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]

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.

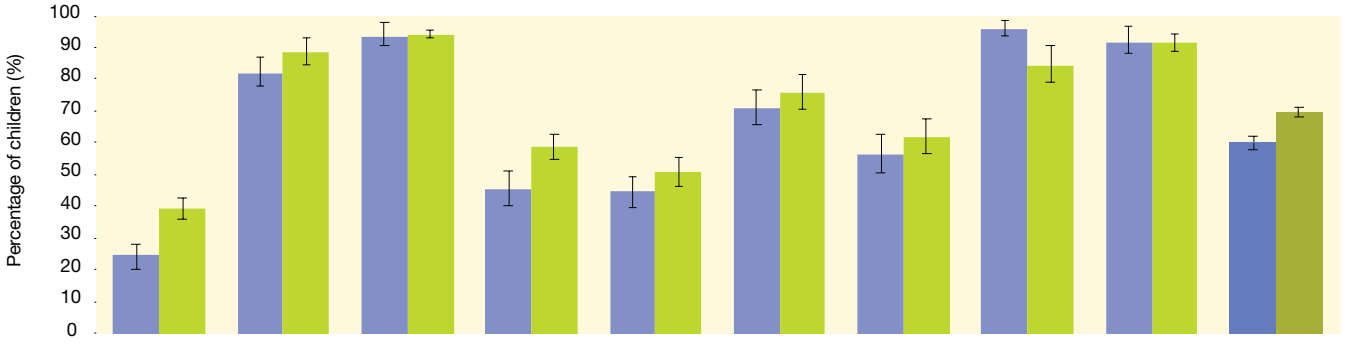
Clean water is essential for human survival. The World Health Organization defined "reasonable access" to water as being a minimum of 20 litres per person per day.[4] The 20-litre minimum is linked to the estimated average consumption when people rely on communal facilities and need to carry their own 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. 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.

There has been little improvement in children's access to water over the past 15 years. Close to six million children live

Figure 7a: Children living in households with water on site, by province, 2002 & 2018



	EC	FS	GT	KZN	LP	MP	NW	NC	WC	**SA**
2002	24.4%	81.7%	93.5%	45.5%	44.5%	70.8%	56.5%	95.6%	91.7%	59.8%
	716,000	817,000	2,747,000	1,888,000	1,077,000	1,077,000	658,000	380,000	1,476,000	10,836,000
2018	39.2%	88.2%	94.2%	58.9%	50.7%	75.5%	61.9%	84.1%	91.3%	69.8%
	987,000	901,000	3,944,000	2,462,000	1,204,000	1,262,000	855,000	367,000	1,800,000	13,782,000

Source: Statistics South Africa (2003; 2019) *General Household Survey 2002; General Household Survey 2018*. Pretoria: Stats SA.
Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

in households that do not have access to clean drinking water on site. In 2018, more than three-quarters (78%) of adults lived in households with drinking water on site – compared with only 70% of children.

Provincial differences are striking. More than 90% of children in Gauteng and the Western Cape have an adequate water connection. However, access to water remains poor in KwaZulu-Natal (59%), Limpopo (51%) and the Eastern Cape (39%). The Eastern Cape appears to have experienced a striking improvement in water provisioning since 2002 (when only 24% of children had water on site). KwaZulu-Natal has also recorded significant improvements. 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 (77%) of children in formal dwellings have access, it decreases to 55% for children living in informal dwellings. Only 19% 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 2018, 65% of African children had water on site, while more than 95% of all other population groups had 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 category. Only 54% of children in the poorest 20% of households have access to water on site, while 93% 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.

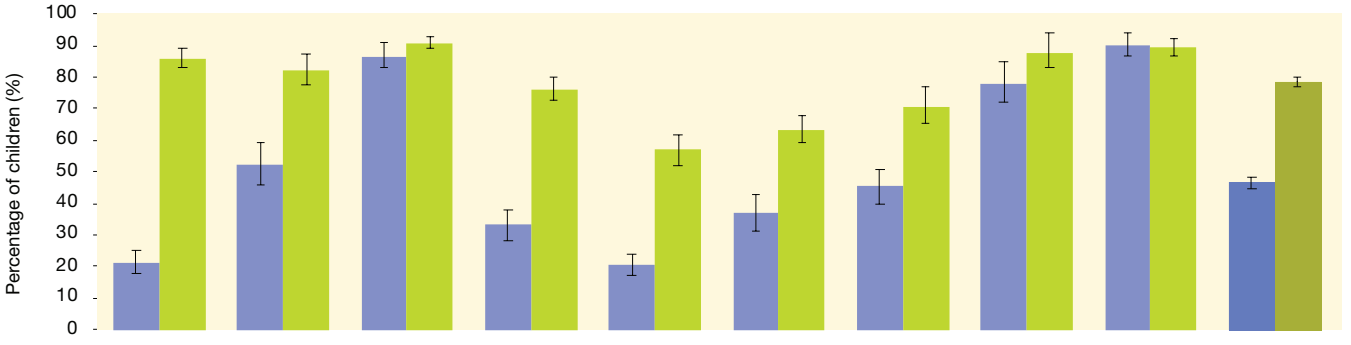
Children's access to basic sanitation

This indicator shows the number and 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 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. 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

Figure 7b: Children living in households with basic sanitation, by province, 2002 & 2018



	EC	FS	GT	KZN	LP	MP	NW	NC	WC	**SA**
2002	21.4%	52.5%	86.7%	33.4%	20.6%	37.0%	45.3%	77.7%	90.0%	46.5%
	626,000	525,000	2,549,000	1,384,000	499,000	562,000	528,000	309,000	1,448,000	8,427,000
2018	85.7%	82.1%	90.6%	76.2%	57.0%	63.4%	70.8%	87.5%	89.4%	78.6%
	2,155,000	839,000	3,793,000	3,188,000	1,354,000	1061,000	979,000	381,000	1,762,000	15,508,000

Source: Statistics South Africa (2003; 2019) *General Household Survey 2002; General Household Survey 2018.* Pretoria: Stats SA.
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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 share of children without adequate toilet facilities remains worryingly high. In 2002, less than half of all children (46%) had access to adequate sanitation. By 2018, the share of children with adequate toilets had risen to 79%. But 4.2 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. Over 340,000 children have no sanitation facilities at all (open defecation). Children (21%) are slightly more likely than adults (18%) to live in households without adequate sanitation facilities. This is because children are more likely than adults to live in poor and rural households.

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, while provinces with large rural populations have the poorest sanitation, and in Limpopo only 57% of children have adequate sanitation at home. Those 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 626,000 to nearly 2.2 million, KwaZulu-Natal (an increase of 1.8 million children) and Gauteng (an increase of 1.2 million children with adequate sanitation facilities on site). In the Free State the share of children with sanitation improved from 53% in 2002 to 82% in 2018.

Although there have also been significant improvements in sanitation provision in Limpopo, this province still lags behind, with only 57% 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: more than 95% of Indian, White and Coloured children had access to adequate toilets in 2018, while only 76% of African children had access to basic sanitation. This is 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, 94% of children have adequate sanitation, while 71% of children in the poorest 20% of households have this level of service.

References

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