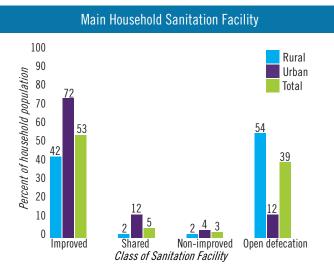
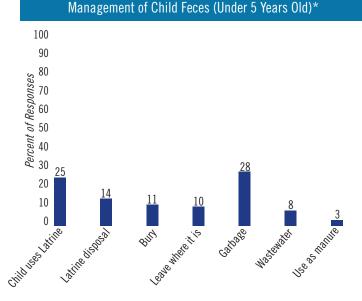


## Select Water, Sanitation & Hygiene (WASH) Indicators



The use of sanitation facilities, both improved and shared, is higher in urban areas. In comparison, the practice of open defecation is higher in rural areas.



\*Multiple response options allowed

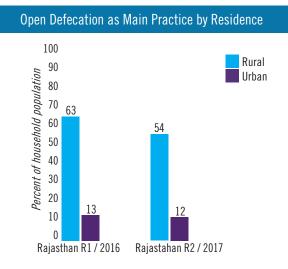


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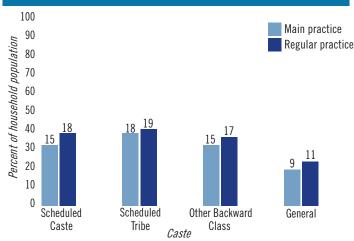
# PMA2017/RAJASTHAN-R2

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 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. 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.



The practice of open defecation as a main practice has decreased between the first and second rounds of data collection, most notably in rural areas.



The percent of household residents regularly using an unimproved source for drinking water is highest among scheduled tribes and lowest amongst general castes. Regular use of a water source includes the use of the main household water source as well as any additional sources the household

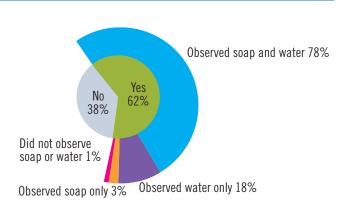




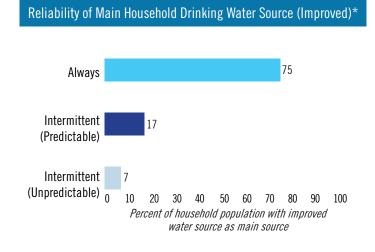
Household Use of Unimproved Drinking Water by Caste

## PMA2017/RAJASTHAN-ROUND 2 INDICATORS FOR WATER, SANITATION & HYGIENE (WASH)

#### Household Access to Dedicated Handwashing Station

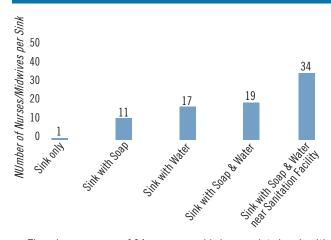


62% of household residents in Rajasthan can access a dedicated handwashing station. Among households that have a dedicated handwashing station, 78% had both soap and water at the handwashing station at the time of the interview.

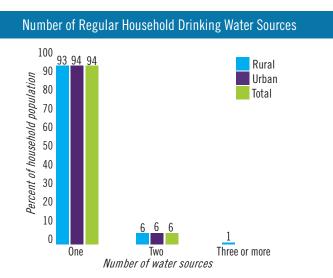


Among household residents whose main water source is improved, the vast majority report it is always available. \*Total does not add to 100% due to rounding

#### Handwashing Station Access in Health Care Facilities



There is an average of 34 nurses or midwives on duty in a healthcare facility for every one sink observed that meets the World Health Organization standard of having soap and water and being located near a sanitation facility.



The majority of households in Rajasthan rely on one drinking water source. 6% of households rely on an additional water source to meet their drinking water needs.

### SAMPLE DESIGN

The PMA2017/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 4,998 households and a total population of 24,959. Data collection was conducted between February and April 2017. The definitions of improved and unimproved water sources and sanitation facilities follow the definitions used by the WHO / UNICEF Joint Monitoring Programme, with the exception that we consider the use of bottled water as improved if the household also uses an improved water source (including bottled water) for other household uses.

Photo Credit: Sandipan Majumdar (2006), Courtesy of Photoshare

