

Children's access to basic services

Updated by Katharine Hall and Double-Hugh Marera (Children's Institute)

Section 27(1)(b) of the Constitution of South Africa¹ 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”.

Article 14(2)(c) of the African Charter on the Rights and Welfare of the Child² obliges the State to “ensure the provision of ... safe drinking water”.

Article 24(1)(c) of the UN Convention on the Rights of the Child³ says that State 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”.

The number and proportion of children with access to adequate water supply

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.

Water is essential for health, hygiene and sanitation. Young children are particularly vulnerable to illnesses associated with poor water quality, such as diarrhoea and cholera.

In 2008, nearly 7 million children lived in households without access to clean drinking water on site. A significantly higher proportion of children (36%) than adults (27%) lived in households without water on site. There has been little improvement in children's access to water from 2002 – 2008.

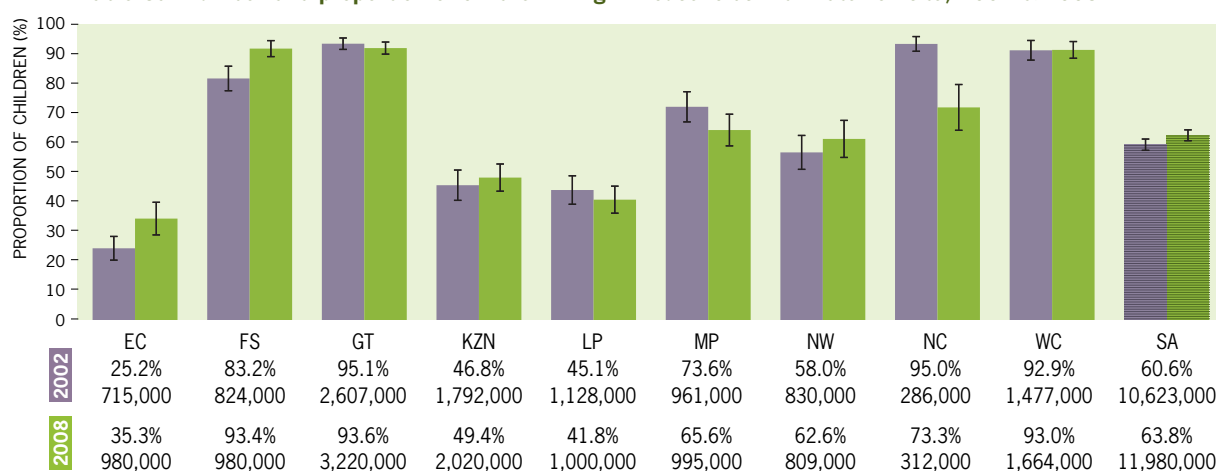
Provincial differences are striking. Over 90% of children in the Free State, Gauteng and the Western Cape provinces have an adequate supply of drinking water. However, access to water remains poor in KwaZulu-Natal (49%), Limpopo (42%) and the Eastern Cape (35%). The Eastern Cape appears to have experienced the greatest improvement in water provisioning since 2002.

Children living in formal areas are most likely to have services on site. While the majority of children in formal dwellings (75%) and informal dwellings (67%) had water on site in 2008, only 17% of children living in ‘traditional’ housing had clean water available on the property.

Racial inequalities persist: Only 58% of African children had clean water at home in 2008, while over 95% of all other population groups had clean water on site.

Policy guidelines⁴ for basic water supply recommend that water must be within 200 meters of the house. However, collecting water from a public source is physically burdensome and can be dangerous, especially for children.

Table 8a: Number and proportion of children living in households with water on site, 2002 & 2008



Sources: Statistics South Africa (2003; 2009) *General Household Survey 2002; General Household Survey 2008*. Pretoria: Stats SA. Analysis by Katharine Hall & Double-Hugh Marera, Children's Institute, UCT.

Notes: ① Children are defined as people aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 132 – 134. ④ The confidence intervals, shown on the graph as a vertical line at the top of each bar, represent the range into which the true value may fall. See p. 97 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

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

This indicator includes 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.

Poor sanitation compromises children's health, safety and nutritional status, and is associated with diarrhoea, cholera, malaria, bilharzia, eye infections and skin disease. The use of open land and bucket toilets also impacts on water quality and contributes to the spread of disease.

Children's access to adequate sanitation facilities has risen over the seven-year period from 47% in 2002 to 61% of children in 2008. Yet over 7 million children still use unventilated pit latrines, buckets or open land, despite the State's goal to provide adequate sanitation to all, and to eradicate the bucket system.

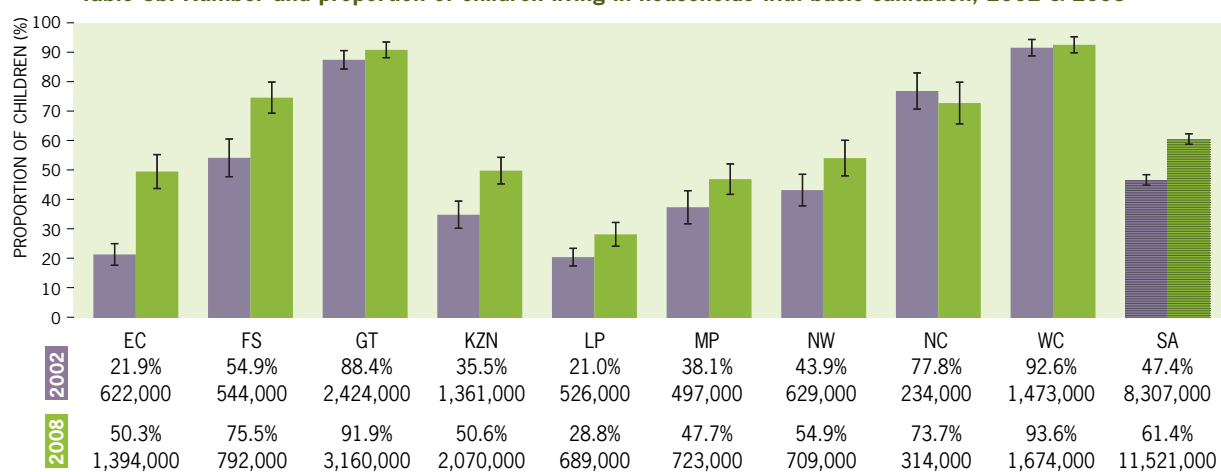
There are great provincial disparities. In provinces with large metropolitan populations, like Gauteng and the Western Cape, over 90% of children have access to adequate sanitation, while provinces with large rural populations have the poorest sanitation.

The proportion of children with adequate toilet facilities increased from 22% in 2002 to 50% in 2008 in the Eastern Cape, and from 36% to 51% in KwaZulu-Natal. Only 29% of children in Limpopo had adequate sanitation in 2008.

Racial inequalities persist: Over 95% of Indian, White and Coloured children had access to adequate toilets in 2008, while only 55% of African children had access to basic sanitation. This is a marked improvement from 38% of African children in 2002.

Effective sanitation is not simply about toilet technology. It is equally dependent on personal hygiene and effective sanitation services. The General Household Survey does not indicate whether toilets are in clean, or in working order.

Table 8b: Number and proportion of children living in households with basic sanitation, 2002 & 2008



Sources: Statistics South Africa (2003 ; 2009) *General Household Survey 2002; General Household Survey 2008*. Pretoria: Stats SA. Analysis by Katharine Hall & Double-Hugh Marera, Children's Institute, UCT.

Notes: ① Children are defined as people aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 132 – 134. ④ The confidence intervals, shown on the graph as a vertical line at the top of each bar, represent the range into which the true value may fall. See p. 97 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

References

- 1 Constitution of the Republic of South Africa. Act 108 of 1996.
- 2 Secretary General of the African Union (1990) *African Charter on the Rights and Welfare of the Child*. OAU resolution 21.8/49 Addis Ababa: OAU.
- 3 Office of the High Commissioner of Human Rights (1989) *Convention on the Rights of the Child, UN General Assembly resolution 44/25*. Geneva: United Nations.
- 4 Department of Water Affairs and Forestry (1994) *White paper on water supply and sanitation*. Pretoria: DWAF.