





Accessibility and safety audit for menstrual hygiene management

This Accessibility and Safety Audit for menstrual hygiene facilities has been adapted from the 'Accessibility and Safety Audit: Latrine' to incorporate a specific focus on menstrual hygiene management. The purpose is to:

- Find out if and how a person with an impairment or reduced mobility of accesses facilities to manage menstruation either independently or with the support of a carer.
- Identify which features make it easy and which features make it difficult to use by a person or their carer.
- Find out if there are any safety concerns around managing menstruation or accessing the facility, particularly for adolescent girls and women and
- Find out if there is the ability to dispose of or clean relevant menstrual products safety and privately
- Identify if there are any changes that can be made to the facility or its surrounds to reduce safety risks identified
- Make suggestions for changes/improvements
- Involve users in the design of facilities

How and where one manages their period is still very often a private or even taboo subject. Therefore, it is important to ensure:

- the team or individuals who are supporting this audit are sensitive and respectful
- ask the participants if they would prefer a female only assessment team
- train the organisations or people that the participants are already familiar and comfortable with to conduct the participatory assessment for example a Disabled Peoples Organisation that the participant is already familiar and comfortable with.

A. Allocation of roles:

Appoint a co-ordinator (if you haven't already). Assign or ask for volunteers for relevant tasks (taking account the blue box considerations above). The tasks are:

Task	Equipment needed
Co-ordinator	Note-book and pen
Interviewer and Note-taker	Note-book and pen
Drawer of diagrams	Note-book and pen
Measurer	Tape measure
Photographer	Camera (phone or otherwise)

B. General Details:

1. Gender of Interviewees/ users:

- 2. Age of Interviewees:
- 3. Location /Address:
- 4. Name of implementing organisation:
- 5. Accommodation owned, rented or other (specify):
- 6. Geographic location rural, urban, peri-urban, village, farm, flat, hilly, (Please describe)
- 7. General description of living situation how many people in the house (if applicable), how many managing menstruations:

C. About the user:

Introduction: The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

Ask the question below and then read out the four answer categories for each question	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
Do you have difficulty seeing, even if wearing glasses?				
Do you have difficulty hearing, even if using a hearing aid?				
Do you have difficulty walking or climbing steps?				
Do you have difficulty remembering or concentrating?				
Do you have difficulty (with self-care such as) washing all over or dressing?				
Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?				

D. Accessibility and safety:

Different users now attempt to show how they can/cannot use the toilet and manage menstruation.

Use this checklist to remind you of the kind of features to look for, ignore any that are not relevant, and add things that are missing.

Ask the user to show you where she manages her menstruation / where the Carer		
manages the menstruation of the person s/he is caring for?		
Type of facility (i.e.		
latrine, wash room,		
behind a bush/tree):		
Location:		
General description of		
the facility:		
-		
Ask the user to into and sh	ow how they can/cannot use the facility. Make a note of any	
features that make it difficult to use.		
Getting there (observe):		

Checklist			
Distance from house to	facility.		
	h for the primary participant?		
-	m, with nothing to trip up?		
	pery when either dry or wet? t block the path, or make it easy to trip especially for visually		
impaired people?			
Are slopes too steep?			
• If used at night, is the p	path lit?		
•	he path which make people feel unsafe when using it? If so		
why?			
Getting in/on/out (observe):			
Checklist			
Steps:	n finn an harlann ann alla an alla		
-	en, firm or broken, non-slip or slippery?		
Is there a handrail for s	αρροιτέ		
Entrance:			
Is it wide enough for the user to enter?			
Is the door easy to open?			
 Is the door easy to lock and unlock? 			
 If someone faced harassment or other safety risks when using the facility would they be able to safely get away from the facility? 			
Safety of use (ask the			
participant)			

Checklist			
2	nen using the facility?		
	cular times of day or night when you feel less safe?		
	at anyone can easily see inside the facility?		
Inside (observe)			
Checklist			
 Is there enough space inside for a participant and her Carer (if she needs support) to move around easily? When the door is closed is there enough light to see? Do the roof / window (if applicable) provide adequate privacy for user/s? 			
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thrown away (observe / ask the participant)?	
	e cloth?
Any additional information or comments	