

Orange-Senqu River Awareness Kit


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People and the River

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Health Indicators

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→ **Socio-economics in the Basin**

The Basin as a Socio-Economic Entity

Key Issues: Human Development

Human Development Indicators

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Basic Data

Economic Indicators

Human Development Index

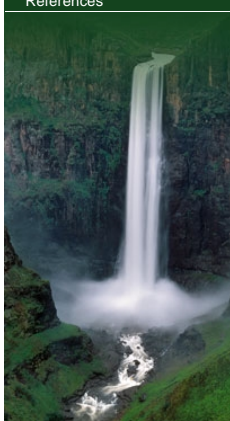
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Feedback

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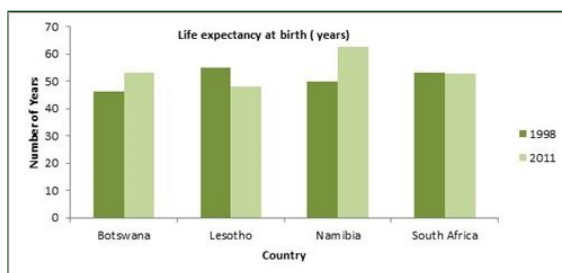
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Health indicators contribute a lot to the picture of human development in a country. They reflect, for example, how much income people can spend on health; how good their access to healthcare is; how much their country spends on healthcare and how educated people are concerning their health and wellbeing.

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Life Expectancy at Birth

The "Life Expectancy at Birth" indicator measures the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life. The development of the figures also reflects the successes of the countries in dealing with the HIV/AIDS pandemic.

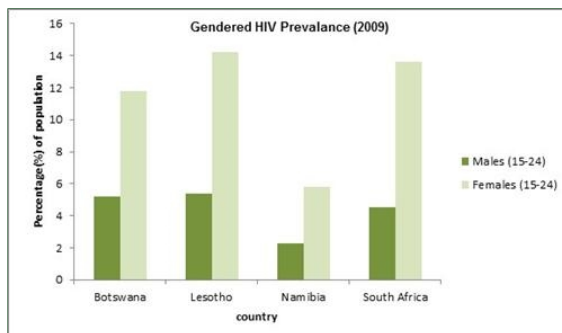


Source: UN HDR 2011
(click to enlarge)

Prevalence of HIV

The prevalence of HIV in the four basin countries is, after decades of rise, finally going down. HIV continues, however, to wreak havoc on the population of Southern Africa. People living with HIV have an increased susceptibility to illness and are therefore more vulnerable. HIV-affected people living in impoverished conditions are even more exposed as malnourishment, poor sanitation, and lack of access to clean water further increase vulnerability.

An interesting question: Why is (in all of the four countries) the (statistical) HIV prevalence in young women nearly three times as high as in young men? And: Are there really more women infected? Or are just more women diagnosed (during prenatal care or delivery)?



Source: UN HDR 2011
(click to enlarge)

Child Mortality

"Child Mortality" indicates the number of children per 1 000, who die before reaching age five. Annually, more than 10 million people worldwide die before their fifth birthday, and for every child that dies there are millions more living in the vicious cycle of poverty, malnutrition and disease. Developing countries account for 98% of child mortality deaths, and over half of those are in sub-Saharan Africa

All of the Orange-Senqu River basin states have achieved progress in reducing child mortality rates from 2000 to 2011. Botswana has made the most noticeable progress, which, to a large degree, can be attributed to anti-retroviral treatment and prevention of mother-to-child transmission. The progress in Lesotho is far less satisfactory – due, partly, to infrastructure reasons and poverty.



Basin Map

Explore the sub-basins of the Orange-Senqu River

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Video Tour

Tour video scenes along the Orange-Senqu River related to People and the River

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Timeline

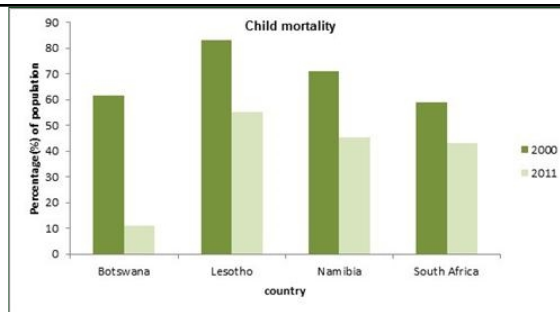
View a historical timeline of Orange-Senqu countries, including water agreements & infrastructure construction

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River Journey

Journey along the Orange-Senqu River through images and interviews

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Source: UN HDR 2011
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Use of Improved Drinking Water Sources

"Use of improved Drinking Water Supply" is the percentage of the population, which uses an improved drinking water source.

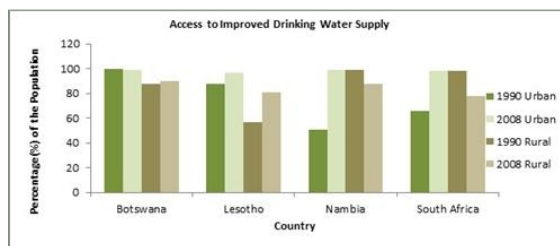
Improved drinking water sources are by the WHO defined in terms of the types of technology and levels of services that are more likely to provide safe water than unimproved technologies. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collections.

Two of every five Africans lack access to improved drinking water sources, reflecting a continent-wide lag in the provision of water services to rural areas (UNEP 2008). Lack of access to safe and reliable water sources results in labour-intensive and time consuming collection of water.

Women bear the majority of the responsibility for gathering water and are required to travel long distances in search of water sources and takes away from other household and income generating activities. This journey to gather water often requires women to be in unsafe and hazard environments.

The lack of access to safe drinking water is caused by a number of environmental and political reasons and reflects in part the inability of governments to provide for satisfactory water and sanitation systems. The results of these failings include disease and health problems, and places severe limitations on economic development possibilities.

Within the countries of the Orange-Senqu River basin the percentage of the population with reasonable access to improved water sources in urban areas is high. Rural access, however, still lags far behind.

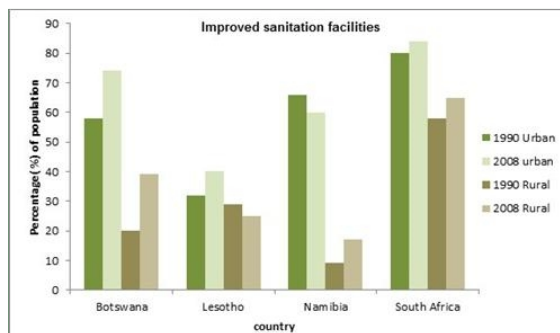


Source: UN HDR 2011
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Use of improved Sanitation Facilities

Use of "Improved Sanitation Facilities" refers to the percentage of the population with at least adequate access to excreta disposal facilities that can effectively prevent human, animal, and insect contact with excreta. Improved facilities range from simple but protected pit latrines to flush toilets with a sewerage connection. To be effective, facilities must be correctly constructed and properly maintained (World Bank 2008).

A comparison of the 2008 urban versus rural access to sanitation facilities illustrates the dichotomy between the standard of living in rural and urban areas. Only 17% of the rural population in Namibia has access to improved sanitation facilities making it one of the lowest in the world.



Source: UN HDR 2011
(click to enlarge)

[Next: Gender Inequality](#) ►