

IMPORTANT: This form is view-only. Please download the document (File → Download → Microsoft Word), complete it offline, and email the completed form to [project.officer@awazcds.org.pk].

Beyond Barriers Project

Mapping Tool for Organisations of Women with Disabilities (OWD) & Women Organisations (Wos)

Date: _____

Filled By: _____

Section 1: Basic Information

- Organisation Full Legal Name: _____
- Province: _____
- District: _____
- Tehsil / Area: _____
- Type: Women's Organisation OWD Both
- Current Registration Status: Registered Unregistered
- Do organization have active projects Yes No
- Is registration currently valid Yes No
- Registered With: Social Welfare SECP Other _____ Specify
- Year Established: _____
- Mode of operation: Physical office, virtual or hybrid
- Number of staff (Male and female): _____
- Contact Person Name: _____
- Phone / Email: _____
- Mailing Address: _____

Section 2: Relevance to Project

Question	Yes/ No	Provide some details about work
Works on women's empowerment/rights		
Works on disability inclusion		
Works on GBVH / safeguarding		
Any other relevant work? If yes, then mention the area in the details section.		Provide any relevant report

Does the organisation work on economic empowerment, or skills training for women?		
Has the organisation worked with or supported women with disabilities specifically?		
Does the organisation have any experience applying a rights-based or disability-inclusive approach?		
Has the organisation works on accessibility audit?		
Has experience in community mobilisation		
Does the organization currently operate in the targeted district?		
Are women with disabilities represented in leadership role?		
Does the organisation have a Code of Conduct for staff and volunteers?		

Section 3: Representation & Community Linkages

Question	Yes/ No	Provide some details about linkages
Recognised in the community		
Connected with local stakeholders (government/CSOs)		
Has active membership/community base		
Does the organisation have experience with media engagement		
Willingness to engage in awareness raising and Advocacy campaigns		
Linked with any other NGO or networks		

Section 4: Basic Organisational Systems

Question	Yes/ No	Means of Verification	Required Attachments
Has an active bank account of the organization		Bank details / statement	Bank details
Maintains basic financial records		Cashbook / records/	Please explain

		accounting software	
Maintains activity records		Registers / reports	
Does the organisation have a constitution or TORs			Please attach constitution/ Bylaws
Has governance structure (committee/board)		Organogram / member list	Please attach the organogram and share Members list
Has safeguarding policy or practices		Policy / documentation	Please attach
Has basic organisational policies in place e.g., HR policies			Please attach HR Policies
Does the organisation have a Strategic Plan or Organisational Development Plan?			If yes, please attach

Section 5: Basic Financial Readiness

Question	Yes/ No	Details	Attachments
Has previous experience of managing funds/grants?			Provide list of grants with details of activities, duration, budget
Does the organisation maintain basic financial records (income / expenditure)?			
has experience of formal reporting on expenses			
Has the organisation had an external audit in the last 2-3 years?			Please attach last 2-3 external audit reports
Approximate total annual budget of the organisation (if known of current year)			

Section 6: Engagement Potential

Question	Yes/ No	Details	Attachments
Is the organization willing to actively engage and coordinate throughout the project duration?			

Please describe the organization’s willingness and capacity to actively engage in project activities, coordination meetings, trainings, advocacy initiatives, and collaborative actions throughout the project duration.			
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General Information:

Main thematic areas of work: _____

Years of operations in the districts: _____

Previous partnership with NGOs, INGOs or government: Details of projects (Project name, donor, duration and budget amount)

Remarks:

DECLARATION & CONSENT

This section must be signed by the organisational representative who provided the information. It will confirm that the information is accurate to the best of their knowledge.

I, the undersigned, confirm that the information provided in this form is accurate and complete to the best of my knowledge. I understand that this information will be used solely for the purpose of identifying potential partner organisations for the Beyond Barriers project and will be treated with confidentiality. I consent to AwazCDS-Pakistan/ PODA storing and using this information for project-related purposes.

Respondent Name: _____ **Designation:** _____

Signature and Stamp: _____

Date: _____