**Pacific DPO Fund Review: First survey to inform the Review Framework**

**Survey due: Friday 12 June 2020.**

Thank you for agreeing to take this survey to help PDF refine the focus and scope of the Pacific DPO Fund Review.

Your input requested by **Friday 12 June 2020.**

The Pacific DPO Fund ('the Fund'), managed by the Pacific Disability Forum (PDF) since 2009, awards grants to Disabled Persons Organisations (DPOs) for activities focused on “improving the lives of persons with disability by supporting the organisational development and project work of Pacific Disabled Persons Organisations."  For more information, please see the Pacific DPO Fund Guidelines on the [PDF Website](http://www.pacificdisability.org/Members/Funding.aspx).

**The Fund is now due for review.**We invite your input into setting the focus and scope of the review so that we can collect the information you think is important. More information about the review can be found in the *Review Brief* document attached to the survey invitation email.

This survey seeks to find out from you **what you would like the review to focus on**. The survey has four (4) sections:

1)     Information about you and the group you represent  
2)     Your views on the review focus and scope  
3)     Your ongoing participation preferences and contact information  
4)     Your experience using this survey method  
   
We expect the survey to take approximately**10 minutes to complete**, with the majority of time being spent on the three (3) open ended questions in Section 2. The remaining questions are mostly multiple choice.

If you have any questions or once you have completed your form, please send your completed survey to Christina Parasyn at [cparasyn@gmail.com](mailto:cparasyn@gmail.com).

If you would prefer to remain anonymous please send your form to Angeline Chand at PDF on [development@pacificdisability.org](mailto:development@pacificdisability.org) who will send the information on without your details.

Survey begins here.

**Section 1: Information about you and/or your organisation**

*This information will help us identify what groups and how diverse the group are that have contributed to the review. It will also help us identify which groups we may need to reach in other ways.*

**Question 1:** Which of the following group or groups are you representing in this survey?

You can represent one or more groups in this survey. In the list below, please delete the options that do not apply to you:

* DPO Member, Staff or Board
* PDF Secretariat staff
* PDF Board Member
* DPO Fund Committee member – current
* DPO Fund Committee Member - past
* Interested community member in the Pacific
* Interested community member living outside the Pacific
* Independent consultant
* Service provider
* Government
* Private sector
* Existing Funder/Donor of the Pacific DPO Fund
* Potential Funder/Donor of the Pacific DPO Fund
* Development partner (eg. INGO, UN Agency, CROP agency)
* Grantmaking organisation
* Other, please specify your organisation or the type of organisation you represent

*If you represent a DPO Staff or Board, please go to question 2.*

*If you represent PDF Secretariat, please go to question 6.*

*For all other responses, please go to question 7.*

**Question 2:** If you answered DPO staff or Board, what group/s does your DPO represent?

In the list below, please delete the options that do not apply to you:

* Cross-disability groups
* Deaf and Hard of hearing community
* Persons with blindness and low vision
* People with deafblindess
* People with intellectual disabilities
* Persons with physical disabilities
* People with psychosocial disabilities
* Children and/or adults with disabilities
* Women with disabilities
* Indigenous persons with disabilities
* Parents of children and/or adults with disabilities
* Other, please specify here:

*Go to question 3.*

**Question 3:** If you answered DPO staff or Board, have you ever received a Pacific DPO Fund Grant?

In the list below, please delete the options that do not apply to you:

* Yes
* No
* I don’t know

*If yes to receiving a grant, go to question 4.*

*If your answer was No or I don’t know, go to question 7*

**Question 4:** If yes to receiving a grant, from which funding stream did you receive your grant?

In the list below, please delete the options that do not apply to you:

* Project funding
* Organisational development funding
* Small Grants
* I don’t know

*Go to question 5.*

**Question 5:** In what years did you receive grants?

In the list below, please delete the options that do not apply to you:

* 2010
* 2011
* 2012
* 2013
* 2015
* 2017

*Go to Question 7.*

**Question 6:** If you selected PDF Secretariat, what team do you belong to?

In the list below, please delete the options that do not apply to you:

* Program Team
* Corporate/Finance Team
* Policy, Advocacy and Planning Team
* Humanitarian/Climate Change Team
* Other, please specify here:

*Go to question 7.*

**Question 7:** Your gender:

In the list below, please delete the options that do not apply to you:

* Female
* Male
* Other
* Prefer not to answer

*Go to question 8.*

**Question 8:** Your age:

In the list below, please delete the options that do not apply to you:

* 16 – 25 years
* 26 – 35 years
* 36 – 55 years
* 56 – 70 years
* 71+ years
* Prefer not to answer

*Go to question 9.*

**Question 9:** In which country are you based?

In the list below, please delete the options that do not apply to you:

* American Samoa
* Australia
* Cook Islands
* Federated States of Micronesia
* Fiji Islands
* Guam
* Kiribati
* Marshall Islands
* Nauru
* New Caledonia
* New Zealand
* Niue
* Palau
* Papua New Guinea
* Samoa
* Solomon Islands
* Tahiti
* Timor Leste
* Tokelau
* Tonga
* Tuvalu
* Vanuatu
* Wallis & Fatuna
* Other, please specify here:

*Go to question 10.*

**Question 10:** Your location is:

In the list below, please delete the options that do not apply to you:

* Urban
* Rural

*Go to question 11.*

**Question 11:** Do you identify as a person with disabilities?

In the list below, please delete the options that do not apply to you:

* Yes
* No
* Prefer not to answer

If you answered yes, you do identify as a person with disabilities, go to question 12.

For all other answers go to question 13.

**Question 12:** If you answered yes, is the functional difficulty mainly related to:

In the list below, please delete the options that do not apply to you:

* Seeing
* Hearing
* Walking
* Remembering or concentrating
* Self-care
* Communication
* Using your hands or arms
* Psychosocial factors
* Other, please specify here if you are willing:
* Prefer not to answer

*Go to question 11.*

**Question 13:** How familiar are you with the Pacific DPO Fund?

In the list below, please delete the options that do not apply to you:

* This is the first time hearing about the fund
* I know a little bit about the Fund
* I know a lot about the Fund

*Go to Section 2.*

**Section 2: Your views on the focus and scope of the review**

*The information you share in this section will help us focus the review on what you want to want to learn from the review. The next three questions, questions 14 to 16, are open ended questions. Please type your answer next to the question.*

**Question 14:** Please give examples of any successes or positive changes you would expect to see as a result of the Pacific DPO Fund?

**Question 15:** What do you want to learn from this review?

**Question 16:** What are at least three (3) key questions you would like asked in this review?

*Go to Section 3.*

**Section 3: Your participation and contact information**

*We want to make sure everyone’s voice is heard in this review at every stage. We had every intention to ensure cultural and traditional ways of communicating were used in this review process. Due to restrictions in place because of the COVID-19 global pandemic, the review process can only be carried out using remote ways of working and communicating. We do not want this situation to impact on your meaningful participation. In this section we want to hear about the most accessible ways for you to participate in this Pacific DPO Fund review.*

*Your contact information will only be requested if would like to continue to participate in the review process. Your contact information will be used by PDF and Christina Parasyn (Review Independent Consultant) for the purpose of this review. Your personal information will not be shared further unless you consent to your name and organisation (where relevant) being shared in the Review's Final Report under “people consulted in the review”.*

**Question 17:** Would you like to continue to be involved in the review after this survey?

In the list below, please delete the options that do not apply to you:

* Yes
* No

*If you answered yes, go to question 18.*

*If you answered no, go to Section 4.*

**Question 18:** Please provide your name and contact details below:

* Name:
* Organisation (if relevant):
* Email:
* Phone number:

*Go to question 19.*

**Question 19:** What is the best and most accessible way to ensure your participation and/or to communicate with you during this review?

In the list below, please delete the options that do not apply to you:

* Survey tools
* By Phone
* By Email
* Video chats (eg. Zoom/skype)
* Text chats (eg. Whatsapp, messenger and skype chat functions)
* Other, please specify

*Go to question 20.*

**Question 20:** What accommodations or supports may be needed to support your remote participation? For example, please let us know if a sign interpreter, language interpreter, accessible document format or other accommodation would be useful for you. Please type your answer.

*Go to question 21.*

**Questions 21:**Are there other ways you would like to be involved in the review? Please type your answer.

*Go to question 22.*

**Question 22:** In the Review’s Final Report we would like to include a list of names of people who were consulted during the review. It is not compulsory to consent to this. You are welcome to contribute and remain anonymous. Do you consent to your name and, if relevant, organisation’s name being added to the list of people consulted?

In the list below, please delete the options that do not apply to you:

* Yes
* No

*Go to Section 4.*

**Section 4: Your experience using this survey method**

*This information will help us understand your experience using this survey tool and ways it can be improved in the future.*

**Question 23:** How long did it take you to complete this survey?

In the list below, please delete the options that do not apply to you:

* Less than 30 minutes
* Between 30 – 60 minutes
* Longer than 60 minutes

*Go to question 24.*

**Question 24:** Did you complete this survey on a:

In the list below, please delete the options that do not apply to you:

* Computer
* Tablet
* Phone
* Other, please specify here:

*Go to question 25.*

**Question 25:** Did you complete this survey with any assistance?

In the list below, please delete the options that do not apply to you:

* Yes
* No

*If you answered yes, go to question 26.*

*If you answered no, go to question 27.*

**Question 26:** If yes, what assistance did you have? Please type your answer.

*Go to question 27.*

**Question 27:** Did you experience any difficulties in taking the survey?

In the list below, please delete the options that do not apply to you:

* Yes
* No

*If you answered yes, go to question 28.*

*If you answered no, go to question 29.*

**Question 28:** Were these difficulties because of:

In the list below, please delete the options that do not apply to you:

* Limited access to the internet
* Difficulty with my computer
* Difficulty understanding the question
* I would prefer surveys in my own language, *please provide preferred language in the next question*
* Accessibility functions did not meet my requirements, *please explain the difficulty or requirements needed in the next question*
* Other, please specify

*Go to question 29.*

**Question 29**: How could the survey experience be better for you? Please type your answer.

*Go to question 30.*

**Question 30:** If you have any other comments/suggestions, please type them here.

End of survey. Thank you for completing the questions above. Your contribution will help us shape the review.

Please send your completed survey to: Christina Parasyn at [cparasyn@gmail.com](mailto:cparasyn@gmail.com).

If you would prefer to remain anonymous please send your form to Angeline Chand at PDF on [development@pacificdisability.org](mailto:development@pacificdisability.org) who will send the information on without your details.