

A. CVA RISK AND FEASIBILITY ASSESSMENT FORM

A. General information		
A.1 Assessment date		
A.2 Participants	1. 2. 3. 4. 5.	
A.3 Are you aware of any challenges encountered by existing or previous CVA used by CARE, its partners or other agencies in country?	What: When: Where: Impact:	
A.4 How are/were these problems addressed? What are the mitigation measures in place?		
A.5 In which sectors are you considering CVA?	Objective: Output: No. Beneficiaries: Location: No. Transfers:	
B. Safety and security		Mitigation
B.1 What is the political context where CVA is likely to be implemented?		
B.2 Do you have an updated Security Country Plan in place? Does it consider the potential use of CVA?		
B.3 What are the risks to CARE/partner staff with the use of CVA and program design?		
B.4 What are the risks to beneficiaries with the use of CVA and program design?		

B.5 Is there potential for increased exposure to violence in the household due to CVA? If so, how?	NB: This can be especially the case if the grant is distributed to women only based on their gender.	
B.6 Does the design of the program increase chances of sexual exploitation by CARE/partner staff or third parties?		
B.7 Has the CARE/partner team been trained in protection mainstreaming and PSEA?		
Given the above, what is the level of risk attached to the safety and security of your beneficiaries and staff/partner staff?		
Low (1)	Medium (2)	High (3)
C. Internal control		Mitigation
C.1 What is the service provider/implementing partner capacity in country and is there a signed a framework agreement?		
C.2 If planning to implement through partners, has the partner's capacity been assessed?		
C.3 Would the delivery mechanism involve CARE staff or partners handling cash? If yes, what controls will need to be put in place?		
C.4 Have clear SOPs for cash management been developed and agreed on?		
C.5 Do you have a policy on whistle blowing? Are all staff members aware of this policy?		
C.6 If vouchers are proposed, what controls will need to be put in place to ensure appropriate quality & quantity of commodity is delivered against vouchers?		
C.7 If vouchers are proposed, will you use sufficient security features to ensure vouchers are not duplicated?		
C.8 What would be the financial risks of working with potential/identified services provider(s)?	Example: Will it face liquidity issues? What is its annual net liability/net worth, and what is CARE maximum exposure to it (i.e. how much cash will be advanced to it?)	
C.9 Under local law, does CVA implemented by non-government actors require any license or pre-approval from the Government? If so,		

what are they and what is the process for obtaining this authorisation/pre-approval?		
C.10 In case of elderly, physically challenged persons, children or women in certain cultural contexts, do you have the provision of a reliable and trustworthy, registered second beneficiary?		
C.11 Has a two-way communication system with beneficiaries been developed to deliver and receive critical messages including that no one must be paid a part of their cash for registration in the program or for cash delivery?		
Given the above, what are the risks that CVA will not be received by beneficiaries or that fraud/theft will occur?		
Low (1)	Medium (2)	High (3)
D. Data protection		Mitigation
D.1 Do you have processes for protecting confidentiality of beneficiary data? What are they?	Example: Do you have plans to create a database, and how would it be secure? How will beneficiaries be made aware that their information may be shared with others? Will CARE be able to gain their consent? How long would we need to keep beneficiary information before we should destroy it?	
D.2 Do any of the program implementation processes involve sharing sensitive beneficiary information with a third party? If so, does the third-party contract include a clause on maintaining confidentiality of beneficiary information?		
D.3 What controls do you have in place to ensure the recommended institution/s protect beneficiary information?		

D.4 Are the beneficiaries aware that their information may be shared with others? Do we have their consent?		
D.5 Do you have a plan to destroy beneficiary information once the project is over?		
Given the above, what is the level of risk of leakage of sensitive information?		
Low (1)	Medium (2)	High (3)
E. Market system		Mitigation
E.1 Does a market baseline exist within CARE or other agencies for essential commodities in the geographical areas to be covered by the response?		
E.2 Have you completed, or do you have access to, a market analysis, for all relevant geographic areas and commodities?		
E.3 Does the analysis suggest that there are local markets which have suitable quality and quantity of goods to enable CVA?		
E.4 How would you describe the level of market integration and competition for essential commodities to be covered by the response? If CVA has been previously implemented by CARE or other agencies how did it affect competition in the marketplace?		
E.5 How have previous emergencies affected market functioning (e.g. - inflation, quantity & quality of commodities)? How long did they take to recover and what were the main issues faced?		
E.6 If CVA has been implemented by CARE or other agencies, how did they affect prices and		

the ability of traders to maintain supply of adequate quality and quantity of commodities?		
E.7 What is the current rate of inflation, exchange rates, and typical seasonal patterns of commodity prices? Do you have market monitoring / price tracking systems in place (local, national, regional level) or do you have access to such monitoring?		
E.8 Is there a real risk of significant inflation because of low supply / disruption in the supply chain / policy barriers, or market monopoly? Can this risk be mitigated? How?		
Given the above, what are the risks that markets will not have the capacity to absorb the CVA?		
Low (1)	Medium (2)	High (3)
F. Social acceptance of CVA		Mitigation
F.1 Are the local and national government bodies aware of CARE's plans to implement CVA? Do they agree with it/are we confident in reaching a workable solution?		
F.2 Do traders and all groups of beneficiaries (women, men, disabled and minorities) understand what CVA is and know that CARE and partners are considering using it? Do they agree with it?		
F.3 Have a cross section of beneficiaries and non-beneficiaries been contacted and consulted about the use of CVA? What are their opinions about CVA?		
F.4 Have all groups of beneficiaries been consulted re their preferences and potential		

concerns regarding CVA or other forms of support? What are their preferences?			
F.5 Have key donors been contacted and informed that we may use CVA? What is their position?			
F.6 Have you discussed any potential compliance issues/legal restrictions about CVA with the government and CARE legal department? What are they?			
F.7 Are there any underlying political issues in the local area that may affect the smooth implementation of CVA? Can these issues be addressed?			
F.8 Is there any indication that political attitudes may change when CVA starts? What mitigation efforts have been made to address this?			
F.9 Have socially cohesive beneficiary selection criteria been agreed to (i.e. clear vulnerability criteria rather than IDP/refugee or group status)?			
F.10 Have you developed a feedback/complaints mechanism that can be accessed by all (especially women)? Do you have a transparent complaint resolution mechanism in place?			
Given the above, what is the risk for key stakeholder not to authorise or engage with CVA?			
Low (1)	Medium (2)	High (3)	
Overall assessment			
Safety and security	Low (1)	Medium (2)	High (3)
Internal control	Low (1)	Medium (2)	High (3)
Data protection	Low (1)	Medium (2)	High (3)

Market system	Low (1)	Medium (2)	High (3)
Social acceptance of CVA	Low (1)	Medium (2)	High (3)
Total score	Low <6	Medium 7-11	High > 12
Comments and recommendations following the RFA			