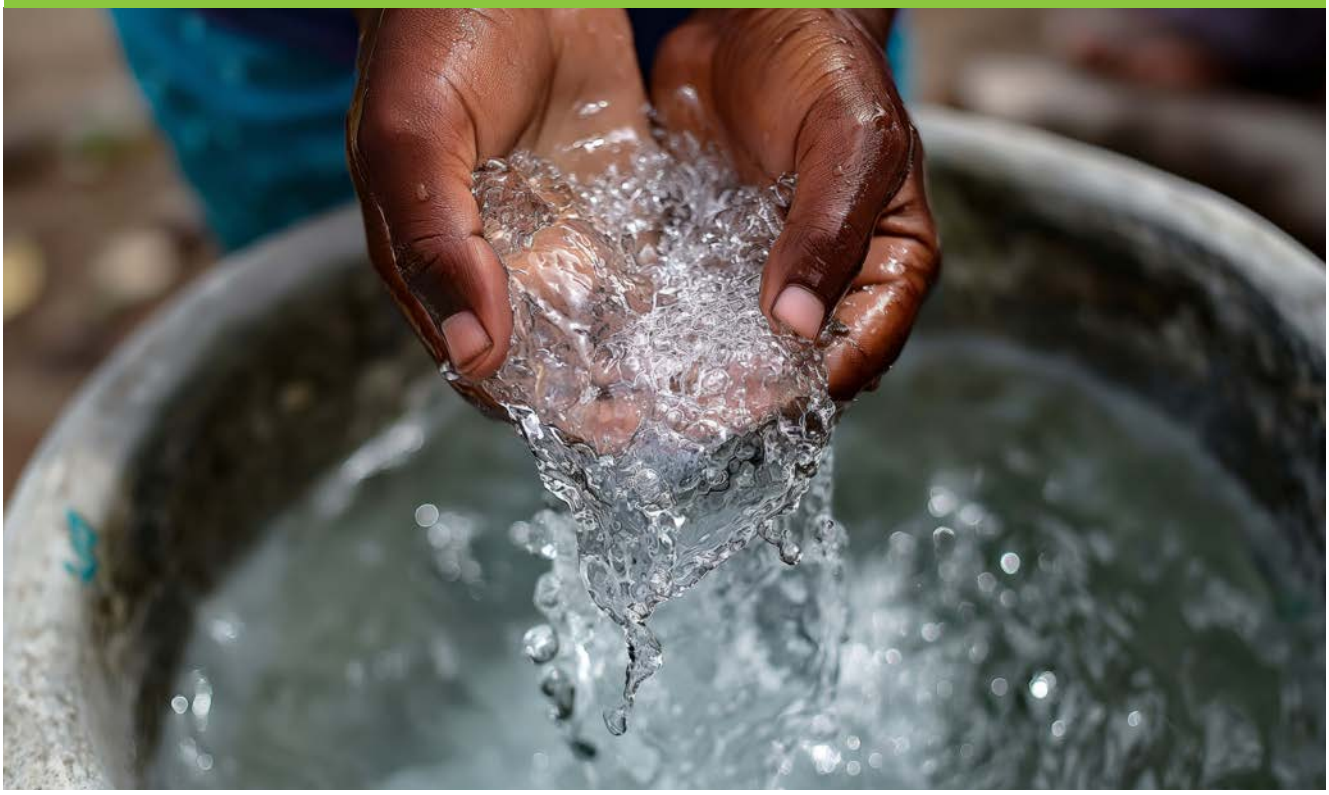
BASIC SERVICES

Rural communities still lagging behind in water, sanitation delivery – Stats SA

Access to safe, sufficient and reliable drinking water and sanitation is a fundamental human right, essential for health and everyday life. However, access to this right remains inequitable, both globally and in South Africa. This is according to Statistics South Africa (Stats SA) and their latest General Household Survey (2024) (GHS), released in May.



The latest survey was conducted between January and December 2024. Stats SA has been conducting the GHS annually since 2002. The surveys provide a critical assessment of the levels of development in the country as well as the extent of service delivery and the quality of services in a number of key service sectors, including water and sanitation, access to food, electricity and healthcare, among others.

According to the latest survey, while 71,8% of urban residents have access to safely managed water, only 36,7% of rural populations do – and nearly all those relying on limited, unimproved or even surface water live in rural areas. In contrast, access to basic water is higher in rural areas (44,2%) than in urban ones (27,5%), highlighting the uneven quality of supply. Basic water service refers to an improved source where collection takes no more than 30 minutes for a round trip, including any time spent queuing. If collection takes longer than 30 minutes, even from an improved source, it falls under limited access.

Goal 6 of the 2030 Agenda for Sustainable Development aims to ensure the availability and sustainable management of water and sanitation for all. It outlines specific goals, including universal access to safe drinking water (Target 6.1) and adequate

sanitation and hygiene (Target 6.2). Tracking progress on these goals falls to the World Health Organisation/ United Nations Children's Fund (WHO/UNICEF) Joint Monitoring Programme (JMP), which oversees global data on water, sanitation and hygiene (WASH).

Using its service ladders, the JMP enables comparisons of water and sanitation access across provinces and between rural and urban communities. "The service ladders help us understand not just who has access to services, but what kind of services they have," said Stats SA in a statement. "By using the ladders, governments and organisations can see where the biggest gaps are and focus efforts on helping people move up the steps towards safe, reliable water and sanitation."

Water services

Access to drinking water is classified using the 'water ladder', which ranks service levels based on proximity, safety and reliability of the water source. At the top of the ladder is safely managed water – a source located on the premises, available when needed and free from faecal and harmful chemical contamination.

Improved sources include piped water, boreholes, protected wells and springs, rainwater and packaged or delivered water. In contrast, unimproved water comes from sources such as unprotected springs and wells, while surface water – the lowest rung on the ladder – is drawn directly from rivers, streams, dams or ponds.

According to the latest data, more than two-thirds (67,8%) of households that fetch their water do so in under 30 minutes, while 5% spend over an hour on the task. More than a third (35,8%) of households in KwaZulu-Natal who do not have piped water in their dwellings or on site took more than 30 minutes to fetch water.

Almost four out of five households in South Africa (77,1%) had access to at least a basic level of drinking water in 2024, according to the national water ladder assessment. The Western Cape reported the highest level of access, with 99,8% of households meeting at least the basic standard, followed by Gauteng at 99,6%. Access was significantly lower in provinces such as KwaZulu-Natal, where 83.3% of households had basic water services, with Limpopo at 86,4% and the Eastern Cape at 87,8%. The latter three provinces also recorded the highest reliance on surface water, an indicator of limited or unsafe water access.

Stats SA also reports that although nationally, access to tap water inside dwellings, off-site or on-site improved by 3,3 percentage points between 2002 and 2024, it is notable that access declined in four provinces during this period. Declines were observed in Limpopo (-10,9 percentage points), Mpumalanga (-3,0 percentage points), Free State (-0,8 percentage points) and Gauteng (-0,7 percentage points).

The functionality of municipal water-supply services measures the extent to which households that received water from a municipality reported, over the 12 months before the survey, interruptions that lasted more than 2 days at a time, or more than 15 days in total during the whole period. In addition to the number of days, households were asked to specify the frequency of these water interruptions. More than half (55,2%) of households in South Africa experienced water interruptions in 2024. Weekly water interruptions (13,9%) were most common in Mpumalanga (39,4%), KwaZulu-Natal (28,5%) and Limpopo (26,0%) and least common in the Western Cape (0,8%). Only 3,2% of households experienced water interruptions only once in the past 12 months.

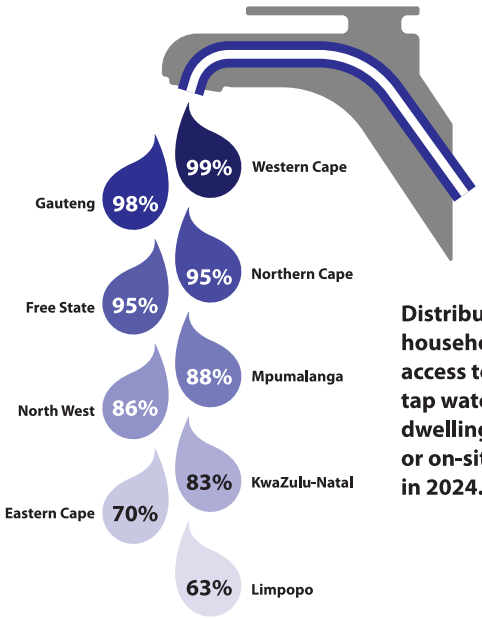
Furthermore, water interruptions that lasted at least two days were most common for households in Mpumalanga (66,2%), Northern Cape (58,0%), and Limpopo (52,0%) and least common for households in Western Cape (5,6%) and Gauteng (23,4%). Approximately one-third (33,7%) of South African households reported some dysfunctional water-supply service in 2024.

The survey also considered water quality as experienced by households. Households were asked about the taste, smell and clarity of their drinking water. Nationally, about 8 in 10 people still consider their municipal water safe to drink. Trust in water quality differed widely across the provinces, ranging from 90,8% in Limpopo, 89,4% in Gauteng and 89,6% in Western Cape to 66,8% in the Northern Cape, and 75,9% in North West.

Sanitation

Improved sanitation facilities are those designed to safely separate human waste from contact, helping to protect health and hygiene. These include flush and pour-flush toilets connected to sewer systems, septic tanks, or pit latrines; pit latrines with slabs (including ventilated ones); and composting toilets.

Under SDG 6.2, a sanitation service is considered safely managed if it meets three key conditions: the facilities must be improved, not shared with other households, and the waste must be properly treated. This can happen in one of three ways, namely the waste is treated and disposed of on site; it is stored temporarily and then emptied and treated elsewhere; or it is transported through a sewer system and treated offsite.

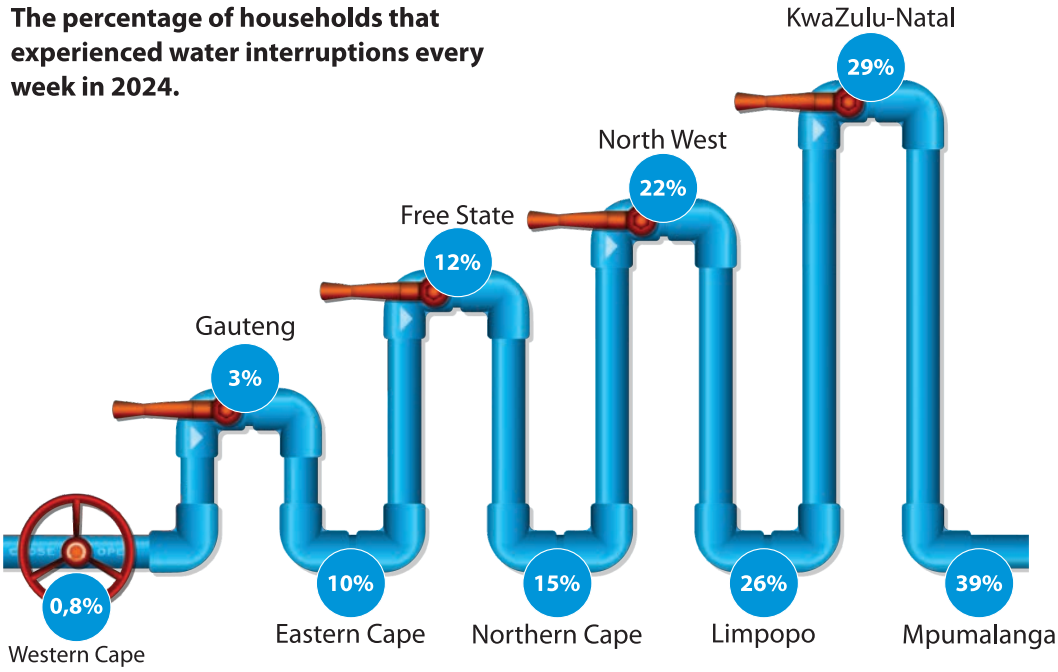


Source: Stats SA

Distribution of households with access to piped or tap water in their dwellings, off-site or on-site by province in 2024.

Source: Stats SA

The percentage of households that experienced water interruptions every week in 2024.



If the waste from improved facilities isn't safely handled, the service is classified as basic. When improved facilities are shared between households, they fall under the limited service category.

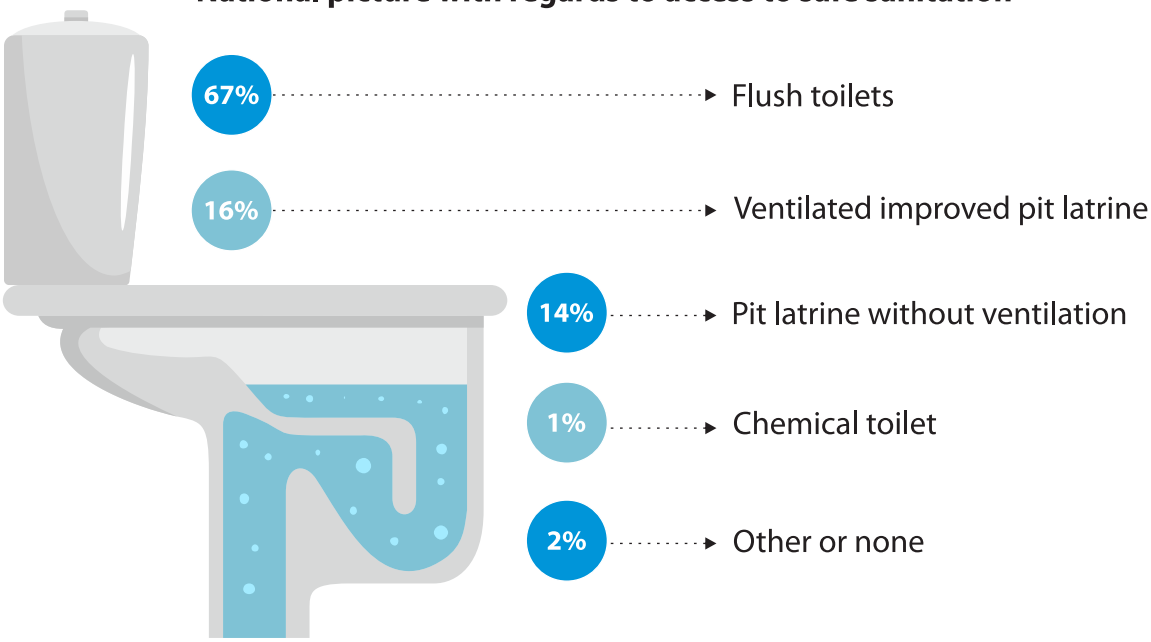
In South Africa, access to proper sanitation varied depending on where people live, the condition of the services available and their overall living environment. In 2024, just under half – 46,2% - of households reported having sanitation facilities located inside their homes.

Nationally, 76,3% of South Africans had access to safely managed sanitation services, which meet hygiene standards and ensure proper waste treatment. The highest rates were recorded in the Eastern Cape (85,3%) (reportedly due to the ventilated improved pit rollout programme), Mpumalanga (84,7%), and the Northern Cape (84,4%). In contrast, only 66,1% of the population in Gauteng had access to safely managed sanitation.

This disparity may be due to high population density, housing shortages, or limited space in cities. In many urban informal settlements, multiple households often live in cramped conditions without enough land or infrastructure to support private toilets. As a result, shared facilities become the only option. Meanwhile, rural areas, though often less developed, typically have more space per household, allowing for private or household-level sanitation, even if at a basic level.

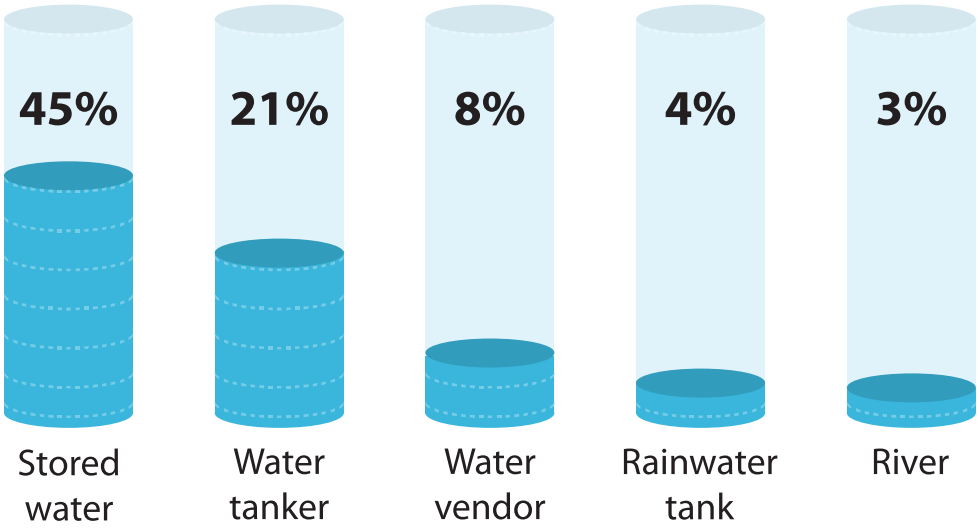
Source: Stats SA

National picture with regards to access to safe sanitation



The five most commonly used alternative sources used by households when experiencing water interruptions

Source: Stats SA



Access to safely managed sanitation services in rural areas surpasses that of urban areas, with 79,6% compared to 74,6%. This is mainly due to the widespread use of improved facilities shared with other households, accounting for 21,4%. In rural areas, individuals relying on unimproved facilities or practicing open defecation are more commonly found.

Nationally, almost two-thirds (66,7%) of households used flush toilets that were either connected to a public sewerage system or a septic or conservancy tanks, while another 16,3% used pit toilets that are connected to ventilation pipes. Households that did not have access to improved sanitation facilities largely depended on pit toilets without ventilation pipes (14,1%). The use of flush toilets was most common in the Western Cape (96,7%), Gauteng (87,8%) and Free State (78,4%). About one-third (30,7%) of households in Limpopo used some type of flush toilet, while another 31,5% used ventilated pit toilets. The largest percentage of pit toilets with ventilation pipes was observed in the Eastern Cape (42,0%), Limpopo (31,5%), and KwaZulu-Natal (27,0%).

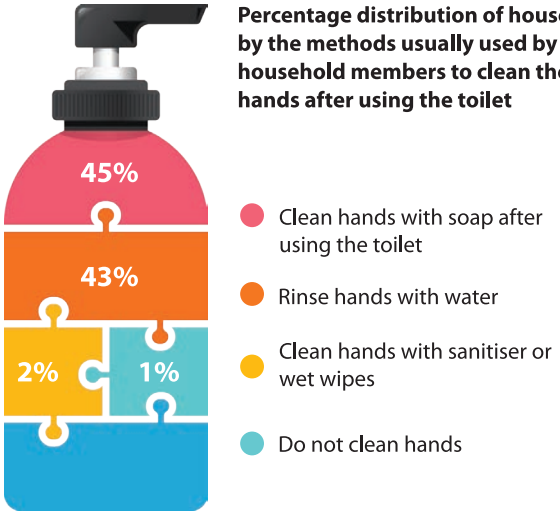
Improved sanitation facilities are those designed to hygienically separate excreta from human contact. For sanitation facilities such as flush/pour flush toilets connected to piped sewer systems or septic tanks, excreta are treated and disposed of ***in situ*** or transported through a sewer with wastewater and then treated off-site. To meet the criteria for a safely managed sanitation service, the excreta from septic tanks or pit latrines (including ventilated pit latrines) and composting toilets should be stored temporarily and then emptied and treated off-site.

Nationally, only one-tenth (10,8%) of households reported that their septic or conservancy tanks, or the chambers of the pit toilets they used, have ever been emptied. Emptying was most common in the Western Cape (88,2%), Gauteng (44,2%), and the Free State (38,4%), and least common in Limpopo (1,2%) and Mpumalanga (3,4%).

Hand hygiene has decreased markedly since the outbreak of COVID-19, with only about half of households (53,7%) indicating that they regularly wash their hands with soap and water. This is despite the fact that more than two-thirds (68%) of households have access to a hand-washing facility.

Percentage distribution of households by the methods usually used by household members to clean their hands after using the toilet

Source: Stats SA



Access to water and sanitation is essential for maintaining health, dignity, and overall well-being in households. It prevents disease, supports hygiene, and improves quality of life. Ensuring reliable access to these basic services fosters safer, more resilient communities and is a critical step toward achieving global health and development goals.

To access the full survey results, visit: https://www.statssa.gov.za/publications/P0318/P03182024.pdf