MFPT Audit Tool – December 2024

Survey Flow

Block: Audit ID Code (1 Question)
Standard: Section 1 - AUDIT AREA INFORMATION (6 Questions)
Standard: Section 2 — FACILITY DESCRIPTION (7 Questions)
Standard: Section 3 — ACCESSIBILITY (13 Questions)
Standard: Section 4 — STRUCTURE (6 Questions)
Standard: Section 5 — TOILETS AND STALLS/CUBICLES (20 Questions)
Standard: Section 6 — AVAILABLE RESOURCES (12 Questions)
Standard: Section 7 — CLEANLINESS AND FUNCTION (6 Questions)
Standard: Section 8 — AVAILABILITY OF MENSTRUAL MANAGEMENT ITEMS & OTHER SUPPLIES (7 Questions)
Standard: End time (1 Question)

EndSurvey: Default

Page Break

i Audit ID code The recommended format is "SiteType_Date_Audit Number"
(e.g. Bus_01Jan2001_01).   Site Type (Abbreviated) = Bus, Tour, Trans, or Res Date =
ddmmmyyyy *(e.g., 01Jan2001)*   Audit Number = Assigned number of choice *(e.g., 01, 02,
03)*   **Enter the Audit ID code using the format above:**

_____

a **Section 1 — AUDIT AREA INFORMATION**   Site Name/Location *(e.g., "Moynihan Train
Hall")*

_____

✳

b Field Researcher Name (First and Last/Family Name)

_____

✳

c Start time of data collection (24-hour time):

_____

d Site type

○ Business area

○ Tourist area

○ Transit station area

○ Residential Neighborhood/Park/Plaza area

○ Other, please specify: _____

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e *Optional:* Latitude (-90 to 90) (N/S). Please include up to 4 decimal places (e.g., 1.4000)

_____

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f *Optional:* Longitude (-180 to 180) (E/W). Please include up to 4 decimal places (e.g., 1.4000)

_____

End of Block: Section 1 - AUDIT AREA INFORMATION

Start of Block: Section 2 — FACILITY DESCRIPTION

1 **Section 2 — FACILITY DESCRIPTION**   Is the toilet facility standalone?

○ No

○ Yes

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2 Is the toilet facility inside another building?

○ No

○ Yes

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3 Are gender-neutral toilets available?

○ No

○ Yes

○ No gender indicated (not labeled gender neutral or labeled "Family")

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4 Where is the toilet facility located?

○ Park

○ Library

○ Transit Station

○ Market

○ Government Building

○ Other, please specify: _____

Page Break ————————————————————————————————————

5 Section 2 — FACILITY DESCRIPTION   Is the toilet facility open 24 hours, 7 days a week?

○ No

○ Yes

○ Don't know - no hours indicated

✳

5.1 Section 2 — FACILITY DESCRIPTION   When is the toilet facility open for use? Select all days that apply and add hours of operation (e.g., 09:00AM - 09:00PM)

☐   Monday _____

☐   Tuesday _____

☐   Wednesday _____

☐   Thursday _____

☐   Friday _____

☐   Saturday _____

☐   Sunday _____

Page Break ——

6 Notes on general description of the facility (optional):

_____

_____

_____

_____

_____

7 **Section 3 — ACCESSIBILITY**   Do you need to gain access to a building before you can access the toilet facility *(e.g., walk through train turnstiles or gate)*?

○ No

○ Yes

8 Do you need to purchase something to use the toilet facility *(e.g., a general admission ticket)*?

○ No

○ Yes

9 Is there a visible sign indicating the toilet facility entrance?

○ No

○ Yes

10 Do you need permission to use the toilet facility *(e.g., security guard)*?

○ No

○ Yes

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11 Is there a toilet facility attendant on site?

○ No

○ Yes

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12 Is there a fee to use the toilet facility (*not* to access the main building/space)?

○ No

○ Yes

12.1 **Section 3 — ACCESSIBILITY**   What is the cost to use the toilet facility? Please include local currency *(e.g., 1 Euro).*

_____

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13 **Section 3 — ACCESSIBILITY**   Do you need a code or a key to access the toilet facility?

○ No

○ Yes

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14 Is there at least one wheelchair accessible entrance to the toilet facility?

○ No

○ Yes

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15 Is there at least one wheelchair accessible entrance to the main building to access the toilet facility?

○ No

○ Yes

Page Break ————————————————————————

16 **Section 3 — ACCESSIBILITY** Toilet facility status: *Note: If entire facility is closed or occupied, you will move on to record end time and the audit will be automatically submitted.*

☐ Open and accessible

☐ Open, but currently occupied (applies to single-stall toilet facilities)

☐ Closed (no reason)

☐ Closed for cleaning

☐ Closed for renovation

☐ Closed permanently

☐ Closed for the season

☐ Other, please specify:

_____

Skip To: 16.1 If 16 != Open and accessible

- -

Display This Question:
If 16 != Open and accessible

✳

16.1 End time of data collection (24-hour time):

_____

Skip To: End of Survey If Condition: End time of data collection... Is Displayed. Skip To: End of Survey.

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Page Break ——————————————————————————————————————

17 Notes on accessibility (optional):

_____

_____

_____

_____

_____

18 **Section 4 — STRUCTURE**   Facility type:

○ Single-occupant, no stall

○ Single-occupant, with stall

○ Multi-occupant stall

○ Other, please specify: _____

19 Is there a functional door(s) for the main toilet facility entrance(s)?

○ No

○ Yes

○ No door by design

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20 **Section 4 — STRUCTURE**   Does the main toilet facility door have a functional lock?

○ No

○ Yes

○ No door / lock by design

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21 Is there a source of natural light *(e.g., window, skylight, etc.)*?

○ No

○ Yes

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22 Is there a source of electric light *(e.g., overhead lighting, lamp)*?

○ No

○ Yes, and operating/functioning.

○ Yes, but not operating/fully functioning.

Page Break ──────────────────────────────────────

23 Notes on structure (optional):

_____

✳

24 **Section 5 — TOILETS AND STALLS/CUBICLES** How many number of toilets/stalls/cubicles are in the facility? *Note: If this is a single-occupant (stall or no stall) facility, please enter "1"*

_____

Display This Question:
If 18 != Single-occupant, no stall

✳

25 How many stalls/cubicles are unoccupied/how many were you able to access?

_____

Display This Question:
If 18 != Single-occupant, no stall

✳

26 Of the stalls/cubicles you were able to access, how many have a functional door?

_____

Display This Question:
If 18 != Single-occupant, no stall

✳

27 Of the stalls/cubicles you were able to access, how many have functional locks?

_____

*

28 **Section 4 — STRUCTURE**   Of the stalls/cubicles you were able to access, how many have functional hooks/shelves?   *Note: If this is a single-occupant (stall or no stall) facility, please enter "0" or "1"*

_____

Page Break ————————————————————————————————————

29 **Section 5 — TOILETS AND STALLS/CUBICLES**   What kind of containers or resources are available, anywhere, in the toilet facility to dispose menstrual products? *Select all that apply.*

☐   General trash can/dust bin

☐   Small bins with <u>functional foot pedals</u> (in stalls <u>separate</u> from a general trash bin)

☐   Small bins *without* foot pedals (in stalls <u>separate</u> from a general trash bin)

☐   Wall-mounted receptacles

☐   Incinerator

☐   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? *Note: If this is a single-occupant facility (stall or no stall), please enter "0" or "1"*

_____

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31 Of the stalls/cubicles you were able to access, how many product disposal bins had liner bags? *Note: If a disposal mechanism other than a bin is present, please enter "NA"*

_____

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32 Of the stalls/cubicles you were able to access, how many product disposal bins had a *functional* lid? *Note: If a disposal mechanism other than a bin is present, please enter "NA"*

_____

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33 Among all stalls/cubicles you were able to access, how full is/are the product disposal bin(s)?

○ No stall-specific bin(s) available

○ All/most bins empty/minimally full/usable

○ All/most bins somewhat full/somewhat usable

○ All/most bins full/unusable

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34 Do any of the bins in the toilets/stalls/cubicles have any menstrual blood present on them?
Note: These are separate from the general trash bin.

○ None of the bins have any visible menstrual blood present

○ Some (

○ Nearly all of the bins have menstrual blood present on them

○ Not Applicable - There are no bins present in the toilets/stalls/cubicles

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35 Are there instructions posted in *any* of the toilets/stalls/cubicles regarding menstrual product disposal?

○ No

○ Yes

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36 **Section 5 — TOILETS AND STALLS/CUBICLES**   Of the toilets/stalls/cubicles you were able to access, how many had at least 1 ROLL or SHEETS of toilet paper? *Note: If toilet paper is not locally used, please enter "NA"*

_____

37 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)*? *Note: If disposable/paper toilet seat covers are not locally used, please enter "NA"*

_____

Page Break

38 **Section 5 — TOILETS AND STALLS/CUBICLES** How many of the total number of toilets have functional seats? *Note: If only squats are present, please enter "NA"*

_____

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39 Overall toilet bowl(s) and/or squat toilet(s) condition: *Note: If neither toilet bowls or squat toilets are available, please select "NA"*

○ Poor, all/most are damaged unhygienic, no or limited function

○ Adequate, all/most are showing some wear/slightly damaged, hygienic, functional

○ Good, all/most are not damaged, hygienic, highly functional

○ NA

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40 Are there handrails near at least one toilet or in one stall/cubicle?

○ No

○ Yes

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41 Is there space (in at least one stall/cubicle) to allow a wheelchair to turn around *(i.e., at least 5 foot/1.5 meter radius from wall to wall)*?

○ No

○ Yes

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42 Is there at least one functional bidet available? *Note: If bidets are not locally used, please select "NA"*

○ No

○ Yes

○ NA

Page Break

43 Notes on toilets/stalls/cubicles (optional):

_____

_____

_____

_____

_____

44 **Section 6 — AVAILABLE RESOURCES**   Is there water available in the toilet facility (*e.g., sink, faucet, jerry can)*?

○ No

○ Yes

45 Is there water for washing available outside toilet facility within 5 meters *(e.g., sink outside the facility)*?

○ No

○ Yes

✱

46 Total number of taps/sinks (inside and/or outside facility): *Note: If there are none, please enter "0"*

_____

Page Break

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47 **Section 6 — AVAILABLE RESOURCES**   Total number of *functional* taps/sinks (inside and/or outside facility): *Note: If none are functional, please enter "0"*

_____

48 Total number of jerry cans/buckets: *Note: If jerry cans/buckets are not locally used, please enter "NA"*

_____

[*]

49 Total number of functional liquid soap dispensers within the facility: *Note: If none are functional, please enter "0"*

_____

[*]

50 Total number of soap bars within the facility: *Note: If there are none, please enter "0"*

_____

51 Are there paper towels/paper towel dispenser(s)?

○ No

○ Yes, and they are stocked/available

○ Yes, but the paper towel containers, rolls, or dispensers are empty

52 Are there hand dryer(s)?

○ No

○ Yes, at least one is functional

○ Yes, but none are working

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53 Sink(s) condition:

○ No sink(s) available.

○ Poor, all/most are damaged, unhygienic

○ Adequate, all/most slightly damaged, hygienic, functional

○ Good, all/most are not damaged, hygienic, highly functional

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54 Availability of a general trash can(s) or dust bin(s) in the toilet facility:

○ Not available and none nearby

○ Available and usable/not full

○ Available but not usable/full

○ Not inside, but available outside near the facility

Page Break

55 Notes on available resources (optional):

_____

_____

_____

_____

_____

56 **Section 7 — CLEANLINESS AND FUNCTION**   Are there visible feces, urine, insects, used toilet paper or other materials in the space?

○ No

○ Yes

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57 Ventilation: *Please select all that apply.*

☐   None

☐   Vent or Fan

☐   Natural (window)

☐   Unclear/uncertain

☐   Other, please specify:
_____

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58 Odor:

○ No noticeable odor

○ <u>Some noticeable odor</u> that may not impact facility use

○ <u>Strong noticeable odor</u> that may limit facility use

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59 Floors:

○ Poor, very unclean

○ Adequate, unclean but acceptable

○ Good, clean

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60 Walls/Roof:

○ No walls/roof available

○ Poor, do not provide privacy or cover from weather

○ Good, provide excellent privacy and cover from weather

○ Adequate, provide adequate privacy or cover from weather

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61 Notes on cleanliness and function (optional):

_____

62 **Section 8 — AVAILABILITY OF MENSTRUAL MANAGEMENT ITEMS & OTHER SUPPLIES**   Is there at least one mirror in adequate condition and long enough in length that can be used for adjusting clothing?

○ No

○ Yes

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63 Is there a changing table/station and/or a place to care for a baby *(e.g., family cubicle/stall)*?

○ No

○ Yes

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64 Are there menstrual products available in the toilet facility *(e.g., dispenser with menstrual products, basket with menstrual products)*?

○ No

○ Yes, and they are stocked or machine is working

○ Yes, but cannot confirm stock or machine function

○ Yes, but they are not stocked or machine is not working

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65 Are pads available? If there is a cost, enter the amount (include local currency - e.g., "1 Euro") under the selection.

○ No

○ Yes, for free

○ Yes, for a cost _____

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66 Are tampons available? f there is a cost, enter the amount (include local currency - e.g., "1 Euro") under the selection.

○ No

○ Yes, for free

○ Yes, for a cost _____

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67 Is pain medication available? f there is a cost, enter the amount (include local currency - e.g., "1 Euro") under the selection.

○ No

○ Yes, for free

○ Yes, for a cost _____

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68 Notes on availability of menstrual management items (optional):

_____

_____

_____

_____

_____

End of Block: Section 8 — AVAILABILITY OF MENSTRUAL MANAGEMENT ITEMS & OTHER SUPPLIES

Start of Block: End time

✳

End time of data collection (24-hour time):

_____

End of Block: End time