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Capacity strengthening Self_evaluation checklist

<p>Instructions:</p> <p>a. Indicate Yes if your organization has these tools, processes or procedures in place</p> <p>b. Indicate No if your organization does not have this in place or you require support to review existing tools, processes or procedures</p> <p>c. Provide more details under the support required column</p>			
Organization Name			
	Yes	No	Details on support required
1. Legal status			
Certificate of registration			
Organization's constitution			
2. Strategic planning and management			
Strategic planning document			
Strategic plan financial strategy and forecast document			
Organization annual operational plan & budget			
Monitoring and evaluations tools/system			
3. Human resources			
Human resource policy			
Does your HR policy include procedures for recruitment ?			
Does your HR policy include details on salaries and benefits ?			
Do you have a performance appraisal system ?			
Complaints and conflict resolution policy			
Does each staff member have a clear, signed, documented contract and job description ?			
4. Other policies			
Gender equality diversity and inclusion policy			



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Anti_sexual harassment policy			
Non_discrimination policy			
Whistleblowing policy			
Safety and security policy			
Safeguarding policy			
Integrity policy & Anti_fraud policy			
5. Financial management			
Finance policy/manual			
Procurement policy/manual			
Accounting software i.e. QuickBooks			
6. Audit report			
Is your organization annually audited by a qualified and independent external audit firm ?			
Audit reports for the last 3 years			
7. Governance			
Does the organization have a Board which convenes regularly			
Board of governor ToRs			
Does the organization have clear policies and procedures for remuneration/compensation of Board members			
Does the Board have policies which regulate conflict of interests within the Board			
8. Management & staffing			
Does the organization have an organogram that is regularly reviewed and revised ?			
9. Safety & security			
Does your organization have a safety and security system in place ?			
10. Mental health & wellness			
Does your organization provide mental health & wellness support to staff			
11. Other thematic areas			



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Submitted by:

Name:

Date:

Received by:

Name:

Date: