PMA2020 WASH BRIEF

PMA2016/RAJASTHAN-R1

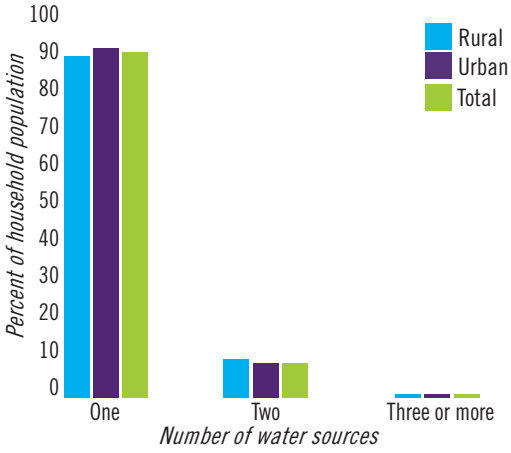
PERFORMANCE MONITORING & ACCOUNTABILITY 2020

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/India was carried out in Rajasthan for the first survey round in 2016. PMA2020/India is implemented by the Indian Institute of Health Management Research (IIHMR) in Jaipur, with endorsement and technical support provided by the International Institute for Population Sciences (IIPS) and the Ministry of Health and Family Welfare (MOHFW). Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health and the Johns Hopkins University Water Institute and 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.

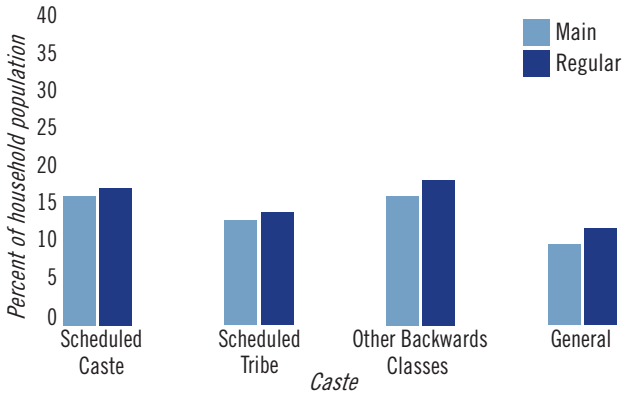
Select Water, Sanitation & Hygiene (WASH) Indicators

Number of Household Drinking Water Sources



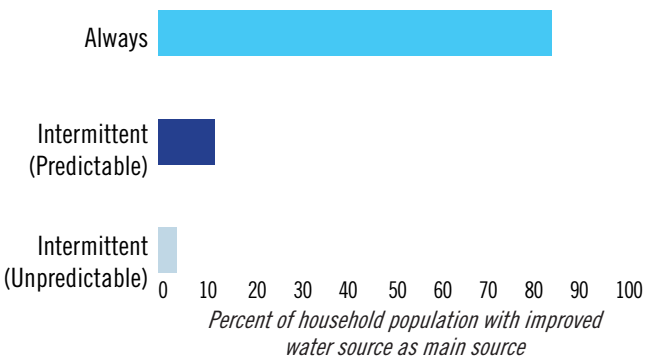
The vast majority of households in Rajasthan rely on only one water source for their drinking water needs.

Household Use of Unimproved Drinking Water by Caste



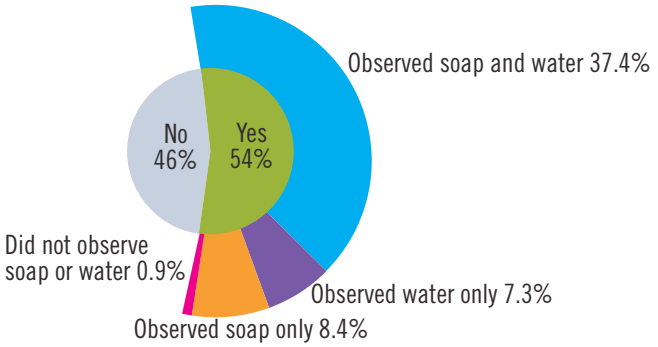
The percent of household residents regularly using an unimproved source for drinking water is highest among other backwards classes and scheduled tribes and lowest amongst general castes. Households identify one source as the main drinking water source. A regular drinking water source is used at least a few times per week for a season of the year. Across all castes, the number of regular users exceeds the number of main users.

Reliability of Main Household Drinking Water Source (Improved)



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

Household Access to Dedicated Handwashing Station



54% of household residents in Rajasthan can access a dedicated handwashing station. Among households that have a dedicated handwashing station, 37% had both soap and water at the handwashing station at the time of the interview.

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH
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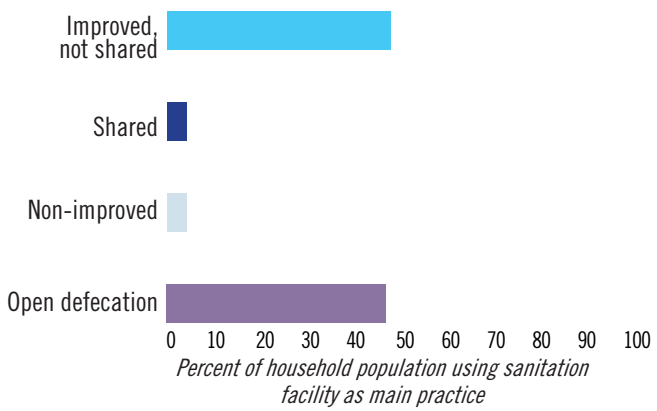
PMA2020 WASH BRIEF

PMA2016/RAJASTHAN-ROUND 1

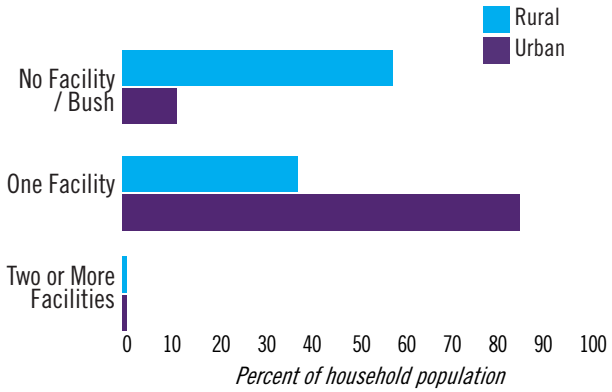
INDICATORS FOR WATER, SANITATION & HYGIENE (WASH)

Main Household Sanitation Facility



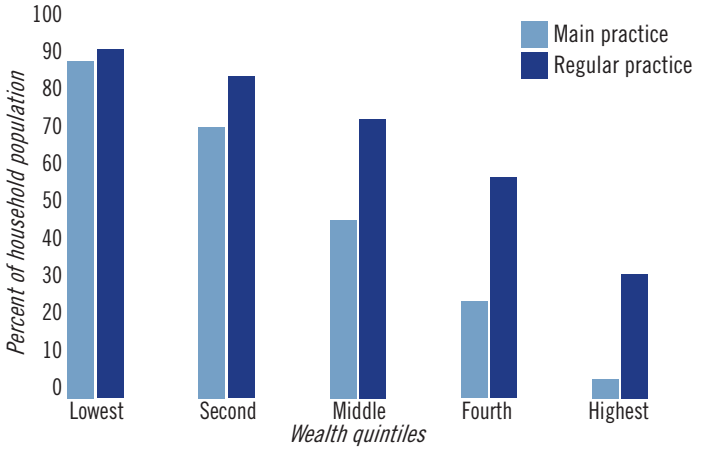
The use of unimproved sanitation facilities, including shared, non-improved and open defecation, make up about 53% of main sanitation facility usage in Rajasthan.

Number of Household Sanitation Facilities



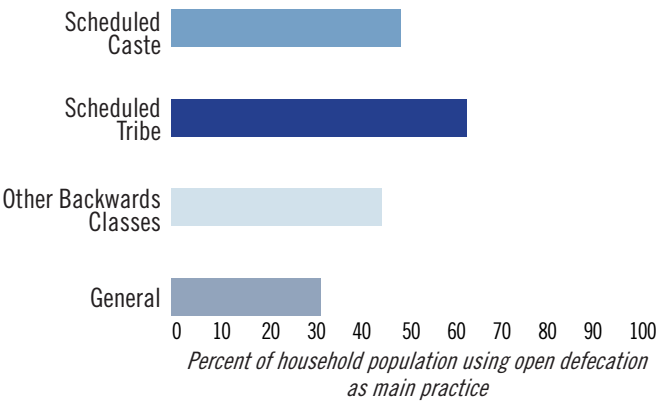
60% of rural households report having no sanitation facility and are openly defecating while 88% of urban households report regular use of at least one sanitation facility other than the bush.

Open Defecation by Wealth Quintile



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

Open Defecation by Caste



The use of open defecation as a main practice is more commonly reported by scheduled tribes and least commonly reported by general castes.

SAMPLE DESIGN

The PMA2016/Rajasthan survey used a two-stage cluster design. A sample of 147 enumeration areas (EAs) was drawn by the International Institute for Population Sciences from a master sampling frame. In each EA households and private health facilities were listed and mapped, with 35 households randomly selected per EA. Households were surveyed and occupants enumerated. The final completed sample included 4,870 households and a total population of 23,574. Data collection was conducted between June and September 2016. The definitions of improved and unimproved water sources and sanitation facilities follow the definitions used in the 2005-06 India Demographic and Health Survey.

Photo Credit: Amynah Janmohamed (2009), Courtesy of Photoshare

PMA2020 IIHMR UNIVERSITY

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