

Children’s access to services

Katharine Hall (Children’s Institute)

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

Children’s access to basic water

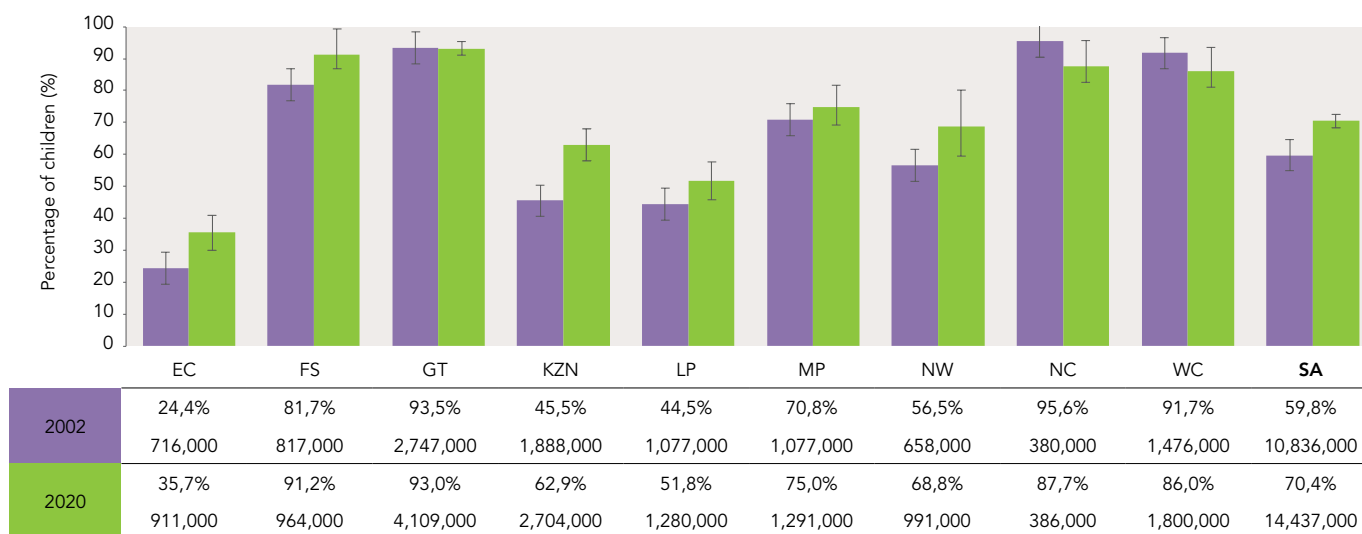
This indicator shows the number and percentage of children who have access to piped drinking water at home – either inside the dwelling or on site. This is used as a proxy for access to adequate water. All other water sources, including public taps, water tankers, dams and rivers, are considered inadequate because of their distance from the dwelling or the possibility that the 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 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 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. More recently, the Sustainable Development Goals (target 6.1) call for universal and equitable access to safe and affordable drinking water, and this is defined as a safely managed drinking water service from an improved water source that is located on premises.

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 in some provinces pose a serious threat to children. 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 that 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 This child-centred indicator of adequate water is therefore limited to a safe water source on site.

Figure 6a: Children living in households with water on site, by province, 2002 & 2020



Source: Statistics South Africa (2003; 2021) *General Household Survey 2002*; *General Household Survey 2020*. Pretoria: Stats SA. Analysis by Katharine Hall, Children’s Institute, UCT.

There has been some improvement in children's access to water over the past 18 years. The share of children with piped water at home has increased by 10 percentage points, from 60% in 2002 to 70% in 2020. This represents an increase of 3.6 million children with a water connection at home. However, six million children still live in households that do not have piped drinking water on site. In 2020, more than three-quarters (79%) of adults lived in households with adequate water access – compared with only 70% of children. This is because, compared with the adult population, children are over-represented in rural households located in areas without bulk service infrastructure.

Provincial differences are striking. Around nine out of ten children in Gauteng (93%), the Free State (91%), the Northern Cape (88%) and Western Cape (86%) have piped water at their home. All of these provinces started from a high base in terms of water access, and there has not been significant change over the past 18 years. The provinces that have experienced substantial improvements in water provision are those which had the lowest levels of access to start with: KwaZulu-Natal (a significant improvement in the provincial share of children with water on site, from 46% in 2002 to 63% in 2020); Limpopo (a more modest improvement from 45% to 52%) and the Eastern Cape (from 24%

to 36%). The Eastern Cape, with its large under-served former homeland areas, remains the only province in which more than half of all children do not have piped water to their home.

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 (76%) of children in formal dwellings have access, it decreases to 55% for children living in informal dwellings. Only 22% of children living in traditional housing have water available on the property.

The vast majority of children living in traditional dwellings are African, so there is also a pronounced racial inequality in access to water. In 2020, two thirds (67%) of African children had water on site, while the vast majority (more than 90%) of all other population groups had piped drinking water at home. There are no significant differences in access to water across age groups.

Inequality in access to safe water is also pronounced when the data are disaggregated by income group. Only 53% of children in the poorest 20% of households have access to water on site, while 91% 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.

Children's access to basic sanitation

This indicator shows the number and percentage 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 was defined in the government's *Strategic Framework for Water Services* as the infrastructure necessary to provide a sanitation facility that 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 and for reducing inequalities for children.⁹ 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. These illnesses 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 since 2002, although the number of children without adequate toilet facilities remains worryingly high. In 2002, less than half of all children (46%) had access to adequate sanitation. By 2020, the share of children with adequate toilets had risen to 78%. But 4.4 million children still use unventilated pit latrines, buckets or other inadequate forms of sanitation, despite the state's reiterated goals to provide adequate sanitation to all and to eradicate the bucket system. Around 270,000 children have no sanitation facilities at all (open defecation or buckets). Children (22%) are slightly more likely than adults (18%) 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, around 90% of children have access to adequate sanitation (mostly in the form of flush toilets), while provinces with large rural populations tend to have the poorest sanitation. Provinces with the greatest sanitation improvements in numeric terms are the Eastern Cape (where the number of children with access to adequate sanitation more than tripled from 626,000 to over 2.2 million, resulting in an increase in access for 1.7 million children), KwaZulu-Natal (an increase of 1.9 million children) and Gauteng (an increase of 1.4 million children with adequate sanitation facilities on site). In the Free State, the share of children with sanitation improved from 53% in 2002 to 84% in 2020).

The dramatic improvement in access to sanitation from 21% in 2002 to 89% in 2020 in the Eastern Cape is due to increased

provisioning of ventilated pit latrines, which may be provided by the state or built by households themselves. In other words, the achievements in sanitation access have not necessarily been accompanied by improved or more extensive bulk infrastructure. Of the nearly 90% of children in this province who are defined as having adequate sanitation, nearly two thirds have pit latrines while only 37% have flush toilets. Similarly, the substantial improvements in KwaZulu-Natal and Limpopo have been achieved without corresponding expansion of bulk infrastructure to rural households. Sanitation infrastructure needs to be maintained to be safe and hygienic, but the available data do not enable us to determine whether flush toilets are working properly or provide any indication about the quality and maintenance of pit latrines.

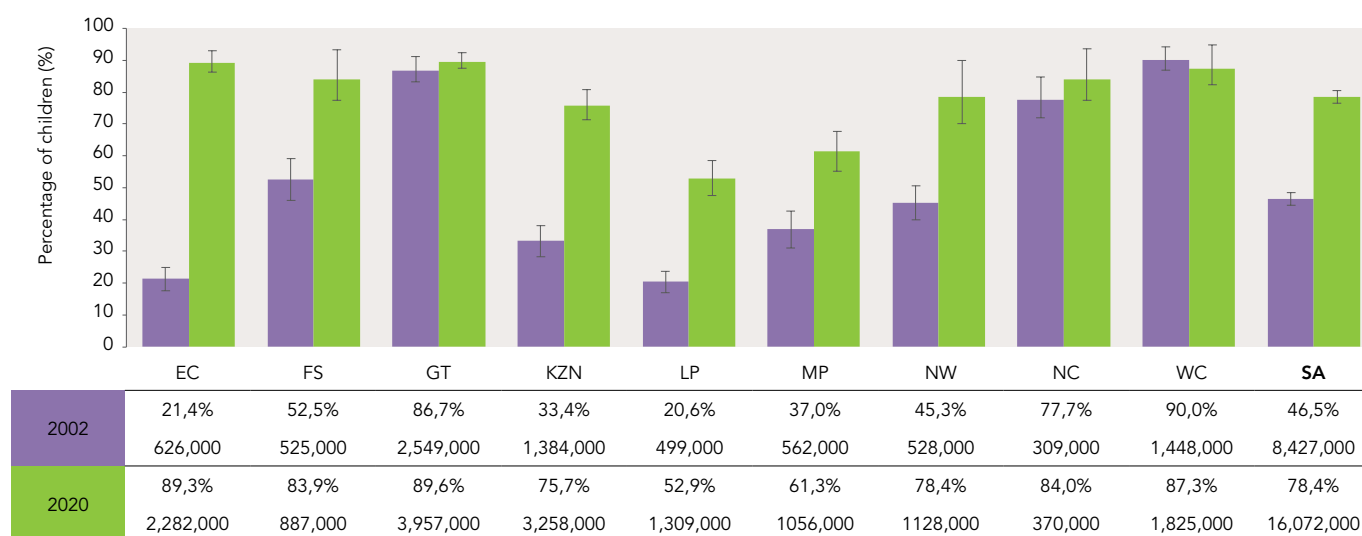
Although there have also been significant improvements in sanitation provision in Limpopo, this province still lags behind, with only 53% of children living in households with adequate sanitation. It is unclear why the vast majority of children in

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: almost 100% of Indian and White children had access to adequate toilets in 2020 and 95% of Coloured children had adequate sanitation, while only 75% of African children had access to adequate basic sanitation. This is, however, a marked improvement from 37% of African children in 2002.

Children in relatively well-off households have better levels of access to sanitation than poorer children. Among the richest 20% of households, around 90% of children have adequate sanitation, while 70% of children in the poorest 20% of households have this level of service.

Figure 6b: Children living in households with basic sanitation, by province, 2002 & 2020



Source: Statistics South Africa (2003; 2021) *General Household Survey 2002; General Household Survey 2020*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

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