SANITATION IS DIGNITY

GUIDELINES FOR SANITATION FACILITIES FOR PEOPLE WITH DISABILITIES

water & forestry

Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

> ***"****The truth is that there is no clearly defined separation between the well and the infirm and that many of those considered well will suffer some infirmity. The old idea that barrier-free architecture is catering to a minority is no longer valid"*
>
> James F. Hillary, American Institute of Architects

1. BACKGROUND

People with disabilities should have ready access to a toilet facility, particularly at their home and at public institutions. The needs of all people must be considered when planning and developing sanitation facilities. This means that the needs of all people with disabilities, amongst others, must be included in all planning.

The 2001 census indicates that approximately 5% of South Africans have a serious disability, preventing full participation in life activities. Of this 5% approximately 50% (or 2½% overall) have physical disabilities related to limbs or sight. This means that up to one million South Africans have special needs in terms of toilet facilities. While some of the people with disabilities are accommodated within special institutions where their access needs are well taken care of, a large number live at homes within their own communities. It can be expected that within every household sanitation project, at least one in every 20 households will require special adaptations for people with disabilities. At schools and clinics at least one latrine should be permanently accessible to people with disabilities.

In addition, there are many others who may not be considered disabled but who would benefit from toilets that have features that make them more accessible for people with disabilities. These include the frail aged and people with temporary disabilities, such as people using crutches, who benefit from accessible facilities created through an approach where all toilets are designed to be more accessible to people with disabilities. Hence where possible, all latrines should be able to accommodate the "un-average" person (if there is in fact such a thing as an average person).

Many current latrines fail to take the needs of people with disabilities into consideration. Obstacles of particular concern to the people with disabilities are:

- The doorways are often too narrow and open inwards.
- There are often level differences or high thresholds at the doorways of toilets.
- The floor space for wheelchair users is inadequate.
- Squat-type toilet bowls or toilet bowls with large openings are common.
- There are no grab bars to facilitate transfer to toilet bowls.
- Where taps exist, they may be difficult to open and close.
- Latrine interiors are often dark

With our chosen ethic of non-discrimination, it follows that we have a responsibility to ensure that all people, irrespective of their ability or disability, have the opportunity to participate on equal terms in every aspect of living. This is becoming more of a reality in South Africa with the introduction of legislation and policy relating to people with disabilities such as:

- The South African Constitution and Bill of Rights, 1996
- The White Paper on an Integrated National Disability Strategy, 1997
- The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000
- The Education White Paper 6: Special Needs Education. Building an inclusive education and training system, 2001

There is therefore no excuse for ignoring the needs of people with disabilities in sanitation projects, including projects designed for households, schools and clinics.

2. DIFFERENT TYPES OF DISABILITIES

(from: Pocket Guide On Disability Equity, An Empowerment Tool)

Physical Disability

Physical disability refers to damage to muscles, nerves, skin, or bones that leads to difficulties in moving about, in performing activities of daily living (such as dressing, eating, cleaning etcetera). It is often, but not always, associated with general weakness or long lasting or acute pain. Some examples of physical disabilities include:

- Cerebral palsy - resulting from damage to the brain (often during birth) that causes muscle inco-ordination.
- Quadriplegia - a substantial loss of function in all four limbs.
- Paraplegia - a substantial loss of function in the lower part of the body.
- Hemiplegia - a substantial loss of function on one side of the body (arm and leg), often due to a stroke or as a result of epilepsy.
- Post-Polio Paralysis - weaknesses in some muscles, and under-development of some limbs.

Assistive devices are very important tools that are used by people with physical disabilities to overcome barriers, for example wheelchairs, walking frames, crutches, orthotics and prosthetics (splints, callipers, special shoes and artificial limbs), communication devices such as communication boards and specialised computers, and adjustments to motor vehicles. People with severe physical disabilities in addition often require assistance in the form of personal assistants and/or service dogs to enable them to live independent lives.

Visual Disability

Visual disability refers to the loss of sight, which may be total or partial.
"Blind" refers to the total loss of eyesight. Blind persons might experience difficulty in moving around and knowing where things are, doing some activities of daily living, writing, reading and following visual signs or commands. The most important enabling mechanisms for people who are blind are (1) independence training (orientation and mobility skills training); (2) literacy training (learning to read and write using Braille), (3) assistive devices such as a white cane, Braille writing tools, specialised computers, (4) personal assistance in the form of guide dogs and/or personal assistants to assist with reading, driving etcetera, and (5) access to reading materials in Braille and/or audio-cassette.

"Low vision" or "visual disability" is more accurate for people who have some degree of sight, but who have for example a limited range of sight and focus that cannot easily be corrected with spectacles, who are squint (their eyes do not focus together), who need special lighting to be able to see, who have blurred vision (e.g. as a result of cataracts or brain injury), or who have tunnel vision. They usually require very specialised spectacles, Braille or large print, and other equipment to assist them to compensate for their low vision.

Hearing Disability
Hearing loss may be mild, severe or total. Children may be born Deaf, or people might become Deaf later in life (Deafened). Hearing loss usually results in difficulties in learning a spoken language, following verbal instructions, making friends in the neighbourhood, behavioural problems due to frustration, accidents because warning signs were not heard. The first language of Deaf South Africans is South African Sign Language, which may have different dialects depending on where the person lives.

Hearing aids can assist people who are hard of hearing to communicate easier with the hearing world. Interpreters are essential to break down communication barriers between the Deaf community and the hearing world.

Mental Disability
Mental disabilities include cognitive, psychiatric and learning disabilities as well as physical head trauma. Particular attention needs to be given to the right of people with mental disabilities to advocate for their own rights, and not to always be 'spoken for'.

Intellectual Disability
People with intellectual disabilities find it difficult to learn and retain new information, and often to adapt to new situations. Children with intellectual disabilities often develop slower than their peers and require additional support to develop. One example of intellectual disability is Down Syndrome. Augmentative and Alternative communication (AAC) strategies are essential communication tools for people with moderate or severe intellectual disabilities, and include special communication boards, adapted computers, etcetera.

Psychiatric Disability
People living with a psychiatric or mental illness (who often prefer calling themselves users and survivors of psychiatry) often experience difficulties in perceiving or interpreting reality, coping with some aspects of daily life, forming and maintaining relationships, coping with difficult feelings, fears and anxieties, or often see and hear things that do not exist.

Multiple Disabilities
Multiple disability means having two or more of the disabilities already described, for example people who are Deaf-blind. Access to assistive devices, specialised equipment, personal assistance and interpreters/interveners are essential enabling mechanisms to enable people with multiple disabilities to live independently (including with their family) and participate fully.

3. PURPOSE OF THIS GUIDELINE MANUAL

This guideline sets out the necessary requirements for the construction of latrines for people with disabilities. It includes a section on the institutional responsibilities for the planning, design, construction and funding of these latrines, and the maintenance requirements for the ongoing care of the latrines. However the primary purpose of the guideline is to provide technical advice and guidance for the design of latrines for people with disabilities, the modification of existing latrines to cater for people with disabilities, and some thoughts on the design of standard latrines to cater for the needs of the temporarily disabled or incapacitated.

The following approach has been adopted in the presentation of design options:

A design consideration is described which outlines the specific aspect that should be addressed to cater for the requirements of people with disabilities. For each consideration two design levels are described:

- Minimum design requirements – this gives the minimum design requirement for the particular application that should be met under all circumstances.
- Desirable design criteria – this gives what would be desirable should sufficient funds be available, or what the latrine can be upgraded to as the level of service is improved within the community.

Guidelines are then proposed for the construction of new toilets and for the upgrading of existing toilets to accommodate the needs of people with disabilities to the extent possible.

This approach allows for a design that meets the minimum requirements, but where feasible an improved level of design that will facilitate a more comfortable and dignified use of the latrine by people with disabilities.

4. INSTITUTIONAL ROLES AND RESPONSIBILITIES

Within the South African context, the provision of sanitation services is the constitutional responsibility of local government. The Department of Water Affairs and Forestry (DWAF) are the sector leaders for sanitation, and as such are responsible for setting out policy and design requirements, and for monitoring that these are adhered to. Provincial government provide support to local government where required.

4.1 Institutional responsibilities

Hence in terms of these guidelines,

4.1.1 DWAF is responsible for setting the standards and policy, and for monitoring that these are met by local government. Where necessary DWAF will be required to make temporary interventions at a local government level to

ensure that the standards and policy can be implemented at the appropriate level.

4.1.2 Local Government (particularly Water Services Authorities) are required to ensure that these design requirements are incorporated into all sanitation projects, including those funded by MIG and other sources. In addition local government structures must ensure that these structures are maintained in a working and usable condition on an ongoing basis.

4.1.3 Other institutional structures have the responsibility of providing support to local government to enable them to meet their obligations in terms of these and other guidelines and standards. Such institutions include certain provincial government departments (Health, Education, Housing, Local Government), provincial and district sanitation forums, and other organisations such as consumer bodies, institutions of professional disciplines (e.g. Civil Engineering, Health Workers, Medical Practitioners, …), and NGO's.

4.2 Application and contracting

When a new sanitation project is planned, an initial estimate of the requirements for disabled persons may be made from existing survey figures, or based on the "1 in 20 households" general guideline figure, and one latrine per school or clinic minimum requirement. This should be used for budgeting purposes, but also to ensure that the requirements are fully recognised in the planning process.

The consultant and/or contractor appointed to design and implement the project will need to make a full assessment of the actual requirements from the community. The application for budget adjustments to cater for providing facilities to people with disabilities must be documented and signed by the municipality, and also preferably by the community. An example of an application form is attached as appendix 1. Note that this may include modifications of existing toilets where an acceptable toilet for normal use already exists.

It is strongly recommended that people with disabilities in the community are fully informed on the process, and given the opportunity to make comments on the proposed designs.

4.3 Maintenance

As with all sanitation programmes, the household is responsible for maintaining their latrine in a good working order. Municipal or community health workers are required to inspect facilities from time to time to ensure not only that a healthy environment is maintained, but also that the specific facilities for people with disabilities remain functional for use by people with disabilities.

5. SANITATION DESIGN CONSIDERATIONS FOR PEOPLE WITH DISABILITIES

The key design requirements for toilets for people with disabilities are accessibility, ability to use without additional help, and preservation of dignity.

5.1 Internal floor space

5.1.1 Design Consideration

Wheel chair users require sufficient space to be able to manoeuvre their wheel chairs to be able to get on and off the toilet pedestal and in and out the privy. The standard designs (0.8m to 0.9m wide x 0.6m to 1.0m in front of the pedestal) do not allow sufficient space for this.

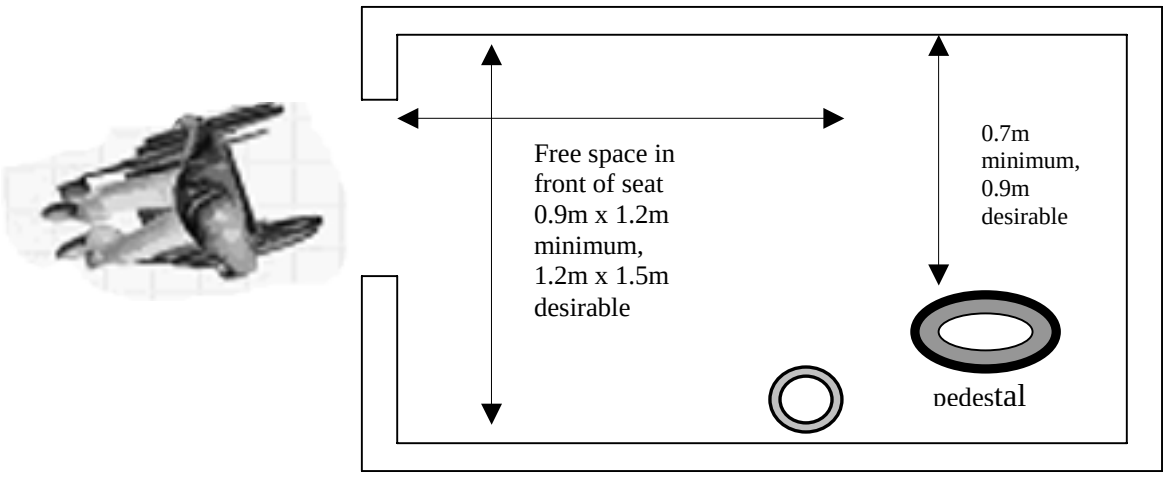
5.1.2 Minimum Design requirements

The wheel chair user must be able to manoeuvre so that the wheel chair can be brought alongside the pedestal seat. This requires a minimum space 0.7m wide next to the seat. A minimum free floor area of 0.9m x 1.2m in front of the seat allows the wheel chair user to enter in reverse, close the door, and go out when finished.

5.1.3 Desirable Design Specifications

The desirable internal free floor area in the literature is stated as 1.5m x 1.8m, which allows the wheel chair user to manoeuvre and turn within the cubicle. However this guide proposes a desirable space alongside the seat of 0.9m (this allows a helper to stand next to the wheel chair), and a free floor area in front of the seat of 1.2m x 1.5m to enable wheel chair user to turn around and to use of the latrine comfortably.

Guideline 5.1.1 <u>New structures</u>: All new structures should ensure that a minimum space of 0.9m is provided next to the seat, and a free floor area in front of the seat of 1.2 m x 1.5 m is provided for latrines for people with disabilities. The floor should have a non-slip surface.



Guideline 5.1.2 <u>Existing structures</u>: The internal free floor area in front of the seat can be increased by changing the door to an outward opening door

(or in some circumstances a sliding door), and/or by moving the pedestal closer to the back of the latrine cubicle. However to create sufficient space next to the seat may require one of the walls to be broken down and rebuilt such that the internal space is increased sufficiently. In a block consisting of a number of latrines (e.g. at a school), the internal floor area can be increased by breaking down the dividing wall between two latrines.

5.1.4 Other Notes

Where a toilet is being built to suit an individual disabled person, the seat should be positioned such that people with disabilities person's strongest arm is next to the seat when they come alongside in the wheel chair.

5.2 Door and entrance features

5.2.1 Design Consideration

Wheelchair users, people on crutches and other handicapped people find that the door to the latrine creates a difficulty because it open inwardly. This means the user must first get past the door (which may not be able to open fully) then close it behind them from a limited space inside the latrine cubicle. This may be impossible to do on standard latrines of 0.9m x 1.2m.

5.2.2 Minimum Design requirements

Unless the interior of the toilet is very spacious, the toilet door should open outwards, as this allows adequate space for the user to get through the doorway and close the door behind them. The door handle should be such that it can be easily grabbed by a person who does not have the full use of their hands. A lever type handle is recommended. In addition a rope should be attached to the door so that it can be pulled closed from a position inside the cubicle. The clear doorway width should be a minimum of 0.8m with the door opening at least 90^{o}. For a latrine built outside of the home, a suitable stop should be installed to prevent the door opening wider than approximately 120^{o} and being damaged by strong winds.

No obstruction (e.g. pedestal, wash-basin or tap) should be installed within the normal entrance-way that will hinder a person as they pass through the doorway.

There should be no step into the latrine. A low threshold (<2cm) should be bevelled with a slope of no greater than 1:2. For a step higher than this a ramp with a slope of no greater than 1:12 should be constructed.

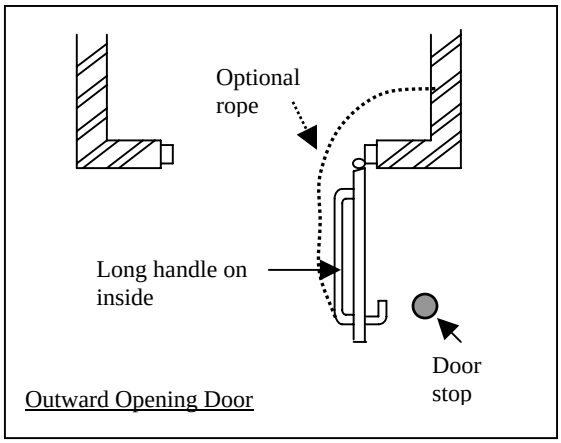
5.2.3 Desirable Design Specifications

The specifications for the minimum requirements apply. However preference should be given to the option of installing a sliding door instead of a hinged door. In addition 0.45m free space between the door handle and the nearest wall or other obstruction should be provided to enable the user to approach the handle unhindered.

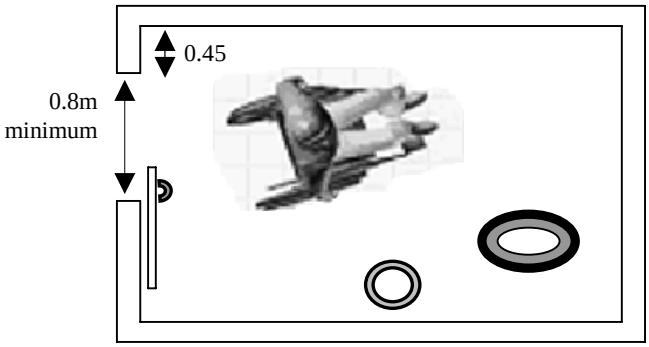
The door should have a long handle on the inside of the door the full width of the door so that it can be opened and closed from any point close to the door.

Guideline 5.2.1 New structures: All new structures should either have a sliding door, an outward opening door or be large enough to allow sufficient space for the door to be closed from the inside by a wheel chair user. Outward opening doors should have either a rope or a full width door handle so that the door can be easily closed from the inside. The door should be able to open to at least 90^{o} from its closed position, and there should be no obstructions close to the entrance. The door width should be at least 0.8m. There should be no steps into the toilet cubicle. Differences in levels should either be bevelled or if greater than 2cm a ramp constructed with a slope not exceeding 1:12.

Guideline 5.2.2 Existing structures: If there is insufficient space when the door is opened inwards, change the door to an outward opening door. Apply the same design considerations as for a new toilet, adding a rope or long handle to the door, removing steps, and removing obstacles that may partially block the entrance.



Outward Opening Door



Sliding door option

5.3 Pedestal

5.3.1 Design Consideration

Wheelchair users, the infirm, people on crutches and other handicapped people find great difficulty using a squat type toilet, and hence all toilets for the handicapped should have a pedestal seat. In addition grab bars should be installed to facilitate getting on and off the seat. The seat should also be suitably placed to enable the user to reach the grab bars comfortably. The pedestal should not be tapered outwards towards the bottom so as to prevent a wheel chair coming alongside the seat.

5.3.2 Minimum Design requirements

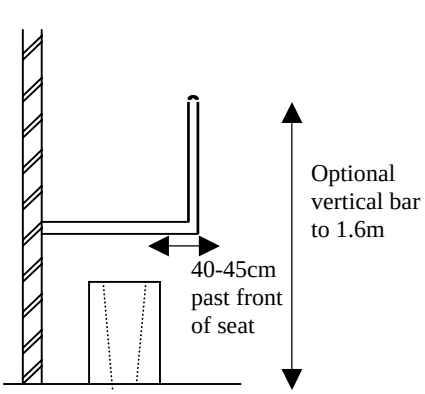
The pedestal should be at a height to 40 to 45cm (the same height as a wheel chair), and positioned such that the centre line of the seat is 40 to 45cm from one side wall. Grab bars should be installed on the side wall closest to the pedestal at a height of 60 to 70cm. The diameter of the bars should be 3.8 cm to 4.5 cm and the space between the wall and each grab bar should be 4 cm to 5 cm. The grab bar should extend 40 to 50cm past the front of the seat.

5.3.3 Desirable Design Specifications

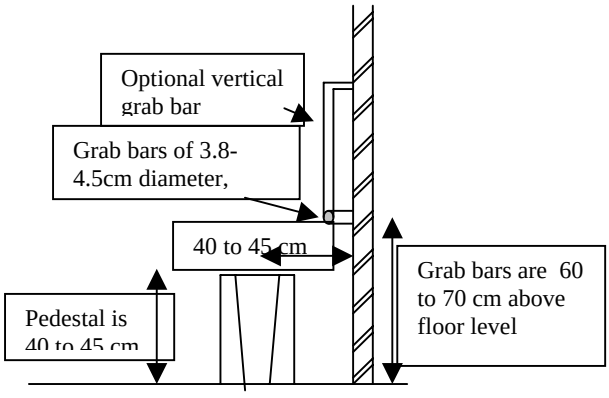
The specifications for the minimum requirements apply. In addition the grab bars should be extended vertically to a height of 1.6m at the end furthest from the seat. There should also be sufficient space provided behind the seat for a helper to stand.

Guideline 5.3.1 New structures: All new structures should have a non-tapered pedestal seat at a height of 40 to 45cm such that the centreline of the pedestal is 45cm from one wall. Grab bars should be installed as described in the design requirements. These can be purchased from specialised shops, or manufactured from robust plastic pipes (e.g. 50mm PVC class 16) or 50mm galvanised piping using standard fittings.

Guideline 5.3.2 Existing structures: If the toilet is a squat type toilet, it should be replaced with a seat type toilet pedestal. In addition grab bars should be installed on one side of the pedestal as described above. Tapered pedestals should be replaced with a strait-up pedestal.



Side view



Front view

5.3.4 Other options

Commodes (sanichairs) may be used where mobility or access to a toilet is difficult. They are free-standing toilets which can be used anywhere in the house when it is difficult to get to a normal toilet and are often used at night.

The toilet pedestal may be built as a wooden box-type seat, but should still allow sufficient space alongside for a wheel chair.

Other notes

Any rail must be firmly enough attached to take a person's weight in any direction. It is not safe to rely on putting weight on basins, toilet roll holders, door handles etc.

Wheel chair users with quadriplegia cannot use grab bars, and hence the pedestal must be sufficiently sturdy and broad for them to manoeuvre on and off with ease.

5.4 Operating Devices (taps, flush levers, toilet paper holders)

5.4.1 *Design Considerations*

Operating devices should be so shaped and positioned that they are accessible and easy to operate with a closed fist.

5.4.2 Minimum Design requirements

Hand washing facility: The hand washing facility should preferably be placed inside the toilet cubicle close to the pedestal seat so that the user can wash his or her hands before getting back onto the wheel chair or crutches. If a tap is installed, it should be fitted with a lever handle. The washing facility should be at a height of between 0.8 and 1.1m, with a clear space underneath the facility of 0.7m. If the hand washing facility is located outside of the toilet cubicle, it should meet the same height and functional specifications.

Toilet paper dispenser: A toilet paper dispenser or shelf should be installed at a position that is easily reachable from the toilet seat.

5.4.3 Desirable design specifications

Hand washing facility: Apply the same principals as for the minimum requirements above. A soap dish or soap dispenser should be provided. Towel rails and should be placed at a suitable height for wheelchair users.

Toilet paper dispenser: Apply the same principals as for the minimum requirements above.

A mirror may be provided and should be tilted or placed at a suitable height for wheelchair users.

Guideline 5.4.1 New structures: Install a hand washing facility that is close to the toilet seat and at a suitable height for a person sitting on the seat. If feasible also install a tap with a lever handle, and a soap dish or dispenser. A towel rail or hook could be installed next to the hand washing facility. A shelf or toilet paper dispenser should be attached to the wall within easy reach of the person sitting on the toilet seat.

Guideline 5.4.2 Existing structures: Similar facilities as for new structures can usually be installed. In some cases it may be necessary to install the hand washing facility outside the toilet cubicle to maintain sufficient space within the cubicle.

5.5 Urinals

5.5.1 Design considerations

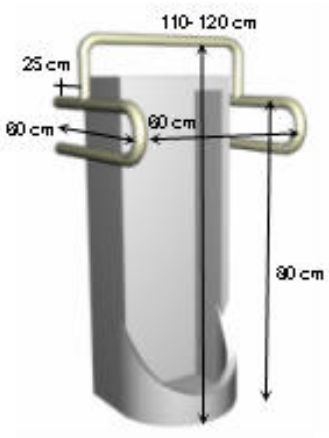
At schools and other public places it is common to install urinals in the men's toilets. At least one of the urinals should have grab bars to support ambulant persons with disabilities (for example, crutch users).

5.5.2 Minimum Design requirements

A stall-type urinal is recommended. A stall-type urinal is easy for everyone, including small children, to use.

5.5.3 Desirable design specifications

Grab bars may be installed on each side, and in the front, of the urinal. The front bar is to provide chest support; the side bars are for the user to hold on to while standing.



5.6 Toilet structure

5.6.1 Design considerations

The toilet structure should provide sufficient light and ventilation for users with poor eye sight to be able to see adequately. For a VIP type toilet, it may be necessary to install a black or dark coloured lid on the pedestal to maintain the dark appearance from inside the pit (so that flies are attracted up the vent pipe rather than into the cubicle).

5.6.2 Minimum Design requirements

For toilets outside of the home or main building in the case of schools, toilet structures should allow natural light to enter on at least two sides (e.g. sides facing east and north). The openings should be covered with fly screen or glass. The interior should be painted with a bright colour, preferably white. In

addition a shelf should be provided both inside and outside the toilet cubicle to place a candle or gas/paraffin lamp.

For toilets inside the home the orientation of the cubicle should be such that as much natural light and ventilation as possible can enter the room. If connected to a supply of electricity, an electric light should be installed.

5.6.3 Desirable design specifications

The minimum requirements as described above apply. In addition the junction between walls and floor and wall corners should be painted with contrasting colours or additional stripes so that they are clearly visible. The other facilities (pedestal, hand washing facility, toilet paper holder) should be clearly marked in contrasting colours to the walls and floor.

Guideline 5.6.1 New Structures: Construct with windows or screened openings at a height of 1.6m or higher, with the openings facing the sun (E, NE, N, NW, W). Paint the interior brightly with paint that is easy to wash and keep clean. Use alternative paints to show contrasts. Install an electric light or make provision to stand a candle or lamp such that it casts sufficient light at night.

Guideline 5.6.2 Existing Structures: If necessary break out part of a wall to allow more natural light into the toilet cubicle. The openings should be screened or a window installed. The interior should be painted in light colours and a either install an electric light or install a shelf for holding a candle or lamp at night.

5.7 Access

5.7.1 Design considerations

The toilet should be easily accessible for people with disabilities. This means a smooth, firm path to the toilet and if necessary a guide rope along the path for the blind. There should also not be any steps. The path should be adequately illuminated for use at night.

5.7.2 Minimum Design requirements

For toilets outside of the home or main building in the case of schools, a firm compacted or surfaced pathway should lead from the home or school building to the toilet structure. The path should have a maximum slope of 1:20, and be wide enough for wheel chairs and people on crutches (0.9m).

5.7.3 Desirable design specifications

The minimum requirements as described above apply. In addition the path should be paved with bricks or with concrete. A shelter against rain should be provided at least at the entrance to the toilet and at the entrance of the house or school building. A guide rope should also be attached to poles along the edge of the pathway for blind or partially sighted persons. An external light should be installed to illuminate the pathway at night.

6. REQUIREMENTS FOR SPECIFIC DISABILITIES

The design requirements described in section 5 are not all required for every kind of disability. The following specific requirements apply for each type of disability:

6.1 Wheel chair users (people with quadriplegia)
The following aspects are relevant:

Design Aspect	Features that apply	Other
Internal floor space	Guidelines 5.11 and 5.12	
Door and entrance features	Guidelines 5.21 and 5.22	
Pedestal	Guidelines 5.31 and 5.32 excluding grab bars	
Operating Devices (taps, flush levers, toilet paper holders)	Guidelines 5.41 and 5.42	
Urinals	None	
Toilet structure	None	Except in terms of cleanliness and being more pleasant to use
Access	5.7.2 and 5.7.3 excluding guide rope	

6.2 Wheel chair users (people with paraplegia)
The following aspects are relevant:

Design Aspect	Features that apply	Other
Internal floor space	Guidelines 5.11 and 5.12	
Door and entrance features	Guidelines 5.21 and 5.22	
Pedestal	Guidelines 5.31 and 5.32	
Operating Devices (taps, flush levers, toilet paper holders)	Guidelines 5.41 and 5.42	
Urinals	None	
Toilet structure	None	Except in terms of cleanliness and being more pleasant to use
Access	5.7.2 and 5.7.3 excluding guide rope	

6.3 Users of crutches, walking frames, orthotics and prosthetics
The following aspects are relevant:

Design Aspect	Features that apply	Other
Internal floor space	Minimum requirements are acceptable	
Door and entrance features	Guidelines 5.21 and 5.22	
Pedestal	Guidelines 5.31 and 5.32	
Operating Devices (taps, flush levers, toilet paper holders)	Guidelines 5.41 and 5.42	
Urinals	5.5.2 and 5.5.3	
Toilet structure	None	Except in terms of cleanliness and being more pleasant to use
Access	5.7.2 and 5.7.3 excluding guide rope	

6.4 The blind and partially sighted
The following aspects are relevant:

Design Aspect	Features that apply	Other
Internal floor space	Minimum requirements are acceptable	
Door and entrance features	None	
Pedestal	Guidelines 5.31 and 5.32 excluding grab bars	
Operating Devices (taps, flush levers, toilet paper holders)	Guidelines 5.41 and 5.42	
Urinals	5.5.2 and 5.5.3	
Toilet structure	Guidelines 5.6.1 and 5.6.2	
Access	5.7.2 and 5.7.3	

7. OTHER ISSUES

7.1 Subsidies

The cost of constructing new toilets or modifying existing toilets for use by people with disabilities will in general be higher than the cost of constructing a

basic household toilet. Where householders qualify for a government subsidy for their household toilet, the following additional subsidies may be allocated:

Additional Requirement	New Toilets	Modification of Existing Toilets	Subsidy Recommendation
1. Floor space for wheel chairs	Increase size of floor and superstructure by approximately 50%	Breakdown walls and rebuild floor, walls and roof to increase size of floor and superstructure by approximately 50%	New toilets – increase subsidy by R500 Existing toilets – provide subsidy of R750
2. Door and entrance features	Additional handle on door	Change to outward opening door + add handles or rope	New toilets – increase subsidy by R50 Existing toilets – provide subsidy of R150
3. Pedestal and grab bars	Install grab bars	Install grab bars	New toilets – increase subsidy by R100 Existing toilets – provide subsidy of R100
4. Operating devices	Install standard features so as to be accessible	Install standard features so as to be accessible	No additional subsidy required
5. Urinals (schools)	Install grab bars at one side of urinal	Install grab bars at one side of urinal	New toilets – increase subsidy by R100 Existing toilets – provide subsidy of R100
6. Toilet structure	Install large screened openings and paint in bright colours	If required break down part of wall and install large screened openings + paint in bright colours	New toilets – increase subsidy by R50 Existing toilets – provide subsidy of up to R350
7. Access path	Compact and pave path from house to toilet	Compact and pave path from house to toilet	New toilets – increase subsidy by R40 per 10m Existing toilets – provide subsidy of R40 per 10m

7.2 Availability of support

For additional queries and support contact the National Sanitation Programme Office at the Department of Water Affairs and Forestry, at:

APPENDIX A

APPLICATION FORM FOR ADDITIONAL SANITATION SUBSIDY FOR SANITATION FACILITIES FOR PEOPLE WITH DISABILITIES

REQUEST TO WSA

Name of project and/or community:				
Local Municipality				
District Municipality or WSA				
Status of project:				
IA (if already appointed)				
PA (if already appointed)				
Specific conditions for which additional subsidy is requested	(Attach report)			
How additional subsidy amount was estimated				
Number of households affected				
Additional subsidy requested			Total	
Request submitted by	Name		Organisation	
	Date		Signature	
Contact details	Postal address		Fax	
	email		telephone	
Approval	Request not approved		Request approved but with lower subsidy of:	
	Request approved		Other:	
	Name		Organisation	
	Date		Signature	

FOR MORE INFORMATION

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Chief Directorate: Sanitation
Tel: (012) 336 8811
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	Fax:	(031) 307 7279
Western Cape	Tel:	(021) 950 7100
	Fax:	(021) 946 3666
Eastern Cape	Tel:	(043) 604 5400
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