Children's access to 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 Organization has defined "reasonable access" to water as being a minimum of 20 litres per person per day.[4] The 20-litre minimum is linked to the estimated average consumption when people rely on communal facilities and need to carry their own water for drinking, cooking and the most basic personal hygiene. It does not allow for bathing, showering, washing clothes or any domestic cleaning.[5] The 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.

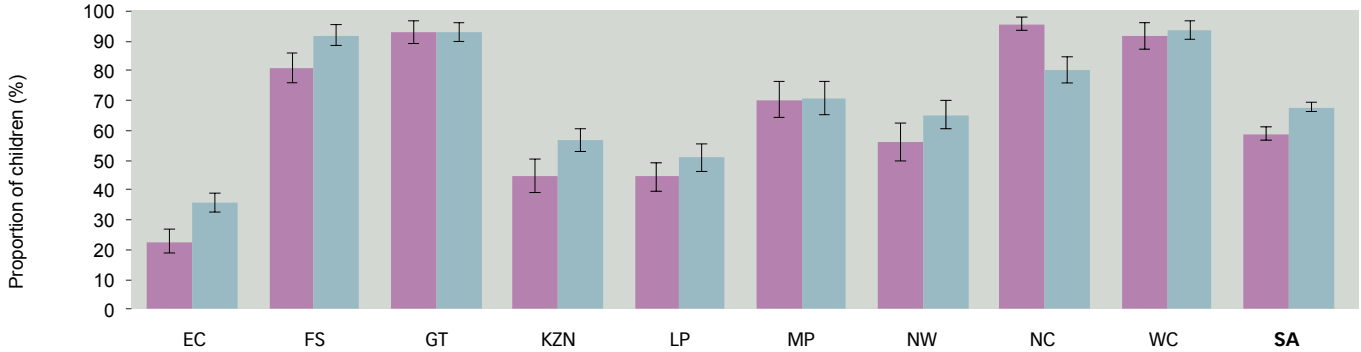
Young children are particularly vulnerable to diseases associated with poor water quality. Gastro-intestinal infections with associated diarrhoea and dehydration are a significant contributor to the high child mortality rate in South Africa,[6] and intermittent outbreaks of cholera. Lack of access to adequate water is closely related to poor sanitation and hygiene. In addition, children may be responsible for fetching and carrying water to their homes from communal taps, or rivers and streams. Carrying water is a physical burden which can lead to back problems or injury from falls. It can also reduce time spent on education and other activities, and can place children at personal risk.[7] For purposes of the child-centred indicator, therefore, adequacy is limited to a safe water source on site.

Close to six million children live in households that do not have access to clean drinking water on site. In 2013, over three-quarters (76%) of adults lived in households with drinking water on site – a significantly higher proportion than children (68%). A year-on-year comparison from 2002 – 2013 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 (57%), Limpopo (51%) and the Eastern Cape (36%). The Eastern Cape appears to have experienced the greatest improvement in water provisioning since 2002 (when only 23% 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 (78%) of children in formal dwellings have access, it decreases to 62% for children living in informal dwellings. Only 17% of children living in traditional housing have clean water available on the property.

Figure 6a: Number and proportion of children in households with water on site, by province, 2002 & 2013



	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SA
2002	22.7%	80.8%	92.8%	44.6%	44.3%	70.3%	56.0%	95.6%	91.5%	58.8%
	685,000	876,000	2,670,000	1,914,000	1,101,000	1,079,000	707,000	418,000	1,497,000	10,948,000
2013	35.6%	91.8%	93.0%	56.6%	50.9%	70.9%	65.3%	80.3%	93.6%	67.8%
	952,000	845,000	3,323,000	2,317,000	1,131,000	1,097,000	838,000	334,000	1,748,000	12,604,000

Source: Statistics South Africa (2003; 2014) *General Household Survey 2002; General Household Survey 2013*. Pretoria: Stats SA.
Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The vast majority of children living in traditional dwellings are African, so there is a pronounced racial inequality in access to water. Slightly over 60% of African children had clean water on site in 2012, while over 95% of all other population groups had clean drinking water at home.

Inequality in access to safe water is also pronounced when the data are disaggregated by income category. Amongst children in the poorest 20% of households, only 49% have access to water on site, while 97% 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.

While there are no significant differences in access to water across younger age groups, a higher proportion of young people aged 20 – 24 have access to adequate water. This could be related to the larger urban share in the oldest age group.

The number and proportion of children living 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".[8]

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.

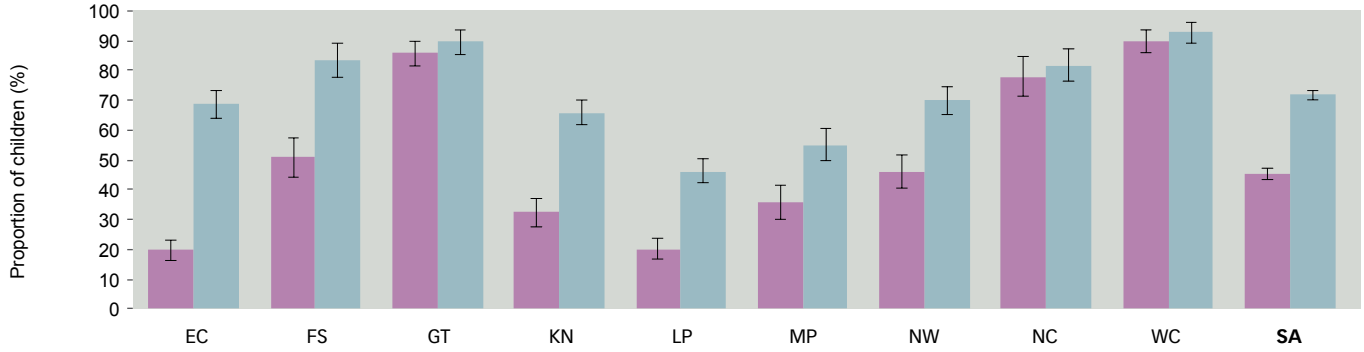
The data show a gradual and significant improvement in children's access to sanitation over the 12-year period 2002 – 2013, although the proportion of children without adequate toilet facilities remains worryingly high. In 2002 less than half of all children (45%) had access to adequate sanitation. By 2013 the proportion of children with adequate toilets had risen by over 20 percentage points to 72%. But close to four million children still use unventilated pit latrines or buckets, despite the state's reiterated goals to provide adequate sanitation to all, and to eradicate the bucket system. Children (28%) are more likely than adults (22%) to live in households without adequate sanitation facilities.

As with other indicators of living environments, 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 more than tripled from 0.6 million to 1.8 million over 12 years), KwaZulu-Natal (an increase of over 1.3 million children with adequate sanitation) and the Free State (where the proportion of children with sanitation improved from 51% in 2002 to 83% in 2013).

Although there have also been significant improvements in sanitation provision in Limpopo, this province still lags behind, with only 46% of children living in households with adequate sanitation in 2013. 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 2013, while only 67% of African children had access to basic sanitation. This is a marked improvement from 36% of African children in 2002.

Figure 6b: Number and proportion of children living in households with basic sanitation, by province, 2002 & 2013



	EC	FS	GT	KN	LP	MP	NW	NC	WC	SA
2002	19.7%	50.8%	85.6%	32.3%	20.1%	35.6%	46.0%	77.9%	89.6%	45.2%
	594,000	551,000	2,462,000	1,387,000	499,000	547,000	580,000	341,000	1,467,000	8,425,000
2013	68.5%	83.1%	89.5%	65.9%	46.2%	55.0%	69.8%	81.8%	92.6%	71.7%
	1,832,000	765,000	3,200,000	2,696,000	1,027,000	851,000	896,000	340,000	1,729,000	13,338,000

Source: Statistics South Africa (2003; 2014) *General Household Survey 2002; General Household Survey 2013.* Pretoria: Stats SA.
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Children in relatively well-off households have better levels of access to sanitation than poorer children. Amongst the richest 20% of households, 97% of children have adequate sanitation, while only 60% 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, or amongst older youth age groups.

References

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