

AT2030

# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

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This methodology was developed by the Global Disability Innovation (GDI) Hub, led by Dr Dilisha Patel, with the United Nations Population Fund (UNFPA) Asia-Pacific Regional Office.

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This guide was developed with contributions from many people, including but not limited to Vibhu Sharma, Disability Innovation Coordinator, consultant with UNFPA Asia Pacific Regional Office, and technical and programmatic staff from UNFPA Bangladesh, Indonesia, Sri Lanka, and Afghanistan, as well as the UNFPA Pacific Sub-regional Office.

We are incredibly grateful for the contributions of the many women and girls who joined the consultations and shared their experiences and recommendations. Their voices, partnerships, and support from organisations that work with them are invaluable to making humanitarian programming more inclusive for all.

The content is up to date as of March 2025.

# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

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## Table of contents

Introduction .....	5
Participants and planning .....	12
Consultation methodology .....	16
Day 1.....	21
Introduction, icebreaker and aim .....	21
Session one – Needs and Priorities .....	24
Session two – Dignity Kits.....	29
Day 2.....	33
Session two – Dignity Kits (cont.) .....	33
Session three - Feedback & Evaluation .....	38
Other resources .....	40
Annex 1: Questions to ask women and girls with disabilities during focus group discussions or key informant interviews.....	40
Annex 2: Questions to ask service providers (Dignity Kits distributors) during focus group discussions or key informant interviews.....	43
Annex 3: UNFPA consent form.....	47
Annex 4: Accessibility guidance for disability-inclusive consultation planning .....	49

# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

Annex 5: Data analysis and report writing plans .....	58
Annex 6: Post-distribution monitoring (PDM) questionnaire .....	59
Annex 7: Standard FGDs questions – post-distribution .....	70
Annex 8: Guidance on the collection of and usage of PDM data .....	73



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

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---

## Introduction

The Asia Pacific is one of the world's most disaster-prone regions, experiencing frequent and intense natural hazards, from typhoons and floods to earthquakes and tsunamis. Indeed, the average number of fatalities from disasters (calculated as percentage of the total population) is highest in South and South-west Asia, followed by South-East Asia and the Pacific<sup>1</sup>. In addition to sudden-onset disasters, the region also faces various protracted crises, with accumulating humanitarian needs in countries such as Afghanistan, Myanmar, and Bangladesh. During crises, women and girls face heightened risks, particularly in relation to their health, safety, and access to essential services. Disruptions to healthcare systems limit access to sexual and reproductive health (SRH) services, including maternal care and family planning, while displacement and overcrowding in shelters increase the risk of gender-based violence (GBV), including sexual exploitation and abuse. Additionally, inadequate access to menstrual hygiene supplies and private sanitation facilities can compromise dignity, mobility, and overall well-being.

Dignity Kits are a vital component of UNFPA's humanitarian response, designed to promote the mobility, wellbeing and safety of women and girls during emergencies

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<sup>1</sup> United Nations, Economic and Social Committee for Asia and the Pacific (ESCAP)(2024). Targeting Transformative Disaster Risk Resilience in East and North-East Asia. <https://hdl.handle.net/20.500.12870/7482>

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---

by providing age, gender, and culturally appropriate garments, sanitary supplies, basic hygiene items, and other items such as whistles and torches to promote safety. They are often prepositioned to ensure rapid distribution within 72 hours after a disaster strikes, enabling timely support for those in need.

Dignity Kits play a critical role in restoring dignity and autonomy in crisis situations by enabling women and girls to maintain their personal hygiene and enabling them to move freely and safely and to participate in daily life and the rebuilding of communities. Dignity Kits also enable affected women and girls to leave their homes, evacuation centres or camps to access humanitarian aid and life-saving services.

Recognising the diverse needs of different communities, Dignity Kits can be adapted to local contexts, with their contents varying from country to country. Customised Dignity Kits may include culturally-appropriate items such as a long-sleeved shirt, sarong, or headscarves.

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**Figure 1** Image of a blue Dignity Kit with images of contents

UNFPA Basic Dignity Kits contain:



To ensure true inclusivity, it is essential to consult with persons with disabilities when designing and distributing Dignity Kits. Worldwide, persons with disabilities constitute 16 percent of the world's population, with around 750 million persons with disabilities in Asia and the Pacific<sup>2</sup>[OBJ]. Women and girls with disabilities face additional challenges and barriers in accessing hygiene supplies and reproductive health and

<sup>2</sup> [https://www.unescap.org/story/empowering-women-and-girls-disabilities-tackling-unique-challenges-  
intersectional-inclusion](https://www.unescap.org/story/empowering-women-and-girls-disabilities-tackling-unique-challenges-intersectional-inclusion)



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

protection services. Studies point out the grave reality that persons with disabilities are 2 to 4 times more likely to die in a disaster compared to the general population, experience higher risk of injury and loss of livelihood and property, and require more support before, during and after disaster events. Climate change is causing more frequent and intense natural hazards and disasters that disproportionately impact women and girls with disabilities, underlining the timeliness and critical need for this resource. Actively consulting persons with disabilities in the design process ensures that Dignity Kits are not only relevant and usable but also uphold dignity, autonomy, and meaningful participation in humanitarian preparedness and response efforts.<sup>3</sup>

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<sup>3</sup> Further resources including [Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities](#) and [Checklist to Ensure the Meaningful Engagement of Young Persons with Disabilities in Humanitarian Action](#) can be useful to ensure inclusive and comprehensive consultations.



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*Female disability advocates and other community leaders in Kiribati stand outside, carrying a Dignity Kit after a consultation aimed at gathering their feedback on how the kit's contents should be modified to better meet the needs of women and girls with disabilities. Photo credit: Carly Learson/UNFPA Pacific 2019.*

This guide presents a comprehensive methodology for conducting consultations with women and girls with disabilities to inform the development of inclusive and customised Dignity Kits. The objective is to gather insights into their unique needs and experiences, particularly before, during, and after humanitarian crises.

# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

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---

By employing participatory design methods and storytelling techniques, these consultations empower participants to share feedback, co-create solutions and identify essential items for inclusion in the Dignity Kits. Additionally, the collected data will be used to develop inclusive information, guidance, and distribution strategies.

The following sections outline the detailed steps involved in conducting both in-person and virtual consultations, including participant selection, logistical considerations, data collection methods, and structured activities for each session. We aim to capture the lived experiences of women and girls with disabilities and ensure that their specific needs are reflected in humanitarian interventions.

This guidance is to be used by UNFPA country offices and partners to plan and undertake a series of consultations through focus group discussions and in-depth key informant interviews.

The insights and data gathered from these consultations can be used to:

1. Propose items for inclusion, modification, or removal in customised Dignity Kits / alternatively review and further improve existing customised Dignity Kits.

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---

2. Review/revise Information, Education and Communication (IEC) materials provided with Dignity Kits and ensure the material is accessible for women and girls with diverse disabilities.
3. Propose recommendations for more inclusive engagement and distribution strategies.
4. Identify further needs of women and girls with disabilities and strengthen partnership and advocacy activities between persons with disabilities and key stakeholders that can support future action.



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## Participants and planning

### Attendees

For this consultation to be successful, it is essential to engage a broad range of local stakeholders and partners. This may range from organisations for persons with disabilities (OPDs) to other organisations that engage with persons with disabilities and their caregivers. It is also vital to engage community members and other stakeholders involved in the organisation and dissemination of Dignity Kits. Most importantly, women and girls with disabilities must be the primary participants in all consultations to ensure their voices and lived experiences shape the outcomes. It may be useful to hold multiple consultation sessions with the different stakeholders and/or affected populations and/or combine with key informant interviews that allow for a potentially more private exchange. Throughout the consultations, facilitators should actively foster and remind participants that this should be a safe, respectful environment. Facilitators should highlight, especially in the introductions of each activity, that there are no right or wrong answers and that we are here to learn from each other. This is to ensure the participants, especially women and girls with disabilities, feel safe and comfortable to express themselves. This approach ensures that a wide range of experiences and needs are reflected in the consultation process.

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---



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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

## Accessibility planning

To make the event inclusive and accessible for all participants, it is important to consider physical as well as psychological aspects into the preparation and implementation of the consultation. A key consideration is to ensure adequate provisions are in place so that all venues are fully accessible, including accommodations for mobility, hearing and visual impairments. Ensure that the venue is away from noise and disruptions as much as possible. It may be required to ensure that translators and sign language interpreters are available to facilitate meaningful participation. It is vital that data collection and record keeping are accurate. In addition, inclusive language and respectful communication among participants and facilitators is key to fostering a safe and inclusive space. This can be done through audio recorders, if you have the participant's permission, or through diligent note-takers to ensure that all insights are properly captured for subsequent analysis.

Further accessibility considerations are provided in the [Accessibility Guidance](#) section of this report.

## Facilitators

It is recommended to have at least two (if possible, experienced and female) facilitators guiding through the sessions. It is important that facilitators are aware of the group compositions and mindful of the (existing/imagined) power relations



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

between people. For example, if women with disabilities are mixed in the same session with people in public (leadership) positions (implementing partners, Government, etc.), this could easily inhibit their full participation. It is therefore very important that facilitators take the lead in co-creating a safe and supportive atmosphere throughout the entire consultation process, so that everyone feels accepted and all participants feel free to share their experiences. They should be mindful to speak clearly, at a reasonable pace, and avoid jargon.

We now present the methodology to hold either an **in-person** or **online** consultation.





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---

## Consultation methodology

Each session will be split into:

- (1) **Introduction**, collation of experiences and opinions
- (2) **Identifying needs**
- (3) **Ideation** of designing/proposing **solutions** to identified challenges and needs.

### Participants' profiles:

When selecting stakeholders for the consultation, the following participants are highly recommended:

- People with disabilities, including users of assistive products, including assistive technology (AT) users. Aim for a diverse group of people representing different disabilities and needs (e.g. wheelchair, braille materials, hearing devices, etc.) to ensure all these experiences can be heard and considered.
- Representatives of OPDs.<sup>4</sup>

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<sup>4</sup> Ideally representatives from an OPD with a disability

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

- Implementing partners who disseminate the Dignity Kits.<sup>5</sup>
- Other partners as relevant.

Women and girls in the age range of 15 to 49 years are invited to the consultation as they are the primary target audience of the Dignity Kits. It is strongly recommended to invite women and girls with disabilities. Ensuring the inclusion of only female participants (or at least a majority) may create a more conducive environment for consultations on potentially sensitive subjects. Alternatively, facilitators are encouraged to consider providing safe, dedicated discussion spaces for only females, and/or only persons with disabilities throughout the sessions.

## Guidance for online / hybrid consultations:

Depending on the number of participants, the consultation can be conducted in smaller online groups. Ideally, each session should include no more than 10 to 15 participants, allowing for breakout sessions in 2 to 3 rooms, with no more than 4 to 5 participants per room.

<sup>5</sup> These are often the first to receive feedback on dignity kits from women and girls and may have valuable insights to share. However, we need to be mindful of who we invite and ensure they have relevant experience to share and can do so in a manner which is respectful to the other participants in the group. If field workers are invited their participation should be limited to the session focusing on the distribution of dignity kits.

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

## Logistics considerations:

Based on previous consultations with persons with disabilities, the facilitator team should pay close attention to the logistic preparations prior to and during the consultations. Facilitators will need to ensure access needs are collated in advance and appropriately planned for, including interpreters (spoken language and sign language, etc.), resources for personal assistants, ensure in-person venues are fully accessible, and ensure sufficient time is set aside for each exercise to allow for interpretation or more time where needed. Additionally, remind participants that they are encouraged to approach the facilitators for support or guidance regarding any emerging needs during the event. For example, discussions referencing GBV can sometimes result in onsite questions for support. Therefore, preparing accessible, onsite assistance (information about referral, including hotline numbers, services in the GBV pathway etc.) is important.

Further accessibility considerations are provided in the [Accessibility Guidance](#) section of this report.

## Data collection:

Equipment: recording devices, note takers, post-it notes, pens, paper, flipcharts, and any other resources for participants to take notes and share thoughts. Having a few samples of Dignity Kits for attendees to explore is ideal.

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## Guidance for online / hybrid consultations:

Use online video conferencing software with recording capabilities, captions, translators, sign language interpreters, and English translation, while considering participants who may not want to be recorded. For collaborative activities, use accessible co-working software such as Miro, or alternatives like a chat box or raised hands for participation. Ensure access to shared documents throughout the session. Keep in mind that not all participants may be familiar with or able to use online tools. The consultation activities should focus on identifying what works well and what is missing.

## Time:

The **in-person** consultations could span multiple days; we recommend two days to ensure people travelling are using their time efficiently and effectively.

Day One can be 10 am to 4 pm (with breaks), and Day Two can be 9 am to 2 pm (timings approximate to show a  $\frac{3}{4}$  day and  $\frac{1}{2}$  day programme). We outline the suggested sessions below.

**Online** consultations can be conducted over two half-day sessions with breaks.

# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

## Day 1

### Introduction, icebreaker and aim

This opening session is designed to be broad, presenting scenarios to gain a deeper understanding of the users and their needs. The first session invites participants to engage by presenting scenarios and listening to their experiences. The facilitators will describe the target users of the Dignity Kits and start a dialogue to hear what products the women and girls currently use, how and what products they do not find useful and discuss the usage and importance of assistive products, including assistive technology. The overall aim is to understand how to improve humanitarian programming, in particular related to the design, distribution, and usage of Dignity Kits, to be more inclusive.<sup>6</sup>

Highlight, especially in the introduction of each activity, that there are no right or wrong answers, and we are all here to learn from each other. This is to ensure the participants, especially women and girls with disabilities, feel safe and comfortable to express themselves.

*Introductions and icebreaker activity*

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<sup>6</sup> <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

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Begin with introductions of all participants and facilitators, then share an overview of the aims and objectives of the consultation, explain why each stakeholder group has been invited, and explore with what intentions and wishes participants enter these sessions. An icebreaker activity may be used to facilitate the introductions.

Examples of icebreaker activities:

- Participants introduce themselves with one accomplishment they are proud of  
*or*
- Participants share two or three items that are in their bag or backpack and explain why they are important to them  
*or*
- Participants share why they agreed to attend/participate in the consultation

*Review the consultation aims:*

- Highlight that the consultation aims to gather data and insights to improve humanitarian preparedness and response to be more inclusive of the needs of women and girls with disabilities. Emphasise there are no right or wrong answers and reiterate that all participants present in the room are invited to make this a respectful, safe, and supportive space for all.



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

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- Explain how the data will be analysed at the national and regional level and how it can inform future action.
- Celebrate persons with disabilities as leaders, experts, and valued partners, and reiterate our commitment to co-shaping humanitarian preparedness and response activities alongside them as part of our collective commitment to leaving no one behind.

*Provide a brief introduction to the Dignity Kits and to SRH and GBV in emergencies:*

- Highlight how emergencies impact people's access to SRH and GBV services and how they impact women's and girls' health and protection risks.
- Acknowledge that people are impacted differently by emergencies, and that women and girls with disabilities may face additional challenges and barriers to accessing SRH and GBV services during emergencies.
- Explain the purpose of the Dignity Kits.
- Explain how Dignity Kits link people to information and services and how they serve as an entry point for GBV programming.

**Guidance for online / hybrid consultations:**

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

*Set up a virtual shared document or board where participants can add sticky notes recounting a memory or experience related to humanitarian crises and disability inclusion. Both participants and facilitators can contribute to this space throughout the consultation.*

## **Session one – Needs and Priorities**

### **Activity 1: Identifying needs and barriers**

*Introduction. Amend questions depending on the group composition, whether with OPDs or with women and girls with disabilities. Depending on the number of people at the consultation, this activity can be held in plenary or in smaller groups.*

### **Storytelling: Sharing experiences, exploring current assistive technology used. For example:**

- Share a typical day and discuss the assistive products that you use/rely on, if any, where your nearest healthcare facility is, how you get to it, how you book an appointment, and what the accessibility and inaccessible factors are.
- Do you have a support network in your community that assists you during emergencies or when accessing services? How has this network contributed to your overall well-being and dignity?
- As someone who relies on assistive products and services, what are your aspirations for a more inclusive and accessible future, especially when it comes to accessing essential resources during crises?



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Do you have any hobbies and interests, and how, if any, do assistive products support these?

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*Identifying needs (including facilitators and challenges/barriers).*

**Explore the barriers which people with disabilities face in their everyday life, and possible ways to address these. Example questions include:**

- What are the needs/ barriers that you/a woman or girl with a disability may frequently experience in accessing information, goods and services related to SRH and GBV?
- Explore GBV risks, what GBV means to them and explore the needs of those who are exposed to GBV through theoretical examples. For example, if a woman who had a disability (name the disability) needed assistance due to GBV, what could they do?

A designated notetaker should be tasked to collate and document the identified needs. Make sure that the notetaker / facilitators are mindful of and able to capture

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

any other observations (e.g. whispered comments, body language) that may provide valuable insights.



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*Ideation of designing/proposing solutions to identified needs.*

What are the existing ways you navigate the identified needs?

Prioritisation exercises help rank solutions from 'most important and needed immediately' to 'important but can be explored later.'

## **Activity 2: Scenario setting**

*Introduction.*

Scenario setting: an immediate evacuation is required, due to impending floods or a cyclone (you may choose the most relevant disaster scenario for your context).

*Identifying needs (including facilitators and challenges/barriers).*

What would you take with you as a priority? What would be the need on day 1, day 5, day 14 (and why)? Depending on the number of people at the consultation, this activity can be held in plenary or in smaller groups.

*Ideation of designing/proposing solutions to identified needs.*

Based on the input received, facilitators will compile a list of products and services for inclusion in the Dignity Kit and prioritise provisions accordingly.

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---

Attendees will then participate in prioritising their needs. This can be achieved through methods such as using Post-it notes for individual input or group discussions, with a designated note-taker recording these on Post-its. Attendees will then use (tactile) stickers to vote and rank priorities or indicate preferences through raised hands.

## **Guidance for online / hybrid consultations:**

Activity 2 can start with a plenary scenario setting, after which the online group goes into smaller virtual breakout rooms to identify the needs and compile a list of products and services to include in the Dignity Kits. Each group should have a designated speaker / notetaker to report back to the main group. When time is up, all smaller groups gather back to the plenary and report their lists, and the prioritisation exercise is conducted in joint fashion, led by the facilitator.

**---Lunch/break---**

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## **Session two – Dignity Kits**

### **Activity 1: Dignity Kit content**

#### *Introduction.*

Present the Dignity Kits, with a particular focus on any customisation that has already been made where applicable. Explain how the Dignity Kits are important in enabling women and girls to maintain a sense of dignity and respect during challenging circumstances. Allow participants to engage with the kits directly, inviting them to explore physically to share their thoughts and feelings about the current contents. Facilitators can mention to anyone with a visual impairment that the exercises can be adapted accordingly, for example by explaining the products verbally. Remind participants that there are no right or wrong answers, that everyone's opinion and experience is valid and important, and that we are here to receive your honest feedback.



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*Identifying needs, including challenges/barriers, through a prioritisation exercise.*

**Participants can be divided into smaller groups where they discuss, but are not limited to, the following:**

1. (Accessible) items that should be included in the Dignity Kits but are currently missing\*
2. Items that should be removed or modified to better serve their purpose.
3. Whether the items in the Dignity Kits support maintaining a sense of dignity and respect for the individual.
4. Whether the items are 'usable', for example
  - a. Do participants know how to use them, and can they do so easily?
  - b. Are the kits and items easy to open and use?
  - c. Are the size of items and the whole set of Dignity Kits convenient ?

\*If the dignity kits have items like hand cream or a sanitizer, which have date of expiry or items that have instructions of use, or cautions like keep away from children, etc., these too must also be accessible to women and girls with disabilities.

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

For example, refer to the findings from Section 1, Activity 2 to assess how well the existing products meet the identified needs. Seeing the products firsthand may also spark additional ideas or needs to explore.<sup>7</sup>

During this exercise, facilitators should observe and note closely how the participants interact with the individual items (for example, how accessible is the product packaging, what are products that are difficult to understand or open, how do they interact with the IEC materials). Participants may provide ad hoc feedback (verbally and non-verbally) on the spot, that may not be mentioned at later stages, so note takers and facilitators should pay close attention to the interactions and expressions.

## Guidance for online / hybrid consultations:

Start this session in the plenary virtual space, with everyone together. Present the Dignity Kits and explore ways to either distribute Dignity Kits to participants in advance or display the contents on-screen with audio descriptions.

After the introduction, conduct the main exercise as a breakout room activity, where participants have virtual access to Dignity Kit items and can evaluate in smaller groups the barriers and challenges. Participants can use anything in their vicinity to support the brainstorming (e.g. paper and pen to draw, useful items they

<sup>7</sup> At UNFPA APRO, we have real samples of dignity kits from across the region, including the disability inclusive dignity kits from the Pacific.

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have at home). Encourage groups to share their ideas in a shared document, which can be compiled in a short plenary recap at the end of this session.



*During the pilot testing of this Consultation Guide in Bangladesh, OPD members reviewed the contents of the Dignity Kits and provided recommendations for improvement. Photo credit: UNFPA Bangladesh*

Allow participants to share feedback on how to overcome the challenges identified in the previous exercise. Alternatively, create a space where participants can contribute their thoughts about how to overcome the challenges using Post-It notes.

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## ---Day break ---

### Day 2

Start with a recap from Day 1 to gather any additional insights from previous activities. Remind participants that we are here to gather honest feedback, listen to individual experiences and find ways to improve the Dignity Kits. Invite all participants, similar to day one, to foster a supportive and safe environment, by listening to each other and being respectful. Highlight that for any question or exercise there is no right or wrong answer, and every experience and observation is valid.

### **Session two – Dignity Kits (cont.)**

Proceed with the evaluation of Information Education Communication materials.

### **Activity 2: Information Education Communication (IEC) materials**

#### *Introduction.*

Begin with an activity to explore how participants consume information, identify potential accessibility barriers, and uncover opportunities for effective and inclusive communication. Explore what type of information should be included in the IEC materials.

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

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## Guidance for online / hybrid consultations:

From here on you can start using breakout rooms again, where participants discuss in smaller groups the needs, barriers, and proposed solutions. At the end of this second activity, participants can return to the plenary online room and present their findings to the larger group.

*Identifying needs (including enablers and challenges/barriers).*

**Explore the accessibility and usability of the existing IEC materials in the Dignity Kits. Discuss what additional content or adaptations may be needed to improve the materials.**

Ask how participants currently access information. Do they use any assistive products or tools? Make a list of consumption methods and any assistive products used.

*Ideation of designing/proposing solutions to identified challenges.*



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Break participants into groups to explore how information consumption can be made more inclusive. Then, explore adaptations to improve the accessibility and effectiveness of the IEC materials.

## **Activity 3: Dignity Kit dissemination**

### *Introduction.*

Move on to the topic of Dignity Kit dissemination. Invite participants involved in either distributing or receiving a Dignity Kit to share their experiences, highlight how the process works, and suggest any improvements. Discuss how to ensure that feedback and complaints mechanisms are accessible to all participants.

### *Identifying needs (including facilitators and challenges/barriers).*

Conduct a group activity where participants discuss physical, communication, and societal barriers faced by women and girls with disabilities when accessing Dignity Kits.

If possible, explore the dissemination from a service provider's perspective and from the perspective of someone who has received a Dignity Kit. Depending on the group composition, consider creating homogenous groups first (with women and girls with disabilities separate, with service providers separate, caregivers separate etc.). This is to ensure safety and comfortability in sharing experiences and feedback.

Facilitators should also ensure that the issue of stigma and value of privacy are

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

addressed in a safe manner. To illustrate, when receiving kits and using their contents, women and girls may feel uncomfortable and/or have certain thoughts about who else would be present at the distribution site, who would be observing etc. It is important to capture these thoughts as well as their lived experiences.

*Ideation of designing/proposing solutions to identified needs.*

Facilitate a discussion on how to overcome the identified challenges from different perspectives. Note-takers can document insights in a shared document.

This activity can be carried out using Post-It notes or through open discussion. Afterwards, the notes or feedback can be used to vote on and prioritise which solutions are most urgently needed or desired.

## **Guidance for online / hybrid consultations:**

Activity three can be done in breakout rooms, to ensure a safe and homogeneous space (women only, service providers only, etc. At the end of the activity all groups present their ideas consecutively in the plenary.)



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*Afghan women share their thoughts and recommendations on modifying kit content, IEC materials, and distribution strategies to enhance inclusivity and accessibility for women and girls with disabilities. Photo credit: UNFPA*

*Afghanistan*

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

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## **Session three - Feedback & Evaluation**

### **Activity 1: Feedback & evaluation**

Summarise the insights gathered from all activities, capturing the feedback provided during the consultations so far. Provide space for all participants to share any remaining thoughts, including feedback on the sessions themselves.

Emphasise that the goal of the consultation is to collect valuable data and insights and acknowledge that everyone's participation has been invaluable. Explain that their input will be analysed to inform future activities and actions and assure them that they will be informed about any follow-up actions.

Alternative methods can be through written anonymous feedback forms, if appropriate and accessible to provide.



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*Adolescent girls reviewed and gave feedback on the contents of the Menstrual Hygiene Kits and provided recommendations for improvement through the consultation guide methodology. Photo credit: UNFPA Bangladesh*



## Other resources

### **Annex 1: Questions to ask women and girls with disabilities during focus group discussions or key informant interviews**

1. Storytelling: Sharing experiences and exploring current assistive products used.
  - For example, share a typical day and discuss the assistive products that you use/rely on, if any, where your nearest healthcare facility is, how you get to it, how you book an appointment, and what the accessibility and inaccessible factors are. Does anyone help you carry out these activities, and who and how?
  - Experience around hygiene, for example, do you struggle with incontinence, if so, how do you navigate the problem?
2. Are you able to access all the information about your health, including reproductive health?
3. Are there any suggestions about how to improve information and access to PSS and healthcare information?
4. Set the scene of a humanitarian crisis:

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- If immediate evacuation is required, what do you need to take with you? What would you need to have available at the displaced location/shelter?
- What would you need after 5 days?
- What would you need after 2 weeks?

## 5. Show women and girls the Dignity Kit

- What do you think about this?
- Do you understand how to use these items?
- Is it difficult for you to use items in the current form?
- Have you adapted the item in any way to be able to use it?
- What do you think will be useful?
- What can be improved?
- What is missing?
- Refer to the initial list of things needed and explore if/how they could be included in Dignity Kits.

## 6. Explore IEC material

- Does this make sense to you?
- What else is important to know/include?
- How can we make sure everyone understands this information?

## 7. Distribution of Dignity Kits

- How would you like to receive your Dignity Kits?

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

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- Did you have any challenges accessing the distribution point?
- Did you have any challenges to get the kit back home?
- For women and girls who have previously received a Dignity Kits from UNFPA e.g. did you feel safe when collecting your Dignity Kit at the distribution point?
- Who, if anyone, would you like to have with you when collecting the Dignity Kits?

8. What else is important for us to know to support disabled people in crises?



## **Annex 2: Questions to ask service providers (Dignity Kits distributors) during focus group discussions or key informant interviews**

1. Storytelling: Share experiences from distribution of kits to people with disabilities.
  - a. Describe a typical day and walk us through the distribution process. What are your responsibilities, and what roles do team members play? Which area or distribution sites does your team usually cover? What makes these locations accessible or pose challenges in inaccessibility?
2. Design and planning
  - a. How do you involve women and girls with disabilities in the planning process to gather their insights directly?
  - b. Can you share examples of specific needs or preferences expressed by women and girls with disabilities during your assessments, distribution, or post-distribution monitoring?
  - c. How do you address the needs of women and girls with diverse types of disabilities in the planning process?
  - d. What specific items have you found to be essential in Dignity Kits for women and girls with disabilities?
3. Pre-distribution

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

- a. How do you identify people who need kits?
- b. How do you communicate with persons with disabilities about the distribution details, such as location and timing?
- c. What support is needed to improve accessibility for persons with disabilities?
- d. How can we ensure that the distribution plan includes outreach to persons with disabilities, caregivers, or other vulnerable women and girls who may be unable to attend the distribution site in person?
- e. What strategies have worked best for raising awareness among women and girls with disabilities about the availability of Dignity Kits?

## 4. During distribution

- a. How can we ensure that the distribution area is a safe space for women and girls?
- b. How can we ensure that the distribution area is accessible for persons with disabilities?
- c. How can we create a space that serves both as a waiting area for women and girls to be briefed about the kits and ask questions and as a private area for breastfeeding and other individual support?
- d. How can we clearly explain the contents of the Dignity Kits and the services available for women and girls?
- e. Do you have information on available services for women and girls with disabilities, including how and where to access these services?



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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

f. Do you have any suggestions for how to engage persons with disabilities directly in kit distribution efforts, for example as volunteers?

g. Any suggestions on how to be more sustainable during kit dissemination- can also include ideas for kit items?

## 5. IEC materials

i. What IEC materials are important to know/include?

ii. How can we make sure everyone understands this information?

## 6. Post-distribution

a. How can we ensure feedback and complaints mechanisms are accessible to everyone?

b. How have you collected and integrated feedback from the community into kit customisation?

c. In your experience, what feedback mechanisms have proven most useful for people with disabilities?

7. What is important for us to know to better support people with disabilities during crises?

8. Final questions for impact/insight stories if not covered above

d. What has been your most significant challenge during a recent distribution process?

e. How has the distribution positively impacted the lives of those with disabilities and other vulnerable groups?

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---



# Consultation guide to inform the development of Dignity Kits customised for women and girls with disabilities

An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

## Annex 3: UNFPA consent form

We would like to encourage you to share your personal story to show the important work being done in Humanitarian Response so that audiences around the world understand the challenges and appreciate how crucial this work is.

The panels, photographs and coverage being arranged by UNFPA will be part of the stories that will be shared with other partners as needed. This will be recorded and posted online (websites) and on social media managed by us and other United Nations agencies, and by our partner non-government organisations that work on this issue. You will need to consider any risks to your well-being that could be associated with the information you provide in this panel and how you are identified.

The questions we are going to ask you today include your experience and needs in this community and on your work of helping your communities. Participation in this discussion is completely **voluntary**, and you do not have to answer any questions that you do not want to answer. You may end the interview at any time. There are no direct benefits associated with the interviews.

**Yes, I agree to participate. UNFPA and I have discussed and understand the potential risks and benefits involved with the public dissemination of my photograph, video, personal information, or story. I understand that I am free to stop the interview/discussion and having my picture/video taken at any time.**

Signature of a participant: \_\_\_\_\_

Name: \_\_\_\_\_

Place and date: \_\_\_\_\_

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## Annex 4: Accessibility guidance for disability-inclusive consultation planning

When planning consultations involving participants with disabilities, it is crucial to create an inclusive and supportive environment that allows everyone to engage fully, contribute, and benefit from the experience. The consultation should be conducted in an open, respectful setting that values diverse perspectives and experiences. Flexibility, empathy, and a strong commitment to inclusivity are essential to the success of any consultation involving individuals with disabilities. As such, facilitators, speakers, and other consultation staff should be mindful of disability-related considerations and adhere to appropriate etiquette. It is important to embrace the uniqueness of each participant, celebrate the diversity of abilities within the group, and highlight the success stories and positive experiences of participants with disabilities.

### Steps to take

#### Pre-consultation

The organising team must understand the specific needs and preferences of participants with disabilities. This can be achieved through surveys or individual discussions to identify any necessary accommodations, such as sign language interpreters, accessible materials, personal assistance, or assistive technology.

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## Venue selection:

- Choose a consultation venue that is fully wheelchair accessible and has accessible restrooms.
- Ensure that the venue has space for manoeuvrability and that breakout rooms are also accessible and equipped with appropriate accommodations.

## Programme planning

- Consult with/involve OPDs and individuals with disabilities in the planning process to ensure their perspectives and needs are considered.
- Plan sufficient time to allow for sign language interpretation.
- Do not plan for long sessions.
- Plan a balanced schedule with regular breaks (minimum 20 minutes) to accommodate various needs. Budget contingency time as part of the schedule - things always take longer than we think.
- Communicate the schedule in advance so that participants can plan accordingly.
- Facilitators should be knowledgeable about inclusive practices. (Please see below guidance for facilitators/speakers).

## Communication:

- Provide contact information for accessibility-related inquiries.

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---

- Make sure all communication materials, including consultation descriptions, are available in accessible formats in multiple modes.
- Use simple language throughout the consultations. Also avoid the use of acronyms in written and spoken language.

## Planning for registration and participation:

- Make sure the registration process is accessible to people with disabilities, and offer different modes to register, including online forms.
- Inquire about participants' accessibility needs and reasonable accommodation requests.

## During the workshop

### Physical setup:

- Arrange seating to accommodate wheelchairs and mobility aids.
- Ensure clear pathways for easy navigation within the consultation area.

### Materials and handouts:

- Provide consultation materials in accessible formats, such as electronic versions compatible with screen readers.
- Use high-contrast and large fonts in handouts and in presentations.

### Visual and auditory content:

- Describe visual content and provide context during presentations.

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---

- Use microphones and amplification systems to aid participants with hearing impairments.

## Interactions:

- Encourage inclusive language and respectful communication among participants and facilitators.
- Provide opportunities for both verbal and written interactions.
- Allow for sufficient time for every exercise or event.

## Assistive technology:

- Ensure that any technology used during the consultation is accessible to all participants, including those using assistive devices.

## Hands-on activities:

- Provide alternative ways to participate in hands-on activities, such as using adaptive tools or providing assistance.

## Breaks and quiet spaces:

- Schedule regular breaks (minimum 20 minutes) to allow participants to rest or recharge.
- Provide quiet spaces for attendees who may need them.

## Feedback:



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- Provide participants with multiple opportunities to provide feedback to facilitators during the consultation regarding accessibility and content and ensure changes are made where needed.

## Post-consultation

### Feedback and improvement:

- Collect feedback on the consultation's accessibility and overall experience.
- Use feedback to improve accessibility for future consultations.

### Documentation and resources:

- Create a summary of accessibility measures taken during the consultation.
- Share resources and guidelines with consultation organisers for future reference.

Remember that accessibility is an ongoing commitment. By being proactive and considering the needs of participants with disabilities, you can ensure that your consultations are inclusive and beneficial to everyone involved.

## **Guidance for facilitators and speakers**

### Planning your session

- Provide slides, handouts, and other material to participants, interpreters, and captioners, as needed. Make it accessible. (Virtual consultations: Note that content in screen sharing is often not accessible. You usually need to provide

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

the material so participants can access it directly, not through screen sharing.)

- Work with interpreters and captioners - give them material in advance. Explain acronyms, terms, names, etc. that you will use. Be available to answer questions.
- Caption audio or otherwise make it available. Ideally, any audio you use is also available in text, for example, videos are captioned. However, if captioning is provided for your presentation, you may need to additionally provide text of any audio.
- Be mindful of potential accessibility issues with participant activities. For example, it may be difficult or impossible for some people to use an online polling feature, arrange sticky notes on a virtual or physical board, or respond quickly to questions.
- Use multiple communication methods for different learning styles.
- Some people can better understand verbal information. Other people can better understand pictures and diagrams. And others better understand the text. Ensure use of all techniques to communicate one message.

## Preparing slides and projected material

- Limit the amount of text on each slide and use large font (minimum font size of 16). It is difficult for many people to read and listen to the speaker simultaneously. Avoid putting lots of text or other content on slides. If you

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

want to provide additional information, you could put it in a handout or in slides with notes separate from the presentation.

- Use simple language - Make text and important visuals big enough to be read even from the back of the room. This includes graphics on slides, videos, posters, and other non-electronic material.
- Use an easy-to-read font face. Simple fonts with consistent thickness are often easier to read from a distance. Fonts where parts of the letters are thin are harder to read. Avoid fancy fonts that are difficult to read.
- Ensure sufficient contrast between colours, particularly in terms of luminance. This applies to both the contrast between text and background colours, as well as between colours used in graphs. Guidelines for web accessibility can help determine the appropriate contrast, even though the medium may differ. Familiarise yourself with contrast guidance and evaluation tools. Choose background and text colours that provide clear visibility. In a well-lit room, it is recommended to use dark text on a light background, while in a darkened room, light text on a dark background is preferable. Also, make sure the text weight is adequate, such as using bold for clarity.
- Consider the use of motion or animations, such as text or images flying in from the side. Evaluate whether the motion enhances understanding or if it is unnecessary. Some types of motion can be distracting for certain individuals

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

and may cause discomfort. Avoid using blinking or flashing elements, as they could trigger seizures in some people.

## Participants and speakers - during the meeting or presentation

- Describe all relevant visual information- Provide a verbal description of everything on each slide, including text and graphics. This does not mean reading the slide word for word but ensuring that the key visual content is conveyed verbally.
- Describe visual information in the environment as well- for example, if a speaker asks people to raise their hands if they make their websites fully accessible, they should then describe the visual response, such as “About half raised their hands.”
- Speak clearly- Avoid covering your mouth while speaking and refrain from speaking too quickly to ensure participants and interpreters can follow along.
- Use simple language- Avoid or explain jargon, acronyms, and idioms. For example, expressions like “raising the bar” can be interpreted literally by some individuals with cognitive disabilities, potentially causing confusion.
- Give people time to process information - Pause between topics to allow participants time to process the information. When asking if anyone has questions, remember that individuals with cognitive disabilities may need extra time to organise their thoughts and express them clearly.

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

---

- Be visible - Ensure you are visible and well-lit when speaking so participants can see your face. This helps those who are hard of hearing or have difficulty understanding accents. Avoid facing away from your webcam or the audience while reading from projected material.
- Use a good quality microphone - Position the microphone properly to ensure it clearly picks up your voice. When asking, “Can everyone hear me?” be mindful that some participants may feel uncomfortable admitting they cannot hear. To check, ask a co-facilitator to stand at the back of the room to confirm if you are audible.
- Ensure that all relevant sound is audible through the sound system. Make sure all important audio, including questions from the remote chat or from participants without microphones, is heard by everyone. Repeat any questions or comments into the microphone before responding.
- Limit distractions - Ask participants to turn off mobile phone notifications, and request that presenters disable system notifications. Discourage side conversations during meetings and presentations to maintain focus.

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## Annex 5: Data analysis and report writing plans

After the workshops, it is essential to follow a data analysis plan promptly. This allows for effective decision-making by understanding stakeholders' perspectives, identifying emerging issues and priorities, and improving future offerings. It also ensures transparency and accountability. A consistent analysis approach will help compare data across countries and regions, facilitating better alignment of priorities.

If multiple consultations are held, prioritization activities can be compared to identify which items should be added to the Dignity Kits to make them more inclusive for women and girls with disabilities. This comparison will also help determine which items may not be inclusive or useful.

Once the item lists have been analysed, it is critical to assess what is practical, feasible, and affordable. Additionally, local, regional, or national guidelines and regulations may impose restrictions on what can be provided.

The data analysis should also include recommendations for the IEC materials and ensure that complaints and feedback mechanisms are effective and appropriate.

Taking note of lessons learned from the process can be extremely valuable in improving care and services moving forward.

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---

## Annex 6: Post-distribution monitoring (PDM) questionnaire

An adapted post-distribution monitoring questionnaire has been included. This includes a set of questions, some of which may not be relevant to the services provided but can still help ensure transparency and accountability.

### Dignity Kits

Interview date: .....

Name of the interviewer: .....

Note taker: .....

Location: .....

#### Part 1: Introduction

My name is (your name), and I am working for the (name of your organisation), a (type of organisation) organisation. As part of its support to the affected people, (name of your organisation) distributed Dignity Kits, among other activities. Today, I would like to ask you a few questions about the kit that you have received. The aim of this questionnaire is to know what you think about the distributed materials in order to improve the quality of our response. The information you provide will be kept strictly confidential and will not affect you in any way. Data privacy is important to us. Your participation is completely optional, and you can agree or decline to participate.



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Do you agree to participate in this process?

☐ Yes, I agree

☐ No, I do not agree

Data collected by:

☐ Phone

☐ In-person interview

☐ Other .....

## Part 2: Participant Information

1.	Name (optional)	
2.	Contact No. (optional)	
3.	What is your gender?	Male Female Third gender Other Prefer not to say
4.	What is your age (years old)?	15 - 24 25 - 40 41 - 49 50 - 60 61 - above
5.	Are you the head of the household?	Yes

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		No
6.	<p>How many other women and girls reside in the household?</p> <ul style="list-style-type: none"> <li>- adolescent girls (10-19 years old) or</li> <li>- women of reproductive age (15-49 years old) or</li> <li>- other age groups</li> </ul>	<p>Adolescent girls: Specify the number.....</p> <p>Women of reproductive age: Specify the number.....</p> <p>Other age groups: Specify the number.....</p>
6.1	Did any of the other household members receive a Dignity Kit or similar kit (e.g. Menstrual Hygiene Kit)?	<p>Yes</p> <p>No</p>
7.	Do you identify as a person with a disability?	<p>Yes, if yes please specify the type of disability(ies)</p> <p>.....</p> <p>No</p> <p>Prefer not to say</p>

## Part 3: Dignity Kits

No	Post-Distribution Monitoring Questions	Answer
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Introductory questions		
1.	Overall, how useful was the Dignity Kit for you? Please explain more.	Very useful Useful Not useful Please explain more...
Kit content and quality		
2.	What items in the Dignity Kits were most useful to you?  Why?	Please specify top 3 1..... 2..... 3.....
3.	What items were least useful?  Why?	Please specify bottom 3 1..... 2..... 3.....
4.	Were there items that you did not use?	Yes No If yes, please specify which items

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An AT2030 report [www.AT2030.org](http://www.AT2030.org)

4.1	<i>If yes, of the items you did not use what did you do with them?</i>	<p>Sold them</p> <p>Gave them to others</p> <p>Exchanged them</p> <p>Threw them away</p> <p>Still have them</p> <p>Other: please specify....</p>
5.	If you had not received these items through the Dignity Kit, how would you have obtained the ones you needed?	<p>Gone without them</p> <p>Purchased with my own money</p> <p>Borrowed money to purchase it</p>
6.	How would you rank the quality of the Dignity Kits?	<p>5 – Excellent</p> <p>4 - Very good</p> <p>3 – Good</p> <p>2 – Fair</p> <p>1 - Poor</p> <p>Please justify the rating....</p>
7.	Did the Dignity Kit contain any broken or damaged items?	<p>Yes, please specify what were the broken/damaged items?</p> <p>No</p>

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8.	Were there any items in the Dignity Kit that you think were not sufficient in quantity to last for at least 1 month?	Yes, please specify.... No
9.	What was missing from the Dignity Kit?	Please specify....
10.	How can the Dignity Kits be improved?	Please specify....
11.	<i>Ask only if the respondent self-disclosed having a disability:</i> If you have a disability, did the Dignity Kit include items that were suitable for your specific needs?	Yes No, please specify....
12.	<i>Ask only if the respondent self-disclosed having a disability:</i> Were there any items in the Dignity Kit that were difficult for you to use?	Yes, please specify.... No
13.	<i>Ask only if the respondent self-disclosed having a disability:</i> Did the Dignity Kit include adaptive items or modifications that you found helpful?	Yes, please specify.... No

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Information and IEC material		
14.	Was information about the distribution shared with you prior to it taking place?	Yes No
15.	Were you provided with information on how to use all items in the Dignity Kit?	Yes No
16.	Was the information included in the kit easy to understand?	Yes No
17.	Did you receive information about other services* before/when/after receiving the Dignity Kit?  * Such as sexual and reproductive health services, gender-based violence services, family planning services, counselling	Yes No
Selection process		

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18	Do you understand why you were selected to receive a Dignity Kit? Please elaborate.	Yes No Please elaborate...
19	Did you feel the selection process was fair? Please elaborate.	Fair Unfair Please elaborate...
20	Were there any complaints in the community with how the beneficiaries were selected? Please elaborate.	Yes No Please elaborate...
<b>Distribution of Dignity Kits</b>		
21.	Where did you receive the Dignity Kits?	At home/someone came to deliver it Distribution site Shelter Women Friendly Space One stop service centre



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		From community leader Other, please specify
22.	Were you satisfied with how you received your Dignity Kit?	Yes No, if not, why?
23.	Was the process for receiving Dignity Kits clear and easy?	Yes No
24.	Did you receive the Dignity Kit in time?	Yes No
25.	Was the distribution site easily accessible?	Yes No, if not, why? Do not know
26.	Did you require assistance during the distribution process?	Yes No
26.1.	<i>If yes, was assistance provided to you?</i>	Yes No
27.	Did you face any challenges in receiving your Dignity Kit? <i>(check all that apply)</i>	Long waiting time at the distribution point Problems with notification of the

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		distribution  Safety/security concerns  Long travel time/distance  High transportation cost  Needed someone to accompany  Other, please specify:
<b>Feedback and complaints</b>		
28.	Were you informed/aware about how to share feedback and complaints about the Dignity Kit or the distribution process?	Yes  No
28.1	<i>If yes, did you share feedback and/or complaints about the Dignity Kit or the distribution process?</i>	Yes  No
28.2.	<i>If yes, what complaint and/or feedback mechanism/platform did you use?</i>	Hotline  Survey  Community representative  Distribution partner  Suggestion/complaints box  Others, please specify.....

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28.3.	<p><i>If yes, did you receive a response to your complaint and/or feedback?</i></p> <p><i>Was the response satisfactory?</i></p>	<p>Yes, please elaborate .....</p> <p>No</p>
<b>Safety and security</b>		
29.	<p>Did receiving the Dignity Kit make you feel unsafe in any way?</p>	<p>Yes, if yes why?</p> <p>No</p>
30.	<p>Did the Dignity Kit create any tensions?</p>	<p>No, it did not create any tensions</p> <p>Tension with neighbours</p> <p>Tension with partner</p> <p>Tension with another household member</p> <p>Request from relatives to share</p> <p>Others, please specify...</p>
31.	<p>Were you asked to do anything or give anything to anyone to receive the Dignity Kit?</p>	<p>Yes, please specify if appropriate...</p> <p>No</p>

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## Annex 7: Standard FGDs questions – post-distribution

Date: .....

Name of the interviewer: .....

Note taker: .....

Location: .....

Number of participants: .....

Age range: .....

Number of participants with disability: .....

Gender: .....

### Introduction:

- Briefly introduce the purpose of the discussion and ensure participants feel comfortable sharing their thoughts and experiences. For example,

My name is (your name) and I am working for the (name of your organisation), a (type of organisation) organisation. As part of its support to the affected people, (name of your organisation) distributed Dignity Kits among other activities. Today, I would like to ask you a few questions about the kit that has been distributed to you.

The aim of this questionnaire is to know what you think about the distributed materials to improve the quality of our response. The information provided by you will

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be kept strictly confidential and will not affect you in any way. Your participation is completely optional, and you can agree or decline to participate.

## Section 1: Initial impressions

- What were your initial thoughts when you received the Dignity Kit?
- How did you feel about the kit items? Were they what you expected?
- Were the Dignity Kits delivered on time?

## Section 2: Content and usability

1. Which items in the Dignity Kit did you find most useful? Why?
2. Which items in the Dignity Kit did you find least useful? Why?
3. Were there any items that you found difficult to use or not suitable for your needs? If so, please explain.
4. Were the contents of Dignity Kits appropriate (culturally sensitive)?

## Section 3: Selection process, distribution, information, and accessibility

1. Was the distribution organised? If not, how would you suggest improving the distribution?
2. Was there any information provided with the Dignity Kit? How helpful was it?
3. Did you find the instructions or information easy to understand? If not, what could be improved?
4. Was the kit accessible for you? Were there any challenges in using the items?

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5. Were you able to access other services as a result of using the items in the kits or the information shared with the kit?

## Section 4: Suggestions for improvement

1. What improvements would you suggest for future Dignity Kits?
2. Are there any item modifications (including addition or removal) you think should be made?
3. How could the distribution process be improved to be more accessible?

## Section 5: Closing thoughts

1. Is there anything else you would like to share about your experience with the Dignity Kit?

## Conclusion:

- Thank participants for their time and insights and assure them that their feedback will be used to improve future programmes.



## **Annex 8: Guidance on the collection of and usage of PDM data**

- **Timing of monitoring:**
  - Post-distribution monitoring should take place systematically after a distribution is completed. If the distribution is conducted as part of a larger emergency response, the outreach on the Dignity Kits can be part of the overall monitoring.
- **Methods of monitoring:**
  - In person or remotely (phone, virtual) depending on access to sites, security, and feasibility.
- **Sample size and selection:**
  - Aim to monitor a representative sample of affected populations. If possible, include diverse groups (age, disability status, etc.) to ensure a comprehensive perspective.
  - Consider using both quantitative (surveys) and qualitative (focus groups, interviews) methods to capture a range of feedback.
- **Documentation:**



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- Maintain clear records of PDM activities, including dates, participant demographics, and key findings. This documentation will be valuable for reporting and improving future distributions.
- **Follow-up actions:**
  - After conducting PDM, analyse the collected data. Use the insights to make necessary adjustments to future procurements and distributions and address any identified gaps or challenges. Share relevant findings with partners where necessary.

Using data collected through PDM

## 1. Data analysis:

- **Quantitative data:** Analyse numerical data from surveys using statistical methods to identify trends and patterns. Use tools like Excel or statistical software to calculate averages, percentages, and correlations.
- **Qualitative data:** Review qualitative responses from focus group discussions and interviews to identify common themes, sentiments, and insights. Coding can help organise feedback into meaningful categories.

## 2. Identify key findings:

- Summarise findings from both quantitative and qualitative data. Highlight key insights including but not limited to:

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- Levels of satisfaction with the Dignity Kit contents.
- Challenges faced by affected populations in using the kits.
- Specific items that were most and least useful.
- Suggestions for improvements and additional items needed.
- Suggestions for improvements of inclusive distribution processes.

## 3. Using key findings to:

### Inform kit content:

- Use the findings to make informed decisions about future procurements and distributions. For example:
  - **Modify kit contents:** If certain items were consistently deemed less useful, consider removing or replacing them with more relevant alternatives.
  - **Address accessibility issues:** If barriers to usage were identified, implement strategies to improve accessibility for persons with disabilities or other specific needs.

### Improve distribution processes:

- Analyse feedback related to the distribution process to identify areas for improvement. This may include:

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- Streamlining the distribution method to enhance accessibility and efficiency.
- Providing better training for staff involved in distribution to ensure they can address affected populations' questions and concerns.

## Enhance communication and information:

- Assess the clarity and usefulness of the information provided with the Dignity Kits. Use feedback to:
  - Create clearer instructional materials or FAQs to accompany future kits.
  - Ensure that information is culturally appropriate and available in multiple languages if necessary.
  - Consider information content adjustment as needed to make it user-friendly.

## 4. Share findings with stakeholders:

- Prepare reports summarising the PDM findings and recommendations. Share these reports with key stakeholders, including:
  - Internal teams involved in programme design and implementation.
  - Donors and funding organisations to demonstrate accountability and transparency.

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- Community leaders and affected populations to build trust and foster collaboration.

## 5. Engage with affected populations:

- Where feasible, consider hosting feedback sessions or community meetings to discuss the PDM findings directly with affected populations. This allows for:
  - Validation of the data collected and additional insights.
  - Strengthening relationships with the community and encouraging participation in future programmes/activities.

## 6. Continuous improvement:

- Establish a feedback loop where the lessons learned from PDM inform ongoing programme development. Regularly revisit and revise the PDM process to adapt to changing needs and contexts.

