

Children's access to basic services

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Section 27(1)(b) of the Constitution of South Africa provides that "everyone has the right to have access to ... sufficient ... water" and section 24(a) states that "everyone has the right to an environment that is not harmful to their health or well-being".¹

Article 14(2)(c) of the African Charter on the Rights and Welfare of the Child obliges the state to "ensure the provision of ... safe drinking water".²

Article 24(1)(c) of the UN Convention on the Rights of the Child says that states parties should "recognise the right of the child to the enjoyment of the highest attainable standard of health" and to this end should "take appropriate measures to combat disease and malnutrition ..., including the provision of clean drinking-water".³

The number and proportion of children living in households with basic water

This indicator shows the number and proportion of children who have access to a safe and reliable supply of drinking water at home – either inside the dwelling or on site. This is used as a proxy for access to adequate water. All other water sources, including public taps, water tankers, dams and rivers, are considered inadequate because of their distance from the dwelling or the possibility that water is of poor quality. The indicator does not show whether the water supply is reliable or if households have broken facilities or are unable to pay for services.

Clean water is essential for human survival. The World Health Organisation has defined the minimum quantity of water needed for survival as 25 litres per person per day.⁴ This includes water for drinking, cooking and personal hygiene. This water needs to be supplied close to the home, as households that travel long distances to collect water often struggle to meet their basic daily quota. This can compromise children's health and hygiene.

Although there are no statistically significant age differences in levels of access to adequate water, young children are particularly vulnerable to diseases associated with poor water quality. Gastro-intestinal infections with associated diarrhoea and dehydration are a significant contributor to the high child mortality rate in South Africa,⁵ and intermittent outbreaks of cholera. Lack of access to adequate water is closely related to poor sanitation and hygiene. In addition, children may be responsible for fetching and carrying water which is a physical burden and can place them at risk.

Over six million children live in households that do not have access to clean drinking water on site. In 2011, around three-quarters (76%) of adults lived in households with drinking water on site – a significantly

higher proportion than children (66%). A year-on-year comparison from 2002 – 2011 suggests that there has been little improvement in children's access to water over this period.

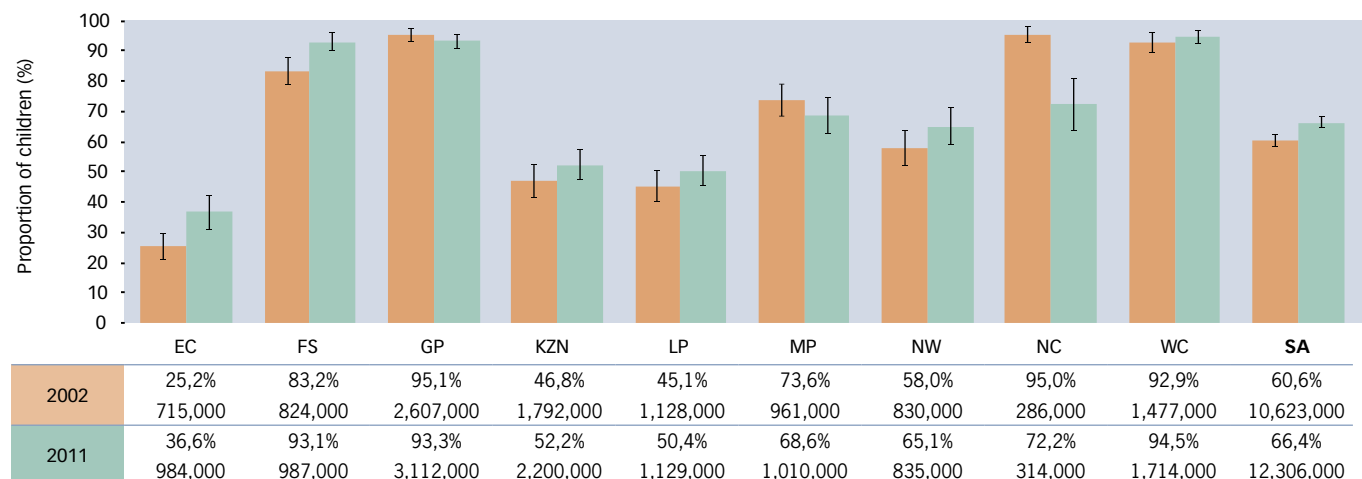
Provincial differences are striking. Over 90% of children in the Free State, Gauteng and the Western Cape provinces have an adequate supply of drinking water. However, access to water remains poor in KwaZulu-Natal (52%), Limpopo (50%) and the Eastern Cape (37%). The Eastern Cape appears to have experienced the greatest improvement in water provisioning since 2002 (when only 25% of children had water on site). The significant decline in access to water in the Northern Cape may represent a deterioration in water access, or may be the result of weighting a very small child population.

Children living in formal areas are more likely to have services on site than those living in informal settlements or in the rural former homelands. While the majority (80%) of children in formal dwellings have access, it decreases to 66% for children living in informal dwellings. Only 17% of children living in traditional housing have clean water available on the property.

The majority of children living in traditional dwellings are African, so there is a pronounced racial inequality in access to water. Just 61% of African children had clean water on site in 2011, while over 95% of all other population groups had clean drinking water at home.

Only half (49%) of children in the poorest 20% of households, have access to water on site, while over 90% of those in the richest 20% of households have this level of service. In this way, inequalities are reinforced: the poorest children are most at risk of diseases associated with poor water quality, and the associated setbacks in their development.

Figure 6a: Children living in households with water on site, by province, 2002 & 2011



Sources: Statistics South Africa (2003; 2012) *General Household Survey 2002; General Household Survey 2011*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

The number and proportion of children living in households with basic sanitation

This indicator shows the number and proportion of children living in households with basic sanitation. Adequate toilet facilities are used as proxy for basic sanitation. This includes flush toilets and ventilated pit latrines that dispose of waste safely and that are within or near a house. Inadequate toilet facilities include pit latrines that are not ventilated, chemical toilets, bucket toilets, or no toilet facility at all.

A basic sanitation facility is defined in the government's Strategic Framework for Water Services as the infrastructure necessary to provide a sanitation facility which is "safe, reliable, private, protected from the weather and ventilated, keeps smells to a minimum, is easy to keep clean, minimises the risk of the spread of sanitation-related diseases by facilitating the appropriate control of disease carrying flies and pests, and enables safe and appropriate treatment and/or removal of human waste and wastewater in an environmentally sound manner".⁶

Adequate sanitation prevents the spread of disease and promotes health through safe and hygienic waste disposal. To do this, sanitation systems must break the cycle of disease. For example the toilet lid and fly screen in a ventilated pit latrine stop flies reaching human faeces and spreading disease. Good sanitation is not simply about access to a particular type of toilet. It is equally dependent on the safe use and maintenance of that technology; otherwise toilets break down, smell bad, attract insects and spread germs.

Good sanitation is essential for safe and healthy childhoods. It is very difficult to maintain good hygiene without water and toilets. Poor sanitation is associated with diarrhoea, cholera, malaria, bilharzia, worm infestations, eye infections and skin disease which compromise children's health and nutritional status. Using public toilets and the open *veld* (fields) can also put children in physical danger. The use of the open *veld* and bucket toilets is also likely to compromise water quality in the area and to contribute to the spread of disease. Poor sanitation undermines children's health, safety and dignity.

The data show a gradual and significant improvement in children's access to sanitation over the 10-year period 2002 – 2011, although the proportion of children without adequate toilet facilities remains worryingly high. In 2002 less than half of all children (47%) had access to adequate sanitation. By 2011 the proportion of children with adequate toilets had risen by over 20 percentage points to 69%.

But 5.7 million children still use unventilated pit latrines, buckets or open land, despite the state's reiterated goals to provide adequate sanitation to all, and to eradicate the bucket system. Children (31%) are more likely than adults (25%) to live in households without adequate sanitation facilities.

There are great provincial disparities. In provinces with large metropolitan populations, like Gauteng and the Western Cape, over 90% of children have access to adequate sanitation, while provinces with large rural populations have the poorest sanitation. The provinces with the greatest improvements in sanitation services are the Eastern Cape (where the number of children with access to adequate sanitation nearly tripled from 0.6 million to 1.7 million over 10 years), KwaZulu-Natal (with an increase of over 1.2 million children) and the Free State (where the proportion of children with adequate sanitation improved from 55% in 2002 to 82% in 2011).

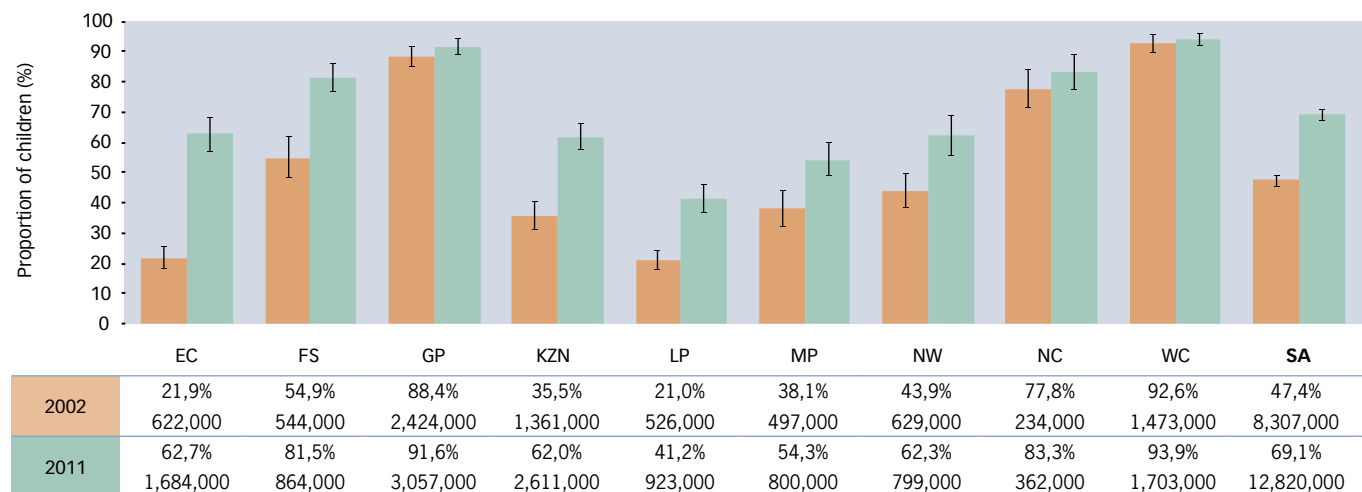
Although there have also been significant improvements in sanitation provision in Limpopo, this province still lags behind, with only 41% of children living in households with adequate sanitation in 2011. It is unclear why the vast majority of children in Limpopo are reported to live in formal houses, yet access to basic sanitation is the poorest of all the provinces. Definitions of adequate housing such as those in the UN-HABITAT and South Africa's National Housing Code include a minimum quality for basic services, including sanitation.

The statistics on basic sanitation provide yet another example of persistent racial inequality: Over 95% of Indian, White and Coloured children had access to adequate toilets in 2011, while only 64% of African children had access to basic sanitation. This is a marked improvement from 38% of African children in 2002.

Children in relatively well-off households have better access to sanitation than poorer children. Amongst the richest 20% of households, 96% of children have adequate sanitation, while only 57% of children in the poorest 20% of households have this level of service.

Due to the different distributions of children and adults across the country, adults are more likely than children to have access to sanitation. However, there are no significant age differences in levels of access to adequate sanitation within the child population.

Figure 6b: Children living in households with basic sanitation, by province, 2002 & 2011



Sources: Statistics South Africa (2003; 2012) *General Household Survey; General Household Survey 2011*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

References

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