private sector involvement in financing and delivering infrastructure for social protection.
- Analyse the challenges and opportunities for private investment in primary healthcare, clean water, and household energy.
- Assess existing models, and frameworks that facilitate private sector contributions to social protection.
- Propose recommendations for strengthening private sector engagement in inclusive infrastructure development for social protection.

Research Questions

The following key research questions will be addressed:

- What is the current state and level of access to primary healthcare, clean water, and energy for households in Nigeria, particularly among vulnerable populations?
- In what ways has the private sector contributed to infrastructure development that supports social protection in Nigeria?
- What are the main barriers and opportunities for private sector investment in infrastructure services for social protection?
- What strategies can enhance the role of the private sector in closing the infrastructure and social protection gap?

Methodology

This study combines both secondary data analysis and primary data collection, to explore the role of private sector investment in infrastructure service delivery as a means of enhancing social protection in Nigeria. The research covers three key sectors: primary healthcare, clean water, and household energy access.

1. Secondary Data Analysis - A comprehensive review and analysis of existing literature, policy documents, and sectoral data were conducted to establish the current state of infrastructure and access across the three focus areas. This included data from national and international databases such as those maintained by the Federal Ministry of Health, National Primary Health Care Development Agency (NPHCDA), National Electricity Regulatory Commission (NERC), Federal Ministry of Water Resources, and so on. Sector-specific reports, policy frameworks, and performance indicators were analysed to provide contextual foundation and identify key trends and gaps.
2. Primary Data Collection - To complement the desk review of secondary data, the study collected primary data through:

- Household Survey: A survey was administered to residents across different geographic areas (urban, sub-urban, and rural) across Nigerian States to assess household-level access to primary healthcare services, clean water and energy. The survey also explored perceptions of service adequacy, affordability, and infrastructure availability.

- Key Informant Interviews: Semi-structured interviews were conducted with professionals across the three (3) sectors. A total of twenty-five (25) experts were contacted and invited to participate in the interviews, of which six (6) experts participated. Respondents included experts from both the private and public sector. The interviews provided deeper insights into the challenges, opportunities, and practical experiences in financing and delivering infrastructure for social protection. The interview participants were selected based on defined sample characteristics. These included an age range of 25 to 60 years, with professional experience (a minimum of five years of relevant professional experience) in one of the following fields: primary healthcare, access to clean water, energy access, or corporate social responsibility (CSR). At least two (2) professionals were interviewed from each sector, ensuring a balanced representation. All interviewees had up to ten (10) years of professional experience, indicating a high level of sectoral expertise. The jurisdiction of all participants was Nigeria, allowing the study to focus specifically on the national context. Standardised questions were asked across all interviews, covering topics such as the current state of infrastructure in each sector, relevant laws or policy frameworks, key challenges, and the potential role of private sector investment. Efforts were also made to ensure ethnic diversity among interviewees. Unlike the survey, these interviews were not anonymous,

further contributing to the credibility and authenticity of the responses received.

- Quantitative survey data were analysed using descriptive statistics to identify patterns in access and service delivery. Qualitative interview data were thematically analysed to extract key narratives, strategic insights, and perspectives on private sector investment. This integrated methodology enables a holistic understanding of the infrastructure gaps that impact social protection and the extent to which private sector investment can contribute to closing them.

2

Overview of Social Protection In Nigeria

Statistics on Social Protection

As aforementioned, social protection refers to programmes and initiatives designed to protect individuals and households against socio-economic and environmental shocks, enhance their livelihoods, and contribute to a life of dignity.[2] Some of the socio-economic shocks for which social protection measures are intended to guard against include: poverty, unemployment, sickness, poor living conditions, inequality and lack of access to social services.

Nigeria accounts for approximately 20% of the total population in Sub-Saharan Africa and is expected to be one of the most populous countries in the world by 2040.[3] The contributions of population growth to poverty, infrastructure pressure, and socio-economic shocks have been well-recognised; therefore, social protection in Nigeria is essential.[4]

The UNDP Human Development Index (HDI) measures three (3) aspects of human well-being as follows: health and life expectancy, education, and standard of living. Nigeria has seen a steady rise in the HDI since 1990, going from 0.379 in 1990 to 0.560 in 2023, on a scale of 0 to 1.[5] Ordinarily, this would imply that there has been an improvement in human development in Nigeria over the years. However, on the HDI scale, any score below 0.550 is considered "low human development" and any score between 0.550 to 0.699 is considered "medium human development".[6] This rating reveals that human development in Nigeria is marginally above the low level. Furthermore, when compared to the performance of other countries, human development in Nigeria leaves much to be desired. In 2023, Nigeria's HDI was ranked at 164 out of 193 countries and territories with a value of 0.560.[7]

Again, as at 2016, almost 4 out of 10 Nigerians were living below the national poverty line and by 2018, Nigeria's poverty levels had advanced to almost 50% of the population.[8] Similarly, the 2022 Multidimensional Poverty Index (MPI) showed that 63% of the Nigerian population are considered multidimensionally poor.[9] The Multidimensional Poverty Index

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2 National Social Safety Net Coordinating Office (NASSCO), Revised Draft National Social Protection Policy (Federal Ministry of Finance, Budget and National Planning, 2021) 11,21 <http://nassp.gov.ng/wp-content/uploads/2021/10/Draft-Revised-New-NSPP_191021.pdf> accessed 21 July 2025

3 World Bank, Advancing Social Protection in a Dynamic Nigeria (2019) 5 <https://documents1.worldbank.org/curated/en/612461580272758131/pdf/Advancing-Social-Protection-in-a-Dynamic-Nigeria.pdf> accessed 22 July 2025

4 Adams Joseph, 'Impact of Population Growth on Economic Growth in Nigeria' (2023) 8(2) ADSU International Journal of Applied Economics, Finance & Management 445,446 <https://ajaefm.adsu.edu.ng/wp-content/uploads/2024/08/Vol-8-2-023.pdf> accessed 28 July 2025; Chidum Chibueze Chinda, 'Effect of Population Growth and Poverty on Economic Growth in Nigeria' (2025) 10(1) International Journal of Economics and Financial Management (IJEFM) 81,93-94 <https://iiardjournals.org/get/IJEFM/VOL.%2010%20NO.%201%202025/Effect%20of%20Population%20Growth%2081-95.pdf> accessed 28 July 2025

5 United Nations Development Programme, Human Development Data Center: Nigeria <https://hdr.undp.org/data-center/specific-country-data#/countries/NGA> accessed 22 July 2025

6 United Nations Development Programme, Human Development Index <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI> accessed 28 July 2025

7 (n5)

8 (n3) 7

9 National Bureau of Statistics, Nigeria Multidimensional Poverty Index 2022 (NBS, 2022) 5 <https://ophi.org.uk/publications/Nigeria-MPI-2022> accessed 23 July 2025

uses ten (10) indicators to measure poverty. Some of these indicators are: child mortality and nutrition, electricity, sanitation, and drinking water. According to the 2022 study, multidimensional poverty was higher in rural areas at 72% compared to 42% in urban areas.[10] Overall, high levels of deprivation were observed among the Nigerian population in terms of healthcare, sanitation, and cooking fuel.[11]

Infrastructure as a Lever for Social Protection in Nigeria

Nigeria's National Social Protection Policy (NSPP) identifies access to basic social services and infrastructure as one of its goals and explicitly recognises the centrality of infrastructure to the successful implementation of social protection programmes in Nigeria.[12] In fact, basic infrastructure services have been globally recognised as an essential instrument for the fight against poverty and protection against economic shocks because these services contribute to access to jobs and livelihood, affordability of goods and services and ultimately support productivity.[13]

In Nigeria, factors such as unemployment, food insecurity, housing insecurity, inadequate healthcare and so on contributing to the vulnerability of the Nigerian population can be directly alleviated by quality infrastructure such as good roads, electricity and water supply, quality healthcare centres, and adequate housing units.[14] Also, lack of basic infrastructure has been expressly credited as a leading cause of poverty in Nigeria; therefore, strategic investments in infrastructure can boost citizens' resilience and provide protection against these socio-economic shocks.[15]

A significant prerequisite for making strategic investments in infrastructure development is to identify the infrastructure gaps especially in critical sectors such as healthcare, clean water, and energy.

Sectoral Analysis

1. Primary Healthcare

Infrastructure Standards for PHC Functionality in Nigeria

There are key requirements and internationally agreed standards for a PHC to be considered functional. With regards to this, the National Primary Health Care Agency

10 ibid
11 ibid
12 (n2) 1, 22
13 Stéphane Straub and others, Infrastructure and Poverty Reduction: Innovative Policies for Effective Access (Inter-American Development Bank (IDB) and The World Bank, 2025) 8 <https://www.worldbank.org/en/topic/infrastructure/publi-
14 (n9) 7
15 (n3) 11-12, 14

(NPHCA) prescribes the following criteria:[16]

- **Transportation Infrastructure:** A functional PHC should be easily accessible by road.
- **Building Infrastructure:** A functional PHC should have a signpost, fence, and should be structurally sound. It should also have adequate rooms for consultation, in-patient, out-patient, and delivery. Furthermore, there should be accommodation for staff within the premises.
- **Electricity:** A functional PHC should be connected to the national grid, mast cells, solar or a generator.
- **Water Supply:** A functional PHC should have a good water supply which may be gotten from pipeborne or well sources.
- **Hygiene and Waste Management:** A functional PHC should have a waste management system which includes waste recycling, incinerator, and toilet facilities such as a Ventilated Improved Pit (VIP) latrine or water closet.
- **Information and Data Processing Equipment:** A functional PHC should have referral sheets and a communication line with the referral centre. They should also have the necessary tools for data collection, collation, analysis, storage and upload to the District Health Information Software system.
- **Basic Medical Equipment:** A functional PHC should have essential medical equipment, delivery kits, basic equipment for resuscitation, adequate stock of essential drugs and vaccines with no stock outs,[17] and a cold chain system for vaccines.
- **Hours of Operation:** A functional PHC should operate a 24-hour service, weekends inclusive.
- **Basic Medical Services:** There are five (5) minimum services which must be provided at a functional PHC. They are: communicable diseases services, non-communicable diseases services, maternal, new-born, child health (MNCH) and nutrition services, health promotion/social mobilisation services, and laboratory services.
- **Staffing and Human Resources:** A functional PHC should have a certain amount of staff depending on its level, that is, Level 1, 2 or 3.[18]
- **Financial Infrastructure:** A functional PHC should have a business plan with an assigned budget and must maintain basic accounting tools.
- **Governance and Administration:** A functional PHC is to be managed by a functional Ward Development Committee (WDC) through the State Primary Health Care Board (SPHCB).

The above provide a summary of the general requirements for PHC facilities in Nigeria. However, it is important to note that specific requirements such as required number of healthcare workers or medical equipment may differ in scope according to the type of

16 National Primary Health Care Development Agency, Standards and Regulatory Framework for Primary Health Care Practice in Nigeria (2023) 4 <https://nphcda.gov.ng/resources/> accessed 8 July 2025

17 A stockout occurs when inventory of a product is depleted and unavailable for use or sale.In PHC context, it means patients may not receive critical medications or vaccines during their visit, which can compromise treatment and public health goals.

18 National Primary Health Care Development Agency, Minimum Standards for Primary Health Care in Nigeria (2012) 46 <https://ngfrepository.org.ng:8443/jspui/handle/123456789/3153> accessed 8 July 2025

PHC facility which may be PHC Level 1, 2 or 3.[19]

State of the PHC Sector in Nigeria

Nigeria has a total of 26,500 primary healthcare facilities, of which 13,753 facilities are in need of major infrastructure repairs.[20] Of the six (6) geo-political zones in Nigeria, the North-Central and the North-West have the poorest performances with regards to 24/7 power supply as only 19.6% and 17.3% respectively, of their primary healthcare centres have 24/7 access to electricity.[21]

For sanitation, the weakest regions in Nigeria are the North-Central and the North-East where less than 25% of the total primary healthcare facilities have toilets.[22] The availability of waste disposal facilities is severely lacking in all six (6) geo-political zones in Nigeria with less than 3% of PHC facilities in each zone having waste incinerators and waste protected pits.[23] Handwashing facilities are generally well provided across the country, although the South-East geopolitical zone has the lowest coverage, with 75.5% of its primary healthcare facilities equipped with them.[24]

2. Clean Water Access

Infrastructure Standards for Clean Water Access in Nigeria

In Nigeria, the standards for clean water access are closely aligned with the United Nations Sustainable Development Goals (SDGs). In particular, Targets 6.1 and 6.2 which centre around drinking water, and sanitation and hygiene, respectively, have been officially recognised as standards against which national performance for the water sector should be measured.[25] The standards for clean water can be explained in two parts:

- **Drinking Water -** The Federal Ministry of Water Resources provides that water supply should be accessible, available, safe, and affordable.[26] Based on these criteria, there are four (4) levels of drinking water supply services known as the "drinking water ladder".[27] At the first level is "surface water" which refers to open water bodies such as rivers, dams, and lakes. The second level is "unimproved", which refers to dug wells or unprotected springs with over 30 minutes collection time. The third level is

19 (n16) chapter 6 There are 3 levels of PHCs in Nigeria, depending on the population coverage of their services: PHC Level 1- 5,000 to 10,000 persons; PHC Level 2- 10,000 to 20,000 persons; PHC Level 3- 20,000 to 30,000 persons- see (n18) 67-68

20 ibid

21 National Primary Health Care Development Agency, Infographic <https://phc.nphcda.gov.ng/infographic> accessed 16 July 2025

22 ibid

23 ibid

24 ibid

25 Federal Ministry of Water Resources, Partnership for Expanded Water Supply, Sanitation and Hygiene (PEWASH) Programme Strategy 2016–2030 (2016) 10 <https://waterresources.gov.ng/download/partnership-for-expanded-water-supply-sanitation-hygiene-pewash-programmed-strategy-2016-2030/> accessed 12 July 2025

26 ibid 27

27 ibid 28

"basic", referring to safe water from a protected source within 30 minutes round-trip including queuing time. Lastly, the fourth and highest level of performance is "safely managed" which exists where there is access to basic water services within the premises.

- **Sanitation and Hygiene** - According to the Federal Ministry of Water Resources, sanitation and hygiene requires a basic sanitation facility, which is affordable, not shared, and safely disposes of excreta.[28] Like drinking water, the performance of sanitation facilities in Nigeria is evaluated according to a "sanitation ladder", which has five (5) levels.[29] The first level is "open defecation". This exists where human faeces is disposed of in open spaces or open water bodies. The second level is "unimproved", which refers to pit latrines without slabs or platforms, hanging latrines, and bucket latrines. The third level is "shared", referring to acceptable sanitation facilities which are shared with other households. Next, the fourth level is "basic" and it refers to facilities which are not shared with other households and which by their design, are likely to ensure hygienic separation of human excreta from human contact such as pit latrines with slabs, VIP, and septic tanks. Finally, the fifth and highest level of performance is "safely managed" which exists where there is access to basic sanitation facilities which are not shared and which disposes excreta safely on-site or transports it to be treated off-site.

State of the Clean Water Sector in Nigeria

Similarly, the sector analysis for the water sector is done in two parts:

- **Drinking Water -** As of 2022, 67% of the Nigerian population had access to basic drinking water services and only 13% of these basic drinking water services were also safely managed.[30] Out of the six (6) geo-political zones in Nigeria, the North-Central and the North-West have the poorest performances with access to basic drinking water services at 58% and 56% respectively.[31] At the State level, Lagos State has 96% access to basic drinking water services while Sokoto has only 33%; therefore inhabitants of Lagos are three (3) times more likely to use basic drinking water supply services than people living in Sokoto.[32] Apart from Sokoto, other states with less than 50% access to basic drinking water services in order of performance ranking are: Cross River, Akwa Ibom, Kebbi, Kaduna, Benue, and Taraba.[33] Access to basic drinking water services in urban areas in Nigeria is almost 30% more than in rural areas.[34] In contrast, a significantly higher proportion of the rural population relies on surface water and unimproved drinking water sources, at 34%, compared

28 ibid

29 ibid 30

30 Federal Ministry of Water Resources, WASH National Outcome Routine Mapping – Summary of Survey Findings (2022) 5–6 <https://waterresources.gov.ng/reports/> accessed 11 July 2025

31 ibid 5

32 ibid 6

33 ibid

34 ibid

to just 6% in urban areas.[35] For economic classes, the richest quintile of the Nigerian population have 92% access to basic drinking water services while the poorest quintile have less than 50% access to basic drinking water services.[36]*

- **Sanitation and Hygiene** - As of 2022, 46% of the Nigerian population had access to basic sanitation services and only 18% of these basic sanitation services were also safely managed.[37] Just as in access to basic drinking water services, the North-Central and the North-West have the poorest performances of access to basic sanitation services out of the six (6) geo-political zones in Nigeria, at 35% and 42% respectively.[38] At the State level, Imo has 76% access to basic sanitation services while Ebonyi has only 14% basic sanitation services.[39] Apart from Ebonyi, twenty three (23) other states in Nigeria have less than 50% access to basic sanitation services.[40] Only thirteen (13) states in Nigeria have over 50% access to basic sanitation services and they are: Imo, Anambra, Abia, Edo, Lagos, Bauchi, Ogun, Akwa-Ibom, Adamawa, Borno, Jigawa, FCT, Kano (listed in order of their performance ranking).[41]

Access to basic sanitation services in urban areas in Nigeria is 20% more than in rural areas.[42] The population in rural areas practice open defecation at 55% more than those in urban areas at 20%.[43] For economic classes, the richest quintile of the Nigerian population have 78% access to basic sanitation services while the poorest quintile have only 19% access to basic sanitation services.[44] Overall, only 17% of Nigerian households have handwashing facilities on the premises with water and soap.[45]

3. Electricity Access

Infrastructure Standards for Electricity Access in Nigeria

To increase the annual rate of electricity access from 5% (recorded between 2017 and 2021) to 9% between 2024 and 2030, strengthening generation, transmission, and distribution infrastructure has been identified as key pillars.[46] Off-grid electrification mechanisms such as mini-grids and standalone solar solutions (SAS) have also been recognised as

35 ibid

36 ibid 5

*A quintile is a statistical tool used to divide a population into five equal parts, each representing 20% of the total. In income distribution, the first quintile is the bottom 20% which represents the poorest households while the fifth quintile is the top 20% which represent the wealthiest households.

37 ibid 11-13

38 ibid 12

39 ibid 13

40 ibid

41 ibid

42 ibid

43 ibid

44 ibid 12

45 National Bureau of Statistics, Federal Ministry of Water Resources and UNICEF, WASHNORM 2021 State Factsheet Report (2021) 3 <https://waterresources.gov.ng/download/2021-washnorm-state-fact-sheet-report/> accessed 11 July 2025

46 Federal Government of Nigeria, National Energy Compact 2025 6, 13, 15 <m300_aes_compact_nigeria-27012025 (1).pdf> accessed 12 July 2025

important tools for providing electricity access for underserved and unserved communities in Nigeria in light of the fact that the electricity access in Nigeria is disproportionately higher in urban areas at 85% than in rural areas at 32.9%.[47]

State of Electricity Access in Nigeria

With a population of over 200 million people as at 2023, Nigeria's overall electricity access was at 61.2%; thereby indicating that over 86 million Nigerians lack access to electricity.[48] Cities like Lagos, Abuja, and Port-Harcourt have higher electricity access rates compared to rural areas.[49]

The total installed electricity generation capacity in Nigeria is about 13,000 megawatts. Yet less than 50% of the total installed grid capacity in Nigeria is being utilised.[50] For the transmission sector, ageing and poorly maintained transmission infrastructure contributes to poor electricity access.[51] Overall, the Transmission Company of Nigeria (TCN) manages a grid of about 18,000 kilometres of high voltage transmission lines.[52] However, most of the North-West and the entire North-East have been identified as critical areas of deficiency as they have only radial single-circuit transmission lines. This means any outage on these lines could cut off service to the entire region.[53]

Furthermore, the electricity distribution sector operates with outdated and weak infrastructure which causes load shedding and contributes to power outages.[54] This is caused by the minimal investments in the distribution sector since its privatisation in 2013.[55] Addressing the manifold challenges faced by the electricity generation, transmission and distribution sectors in Nigeria will require significant investment to expand the grid, upgrade existing infrastructure and introduce modern automated systems that aid real-time grid management.[56]

In conclusion, the evidence presented underscores that Nigeria's social protection outcomes remain heavily constrained by inadequate infrastructure across primary healthcare, clean water, sanitation, and electricity access. The findings demonstrate that without significant investments in infrastructure particularly in rural and underserved regions, social protection measures will remain limited in reach and impact.

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47 ibid 4,13; Energy Sector Management Assistance Program (ESMAP), Tracking SDG 7: Progress Towards Sustainable Energy (2023) <https://trackingsdg7.esmap.org/> accessed 12 July 2025

48 (n46) 13

49 Federal Ministry of Power, National Integrated Electricity Policy 2025 9-10 <https://powerlibrary.theelectricityhub.com/2025/03/04/national-integrated-electricity-policy/> accessed 12 July 2025

50 ibid 10, 13; (n46) 15

51 (n46) 15

52 ibid 10

53 ibid 11

54 ibid 11

55 ibid 15

56 (n49) 12,16

3

Private Sector-Led Social Protection Initiatives

In Nigeria, the National Social Protection Policy (NSPP) identifies the private sector as a key stakeholder for ensuring effective implementation of national social protection objectives.[57] The NSPP also outlines four (4) practical ways through which the private sector can contribute to social protection in Nigeria as follows:[58]

- Undertake the implementation, monitoring, and evaluation of social protection programmes
- Increase Corporate Social Responsibility (CSR) efforts
- Provide technological support
- Provide financial assistance

Models of Private Sector Participation in Social Protection and Investment

The following are some of the models of private sector participation in social protection and investment:

1. **Public-Private Partnerships (PPPs) -** PPPs have been defined as collaborative arrangements between public and private entities to deliver services or infrastructure which neither of them could effectively deliver on their own.[59] This definition has been reinforced by Nigeria's Infrastructure Concession Regulatory Commission (ICRC) which explicitly recognises that both public and private sector entities possess unique skills or resources which can be combined to deliver a service that benefits the general public.[60] The contribution of the public entity in a PPP arrangement can take the form of land, development rights, tax relief or a share of the revenue derived from the operation of the infrastructure asset or service while the contributions of the private entity may take the form of financing, designing, construction, maintenance, or operational management of the service or infrastructure asset.[61] PPPs have been used for delivery of services in different sectors including power, transportation, health, aviation and many others.

   For example, Azura-Edo Independent Power Plant is a landmark power project in Nigeria. For this PPP project, the public entities were the Federal Government of Nigeria (FGN), the Edo State Government, the Central Bank of Nigeria (CBN), and the Nigerian Bulk Electricity Trading Plc (NBET) whereas the private entities were Azura Power Holdings and a host of other equity investors. Each of these parties contributed a particular resource: the Edo state government provided the land, the CBN provided currency financing, the FGN supplied the payment guarantee, and

57 (n2)34,37

58 (n2) 34,35

59 AA Akinsulire and others, 'Public-Private Partnership Frameworks for Financing Affordable Housing: Lessons and Models' (2024) International Journal of Management & Entrepreneurship Research 2316 <https://doi.org/10.51594/ijmer.v6i7.1326> accessed 18 July 2025

60 Infrastructure Concession Regulatory Commission (ICRC), 'Public-Private Partnership' <https://www.icrc.gov.ng/ppp/> accessed 28 July 2025

61 Yan Zhang, 'Affordable Housing PPP Framing' (2023) 9th Global Affordable Housing Conference, World Bank <https://thedocs.worldbank.org/en/doc/fff83f483c76eef814d7488b25689a10-0430012023/related/Affordable-Housing-PPP-FRAMING-Yan-Zhang-June1.pdf> accessed 18 July 2025

NBET entered into a Power Purchase Agreement (PPA) with the private entities. On the other hand, the private entities provided capital and technical expertise for the building and operation of the power plant. This plant is now operational and generates 461 megawatts of electricity; thereby providing over 8% of the electricity in Nigeria as well as contributing to reducing the national electricity access deficits.[62]

2. **Blended Finance -** Blended finance refers to the use of both public or philanthropic funds and private capital to finance a project. The public or philanthropic capital for blended finance may come from the government of the country or from foreign governments or international associations.[63] The public funding is used to attract private investors and de-risk the project to secure their support for projects that would otherwise be considered too risky or unprofitable for the private sector.[64] However, due to the complexity of the blended finance structure, it is essential to engage in proper planning and due diligence to avoid waste of resources and uncompleted projects.[65]

   A good example of a blended finance project in Nigeria is the 'Oxygen as a Service' initiative which involved the Edo State Primary Health Care Development Agency (public entity), the Aig-Imoukhuede Foundation (philanthropic) and Health Port Africa (private entity). The aim of the initiative was to provide access to oxygen therapy in primary healthcare centres in Edo State by installing Micro PSA plants, training healthcare staff, and establishing a robust distribution system for medical oxygen.[66*]

3. **Impact Investment -** Impact investments are investments made with the intention to generate positive, measurable social or environmental impact alongside a financial return.[67] Impact investment is a departure from the traditional notion that only governments and philanthropists should be responsible for addressing social and environmental issues whereas private investors should be exclusively concerned with profit-making. Intentionality is a defining feature of impact investments, that is, the investment must be made with a clear and deliberate aim to generate positive social or environmental outcomes in order to qualify as such.[68] Another essential

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62 Azura-Edo Independent Power Plant, Home Page <https://azuraedo.com/> accessed 18 July 2025

63 Grantham Research Institute, How can 'blended finance' help fund climate action and development goals? (30 November 2022) <https://www.lse.ac.uk/granthaminstitute/explainers/how-can-blended-finance-help-fund-climate-action-and-development-goals/> accessed 18 July 2025

64 Caroline Flammer, Thomas Giroux and Geoffrey Heal, Blended Finance (NBER Working Paper No 32287, 2024) <https://www.nber.org/papers/w32287> accessed 28 July 2025 ; UNESCO, Blended Finance – Digital Transformation Collaborative Finance Toolkit Factsheets <https://www.unesco.org/en/dtc-finance-toolkit-factsheets/blended-finance> accessed 18 July 2025

65 World Bank, Blending Public and Private Finance (EMCompass Note 3, 2016) <https://documents1.worldbank.org/curated/en/383411468197952433/pdf/106019-BRI-PUBLIC-EMCompass-3-EMCompass-Blending-Public-and-Private-Finance.pdf> accessed 29 July 2025

66 *PSA stands for Pressure Swing Adsorption, and PSA plants are used to produce medical-grade oxygen

67 Global Impact Investing Network (GIIN), What you need to know about impact investing (24 January 2025) <https://thegiin.org/publication/post/about-impact-investing/> accessed 21 July 2025

68 ibid

element that defines impact investment is the expectation of financial returns as this distinguishes impact investment from charity or philanthropy.[69] In Nigeria, impact investment grew significantly post-2015. Between 2015 and 2019, impact investors invested $4.7 billion in key sectors in Nigeria.[70] Between 2017 and 2021, $377.65 million was invested in the health sector alone, amounting to 8.2% of the total deployment.[71]

Although government designated financial institutions like the Development Bank of Nigeria (DBN) dominate the impact investment space, private firms and philanthropic organisations have increasingly become more involved in impact investment. Between 2015-2021, they contributed a total of $1.1 billion to the total deployment of impact capital.[72]

4. **Social Bonds -** Social Bond refers to a type of debt instrument, where the proceeds would be exclusively applied to finance or refinance new and/or existing eligible projects with clear and identifiable social objective(s) and which are dedicated to a target population.[73] There are two (2) requirements that must be fulfilled before a bond can be classified as a social bond in Nigeria: first, the project to be financed by the proceeds of the bond must be an "eligible project"; second, this eligible project must be dedicated to a "target population". In Nigeria, there is a closed list of projects that qualify as "eligible projects" for the issuance of social bonds.[74] Affordable basic infrastructure services such as clean drinking water, sanitation, energy, health, and others are part of this list. Also, there are nine (9) groups of persons who qualify as "target population" for the eligible projects. They are: people living below the poverty line, marginalised communities, vulnerable groups, people living with disabilities, migrants/displaced persons, undereducated people, underserved population, the unemployed, and other target population as may be included in the Social Bond Principles.[75]

   As at the time this research was conducted, there is no indication that a social bond has been issued in Nigeria yet.

5. **Corporate Social Investment** - Corporate Social Investment (CSI) refers to

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69 David Rodeck, 'An Introduction to Impact Investing' (Forbes Advisor, 30 July 2024) <https://www.forbes.com/advisor/investing/impact-investing/> accessed 21 July 2025

70 Nigerian National Advisory Board for Impact Investent (NABII), 'Impact Investing' <https://nabii.impactinvestorsfoundation.org/impact-investing/> accessed 21 July 2025

71 Nigerian National Advisory Board for Impact Investing (NABII), Investing for Impact in Nigeria: A Deep Dive into Agriculture, Education, and Health Sectors (2025) 57 <https://nabii.impactinvestorsfoundation.org/resources/investing-for-impact-in-nigeria-a-deep-dive-into-agriculture-education-and-health-sectors-report/> accessed 21 July 2025.

72 ibid 47, 54

73 Securities and Exchange Commission (Nigeria), New Rule on Social Bonds (29 October 2021) <https://sec.gov.ng/wp-content/uploads/2021/11/Social-Bond-Rule-New-October-29-2021.pdf> accessed 21 July 2025

74 ibid

75 ibid

investments made by a company to fulfil its Corporate Social Responsibility (CSR). Corporate Social Investment (CSI) refers to costs made at the corporate level with the purpose of promoting social or economic development in host communities and supporting environmental sustainability.[76] CSR is the commitment of businesses to contribute to sustainable economic development and improve the quality of life for their employees, local community and the society at large.[77] In Nigeria, a number of companies are well-known for their CSI initiatives such as MTN Nigeria, Dangote Group, United Bank for Africa to mention a few. In particular, the MTN Group is committed to allocating 1% of its profit after tax to corporate social initiatives.[78] In 2024, MTN Nigeria committed ₦3.5 billion to implement its corporate social initiatives in a host of sectors including health, education, and economic empowerment.[79]

Benefits and Opportunities for Private Sector Participation

Private sector participation in social protection and investment offer several benefits and opportunities for both businesses and society, including the following:

1. **Dual Impact-Profit Results -** Private sector participation in social protection and investment enables companies to acquire financial returns while contributing to the betterment of the society. Therefore, companies do not have to forgo profit for social impact or vice-versa and may achieve both goals through strategic investments or partnerships with the public sector, nonprofits and development institutions.
2. **Local and Global Reputation** - As companies participate in social protection and investment, it boosts their reputation. In today's world, where sustainability and human rights are increasingly important, businesses that support social causes are viewed more favourably by both investors and customers, locally and internationally.
3. **Improved Project Planning and Service Delivery -** Private sector involvement in social protection and investment often leads to improved project planning and more efficient service delivery. This is largely due to the private sector's focus on competition and profitability, which drives the use of advanced technology and skilled professionals typically beyond the capacity of the public sector. Therefore, private sector involvement in social protection and investment contributes to greater innovation and efficiency in the provision of infrastructure and social services.
4. **Greater Financial Resources -** Private sector participation in social protection and infrastructure investment significantly expands the pool of financial resources available for critical projects. By attracting private capital, governments can ease

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76 Efeeloo Nangih, 'Corporate Social Responsibility Investments, Profitability and Quoted Consumer Goods Firms in Nigeria' (2022) 3(2) International Journal of Applied Business and Management Sciences 199, 203 <https://www.arfjournals.com/image/catalog/Journals%20Papers/IJABMS/2022/No%202%20(2022)/4_Efeeloo%20Nangih.pdf> accessed 21 July 2025

77 World Business Council for Sustainable Development, Corporate Social Responsibility: Making Good Business Sense (2000) 10 <https://www.globalhand.org/system/assets/aadd8f32f6ecef3fe3b080b8d462d509da3f3e57/original/CSR_Good_Business_WBCSD_2000.pdf> accessed 21 July 2025

78 MTN Nigeria Communications Plc, 2024 Sustainability Report (MTN Nigeria, 2025) 82 <https://www.mtn.ng/investors/annual-report/> accessed 29 July 2025

79 ibid

the pressure on limited public revenues and allocate scarce funds more strategically. This approach enables broader coverage, accelerates project delivery, and enhances the long-term sustainability of essential services.

Lessons for the Private Sector from the Failed ORTECH-Calabar Water Project

The ORTECH-Calabar Water Project was a public-private partnership between ORTECH Consulting Engineers and the Cross River State Government with the aim of managing Calabar's water supply system including providing water distribution and metering services to the residents of Calabar. This partnership was prematurely terminated in 2020 by the Cross River State Government following increasing public complaints of poor service delivery.

The following are some of the factors which contributed to the failure of the ORTECH-Calabar Water Project:

1. **Electricity Costs -** Rising electricity prices increased operation costs inordinately.
2. **Limited Revenue -** The ORTECH-Calabar Water Project suffered a shortage of revenue due to outstanding debt by customers. By 2015, over 10,000 customers had been disconnected from the water supply scheme due to outstanding bills; therefore, ORTECH reported a 40% revenue loss.[80]
3. **Operational Failures** - Residents complained that the water supply system was unreliable and in some cases, water bills were issued where no water had been supplied. ORTECH admitted that some of the pipes in its distribution network had suffered some damage which contributed to this operational failure.[81]

There are key lessons from this failed project including:

1. **Government Support for the Private Sector -** Securing government subsidies for services that influence operating costs such as electricity would be beneficial for long-term projects. This is especially relevant for Nigeria where electricity tariffs sometimes fluctuate and power supply can be irregular.
2. **Revenue Collection Systems -** For infrastructure services that generate revenue, efficient revenue collection systems are essential for the smooth running of the project.
3. **Quality of Infrastructure** - Quality infrastructure is necessary for efficient and reliable delivery of project outcomes. Routine monitoring and maintenance of project infrastructure is necessary to guarantee the quality of services over time.

To sum, the private sector has a critical role to play in strengthening Nigeria's social protection landscape, not only through funding but also by bringing in technical expertise, innovation, and efficiency. The models examined demonstrate diverse ways in which businesses can contribute to social protection while also achieving financial returns. If

80 Ike Uchechukwu, 'Water's Like Electricity in Calabar – No Service, Huge Bills' Vanguard (22 April 2015) <https://www.vanguardngr.com/2015/04/waters-like-electricity-in-calabar-no-service-huge-bills> accessed 12 August 2025

81 ibid

effectively harnessed, the private sector can significantly expand access to essential social services.

4

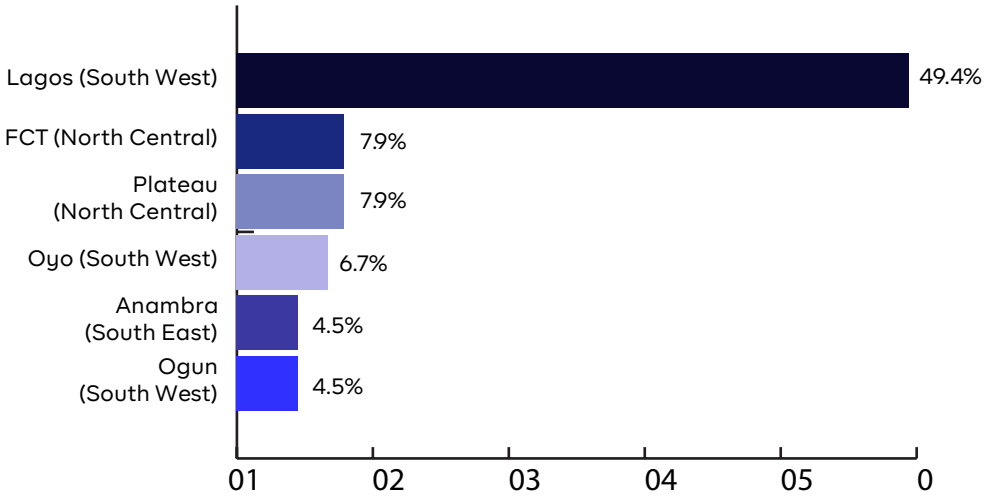
Primary Data Collection and Analysis

This study set out to explore how individuals and households in Nigeria access essential infrastructure services. It was grounded on the premise that the availability and quality of infrastructure play a significant role in enhancing social protection and improving access to basic services. Specifically, the research examined whether primary healthcare, clean water, and electricity are sufficiently accessible to the average Nigerian citizen and household.

To investigate this, an online survey was designed to gather quantitative data, supplemented by key informant interviews to provide qualitative insights. Ethical considerations were also observed, including clearly stating the purpose of the research and securing informed consent. While explicit verbal or written consent was not requested, the survey form explained the reasons for data collection, and participation was entirely voluntary. The survey was designed to be anonymous to encourage honest and transparent responses. Accordingly, no personally identifiable information (such as names, phone numbers, email addresses, or home addresses) was collected.

However, in order to ensure the authenticity of responses and minimise random or automated entries, the survey required respondents to sign in with a verified Google account. Furthermore, the system was configured to accept only one response per individual sign-in to eliminate the possibility of multiple or duplicate entries. Taken together, these measures contribute to the overall reliability and integrity of the data and sufficiently support the findings of this study.

The survey opened on 03 June 2025 and closed on 27 June 2025 after twenty-five (25) days of both online and offline publicity. The survey was also promoted by the project partner, CSG Development Ltd for a wider reach. In total 178 respondents completed the survey from twenty-one (21) States in Nigeria including the FCT. The top six (6) States with the highest responses are:



States with the lowest number of responses (each accounting for 1% or less) are: Abia, Adamawa, Cross River, Kaduna, Kwara, Nasarawa, Ondo, and Yobe.

Demography and Household Profile of Respondents

The age of respondents was categorised into six groups: 16–20, 21–30, 31–40, 41–50, 51–60, and above 60. The majority of respondents were relatively young or middle-aged. Specifically, 68% (121 respondents) fell within the 21–30 age range, followed by 20.2% (36 respondents) in the 31–40 category. Respondents aged 41–50 accounted for 6.2%, while those aged 51–60 made up 3.4%. Only 1.7% of respondents were above 60 years old. The smallest age group was 16–20, representing just 0.6% of the total responses.

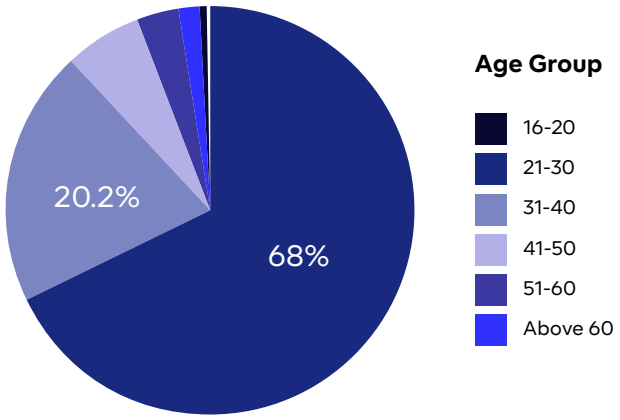


Chart showing the age of the respondents

With regards to gender, the sample showed an even distribution:
50% of respondents identified as male and 50% as female.

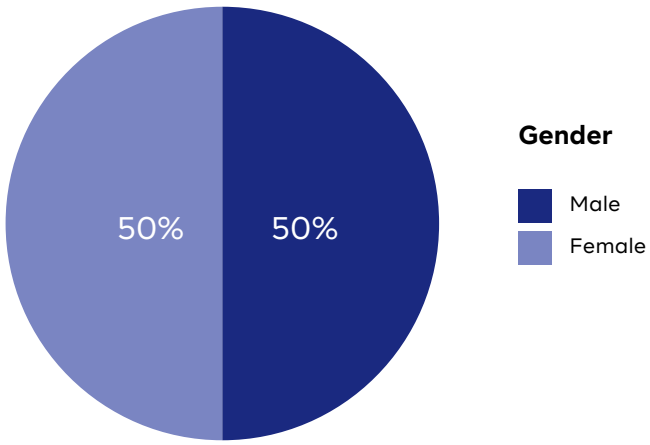


Chart showing the gender of the respondents

Respondents were asked to indicate their highest level of education from four options: Primary Education, Secondary Education, Tertiary Education, and Advanced Education. A majority, 70.8% (126 respondents), reported that their highest qualification was Tertiary Education, which includes a Bachelor's degree and/or a post-secondary diploma. Additionally, 26.4% (47 respondents) indicated that they had completed Advanced Education at the postgraduate level, such as a Master's degree or PhD. Only 2.8% of respondents selected Secondary Education as their highest level attained, and none reported having only Primary Education.

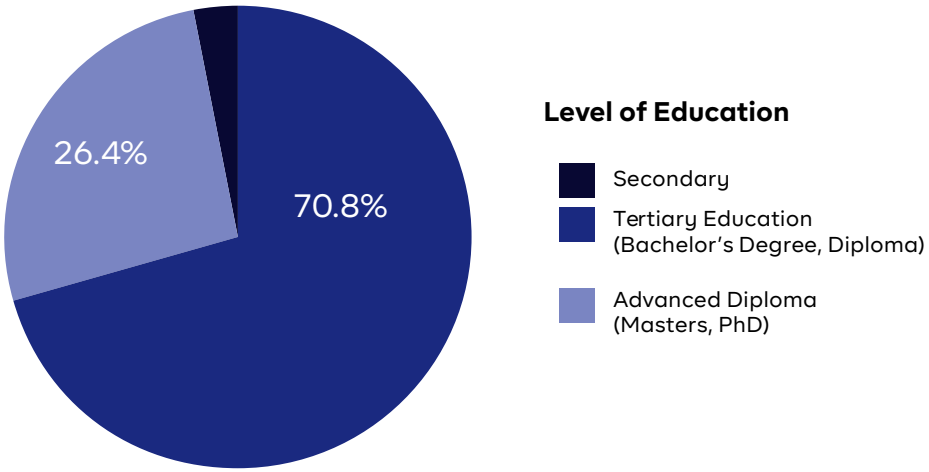


Chart showing the respondents levels of education

In terms of employment status, 70.2% (125 respondents) identified as being employed, while 17.4% reported being self-employed, including entrepreneurs and business owners. A smaller proportion, 7.3%, were unemployed, and 5.1% identified as students.

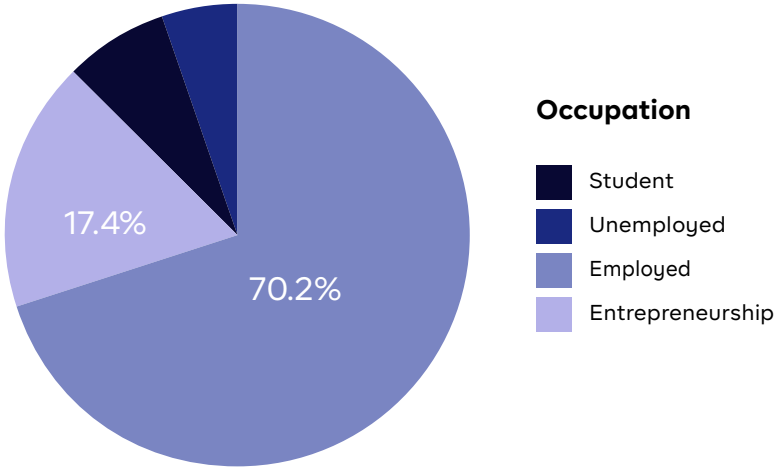


Chart showing the occupation of the respondents

Understanding respondents' levels of education and employment status was important to this study, as these factors often influence access to essential services. It is generally assumed that individuals with higher education and a stable income are more likely to afford and access basic infrastructure services, while those with little or no income face greater vulnerability due to their socio-economic circumstances.

To further understand the household profile of respondents, they were asked to indicate the number of people living in their household. Four response categories were provided: less than 3, 3–6, 7–10, and above 10 persons. The majority, 66.9% (119 respondents), reported a household size of 3–6 persons. This was followed by 22.5% (40 respondents) who indicated less than 3 persons. A further 10.1% (18 respondents) reported living in households of 7–10 persons, while only 0.6% reported a household size of more than 10. For context, the average household size in Nigeria is 5.06 persons, according to the 2020 Nigerian Living Standards Survey by the NBS. Rural areas tend to have larger household sizes, averaging 5.42 persons, compared to 4.50 in urban areas. It is also not uncommon in

Nigeria for extended family members to live together within the same household.

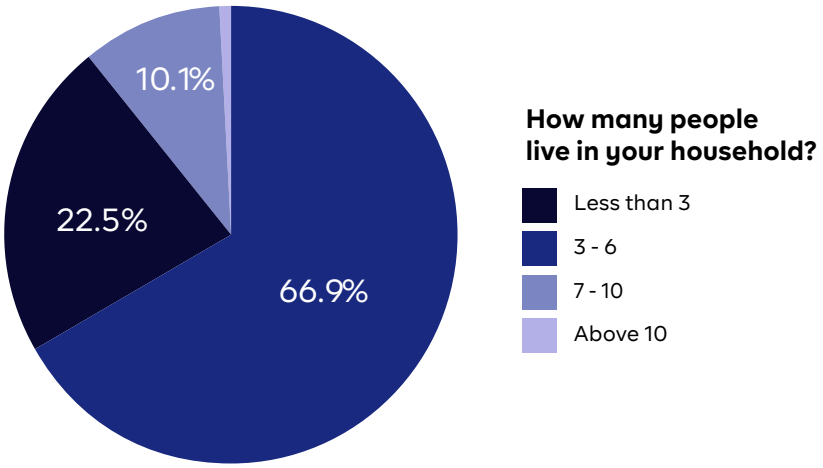


Chart showing the household size of the respondents

Respondents were also asked to identify the type of area in which they reside: urban, sub-urban, or rural. A significant majority, 75.3% (134 respondents), reported living in urban areas, while 22.5% (40 respondents) identified as residing in suburban areas. Only 2.2% of respondents reported living in rural areas. Based on these findings, the study assumes that individuals and households in urban and sub-urban settings generally have better access to essential services, while those in rural areas are more likely to face limitations in the availability and quality of such services.

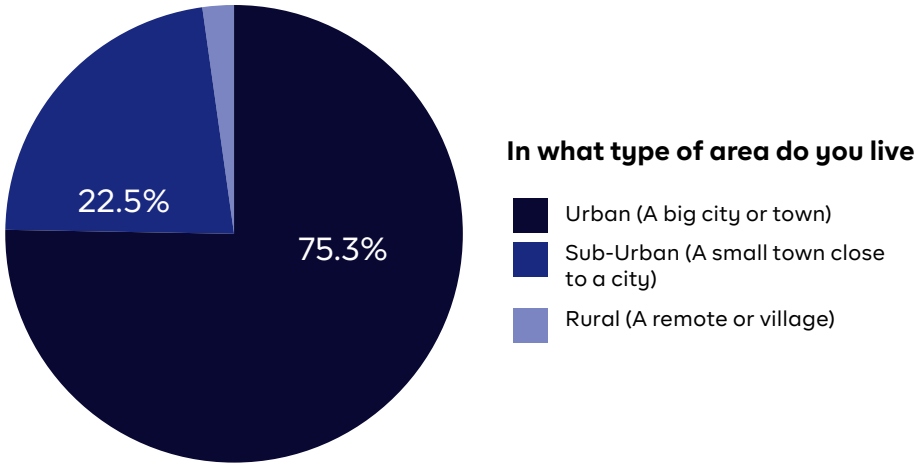


Chart showing the type of area respondents live in

Sectoral Analysis

This section presents a detailed analysis of the primary data collected across the three (3) focus sectors of this study: primary healthcare, access to clean water, and access to energy. Drawing from survey responses and key informant interviews, the aim is to understand how individuals and households interact with essential infrastructure services in Nigeria, identify sector-specific challenges, and assess the potential for private sector involvement in closing service delivery gaps.

Access to Primary Healthcare

For the purposes of this study, access to primary healthcare is measured in terms of affordability and proximity. Respondents were first asked whether they or anyone in their household had any form of health insurance. The results revealed that 46.6% of respondents reported having health insurance themselves, while 20.2% indicated that a household member has health insurance. However, 18.5% stated that no one in their household had any form of health insurance, and 14.6% were unsure about their insurance status.

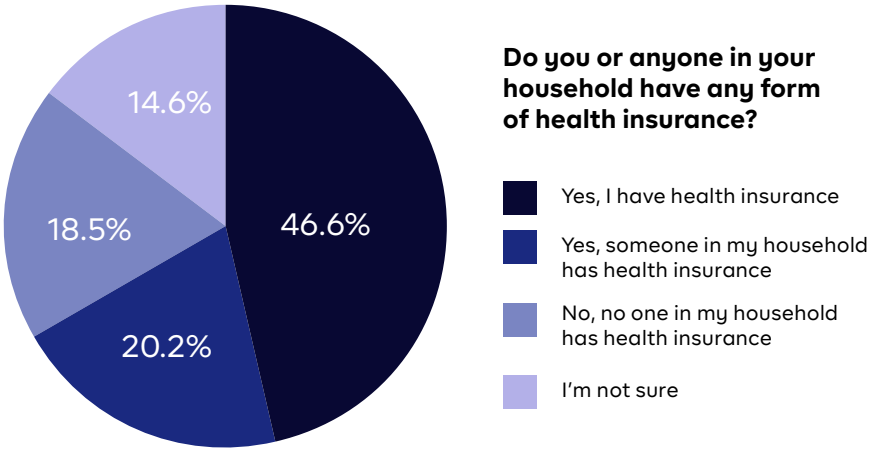


Chart showing respondents health insurance coverage

To understand the type of insurance coverage in place, we asked respondents to specify the kind of health insurance they or their household members used. 43.3% (77 respondents) reported being covered under private health insurance schemes, such as HMOs or private insurance companies. Government-provided health insurance, particularly through the NHIS, accounted for 18.5% of responses. Additionally, 8.4% used employer-sponsored insurance schemes, and a marginal 0.6% reported having community-based health insurance. Nevertheless, a significant 29.2% (52 respondents) stated they did not have any form of health insurance at all.

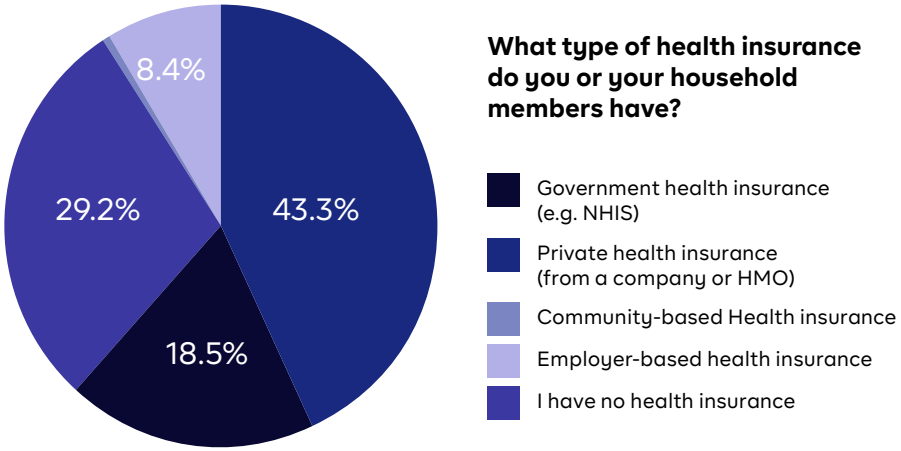


Chart showing respondents health insurance coverage

Furthermore, we asked the respondents where they or someone in their household would usually go for basic medical care. The options provided were:

- Government Hospital/Clinic
- Private Hospital/Clinic

- Pharmacy/Chemist
- Traditional Healer
- Both Private and Government Hospital

The majority, 70.8% (126 respondents) selected private hospitals or clinics as their predominant source for healthcare while a smaller number of 19.1% of the respondents selected government hospitals or clinics. Only 9% turn to pharmacies or chemists for care and less than 1% use traditional healers or a combination of government and private facilities.

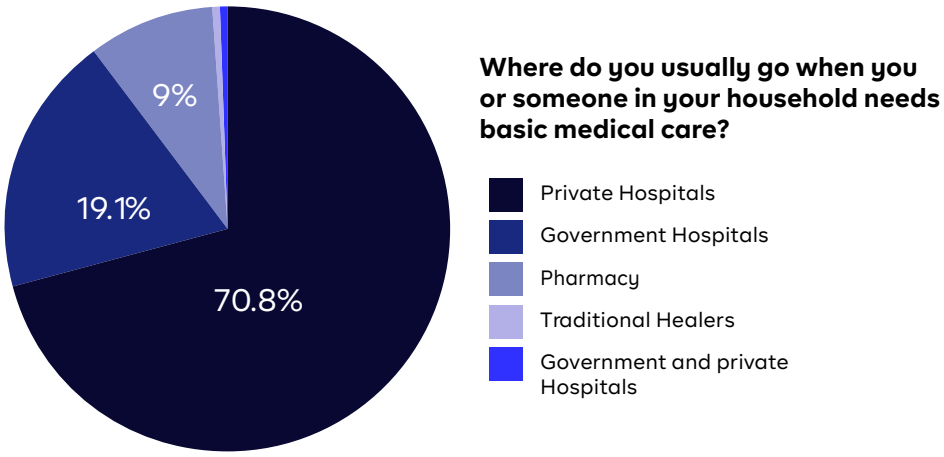


Chart showing respondents source of healthcare

There is some correlation here with the earlier data on health insurance coverage, where most respondents indicated private insurance. This suggests that individuals with private health insurance coverage may be more inclined to access private healthcare facilities, likely due to a perception of better quality of service and reduced out-of-pocket costs although the costs are higher when compared to government-owned facilities.

Proximity to a primary healthcare facility is another important indicator of accessibility. In terms of proximity to a PHC, about 25.8% of respondents reported that their nearest facility is less than 1 kilometre away, while 39.3% said it is within a 1–3 kilometre range. Another 20.2% live within 3–5 kilometres to a PHC, and 14.6% have a PHC located more than 5 kilometres away. These figures reflect uneven distribution and accessibility of PHC services, particularly in rural or remote areas.

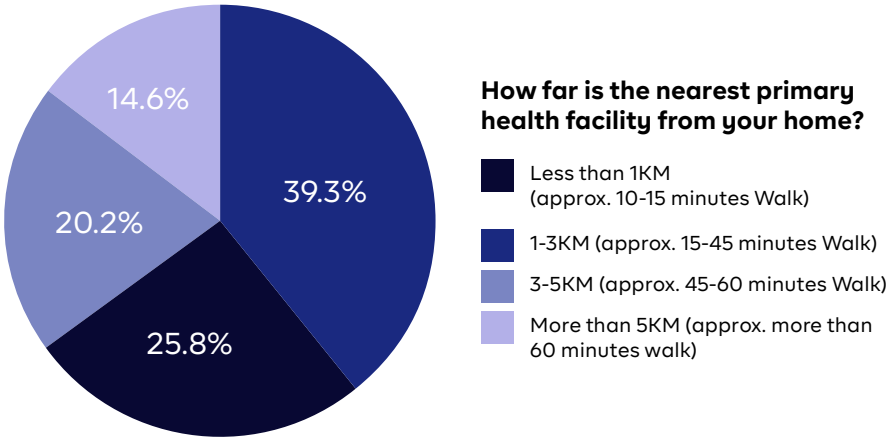


Chart showing respondents proximity to primary healthcare facilities

As highlighted by Mr Stanley Jasmiel, a key informant interviewed and with extensive experience in primary healthcare delivery across Adamawa and Borno States, achieving Universal Health Coverage means healthcare must be available to all especially within the communities where people live. He noted that the Basic Health Care Provision Fund (BHCPF) currently supports only one (1) facility per ward, typically located at the ward headquarters. This leaves those living outside these areas, sometimes 20–30 kilometres away, without realistic access to care. Given that a single ward may serve up to 10,000 people, the distance to the nearest PHC poses a significant barrier to equitable healthcare access.

The BHCPF is a programme established under the National Health Act 2014 with the goal of supporting the provision of the basic minimum package of health services for PHC facilities in Nigeria. There are three (3) pathways through which the BHCPF aims to achieve its goals. The first is to help indigent Nigerians get health insurance, the second is to ensure that health facilities have enough funding and staff and the third is to support the provision of emergency ambulance services.[82]

The BHCPF is co-funded by an annual grant from the Federal Government and grants from international donor partners. It also welcomes contributions from the private sector.[83]

Furthermore, 57.3% of survey respondents indicated that they had used a PHC facility in their locality, while 42.7% reported they had not.

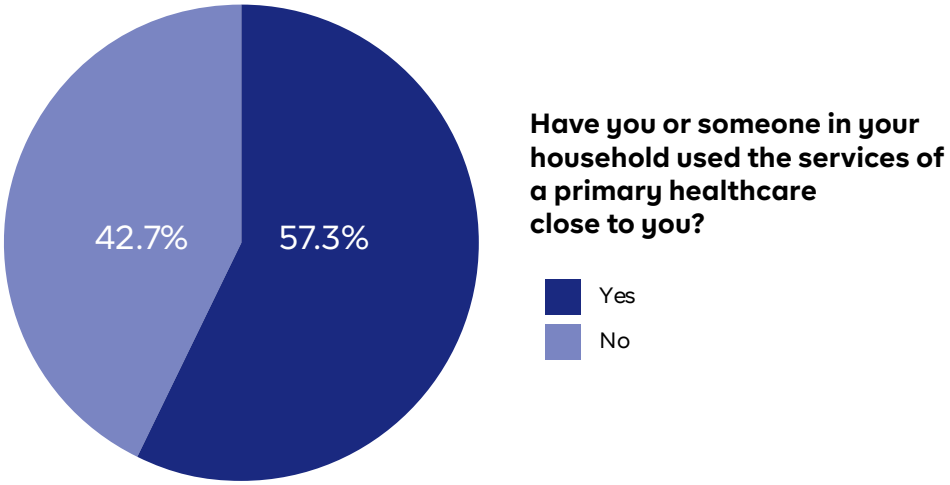


Chart showing how respondents use primary healthcare facilities

To assess the quality of services received, respondents were asked to rate their satisfaction with the services provided at their nearest PHC facility. Only 3.4% stated that they were very satisfied, while 19.7% described themselves as satisfied. In contrast, 11.8% were dissatisfied, and a further 1.1% were very dissatisfied. The majority of respondents (64%) chose a neutral response, indicating either no strong opinion or inconsistent service

82 National Health Insurance Authority, The Basic Health Care Provision Fund <https://www.nhia.gov.ng/basic-health-care-provision-fund/> accessed 15 August 2025

83 ibid

delivery at their nearest PHC facility. Insights from the key informant interviews offer context to these mixed perceptions.

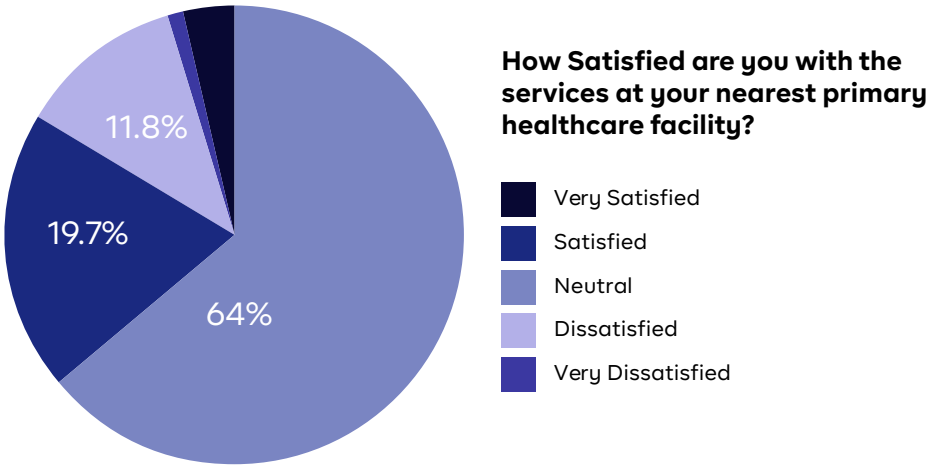


Chart showing satisfaction rates of respondents with PHC services

Mr Stanley Jasmiel expressed concern over the limited involvement of local government administrations in the upkeep and management of PHCs. He noted that many facilities rely heavily on support from non-governmental organisations (NGOs), private individuals, and development partners such as UNICEF, Helen Keller International, and the WHO for staff training, logistics, and facility maintenance. Similarly, another key informant interviewed, Ms Oluwapelumi Osunlola, a PHC professional with over 11 years of experience, shared an example from 2016 where the officer-in-charge at a PHC she was working collaborated with community members to discourage reliance on over-the-counter medications. Instead, the PHC and local residents collaborated to raise funds for the purchase of drugs and medical supplies. These were sold at affordable prices, with proceeds reinvested into the renovation and upkeep of the facility. This example highlights how PHCs in Nigeria are often sustained not through formal public sector support, but through the resourcefulness and commitment of communities, private donors, and development partners.

Mr Jasmiel noted that funding allocated to PHC facilities is generally inadequate to meet the needs of local populations, leading to substandard service delivery and poor infrastructure. He highlighted that during the years of the Nigeria State Health Investment Project (NSHIP), supported by the World Bank, there were noticeable improvements in PHC infrastructure as the project provided targeted funding for facility upgrades. The NSHIP is a World Bank-supported project aimed at improving the delivery of maternal and child health interventions in Nigeria. The participating States in the project are Adamawa, Bauchi, Borno, Gombe, Nasarawa, Taraba, Ondo, and Yobe.[84] However, following the conclusion of NSHIP funding, many PHCs have since deteriorated due to a lack of sustained investment for maintenance and upgrades. He further referenced the Federal

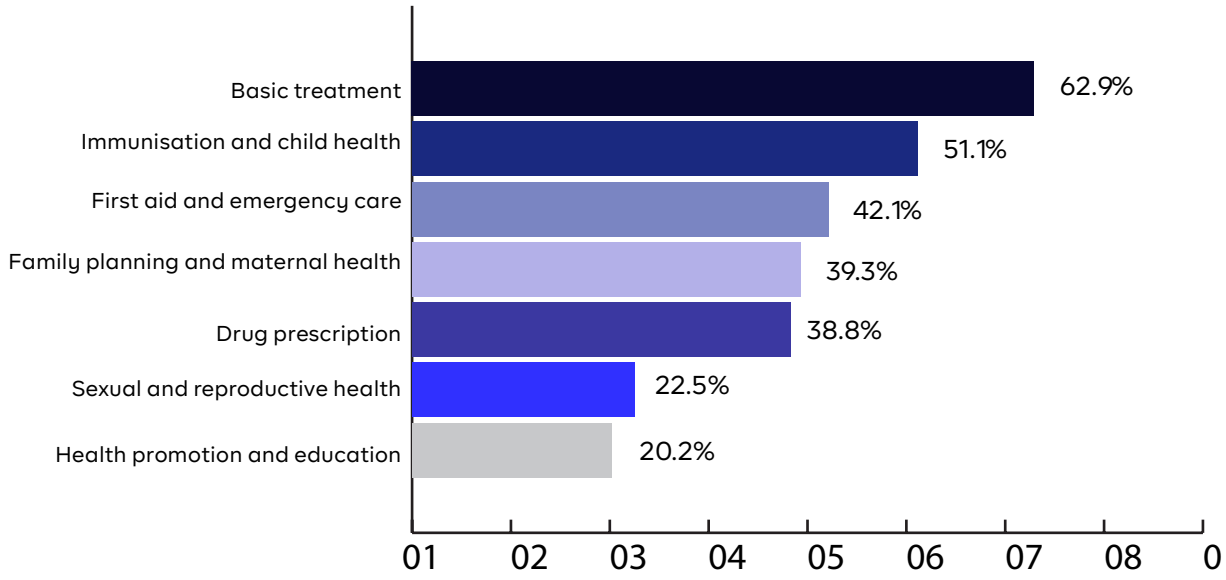
84 Maternal Figures, 'Interventions | Nigeria's Maternal Health in Focus'<https://maternalfigures.com/> accessed 15 August 2025.

Government's Revitalisation Programme and the BHCPF introduced during President Muhammadu Buhari's administration, which enabled the renovation and support of PHC activities across the country. Nonetheless, this support was limited to only one (1) PHC per political ward, leaving many facilities, particularly in remote and rural areas, without any direct benefit.

In terms of infrastructure, Mr Jasmiel estimated that approximately 80% of PHCs have some form of basic infrastructure, such as solar-powered boreholes for water supply and waste management systems. However, he emphasised that maintenance remains a persistent challenge. While PHCs located at ward headquarters may benefit from internet connectivity and equipment like laptops some of which were provided during the NSHIP era, facilities in rural or remote areas typically lack digital infrastructure altogether. Staff from these underserved PHCs often need to travel to ward headquarters to access internet services or complete online data entry.

Ms Oluwapelumi Osunlola corroborated these observations, stressing that the condition of PHC infrastructure varies significantly by location. In rural areas, access to electricity, clean water, and internet services is severely limited in contrast to urban centres where infrastructure is more reliable. She recounted a personal experience where she had to use the torchlight from her mobile phone to assist with childbirth due to a lack of electricity highlighting the dangerous consequences of infrastructure deficits. Power supply in PHC facilities is an increasing concern. According to Mr Jasmiel, although some PHCs are connected to the national grid, many struggle to afford electricity bills. A few have received solar panels through the support of the North East Development Commission, but backup power sources such as generators remain rare. This poses a serious threat to service delivery, particularly at night when emergency cases are more likely to arise. Ms Osunlola provided further insight by explaining that of the five (5) PHCs she has worked in, some had access to solar power, boreholes, and even televisions. Yet others required staff to fetch water themselves or bring rechargeable lamps due to a complete absence of power. These disparities lead to patient preference for general hospitals, where facilities are better equipped. Consequently, underutilised PHCs face the risk of being closed down due to declining patient numbers. She added that government decisions around renovation or continued support for PHCs often hinge on patient volume and staffing levels, which may result in some facilities being completely shut down in the coming years.

To better understand the services utilised or typically available at respondents' nearest PHC facilities, seven (7) service options were provided in a multiple-selection format. The most frequently reported services were as follows:



Respondents were also given the opportunity to indicate other services not listed in the options. Some of the most commonly mentioned additions included COVID-19 vaccinations, dental and oral health services, and diagnostic testing such as the Malaria Rapid Diagnostic Test (MRDT). Ms Oluwapelumi Osunlola highlighted that under the Nigerian National Health Act of 2014, there is a legal provision for all citizens to access a full range of services under a framework referred to as 'PHC Under One Roof'. This policy mandates that all essential primary healthcare components should be available in a single facility, eliminating the need for patients to travel to multiple hospitals for different services.

On the issue of affordability, Mr Jasmiel offered a mixed perspective. He noted that while some services such as antenatal care and routine immunisation are typically free due to external support from partners like Helen Keller International and UNICEF, others such as laboratory tests are not. The costs of test kits are often borne by the facilities themselves, and this cost is ultimately passed on to patients, many of whom are unable to afford them, particularly in poorer communities. In contrast, Ms Osunlola argued that PHC services remain largely affordable relative to private healthcare. However, she acknowledged that inflation also affects PHC facilities, occasionally leading to increased service charges. She noted that although the government does provide supplementary funding to mitigate the effects of inflation, bureaucracy in disbursement often delays or limits the impact of these interventions.

A recurring concern raised by Mr Jasmiel was the shortage of human resources in PHC facilities, especially in rural areas. In some facilities, staffing levels are as low as one (1) to three (3) personnel, rendering the facility non-functional. This shortage significantly hampers service delivery and access.

Both interviewees provided insights into the potential role of the private sector in improving access to primary healthcare in Nigeria. Mr Jasmiel emphasised the need for the decentralisation of PHCs beyond ward headquarters, given that many rural residents live significant distances from these central facilities. He suggested that private sector contributions could be particularly impactful in supporting PHCs located in remote villages that currently receive minimal public or donor support. Additionally, he identified renovation of dilapidated buildings, provision of medical equipment, staff training, and community outreach as key areas where private sector involvement could be beneficial.

Ms Osunlola reinforced these recommendations with a real-life example from 2017, in which an organisation renovated and expanded a PHC facility where she worked, addressing limited space and capacity issues, particularly for pregnant women who stood under the sun. This intervention prompted the government to collaborate on further expansions, resulting in a successful joint effort. She stressed that the private sector can play a significant role in reviving non-functional PHCs by investing in infrastructure and basic resources. She cited visiting a location where twenty-three (23) PHC buildings were shut down due to lack of personnel and maintenance. In her view, strong collaboration between the private and public sectors could facilitate the reopening and revitalisation of such facilities, ultimately improving healthcare access across underserved communities.

Access to Clean Water

The main focus for this sector is proximity, availability and safety of water for households. It divides water utility into two broad categories: drinking water and water for domestic chores such as cooking, cleaning and laundry.

Respondents were first asked to identify their main source of drinking water. Six (6) options were provided:

- Pipeborne water (e.g. boreholes)
- Well water
- Rainwater
- Surface water (from rivers or streams)
- Vendor or tanker-supplied water
- Processed water (e.g. sachet water commonly known as pure water, bottled water, dispenser water, etc.)

The results show that 55.1% of respondents rely on processed water as their primary source of drinking water, while 39.9% reported using pipeborne water. A smaller proportion reported using well water (3.4%), vendor/tanker-supplied water (1.1%), and rainwater (0.6%). These findings suggest a significant reliance on packaged water for drinking purposes, likely reflecting concerns about the safety and quality of other water sources.

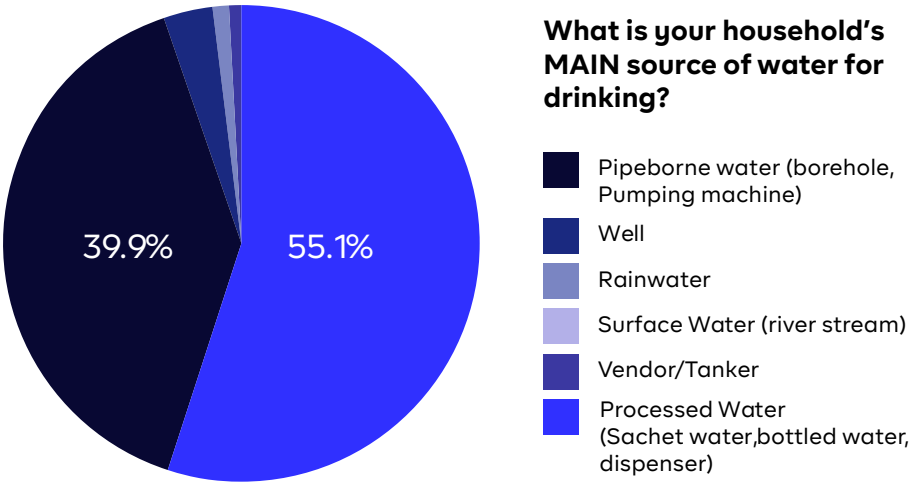


Chart showing respondents main source of drinking water

When asked about their main source of water for domestic use, respondents were given the same options excluding processed water. The majority (90.4%) reported using pipeborne water for domestic chores, while 6.7% used well water, and 2.8% relied on vendor or tanker-supplied water.

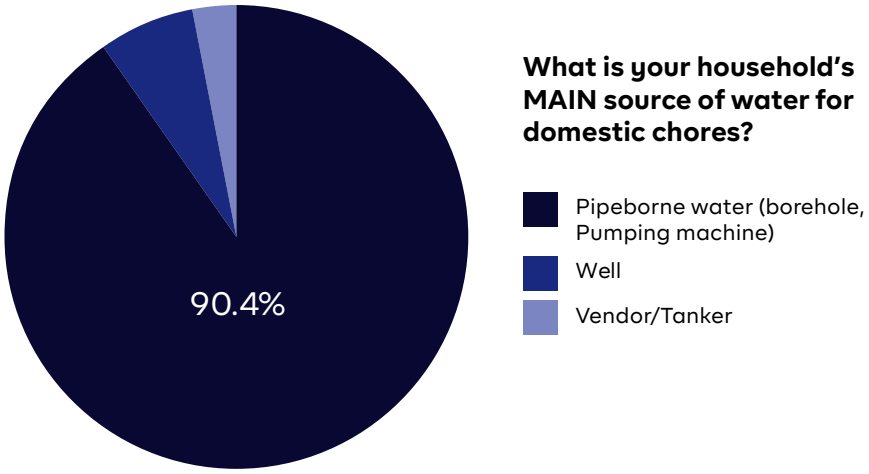


Chart showing respondents main source of water for domestic chores

To assess the accessibility of water, respondents were asked about the distance and proximity to their nearest water source from their home. A majority of 84.3% (151 respondents) reported that their water source is located within their house or compound. Another 9.6% indicated that their water source is within a short walking distance (5–15 minutes), while 4.5% rely on home delivery services. Only 1.7% reported that their nearest water source requires a longer walking distance of 15–30 minutes. Notably, none of the respondents reported needing to take a vehicle or use public transport to fetch water.

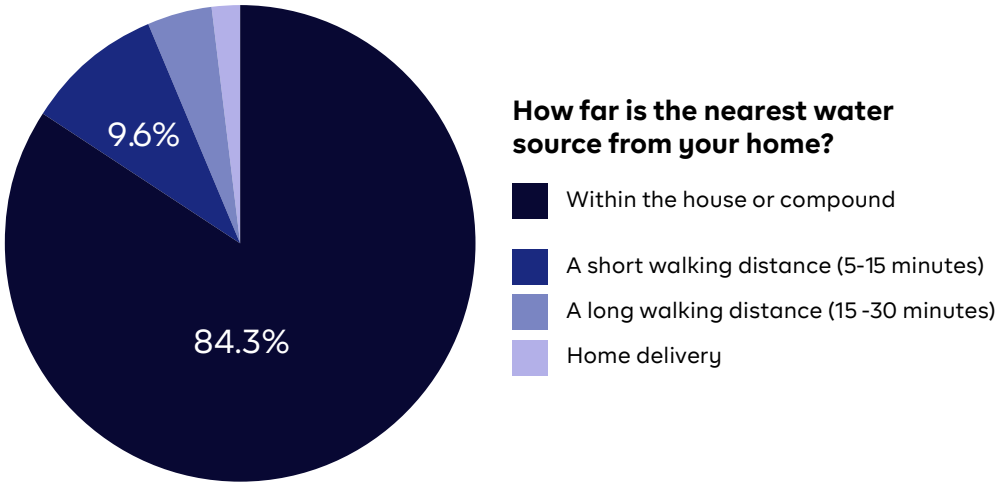


Chart showing respondents proximity to water source

Engr Philip Balogun, an interviewee with over 15 years of experience in planning and supervising urban and rural water supply projects primarily in the private and humanitarian sectors noted that progress in the clean water sector has been mixed. While there have been significant investments in urban water systems and some rural water programmes, major challenges persist, particularly in rural communities. He referred to data from the NBS, which indicated that as of 2021, only around 67% of Nigerians had access to clean drinking water facilities, with rural areas continuing to lag behind due to inadequate infrastructure.

Providing further insight, Engr Ahmed Jibrin Ahmed, an expert with about 14 years of experience in the private sector, explained that water access in Nigeria operates at three tiers: federal, state, and local. Most States operate through State Water Boards or State Water Corporations, which are responsible for managing urban water supply as well as rural water supply which ideally should be domiciled within the local governments as they are closer to the people at the grassroots. Engr Ahmed emphasised that the Federal Government can guide the policy and strategic framework, the State Government implements the framework and this trickles down to the rural areas. A key obstacle, however, is the absence of a national law governing water access, making it difficult to coordinate and enforce infrastructure development at scale. He also noted a paradox in urban settings, where most households rely on private boreholes, further undermining centralised water systems. Again, the budget for water resources is relatively inadequate when compared to other sectors of the economy even though water is a necessity.
Furthermore, Engr Balogun highlighted that while policy and funding have increased over the years, these have not been translated into sustainable infrastructure. He cited the National Water Resources Policy of 2004 (revised in 2016) which emphasises integrated water resource management and sustainability. He argued that policy frameworks are essential for creating a structured, coordinated approach to water provision, rather than haphazard or fragmented interventions. In addition, the UN SDG6 has also put pressure

on the government and donors to prioritise clean water as a right and not as a service. This sentiment was echoed by Engr Ahmed, who strongly asserted that water is a human right, and that the government bears the responsibility to guarantee access. This study aligns with that view, affirming that recognising water as a fundamental human right is essential to framing it as a serious public obligation, requiring protection, investment, and accountability.

Respondents were asked about the availability of water from their main water source. A majority of 60.7% (108 respondents) reported that water is always available, while 33.1% reported it is available most of the time. A smaller proportion of 5.6% stated that water is available only sometimes, and just 0.6% indicated that water is rarely available.

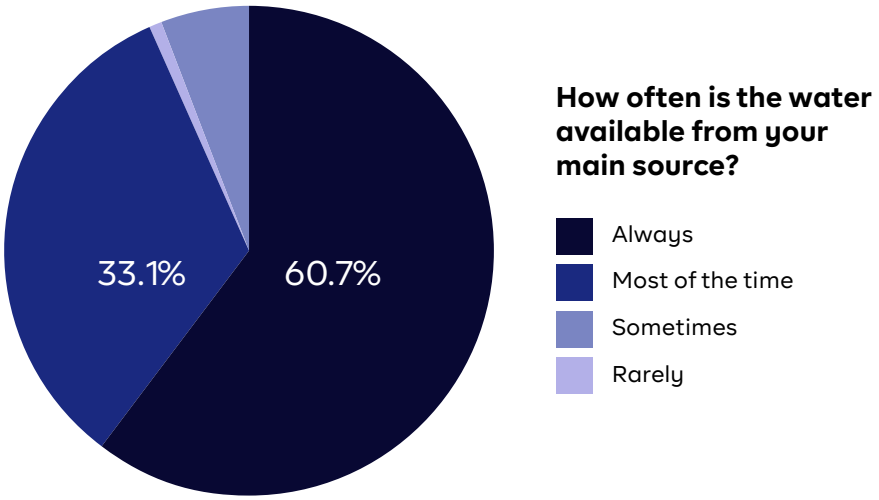


Chart showing water availability rates for respondents

Engr Philip Balogun offered insight into the underlying infrastructure challenges, explaining that Nigeria's water systems require systematic reform, especially in the areas of operation and maintenance, which remain critically underfunded. He noted that over 30% of water points in rural areas are non-functional, primarily due to inadequate maintenance structures and financing. Engr Ahmed echoed these concerns, describing the current state of Nigeria's water infrastructure as deplorable and largely unchanged over the years. He cited population growth and decades of underinvestment in maintenance as key contributors. Many of Nigeria's existing water facilities, he explained, were constructed during the 1960s and 1970s; infrastructure that is now significantly overstretched. Some of the federal-owned dams, pipelines, and water schemes are between 40 and 50 years old, with the youngest dams still at least 30 years old, making them ill-suited for current demand. At the State level, most water schemes are equally aged and deteriorated.

Engr Ahmed further shared that the World Bank had launched a project aimed at helping states build or rehabilitate water schemes, but fewer than ten (10) States qualified for funding under the project. Drawing from his professional experience, he added that he could not name up to twenty (20) villages with functioning water schemes, suggesting that access in most rural areas is reliant on individual or household-level solutions. An important area highlighted by Engr Balogun but not directly explored by this research is

that climate change is an emerging threat to water availability and quality.

In terms of safety, respondents were asked whether they treat their drinking water in any way. Only 29.2% of respondents reported that they do, while a significant majority of 70.8% indicated that they do not treat their drinking water.

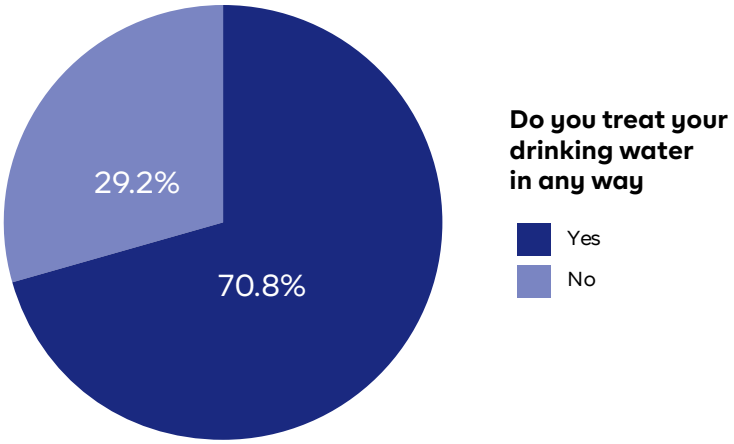


Chart showing water safety for respondents

As a follow-up, those who confirmed that they treat their water were asked how they do so. The most common methods cited were boiling, the use of chlorine-based treatments, and water filters.

In addition, respondents were asked to rate how safe they believe their drinking water is, on a scale of 1 to 10. This was a subjective, perception-based question. The highest number of responses rated their water as 8/10 (21.9%), followed by 9/10 (19.1%) and 7/10 (16.9%). These responses suggest a relatively high level of perceived safety, although perceptions may not always align with actual water quality.

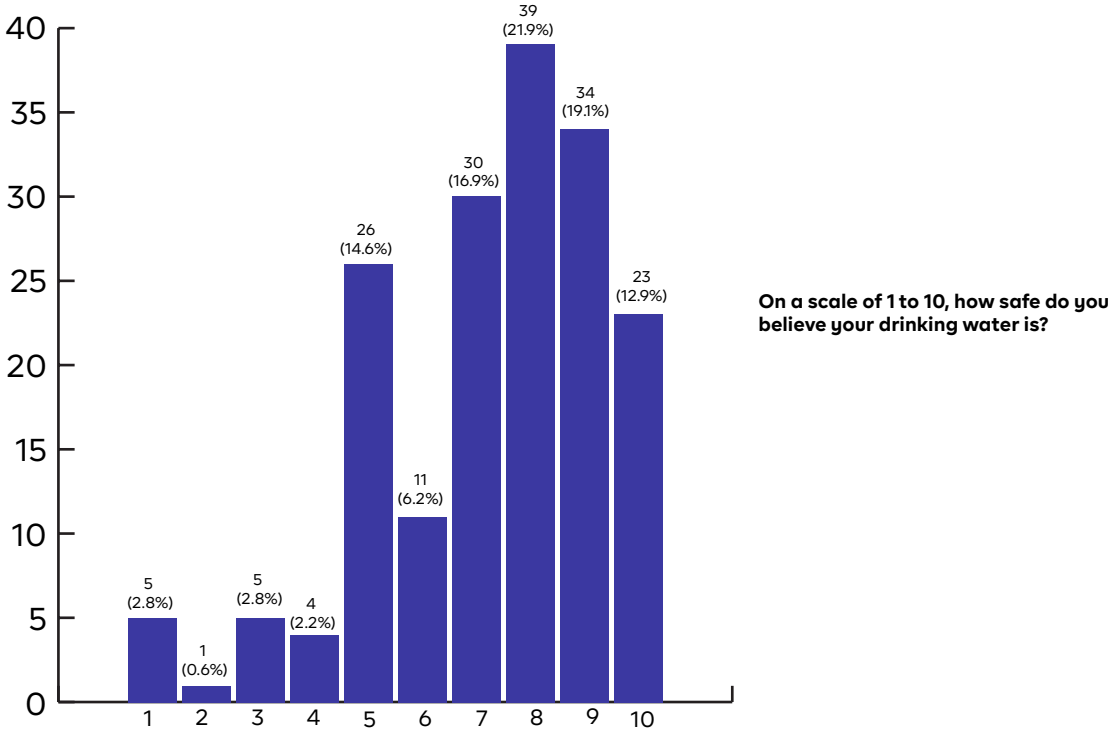


Chart showing water safety rates and respondents satisfaction levels

To provide a more objective insight into safety, respondents were asked whether they or a family member had experienced any water-related illnesses in the past year. Only 20.2% answered 'Yes', while 79.8% responded 'No'. Given the relatively low incidence of reported water-related illness among respondents, it is reasonable to conclude that, for the majority of households in this study, drinking water is perceived as and may generally be safe.

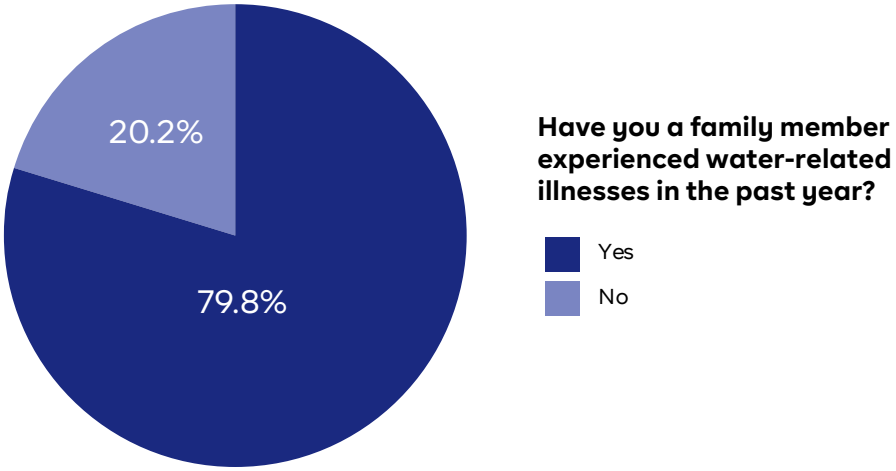


Chart showing water safety for respondents

In discussing how partnerships and collaboration can improve access to clean water in Nigeria, Engr Balogun highlighted two notable projects. The first is the Urban Water Project in Maiduguri, implemented by the ICRC. This project rehabilitated existing pipelines and expanded treatment facilities. It was originally designed to serve 350,000 people, but it now reaches even more, including displaced communities. The second project is the Zaria Water Supply Scheme in Kaduna State. Although it is yet to be fully completed, it has achieved significant milestones. The scheme is designed to provide reliable piped water to over 1 million residents, incorporating a new treatment plant and over 200 kilometres of pipelines. According to Engr Balogun, the success of this project has been largely due to strong collaboration between Federal and State governments, funding support from the AfDB, and the active involvement of local water utilities, which enhances sustainability. These examples underscore that sustainable water solutions require more than just technical infrastructure. They also depend on local governance, capacity building, and the training of water utility staff. He emphasised that engaging stakeholders and building local skills are as crucial as infrastructure development in achieving long-term success.

Engr Balogun also stressed that while funding is a critical enabler, it is not the sole determinant of success. Clean water access depends just as much on institutional capacity, governance, and community participation. Despite significant donor support such as the $700 million SURWASH programme funded by the World Bank, many challenges persist. The Sustainable Urban and Rural Water, Sanitation, and Hygiene (SURWASH) programme is an initiative which aims to revolutionise Nigeria's approach to achieving universal access to safe water supply, sanitation and hygiene services. The programme was launched in 2022 and is scheduled to run till 2027. Currently, there are seven (7) participating states

under the programme: Delta, Ekiti, Gombe, Imo, Kaduna, Katsina, and Plateau.[85] SURWASH achieves its objectives by focusing on two (2) key areas. The first is policy and institutional reforms and the second is quality standards and post-construction maintenance for WASH infrastructure.[86]

Often, projects place disproportionate focus on physical infrastructure, while operations, maintenance, data systems, and evidence-based planning are overlooked. Engr Balogun cited studies showing that community-managed water systems have 20% higher functionality rates than those managed solely by government institutions. This finding reinforces the importance of inclusive, locally-driven approaches and shared responsibility in delivering sustainable clean water solutions.

There was clear consensus among the interviewees regarding the significant role the private sector can play in expanding access to clean water in Nigeria. Engr Balogun noted that the private sector has enormous potential, particularly through PPPs. A successful example is the Lagos Water Corporation as an effort to attract private investment, technology, innovation and CSR. This assertion is supported by credible institutions such as the International Finance Corporation (IFC), which estimates that Nigeria's water market could attract over $2 billion in private investment by 2030.

While humanitarian organisations and NGOs have contributed meaningfully to clean water access, they often face limitations in scale and sustainability. By contrast, many private companies have taken proactive steps, such as investing in community boreholes as part of their CSR initiatives. In some cases, private firms are funding boreholes in urban swamps and working in collaboration with NGOs to establish community-managed water systems. For example, the Coca-Cola Foundation co-financed small-town water supply projects in Kano and Katsina States in partnership with WaterAid. These partnerships are most effective when the private sector brings not only funding, but also technical expertise, innovation, and management efficiency. However, Engr Balogun cautioned that in the absence of a clear policy framework, investors will doubt whether to invest in this market or not.

Engr Ahmed echoed these views, emphasising the private sector's ability to leverage private equity to develop water projects. However, he stressed that investor confidence hinges on having legal and policy backing. Every country that has successfully developed its water resources to their full or near-full potential has done so under the guidance of a clear legal framework. Unfortunately, Nigeria lacks such a framework, which remains a major hindrance to coordinated and sustainable water resource development. In addition to financial investment, Engr Ahmed noted the private sector's potential to lead sensitisation campaigns, particularly at the community level. He advocated for targeted outreach to community leaders, promoting knowledge of integrated water resources management and good practices. Engr Ahmed also cited the National Urban

85 SURWASH Nigeria, Homepage <https://surwash.ng/> accessed 11 August 2025

86 SURWASH Nigeria, 'About Us' <https://surwash.ng/about.html> accessed 11 August 2025

Water Sector Reform Programme, supported by the World Bank, which enabled States to access funding and technical assistance once certain criteria were met. This programme significantly improved water access in several States, notably Lagos and Cross River. He pointed to an example in Calabar, where a private equity firm took over the management of the State Water Board, applying a business approach that dramatically increased clean water access.

In conclusion, PPP can be a symbiotic relationship that complements the public sector efforts to be more effective.

Access to Energy

This study examined access to electricity with a specific focus on two key metrics: affordability and availability for individual and household use.

To begin, respondents were asked to identify their primary source of electricity from four options: National Grid, Generator, Solar Panel/Inverter, and None. This study recognises that many Nigerian households rely on a combination of energy sources. However, the intent was to determine the most relied upon or dominant source of electricity. A large majority, 84.3% (150 respondents) identified the national grid as their main electricity source. 10.7% reported solar panels or inverters as their primary source, while 3.4% selected generators. Only 1.7% chose 'None', which could indicate a total lack of electricity access or reflect that none of the listed options apply to their situation.

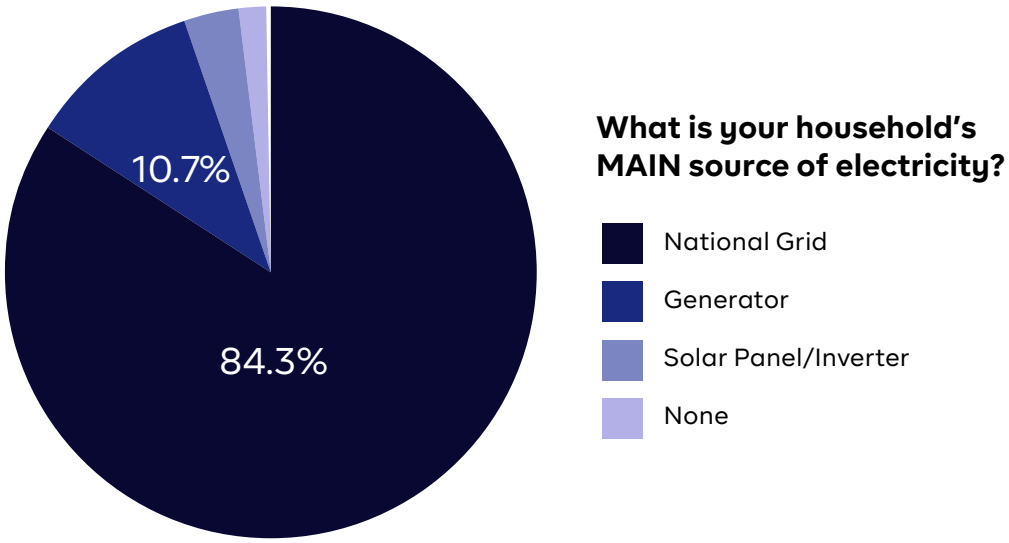


Chart showing respondents main source of electricity

As a follow-up, those who indicated the national grid as their primary source were asked whether they also use alternative or backup sources. Unsurprisingly, 81.8% confirmed that they have a backup, while 18.2% do not. This response is consistent with ongoing challenges in Nigeria's electricity sector, particularly the recurrent national grid collapses and general unreliability, which make backup sources a necessity for most households.

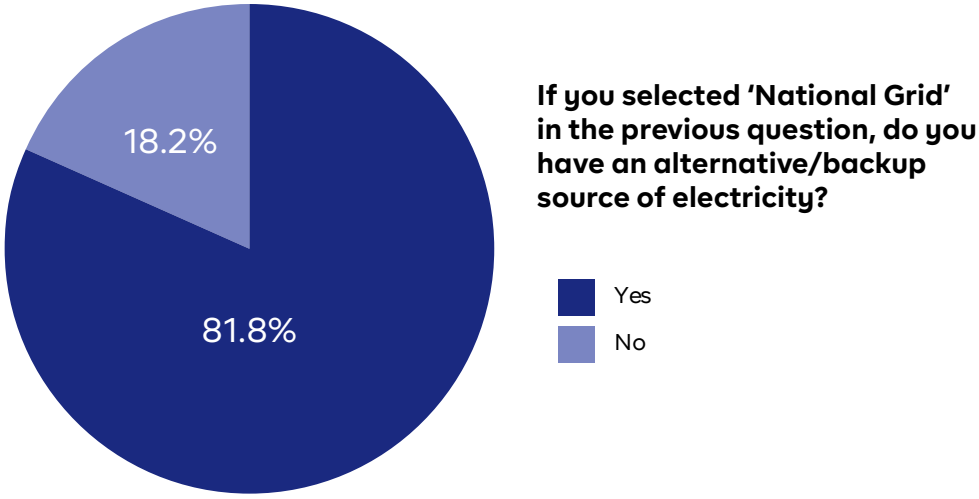


Chart showing whether respondents have backup energy source

Key informant interviews provided valuable context. Mr Chibueze Ekeh, an interviewee with 10 years professional experience in renewable energy spanning across consulting and the private sector noted that while Nigeria's energy infrastructure is still developing, progress is being made particularly through regulatory frameworks such as the 2016 Mini-Grid Regulation. This regulation has helped establish a structured environment for the deployment of mini-grids and solar home systems, expanding energy access.

Echoing these views, Mr. Kelly Eghe-Aideyan, another expert with close to 10 years of experience in the renewable energy space, acknowledged that while infrastructure improvements are evident, they remain unevenly distributed. He cited key drivers such as the Nigeria Electrification Project (NEP) and the Rural Electrification Agency's grant windows, which have unlocked about $550 million from the World Bank and AfDB for mini-grids, solar-home systems and captive solar plants. The Nigeria Electrification Project (NEP) is an initiative of the Nigerian government to electrify underserved rural communities through the deployment of mini-grids and standalone solar systems. Since its inception in 2018, NEP has impacted over 7 million Nigerians and deployed 176 mini grids across Nigeria.[87] This initiative has been supported by multilateral institutions such as the World Bank and the AfDB. Mr. Eghe-Aideyan emphasised that while urban centres are seeing better grid stabilisation and increased deployment of smart metering, many rural areas still depend on diesel or lack electricity entirely. To this end, Mr. Eghe-Aideyan proposed that alignment of policy, financing, and capacity building will be crucial for unlocking even greater infrastructure impact in the next decade.

To assess the availability of electricity, respondents were asked to estimate the average number of hours per day they typically have power. Importantly, this question was framed to reflect a typical day, rather than an exceptional one. The results showed significant variation in electricity access:

87 Nigeria Electrification Project, Homepage <https://nep.rea.gov.ng/index.html> accessed 10 August 2025

- 12.4% reported having electricity for 0–4 hours per day
- 27% for 5–9 hours
- 21.3% for 10–14 hours
- 24.2% for 15–20 hours
- 15.2% for 20–24 hours

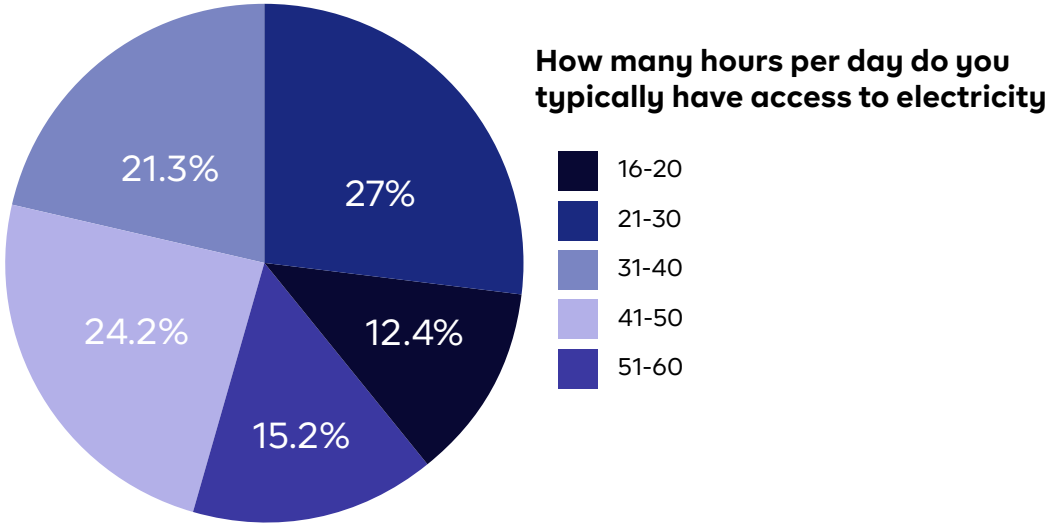


Chart showing availability levels of electricity for respondents

These findings suggest that while a small group enjoys near-continuous electricity, a substantial portion of respondents experience limited and inconsistent power supply, with nearly 40% receiving less than ten (10) hours of electricity on a typical day. This supports the broader understanding that power distribution in Nigeria remains uneven and unreliable, with major implications for quality of life and productivity.

To better understand user perception of electricity reliability, respondents were asked to rate their electricity supply on a scale of 1 to 10, with 10 being most reliable. As this is a subjective measure, responses reflect individual expectations and usage patterns. The most common rating was 7/10, chosen by 17.4% of respondents, followed closely by 8/10 (15.2%) and 5/10 (14.6%).

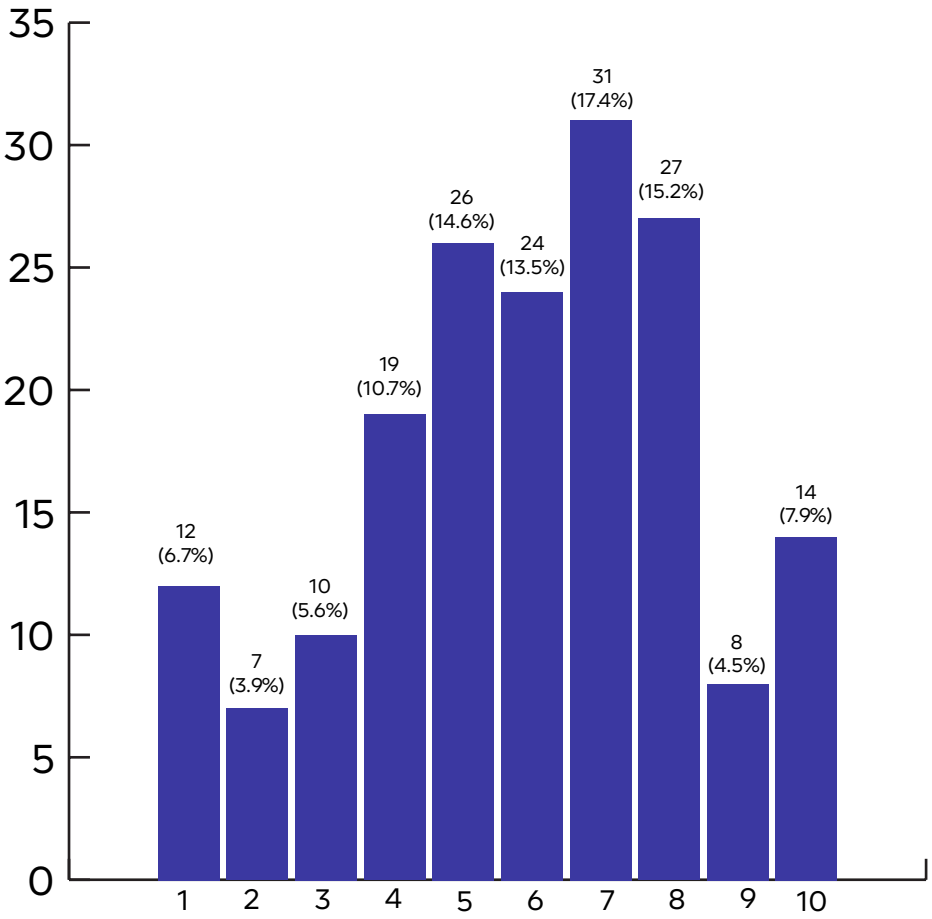


Chart showing reliability of electricity supply for respondents

For this study, reliability is defined as electricity being available when it is needed, especially during critical hours for household or economic activity. The distribution of responses illustrates that for many Nigerians, especially outside urban centres, electricity availability remains erratic, requiring households to adapt through alternative energy sources or lifestyle adjustments.

Respondents to this survey have identified their most important and primary use of electricity is for charging their phones and devices (92 respondents) followed by domestic chores such as cooking, cleaning and laundry (50 respondents). Other important uses of electricity are business activities and entertainment. Suffice to say that the most important use identified by respondents is for charging phones and devices while the least important use is for entertainment (61 respondents). We can draw a sound conclusion that Nigerian households rely on electricity mostly for their basic survival.

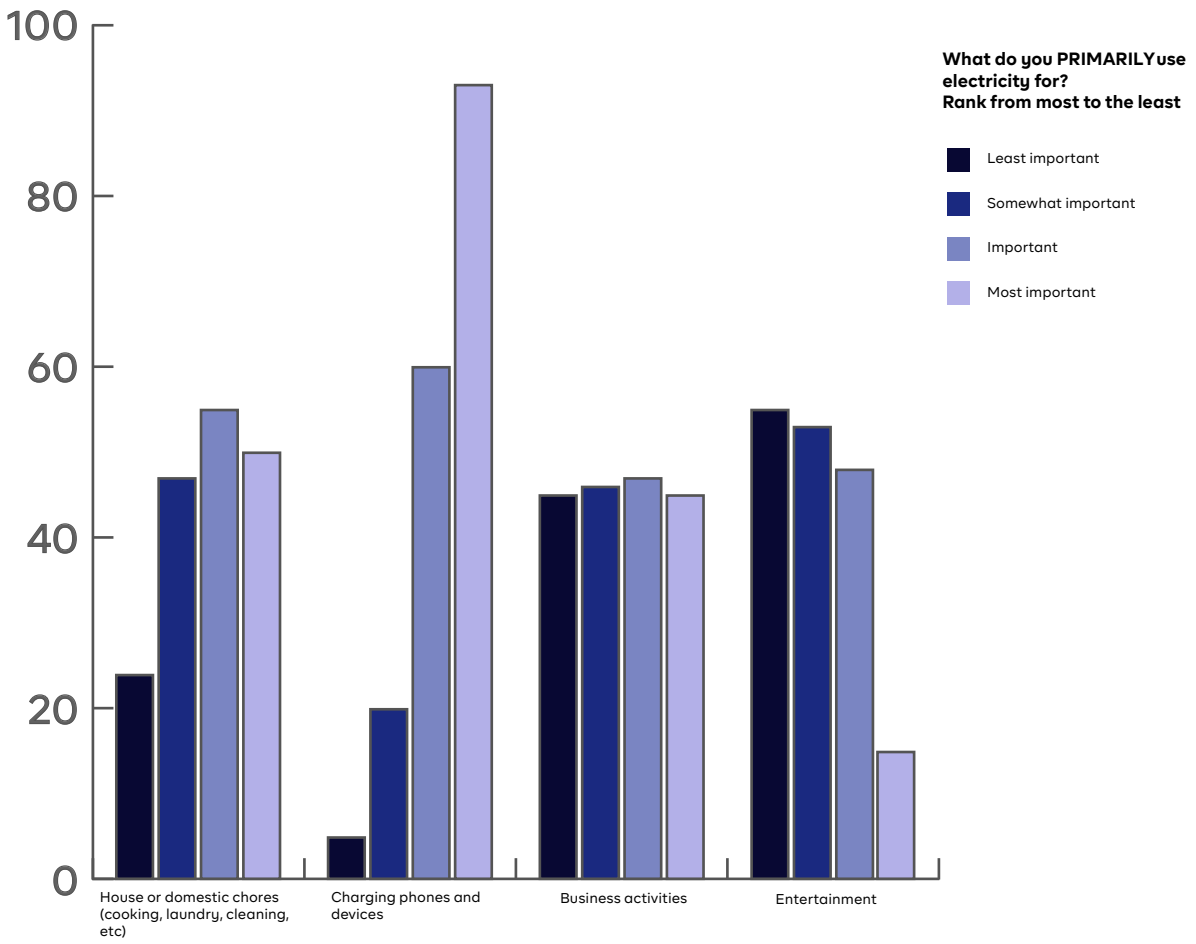


Chart showing respondents primary electricity usage

Again, respondents were asked about their total spend on electricity per month. The distribution is as follows:

- 20.2% spend less than ₦10,000
- 26.4% (the largest group) spend ₦11,000–₦20,000
- 11.2% spend ₦21,000–₦30,000
- 14.6% spend ₦31,000–₦40,000
- 7.3% spend ₦41,000–₦50,000
- 11.8% spend ₦51,000–₦60,000
- 8.4% spend above ₦100,000

This study considers the average cost of electricity as relatively expensive bearing in mind that the national minimum wage is ₦70,000 (as of July 2024). Additionally, it is important to note that Nigeria recently introduced a banded electricity pricing model, which categorises users based on the number of daily supply hours and determines their electricity tariff accordingly. This move has had implications for affordability, especially in areas with limited supply but high tariffs, further straining household budgets.

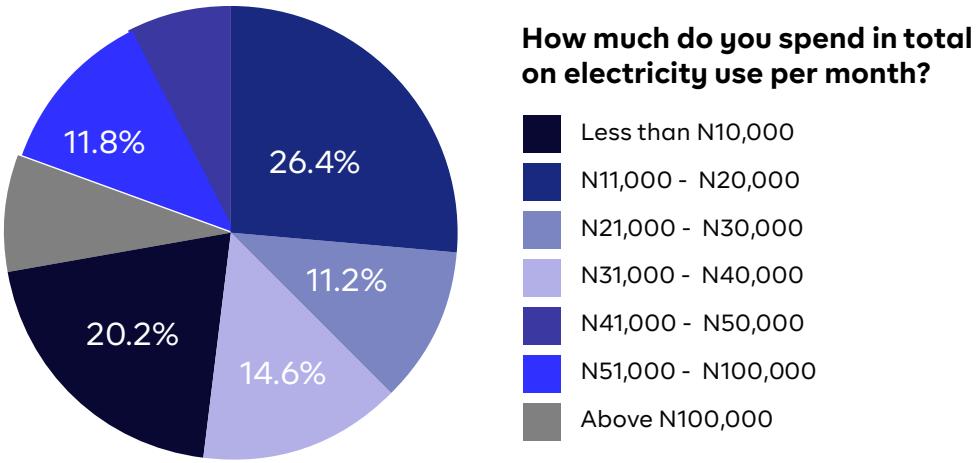


Chart showing affordability levels of electricity for respondents

Mr Ekeh opined that the band division model of providing electricity is great for ensuring that customers pay a fair price for fair supply of electricity but could have taken a different approach. He highlighted that electricity to an extent to which it is used for productive use is affordable. There are other factors such as inflation, income and earning capacity, regulatory issues with tariff adjustments which could also affect affordability of electricity. Mr Eghe-Aideyan dissenting commented that overall, electricity in Nigeria is not affordable. He explained that for middle- and high-income Band A customers (paying around ₦206–209/kilowatt-hour), tariffs are relatively cost-effective but not affordable by international energy-poverty standards. Conversely, Bands C–E still pay subsidised rates (₦70–90/kilowatt-hour) yet receive only 4–12 hours/day, forcing households to rely on costlier diesel or petrol generators. True affordability, therefore, remains elusive because consumers pay both grid and backup costs.

With regard to whether the current Electricity Act could help make electricity more affordable particularly for low-income earners, Mr Ekeh remarked that support would be most effective if it encourages the productive use of electricity. He explained that assistance designed to stimulate productivity can help individuals use energy to generate income, thereby improving their livelihoods. However, if subsidies are directed towards non-productive consumption, it may result in increased usage without a clear understanding or appreciation of the value being derived. In such cases, people may consume more electricity without any corresponding benefit. Mr Ekeh stressed that any form of assistance must be self-sustaining and contribute to long-term empowerment, rather than short-term relief.

There was a shared view that the private sector has a critical role to play in enhancing energy access across Nigeria. Mr Ekeh pointed out that the sector is well placed to be innovative and agile, yet often lacks the ability to clearly articulate the value it seeks to offer. He

argued that PPPs can help close gaps in funding, expertise, and implementation. In such collaborations, the public sector could handle regulatory and logistical responsibilities such as right of way and land access while the private sector could focus on project development, capital mobilisation, and operational efficiency. He also highlighted the potential for the private sector to scale up projects in locations where public initiatives have already helped de-risk investments. In agreement, Mr Eghe-Aideyan emphasised that private companies play a critical role in bridging Nigeria's energy infrastructure gap by mobilising capital, driving innovation, and delivering operational efficiency. They can co-develop projects through PPPs; invest in mini-grids and commercial and industrial solar systems, and deploy cutting-edge technologies like battery storage, smart metering, and SCADA systems that improve reliability and reduce losses. Additionally, Mr. Eghe-Aideyan shared that the private sector can bring agility to project execution, offer scalable financing models like pay-as-you-go, and build local capacity through training programmes and technical partnerships.

Lastly, Mr Ekeh shared that providing energy access can be a baseline infrastructure for providing adequate primary healthcare, clean water, rural telephony, even powering agriculture in rural areas. Thus, thinking about energy access is essentially thinking more about an ecosystem. Mr. Eghe-Aideyan recommended measures for enhancing public-private collaboration. Nigeria has so much unmet energy demand, and a strategic collaboration between the public and private sectors will tangibly close the infrastructure gap faster and at a much lower cost. To make this collaboration work, the public sector must provide clear regulations, fast-track approvals, and derisk investments through instruments like guarantees or forex protection. Meanwhile, private companies can bring innovation, capital, and execution speed by developing hybrid systems, digitising operations, and scaling decentralised energy solutions like mini-grids and solar for productive use. Ultimately, shared ownership of results and risks is what will drive transformative progress.

5

Cross-Cutting Issues

Recognising that infrastructure and social protection services are not experienced equally across all segments of society, this study pays particular attention to cross-cutting issues that affect access and outcomes. Gender, age, and disability are critical dimensions that shape how individuals interact with basic services such as healthcare, clean water, and household energy. Ensuring that infrastructure is inclusive and equitable is essential for advancing social protection goals. Here are some cross-cutting areas for consideration:

Gender

In Nigeria, women, especially in rural and low-income communities, are disproportionately affected by the lack of access to basic services. Women and girls are more likely to be responsible for fetching water for the household, often walking long distances in unsafe conditions. Limited access to clean energy forces many to rely on firewood or kerosene for cooking, exposing them to air pollution and associated health risks. The absence of reliable maternal and reproductive health services in primary health centres further compounds challenges related to maternal and child health. Moreover, the time spent managing household survival needs reduces opportunities for education, employment, and participation in public life.

Gender-responsive infrastructure, such as health centres equipped with maternal services, household water facilities, and access to clean energy, can greatly improve outcomes for women and girls. The private sector can contribute by ensuring that infrastructure projects consider gendered needs in their design and implementation.

Nigeria's National Gender Policy highlights the importance of mainstreaming gender concerns into social protection policies and programmes.[88] For instance, the policy recognises the need for safer and gender responsive health and social systems where governments, the private sector and community institutions are better able to respond to the urgent health needs of women and girls. Although improving healthcare infrastructure was not explicitly stated, the policy has an objective to provide basic health and social services with dignity to women, girls, and other vulnerable groups. Similarly, the policy acknowledges that the lack of water infrastructure puts more burden on women. Hence, the policy recommends gender considerations in the enactment and implementation of laws and in budgeting and funding water projects.[89] To achieve this, the policy proposes as one of its strategies, the provision of necessary facilities/infrastructure for clean water and sanitation.

Children and Youth

Nigeria has one of the youngest populations globally, with more than 60% under the age of 25. Yet, children and young people are among the most affected by poor infrastructure.

88 Federal Ministry of Women Affairs, National Gender Policy 2021–2026 (2022) 28 <https://ngfrepository.org.ng:8443/handle/123456789/6582> accessed 10 August 2025

89 ibid 31

Lack of clean water and adequate sanitation contributes to high incidences of waterborne diseases, particularly among children under the age of five (5). Weak healthcare services reduce access to immunisation and paediatric care, while unreliable electricity disrupts learning and access to technology in schools. Many children in rural areas are unable to study after dark or participate in digital learning due to energy deficits. Investments that enhance access to child-friendly and youth-supportive services, including well-equipped schools and functional health centres are essential for breaking cycles of poverty and preparing young people for meaningful futures. Private sector involvement in these areas can help to meet both developmental goals and positioning the next generation for economic opportunities.

Disability Inclusion

Persons with disabilities in Nigeria often face significant challenges in accessing public infrastructure and social services. Facilities such as clinics, water points, and energy systems are frequently designed without consideration for mobility or sensory impairments. This leads to exclusion, reliance on caregivers, and limited independence. In many cases, persons with disabilities are left behind in both service deliver y and policy implementation. With over 27 million Nigerians estimated to be living with a disability, inclusive infrastructure is essential for equitable development. This includes physical access features, such as ramps and accessible toilets, as well as services that consider a wide range of needs. The private sector has the potential to remedy the status quo through the adoption of universal design principles and by supporting innovations that promote accessibility and inclusion.

The Discrimination against Persons with Disabilities (Prohibition) Act in Nigeria guarantees free health services for persons with mental disability.[90] It also establishes the National Commission for Persons with Disabilities and empowers the Commission to formulate policies and implement schemes that guarantee the social development of persons with disabilities.[91] Although the Act does not explicitly provide for disability inclusion and accessibility across key infrastructure sectors, it mandates that all public buildings and structures must be accessible to persons with disabilities including those using wheelchairs and the visually impaired. This includes ramps, pedestrian crossings, and other special facilities for public use. Thus, a general public duty can be interpreted to ensure accessibility for public and social services such as hospitals and water facilities.

90 Discrimination against Persons with Disabilities (Prohibition) Act 2018, section 21(2)

91 ibid section 38

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Conclusion and Recommendations

This research underscores the complex and interconnected challenges that define access to basic services in Nigeria, particularly in the areas of primary healthcare, energy, and clean water. While there are signs of progress both through public and private efforts, structural inefficiencies, regulatory gaps, and inequitable infrastructure development continue to hinder inclusive access to these essential services.

In the primary healthcare sector, the majority of respondents had accessed a primary healthcare facility, yet a significant 64% reported neutral satisfaction with the quality of services received. Interviews highlighted a worrying trend of over-reliance on non-state actors such as NGOs, donors, and private individuals for funding, training, and equipment. The implication is clear: the healthcare system remains underfunded and inconsistently managed at the local government level, necessitating urgent institutional reforms and sustainable financing mechanisms.

With regard to energy access, the findings reflect a heavy dependence on the national grid, despite its instability. Over 80% of grid users reported having backup sources, primarily due to the unreliability of the grid. Encouragingly, respondents acknowledged improvements in infrastructure driven largely by the mini-grid and solar sub-sectors, supported through initiatives like the Nigeria Electrification Project. Yet affordability remains a barrier. Many households spend a significant portion of their monthly income on electricity, and the recent banded tariff model raises important questions about equity and inclusion. Stakeholders agree that aligning policy, finance, and capacity-building efforts is crucial for expanding access to affordable, reliable energy.

The clean water sector presents a nuanced picture. While over 80% of respondents reported having a water source within their home or compound, and over 60% reported consistent availability, safety remains a concern. A striking 70.8% of respondents do not treat their drinking water, and roughly 20% reported water-related illnesses in the past year. Interviews revealed systemic issues, including ageing infrastructure, lack of maintenance, and inadequate institutional capacity, especially at the subnational level. Despite large-scale investments such as the World Bank's $700 million SURWASH programme many rural areas still lack functional water schemes. However, promising models of public-private partnerships (PPPs), such as those seen in Lagos and Zaria, demonstrate that multi-stakeholder collaboration can yield sustainable outcomes when local capacity and community engagement are prioritised.

Evidence-based Recommendations for Corporate-led Social Investment

Based on our research findings, we make the following recommendations for corporate-led social investments:

Primary Health Care

- Northern Nigeria is a major area of interest for investment in PHC infrastructure as the North-Central and the North-West have the lowest access to 24/7 power supply in their PHCs and the North-East have the lowest number of toilets in their PHCs.

- The provision of waste disposal facilities for PHCs is a viable prospect for investments as waste disposal facilities are severely lacking in PHCs all over Nigeria.

Clean Water Access

- It is important to target rural areas for investments in basic and safely managed drinking water supply facilities. The following states are areas of interest as they all have below 50% access to basic drinking water: Cross-River, Akwa Ibom, Kebbi, Kaduna, Benue, Taraba, and Sokoto.
- The North-Central and North-West are the target geo-political zones for drinking water and sanitation facilities as they are the lowest performing of all 6 geo-political zones in Nigeria.
- Overall, there is better access to basic drinking water services than basic sanitation services in Nigeria. Even the richest quintile of the Nigerian population do not have up to 80% access to basic sanitation services. In particular, Ebonyi state has the lowest access to basic sanitation services nationally at 14% and the highest incidences of open defecation at 73%.
- There is a general lack of handwashing facilities with water and soap on household premises all over Nigeria.

Energy Access

- Significant investment is required for grid expansion, to upgrade existing infrastructure and introduce modern automated systems that aid real-time grid management.
- The North-West and the North-East require particular focus to improve the transmission infrastructure in those areas.
- Rural areas and smaller cities require more attention as they have lower electricity access rates than urban areas and big cities.