

# The Menstrual Friendly Public Toilet (MFPT) Audit Tool

## Background

The aim of this audit tool is to assess key dimensions of a Menstrual-Friendly Public Toilet (MFPT) including accessibility, structure and hardware, availability of basic supplies, safety and privacy features, and availability of menstrual management resources. The tool was used in a two-phase assessment of MFPTs in six cities: Barcelona, Kampala, Manila, New York City, Osaka, and Rio de Janeiro. It is intended to objectively indicate the presence and describe the quality of select features of public facilities and toilets. ***Detailed guidance on how to use the MFPT audit tool is provided in the training deck (on the GATE MFPT website).***

The audit data can be directly summarized or used to create scores to further characterize the overall “menstrual friendliness” of each public facility/toilet. In the mentioned [MFPT study](#), numeric scores were derived to describe the overall mean “menstrual friendliness” across all audited facility/toilets and by city and neighborhood type. ***Detailed guidance on how MFPT scores were conceptualized and created is provided in Annex D: Data Analysis of the MFPT Toolkit (MFPT Toolkit Guidance Note).***

### Paper versus electronic data collection

A paper version of the audit tool can be downloaded separately for data collection use, however, we recommend collecting data via online survey if possible. An online survey template of the MFPT Audit Tool was created and is available in a Qualtrics Survey Format (QSF) file to download. Qualtrics is a cloud-based platform that allows users to create and distribute surveys, collect responses, and analyze data. The QSF file can be imported for use in another Qualtrics account, where you will be able to collect, manage, and export your own audit data. To learn more about Qualtrics, please visit their [resource page](#). If using a different online survey platform to collect data, please download the PDF version of the survey which includes helpful skip/display logic, recode values, and other helpful information to create an online survey version of the MFPT audit tool. **Downloadable data collection tools can be found on the [GATE MFPT website](#).**

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## MENSTRUAL FRIENDLY PUBLIC TOILET AUDIT TOOL

| SECTION 1. AUDIT AREA INFORMATION                                   |   |
|---|---|
| <b>Audit ID code</b>  | Recommended format: SiteType('BUS', 'TOUR', 'TRANS', or 'RES') _Date (DDMMYYYY)_Audit(##): _____<br>Example Audit ID code for the first audit conducted in a Business area on January 1, 2001: BUS_01012001_01                            |
| <b>Site Name/Location</b>   |   |
| <b>Field Researcher Name</b>  |   |
| <b>Time (24-hour time)</b>  | <b>Audit Start time:</b> _____ <b>Audit End time:</b> _____   |
| <b>Site type</b>  | <input type="radio"/> Business area <input type="radio"/> Residential Neighborhood/Park/Plaza area<br><input type="radio"/> Tourist area <input type="radio"/> Other, please specify: _____<br><input type="radio"/> Transit station area |
| <b>Latitude</b> (-90 to 90) (N/S) (up to 4 decimal places)<br>_____ | <b>Longitude</b> (-180 to 180) (E/W) (up to 4 decimal places)<br>_____  |

| SECTION 2. FACILITY DESCRIPTION           |  |  |  |  |  |   |   |   |
|---|--|--|--|--|--|---|---|---|
| <b>1</b>                                  | <b>Is the toilet facility standalone?</b> <div style="float: right;"> <input type="radio"/> No      <input type="radio"/> Yes                 </div>   |  |  |  |  |   |   |   |
| <b>2</b>                                  | <b>Is the toilet facility inside another building?</b> <div style="float: right;"> <input type="radio"/> No      <input type="radio"/> Yes                 </div>  |  |  |  |  |   |   |   |
| <b>3</b>                                  | <b>Are gender-neutral toilets available?</b> <div style="float: right;"> <input type="radio"/> No      <input type="radio"/> Yes<br/><br/> <input type="radio"/> No gender indicated (not labeled gender neutral or labeled "Family")                 </div>   |  |  |  |  |   |   |   |
| <b>4</b>                                  | <b>Where is the toilet facility located?</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="radio"/> Park<br/><input type="radio"/> Library<br/><input type="radio"/> Transit Station                             </div> <div style="width: 45%;"> <input type="radio"/> Market<br/><input type="radio"/> Government Building<br/><input type="radio"/> Other, please specify: _____                             </div> </div>  |  |  |  |  |   |   |   |
| <b>5</b>                                  | <b>Is the toilet facility open 24 hours, 7 days a week?</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="radio"/> No<br/>(indicate days and hours below)                             </div> <div style="width: 30%;"> <input type="radio"/> Yes                             </div> <div style="width: 30%;"> <input type="radio"/> Don't know<br/>(no hours indicated)                             </div> </div>  |  |  |  |  |   |   |   |
|   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Monday<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Tuesday<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Wednesday<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Thursdays<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Friday<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Saturday<br/>Hours:                             </td> <td style="width: 14.28%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Sunday<br/>Hours:                             </td> </tr> </table> | <input type="checkbox"/> Monday<br>Hours:    | <input type="checkbox"/> Tuesday<br>Hours:   | <input type="checkbox"/> Wednesday<br>Hours: | <input type="checkbox"/> Thursdays<br>Hours: | <input type="checkbox"/> Friday<br>Hours: | <input type="checkbox"/> Saturday<br>Hours: | <input type="checkbox"/> Sunday<br>Hours: |
| <input type="checkbox"/> Monday<br>Hours: | <input type="checkbox"/> Tuesday<br>Hours:   | <input type="checkbox"/> Wednesday<br>Hours: | <input type="checkbox"/> Thursdays<br>Hours: | <input type="checkbox"/> Friday<br>Hours:    | <input type="checkbox"/> Saturday<br>Hours:  | <input type="checkbox"/> Sunday<br>Hours: |   |   |
| <b>6</b>                                  | <b>Notes on facility description:</b>  |  |  |  |  |   |   |   |

### SECTION 3. ACCESSIBILITY

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <b>7</b>   | Do you need to gain access to a building before you can access the toilet facility (e.g., walk through a train turnstile or gate)?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>8</b>   | Do you need to purchase something to use the toilet facility (e.g., a general admission ticket)?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>9</b>   | Is there a visible sign indicating the toilet facility entrance?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>10</b>  | Do you need permission to use the toilet facility (e.g., security guard)?  | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>11</b>  | Is there a toilet facility attendant on site?  | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>12</b>  | Is there a fee to use the toilet facility ( <i>not</i> to access the main building/space)?   | <input type="radio"/> No   | <input type="radio"/> Yes<br>Cost: _____  |  |  |  |
| <b>13</b>  | Do you need a code or a key to access the toilet facility?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>14</b>  | Is there at least one wheelchair accessible entrance to the toilet facility?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>15</b>  | Is there at least one wheelchair accessible entrance to the main building to access the toilet facility?   | <input type="radio"/> No   | <input type="radio"/> Yes   |  |  |  |
| <b>16</b>  | <table border="0" style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <b>Toilet facility status:</b><br/><br/> <i>*Note: If facility is closed or occupied, record the end time at the top and <u>end</u> the audit here.</i> </td> <td style="width: 40%; vertical-align: top;"> <input type="radio"/> Open, and accessible<br/> <input type="radio"/> Open, but currently occupied (single stall)*<br/> <input type="radio"/> Closed (no reason)*<br/> <input type="radio"/> Closed for cleaning*                 </td> <td style="width: 30%; vertical-align: top;"> <input type="radio"/> Closed for renovation*<br/> <input type="radio"/> Closed permanently*<br/> <input type="radio"/> Closed for the season*<br/> <input type="radio"/> Other, please specify: *<br/>                     _____                 </td> </tr> </table> | <b>Toilet facility status:</b><br><br><i>*Note: If facility is closed or occupied, record the end time at the top and <u>end</u> the audit here.</i>   | <input type="radio"/> Open, and accessible<br><input type="radio"/> Open, but currently occupied (single stall)*<br><input type="radio"/> Closed (no reason)*<br><input type="radio"/> Closed for cleaning* | <input type="radio"/> Closed for renovation*<br><input type="radio"/> Closed permanently*<br><input type="radio"/> Closed for the season*<br><input type="radio"/> Other, please specify: *<br>_____ |  |  |
| <b>Toilet facility status:</b><br><br><i>*Note: If facility is closed or occupied, record the end time at the top and <u>end</u> the audit here.</i> | <input type="radio"/> Open, and accessible<br><input type="radio"/> Open, but currently occupied (single stall)*<br><input type="radio"/> Closed (no reason)*<br><input type="radio"/> Closed for cleaning*  | <input type="radio"/> Closed for renovation*<br><input type="radio"/> Closed permanently*<br><input type="radio"/> Closed for the season*<br><input type="radio"/> Other, please specify: *<br>_____ |   |  |  |  |
| <b>17</b>  | <b>Notes on accessibility:</b>   |  |   |  |  |  |

### SECTION 4. STRUCTURE

|           |   |  |
|-----------|---|--|
| <b>18</b> | <b>Facility type:</b><br><input type="radio"/> Single-occupant, no stall<br><input type="radio"/> Single-occupant, with stall | <input type="radio"/> Multi-occupant stall<br><input type="radio"/> Other, please specify: _____                       |
| <b>19</b> | Is there a functional door(s) for the main toilet facility entrance(s)?   | <input type="radio"/> No <input type="radio"/> Yes<br><input type="radio"/> No door by design                          |
| <b>20</b> | If single use, does the main toilet facility door have a functional lock? (Facility has multiple stalls = "NA")               | <input type="radio"/> No <input type="radio"/> Yes<br><input type="radio"/> No door by design <input type="radio"/> NA |

|    |  |                          |  |
|----|--|--------------------------|--|
| 21 | Is there a source of natural light (window, skylight, etc.)?         | <input type="radio"/> No | <input type="radio"/> Yes  |
| 22 | Is there a source of electric light (overhead lighting, lamp, etc.)? | <input type="radio"/> No | <input type="radio"/> Yes, and operating/functioning<br><input type="radio"/> Yes, but not operating/fully functioning |
| 23 | Notes on structure:  |                          |  |

**SECTION 5. TOILETS AND STALLS/CUBICLES**

|    |   |  |
|----|---|--|
| 24 | How many number of toilets/stalls/cubicles are in this facility?<br>• If single-occupant (stall or no stall) facility, please write "1"   |  |
| 25 | How many toilets/stalls/cubicles are <u>unoccupied</u> /how many were you able to access?<br>• If single-occupant <b>with</b> stall, please write "0" or "1"; if single occupant <b>with no</b> stall, please write "NA"  |  |
| 26 | Of the toilets/stalls/cubicles you were able to access, how many have a functional door?<br>• If single-occupant <b>with</b> stall, please write "0" or "1"; if single occupant <b>with no</b> stall, please write "NA"   |  |
| 27 | Of the toilets/stalls/cubicles you were able to access, how many have functional locks?<br>• If single-occupant <b>with</b> stall, please write "0" or "1"; if single occupant <b>with no</b> stall = please write "NA"   |  |
| 28 | Of the toilets/stalls/cubicles you were able to access, how many have functional hooks/shelves?<br>• If single-occupant (stall or no stall), please write "0" or "1"  |  |
| 29 | What kind of containers or resources are available, anywhere, in the facility/toilet to dispose menstrual products? <i>Select all that apply.</i><br><input type="checkbox"/> General trash can or dust bin<br><input type="checkbox"/> Small bins without foot pedals (in stalls <i>separate</i> from a general trash bin)<br><input type="checkbox"/> Small bins with functional foot pedals (in stalls <i>separate</i> from a general trash bin)<br><input type="checkbox"/> Wall-mounted receptacles<br><input type="checkbox"/> Incinerator<br><input type="checkbox"/> Other, please specify: _____ |  |
| 30 | Of the toilets/stalls/cubicles you were able to access, how many had bins or other container(s) that can be used for menstrual product disposal?<br>• If single-occupant (stall or no stall), please write "0" or "1"   |  |
| 31 | Of the toilets/stalls/cubicles you were able to access, how many bins had liner bags?<br>• If single-occupant (stall or no stall), please write "0" or "1"<br>• If a disposal mechanism other than a bin is present, please write "NA"  |  |
| 32 | Of the toilets/stalls/cubicles you were able to access, how many bins had a <i>functional</i> lid?<br>• If single-occupant (stall or no stall), please write "0" or "1"<br>• If a disposal mechanism other than a bin is present, please write "NA"   |  |
| 33 | How full is/are the bin(s) in the toilets/stalls/cubicles?<br><input type="radio"/> No stall-specific bin(s) available<br><input type="radio"/> All/most bins somewhat full/ <u>somewhat usable</u>   |  |

|           |   |   |
|-----------|---|---|
|           | <input type="radio"/> All/most bins empty/minimally full/ <u>usable</u>   | <input type="radio"/> All/most bins full/ <u>unusable</u> |
| <b>34</b> | <b>Do any of the bins in the toilets/stalls/cubicles have any menstrual blood present on them?</b> These are <i>separate</i> from the general trash bin.<br><input type="radio"/> None of the bins have any visible menstrual blood present<br><input type="radio"/> Some (<50%) of the bins have visible menstrual blood present on them<br><input type="radio"/> Nearly all of the bins have menstrual blood present on them<br><input type="radio"/> NA – there are no bins in the toilets/stalls/cubicles |   |
| <b>35</b> | <b>Are there instructions posted in <i>any</i> of the toilets/stalls/cubicles regarding menstrual product disposal?</b><br><input type="radio"/> No <input type="radio"/> Yes   |   |
| <b>36</b> | <b>Of the toilets/stalls/cubicles you were able to access, how many had at least 1 ROLL or SHEETS of toilet paper?</b><br><ul style="list-style-type: none"> <li>If toilet paper is not locally used, please write “NA”</li> </ul>  |   |
| <b>37</b> | <b>Of the toilets/stalls/cubicles you were able to access, how many had resources available to sanitize or cover the toilet seat (e.g., alcohol sprays, disposable/paper covers)?</b><br><ul style="list-style-type: none"> <li>If disposable/paper toilet seat covers are not locally used, please write “NA”</li> </ul>   |   |
| <b>38</b> | <b>How many of the total number of toilets have functional seats?</b><br><ul style="list-style-type: none"> <li>If there are only squats, please write “NA”</li> </ul>  |   |
| <b>39</b> | <b>Toilet bowl(s) and/or squat toilet(s) condition:</b><br><input type="radio"/> Poor, all/most are damaged unhygienic, no or limited function<br><input type="radio"/> Adequate, all/most are showing some wear/slightly damaged, hygienic, functional<br><input type="radio"/> Good, all/most are not damaged, hygienic, highly functional<br><input type="radio"/> NA  |   |
| <b>40</b> | <b>Are there handrails near at least one toilet or in one stall/cubicle?</b><br><input type="radio"/> No <input type="radio"/> Yes  |   |
| <b>41</b> | <b>Is there space (in at least one stall/cubicle) to allow a wheelchair to turn around (at least 5 feet/1.5-meter radius from wall to wall)?</b><br><input type="radio"/> No <input type="radio"/> Yes  |   |
| <b>42</b> | <b>Is there at least one functional bidet available?</b><br>If bidet is not locally used, please write “NA”<br><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> NA  |   |
| <b>43</b> | <b>Notes on toilets and stalls/cubicles:</b>  |   |

| SECTION 6. AVAILABLE RESOURCES |  |  |
|--------------------------------|--|--|
| <b>44</b>                      | <b>Is there water available in the toilet facility (e.g., sink, faucet, jerry can)?</b>                                | <input type="radio"/> No <input type="radio"/> Yes |
| <b>45</b>                      | <b>Is there water for washing available outside toilet facility within 5 meters (e.g., sink outside the facility)?</b> | <input type="radio"/> No <input type="radio"/> Yes |
| <b>46</b>                      | <b>Total number of taps/sinks (inside and/or outside facility). If none, please write “0”</b>                          |  |
| <b>47</b>                      | <b>Total number of functional taps/sinks. If none, please write “0”</b>  |  |

|    |   |  |
|----|---|--|
| 48 | <b>Total number of jerry cans/buckets.</b> If jerry cans/buckets are not locally used, please write "NA"; If none, please write "0"   |  |
| 49 | <b>Total number of functional liquid soap dispensers within the facility.</b> If none, please write "0"   |  |
| 50 | <b>Total number of soap bars within the facility.</b> If none, please write "0"   |  |
| 51 | <b>Are there paper towels/paper towel dispenser(s)?</b><br><br><input type="radio"/> No   | <input type="radio"/> Yes, and they are stocked/available<br><input type="radio"/> Yes, but the paper towel containers, rolls, or dispensers are empty                               |
| 52 | <b>Are there hand dryer(s)?</b><br><br><input type="radio"/> No   | <input type="radio"/> Yes, and at least one is functional<br><input type="radio"/> Yes, but none are working   |
| 53 | <b>Sink(s) condition.</b><br><br><input type="radio"/> No sink available<br><input type="radio"/> Poor, all/most are damaged, unhygienic  | <input type="radio"/> <u>Adequate</u> , all/most slightly damaged, hygienic, functional<br><input type="radio"/> <u>Good</u> , all/most are not damaged, hygienic, highly functional |
| 54 | <b>Availability of a <u>general</u> trash can(s) or dust bin(s) in the toilet facility:</b><br><br><input type="radio"/> Not available and none outside<br><input type="radio"/> Available and useable/not full | <input type="radio"/> Available, but not usable/full<br><input type="radio"/> Not inside, but available outside near the facility  |
| 55 | <b>Notes on available resources:</b>  |  |

### SECTION 7. CLEANLINESS AND FUNCTION

|    |   |  |
|----|---|--|
| 56 | <b>Are there visible feces, urine, insects, used toilet paper or other materials in the space?</b>  | <input type="radio"/> No <input type="radio"/> Yes   |
| 57 | <b>Ventilation (select all that apply):</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Vent or Fan<br><input type="checkbox"/> Natural (window) | <input type="checkbox"/> Unclear/uncertain<br><input type="checkbox"/> Other, please specify: _____  |
| 58 | <b>Odor</b><br><br><input type="radio"/> <u>No noticeable</u> odor  | <input type="radio"/> <u>Some noticeable</u> odor that may <i>not</i> impact facility use<br><input type="radio"/> <u>Strong noticeable</u> odor that may limit facility use |

|    |  |  |
|----|--|--|
| 59 | <b>Floors</b><br><br><input type="radio"/> <u>Poor</u> , very unclean  | <input type="radio"/> <u>Adequate</u> , unclean but acceptable<br><input type="radio"/> <u>Good</u> , clean  |
| 60 | <b>Walls/Roof</b><br><br><input type="radio"/> No walls/roof available<br><input type="radio"/> <u>Poor</u> , do not provide privacy or cover from weather | <input type="radio"/> <u>Adequate</u> , provide adequate privacy or cover from weather<br><input type="radio"/> <u>Good</u> , provide excellent privacy and cover from weather |
| 61 | <b>Notes on cleanliness and function:</b>  |  |

**SECTION 8. AVAILABILITY OF MENSTRUAL MANAGEMENT ITEMS & OTHER SUPPLIES**

|   |   |  |                                     |  |                           |
|---|---|--|-------------------------------------|--|---------------------------|
| 62  | <b>Is there at least one mirror <u>in adequate condition</u> and <u>long enough in length</u> that can be used for adjusting clothing?</b>      |  |                                     | <input type="radio"/> No                                 | <input type="radio"/> Yes |
| 63  | <b>Is there a changing table/station and/or a place to care for a baby (e.g., family cubicle/stall)?</b>  |  |                                     | <input type="radio"/> No                                 | <input type="radio"/> Yes |
| 64  | <b>Are there menstrual products available in the toilet facility (e.g., dispenser with menstrual products, basket with menstrual products)?</b> |  |                                     |  |                           |
| <input type="radio"/> No, not available<br><input type="radio"/> Yes, stocked and/or machine is working |   | <input type="radio"/> Yes, but <u>cannot confirm</u> stock or dispenser function<br><input type="radio"/> Yes, but <u>not</u> stocked and/or machine is <u>not</u> working |                                     |  |                           |
| 65  | <b>Are pads available?</b>  | <input type="radio"/> No   | <input type="radio"/> Yes, for free | <input type="radio"/> Yes, for a cost<br><br>Cost: _____ |                           |
| 66  | <b>Are tampons available?</b>   | <input type="radio"/> No   | <input type="radio"/> Yes, for free | <input type="radio"/> Yes, for a cost<br><br>Cost: _____ |                           |
| 67  | <b>Is pain medication available?</b>  | <input type="radio"/> No   | <input type="radio"/> Yes, for free | <input type="radio"/> Yes, for a cost<br><br>Cost: _____ |                           |
| 68  | <b>Notes on availability of menstrual management items:</b>   |  |                                     |  |                           |

*Please return to the top of the audit tool to record the end time.*