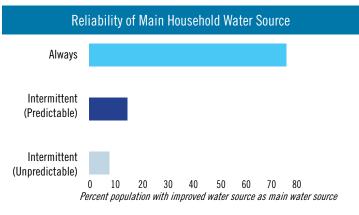


Select Water, Sanitation & Hygiene (WASH) Indicators

Number of Household Drinking Water Sources Lowest quintile Second quintile 70 Middle quintile Fourth quintile 60 Percent of household population Highest quintile 50 40 30 20 10 0 Three or more Two Number of Water Sources

Most of the population lives in households that rely on one water source for their drinking water needs. This was true across wealth quintiles, meaning that wealthier households tend to rely on the same number of water sources as poorer households



Among household residents whose main water source is improved, the majority report that it is always available.



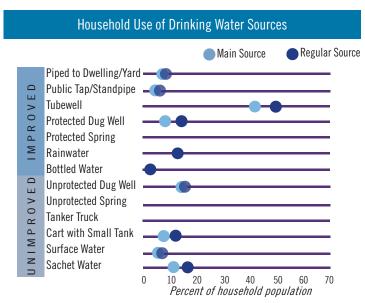
BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH

PMA2016/KANO-R1

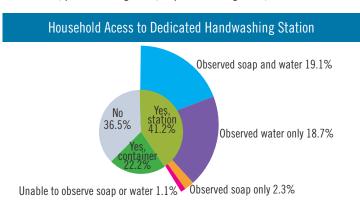
PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning and water, sanitation and hygiene (WASH). The project is implemented by local university and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Nigeria was carried out in Lagos and Kaduna states in 2014 and 2015, and in seven states in 2016 for round 3 (Anambra, Kaduna, Kano, Lagos, Nasarawa, Rivers and Taraba). PMA2020/Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD) and Bayero University Kano (BUK). The survey is endorsed and supported by the Federal Ministry of Health, the National Population Commission, the National Bureau of Statistics, and the State Ministries of Health. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health through a grant by the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit http://www.pma2020.org.



Households identify one source as the main drinking water source. A regular drinking water source is used at least a few times a week for a season of the year. The most commonly used drinking water sources in Kano are tubewells, sachet water, protected dug wells, unprotected dug wells, rainwater and carts



41% of households residents in Kano can access a dedicated handwashing station. 19% of all surveyed households had a dedicated hand washing station with soap and water at the station at the time of the interview.

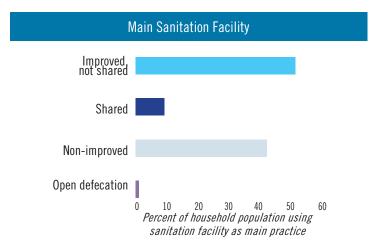




PMA2016/KANO-R1 INDICATORS FOR WATER, SANITATION & HYGIENE

Number of Hosuehold Sanitation Facilities Rural Urban Two 0 10 20 30 40 50 60 70 80 90 100 Percent of household population

The vast majority of the population in Kano reports using only one sanitation option. This sanitation option may include an improved, unshared facility, or various unimproved options: shared, non-improved, or the practice of open defecation.

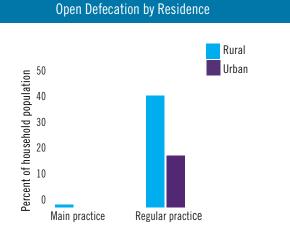


The use of non-improved (shared and non-improved facilities, and open defecation) make up roughly 50% of main sanitation facility usage in Kano. Note here that a "shared" facility depicts a facility that is shared by multiple households, or which is publicly shared, and is thus not

Open Defecation by Household Wealth Quintile Main practice Regular practice To be a second Middle Wealth Quintiles Main practice Regular practice

The practice of open defecation is inversely related to household wealth.

Across all wealth quintiles, the percent of the household population reguarly practicing open defecation is greater than the percent reporting open defecation as their main practice.



Open defecation is more common in rural than urban areas. A higher pecent of the household population reports open defecation as a regular rather than main practice. Thus, the overall prevalence of open defecation is higher than implied by the main practice indicator.

SAMPLE DESIGN

The PMA2016/Kano-R1 survey used a two-stage cluster design with urban-rural as strata. A sample of 36 enumeration areas (EAs) was drawn from the National Population Commission's master sampling frame. In each EA households and private health facilities were listed and mapped, with 35 households randomly selected. Households were surveyed and occupants enumerated. The final sample included 1,238 households with a total population of 8,434. Data collection was conducted between May and June 2016. The definitions of improved and unimproved water sources and sanitation facilities follow the definitions used in the 2013 Nigeria Demographic and Health Survey.

Photo Credit: Julianna Kohler (2005), Courtesy of Photoshare





