

Nigeria

Highlights based on country reported GLAAS 2016/2017 data

DEMOGRAPHIC ESTIMATES

Population (millions, 2017)^a	191 M
% Urban (2014) ^b	47%
% Rural (2014) ^b	53%
Population growth rate (2015)^c	2.63%

HEALTH ESTIMATES

	NATIONAL	GLOBAL	LOW-INCOME COUNTRIES
Infant mortality (per 1000 live births, 2015)^c	69	33	41
Under 5 mortality (per 1000 live births, 2015)^c	112	45	55
Life expectancy at birth (years, 2015)^c	53	71	67
Diarrhoea deaths due to inadequate WASH in children under 5 years (total, 2012)^d	50 114	360 688	
Diarrhoea deaths due to inadequate WASH in children under 5 years (per 100 000, 2012)^d	169	—	

SANITATION AND DRINKING-WATER ESTIMATES

	NATIONAL	URBAN	RURAL
% of population using at least basic sanitation services (2015)^e	33	39	27
% of population using at least basic drinking-water sources (2015)^e	67	82	54

WASH FINANCIAL ESTIMATES^f

	2013	2016
Government WASH budget (US\$ millions, current US\$)	585	457
Government WASH budget per capita (current US\$)	3.41	2.46
Government WASH budget as percentage of GDP (%)	0.11	0.11
		2015
National WASH expenditure (US\$ millions, current US\$)		717
National WASH expenditure per capita (current US\$)		3.96
National WASH expenditure as percentage of GDP (%)		0.15

^a Total population, data supplement. United Nations, Department of Economic and Social Affairs, Population (2017). World Population Prospects: The 2017 Revision.

^b Population of Urban and Rural Areas at Mid-Year (thousands) and Percentage Urban, 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, CD-ROM Edition.

^c Total population, medium fertility variant. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.

^d WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene: Exposures and impacts in low- and middle-income countries. World Health Organization, Geneva.

^e UNICEF/WHO (2017) Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. World Health Organization, Geneva.

^f WASH budget and expenditure data are sourced from the GLAAS 2013/2014 and 2016/2017 data. GDP data and average exchange rates are from the World Bank World Development Indicators database (sourced from the International Monetary Fund, International Financial Statistics).

I. Governance

NATIONAL POLICIES AND PLANS: EXISTENCE AND IMPLEMENTATION

	NO POLICY OR PLAN	POLICY FORMALLY APPROVED	IMPLEMENTATION PLAN DEVELOPED BASED ON APPROVED POLICY	PLAN PARTIALLY IMPLEMENTED	FULLY IMPLEMENTED PLAN
Urban sanitation					
Rural sanitation					
Urban drinking-water					
Rural drinking-water					
Hygiene promotion					
Hygiene promotion in health care facilities					
Hygiene promotion in schools					
Water and sanitation in health care facilities					
Water and sanitation in schools					
Infection prevention and control strategy					

Under Sustainable Development Goal 6, there is a greater focus on safely managed sanitation services as well as wastewater treatment.

URBAN SANITATION POLICY

	INCLUDED IN POLICY/PLAN
Access to basic sanitation	✓
Municipal wastewater	✓
Faecal sludge collection	✓
Safe use of wastewater	✓

✓ Yes. ✗ No.

SUSTAINABILITY MEASURES

	EXISTENCE AND LEVEL OF IMPLEMENTATION	RESPONSIBILITY ASSIGNED TO
Keep rural water supply functioning over the long-term	■	Rural Water Supply and Sanitation Agencies (RUWASSAs), Community through Water, Sanitation and Hygiene Committee (WASHCOM)
Improve reliability and continuity of urban water supply	■	State Water Agencies
Rehabilitate disused drinking-water hand pumps	■	RUWASSAs, Community through WASHCOM, Federal Ministry of Water Resources
Rehabilitate broken or disused latrines in schools	■	RUWASSAs, Community through WASHCOM, Federal Ministry of Water Resources
Safely empty or replace latrines when full	■	Owner of the Facilities
Maintain sewer systems and treatment facilities	■	State/Local Government Environmental Protection Agencies
Ensure environmental sustainability of water services	■	WASHCOM, Environmental Water Board
Improve climate resiliency	■	Federal Ministries of Water Resources, Environment, Science and Technology and State Ministry of Water Resources
Rehabilitate disused WASH systems in health care facilities	■	Ministries of Health in collaboration with Environment, Water Resources and Works and Housing and owners of the facilities
Safely reuse wastewater and/or faecal sludge	✗	Ministry of Environment/Environmental Protection Board
Ensure drinking-water quality meets national standards	■	Federal Ministry of Water Resources, State Water Board and the National Agency for Food and Drug Administration Control

✓ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan or low levels of implementation.

I. Governance (continued)

SAFETY PLANNING

	LEVEL OF DEVELOPMENT
Water safety planning	✓
Sanitation safety planning	■

✓ Formally approved. ■ Under development/anticipated. ✗ Not required.

COORDINATION MECHANISMS: EXISTENCE AND LEVEL OF COORDINATION

Mechanism exists to coordinate WASH actors	✓
Is it a formal mechanism?	✓

✓ Yes. ■ Under development. ✗ No.

DOES THE COORDINATION MECHANISM:

Include all governmental agencies that directly or indirectly influence service delivery	✓
Include non-governmental stakeholders	✓
Include donors that contribute to WASH activities nationally	✓
Include mutual review and assessment	✓
Apply evidence-based decision-making	✓
Base its work on a sectoral framework or national plan	✓
Have documentation of the coordination process	✓
Have an allocated budget line	✓

✓ Yes. ■ Partly. ✗ No.

Top five development partners (as reported by country)

- 1) United Nations Children's Fund (UNICEF)
- 2) European Union
- 3) World Bank
- 4) Department for International Development (DFID)
- 5) African Development Bank

COMMUNITY AND USER PARTICIPATION

	USER PARTICIPATION PROCEDURES DEFINED IN LAW/ POLICY ^a	LEVEL OF PARTICIPATION ^b	WOMEN'S PARTICIPATION INCLUDED IN LAW/ POLICY ^a
Urban sanitation	✓	■	✓
Rural sanitation	✓	■	✓
Urban drinking-water	✓	■	✓
Rural drinking-water	✓	■	✓
Hygiene promotion	✓	■	✓
WASH in health care facilities	✓	■	✓
Water pollution control	✓	■	✓
Water quality monitoring	✓	■	✓
Water rights/allocation	✓	■	✓
Water resources management	✓	■	✓
Water-related environmental protection	✓	■	✓

^a ✓ Yes. ✗ No.

^b ✓ High. ■ Moderate. ✗ Low.

II. Monitoring

JOINT SECTOR REVIEW (JSR)

Year of most recent JSR: 2016

Sectors covered

✓ Yes. ✗ No.

SANITATION	DRINKING-WATER	HYGIENE
✓	✓	✓

DATA AVAILABILITY FOR DECISION-MAKING

Policy and strategy	■	■	
Resource allocation	■	■	
Status and quality of service delivery	■	■	
National standards		■	
Response to WASH-related disease outbreak			■
Identify public health priorities for reducing diseases			■
Identify priority health care facilities needing improvements			■

SANITATION	DRINKING-WATER	HEALTH SECTOR
■	■	
■	■	
■	■	
	■	
		■
		■
		■

✓ Data available and used for a majority of decisions. ■ Partial data or only used for a minority of decisions. ✗ Limited availability.

REGULATION

Regulatory authority responsible for setting tariffs	✓	✗	✓	✗
Legally binding national standards for service quality	✓	✓	✓	✓
Regulatory authority responsible for service quality	✓	✓	✓	✓
Collection of coverage data from service providers	✗	✗	■	■
Collection of data on quality ^a	■	✗	■	■
Publish publicly accessible reports ^b	✗	✗	■	■
Publish publicly accessible reports on service quality	✗	✗	■	■
Regulatory authority located in a different institution than service providers	✓	✓	✓	✓
Regulatory authority can report findings without government clearance	✓	✓	✓	✓
Regulatory authority can dismiss employees without government clearance	✓		✓	
Funding independent of government budget	✗		✗	
Ability to take punitive action against non-performers	✗	✗	■	■

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✗	✓	✗
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	■	■
■	✗	■	■
✗	✗	■	■
✗	✗	■	■
✓	✓	✓	✓
✓	✓	✓	✓
✓		✓	
✗		✗	
✗	✗	■	■

✓ Yes. ■ Partially. ✗ No.

^a For sanitation, effluent quality data from treatment plant operators; for drinking-water, water quality data from service providers.

^b For sanitation, reports on treated wastewater flows; for drinking-water, reports on drinking-water quality.

III. Human resources

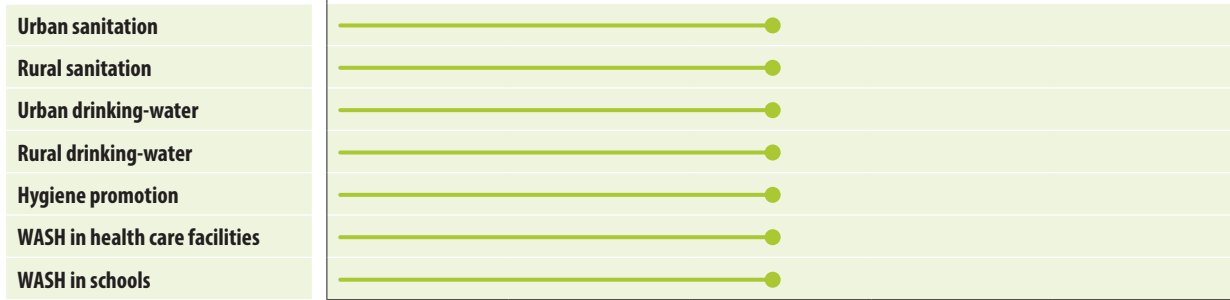
Impact of increased human resources capacity			
Policy development	✓	✓	✓
Institutional coordination	✓	✓	✓
National and local/provincial WASH planning	✓	✓	✓
Construction of facilities	✓	✓	✓
Operations and maintenance	✓	✓	✓
Community mobilization	✓	✓	✓
Financial planning and expenditure	✓	✓	✓
Enforcement of regulations	✓	✓	✓
Health promotion	✓	✓	✓
Monitoring and evaluation	✓	✓	✓

SANITATION	DRINKING-WATER	HYGIENE
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	✓

✓ Large benefit from increased WASH human resources capacity. ■ Moderate benefit. ✗ Little or no benefit.

IV. Financing

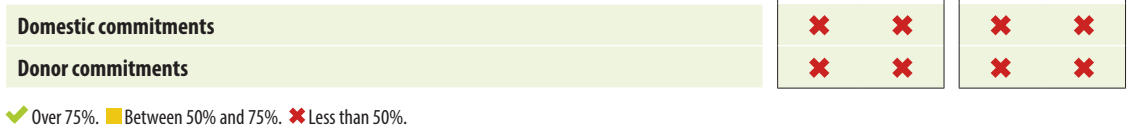
EXISTENCE AND IMPLEMENTATION OF WASH FINANCING PLAN



FINANCIAL REPORTING



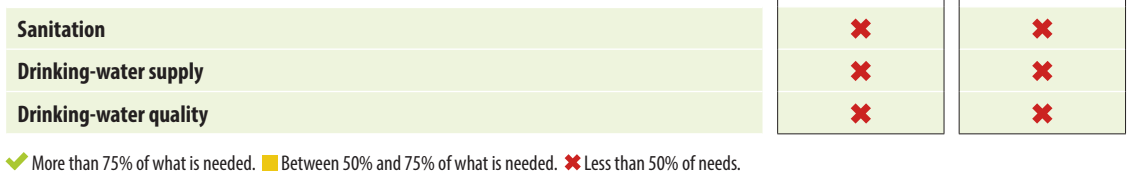
UTILIZATION OF AVAILABLE FUNDING (ABSORPTION)



COST RECOVERY STRATEGIES

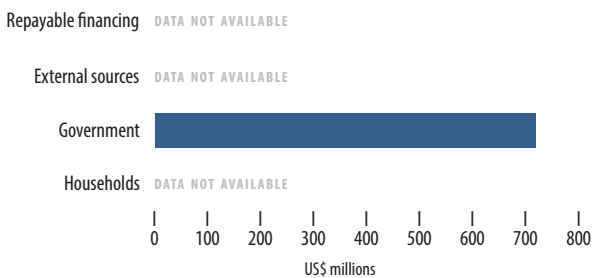


SUFFICIENCY OF FINANCE TO MEET NATIONAL TARGETS

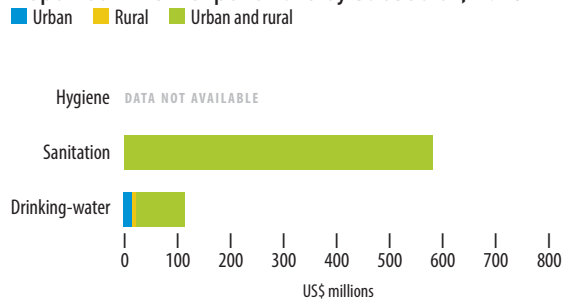


NATIONAL WASH EXPENDITURE (US\$ MILLIONS): 716.9

Reported WASH expenditure by source of financing, 2015



Reported WASH expenditure by subsector, 2015



V. Equity

GOVERNANCE

Plans for vulnerable population groups: existence and level of implementation

Poor populations	✗
Populations living in slums or informal settlements	✗
Populations living in remote or hard to reach areas	✗
Indigenous populations	✗
Internally displaced persons and/or refugees	✗
Women	✗
Ethnic minorities	✗
People living with disabilities	✗
Populations with high burden of disease ^a	✗

✓ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan, or low levels of implementation.

MONITORING

Tracking of progress in access to services

Poor populations

SANITATION
✓

DRINKING-WATER
✓

HYGIENE
✓

✓ Yes. ✗ No.

FINANCE

Specific financial measures to increase access for:

Rural populations
Poor populations
Populations living in slums or informal settlements
Populations living in remote or hard to reach areas
Indigenous populations
Internally displaced persons and/or refugees
Women
Ethnic minorities
People living with disabilities
Populations with high burden of disease ^a

SANITATION
■
✗
■
■
✗
■
■
✗
■
■

DRINKING-WATER
■
✗
■
■
✗
■
■
✗
■
■

✓ Yes, and measures are applied. ■ Yes, but measures are not applied consistently. ✗ No.

^a e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

Changes in budget allocations to target inequalities (past three years)

■

↑ Increasing. ■ Relatively constant. ↓ No.

Affordability

Affordability schemes for vulnerable groups

SANITATION
✗

DRINKING-WATER
✗

✓ Affordability schemes exist and are widely used. ■ Affordability schemes exist, but are not widely used. ✗ No schemes exist.