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 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Indonesia is led by the National Population and Family Planning Board of Indonesia (BKKBN) in collaboration with field implementation teams at three top Indonesian universities: Universitas Gadjah Mada (UGM), Universitas Hasanuddin (UNHAS) and Universitas Sumatera Utara (USU). Overall direction and support is provided by the Johns Hopkins University Water Institute and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health through a grant from the Bill & Melinda Gates Foundation.

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

Select Water, Sanitation & Hygiene (WASH) Indicators

Number of Household Drinking Water Sources

More than half of rural households report using only one water source, in comparison with urban households who more often report using two or more water sources.

Unimproved Drinking Water Use

There is a direct relationship between wealth and the use of unimproved drinking water sources. Households identify one source as the main drinking water source. A regular drinking water source is used at least a few times per week for a season of the year. In all quintiles, the number of regular users exceeds the number of main users.

Main Sanitation Facility

Improved, not shared

Shared

Non-improved

Open defecation

Percent Population using Sanitation Facility as Main Practice

Open Defecation

Rural residents more commonly practice open defecation. Many people who do not live in households where open defecation is the main practice regularly practice open defecation anyways.
The first round of data collection for PMA2020 in Indonesia used a multi-stage cluster design with province at the first stage and enumeration areas (EAs) at the second stage. The Indonesian Central Bureau of Statistics (BPS) drew a sample of 372 EAs from its master sampling frame to provide national estimates with urban-rural strata and subnational estimates for South Sulawesi province, which contributes 60 EAs, and Makassar district, with 37 EAs. In each EA, the survey team listed and mapped households and public and private health facilities and randomly selected 35 households and up to three private service delivery points. Each Resident Enumerator contacted 35 households for interview and enumerated all household occupants. Field Supervisors interviewed three levels of public health facilities assigned to provide services to residents of each of the selected EAs residents. The final national sample included 46,513 individuals living in 11,663 households. Data collection was conducted between June and August 2015. The definitions of improved and unimproved water sources and sanitation facilities follows the definitions used in the 2012 Indonesia Demographic and Health Survey.

Among people who have an improved water source as the main water source, most report that their water source is always available.

Wealth is inversely related to the practice of open defecation. In all wealth quintiles, the number of people who regularly practice open defecation but report some other facility as the main sanitation facility is much greater than the number of people who report open defecation as the main practice.

Nearly half of all Indonesians live in households without a dedicated handwashing station. "Yes" represents the population with a dedicated station. "No" represents the population without a dedicated station. Among households that have a dedicated handwashing station, most were observed to have both soap and water at the time of the interview.

SAMPLE DESIGN

The first round of data collection for PMA2020 in Indonesia used a multi-stage cluster design with province at the first stage and enumeration areas (EAs) at the second stage. The Indonesian Central Bureau of Statistics (BPS) drew a sample of 372 EAs from its master sampling frame to provide national estimates with urban-rural strata and subnational estimates for South Sulawesi province, which contributes 60 EAs, and Makassar district, with 37 EAs. In each EA, the survey team listed and mapped households and public and private health facilities and randomly selected 35 households and up to three private service delivery points. Each Resident Enumerator contacted 35 households for interview and enumerated all household occupants. Field Supervisors interviewed three levels of public health facilities assigned to provide services to residents of each of the selected EAs residents. The final national sample included 46,513 individuals living in 11,663 households. Data collection was conducted between June and August 2015. The definitions of improved and unimproved water sources and sanitation facilities follows the definitions used in the 2012 Indonesia Demographic and Health Survey.

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