

B. FSP ASSESSMENT FORM

Money transfer company name & address:

Details of agent for potential further communication (name, role, telephone number):

Data collection date:

Assessment team:

1. Have you ever collaborated with a relief organisation to implement a cash transfer? If so with who, for how many households and during which period?
2. If so what have been the lessons learned from this collaboration? Have you adjusted the cash distribution mechanism accordingly?
3. How many people per day can you serve? (number of staff, number of branches in the area, etc.) What is the maximum amount you can distribute per day?
4. What is the registration process for the HH to benefit from your gens? Who is responsible for the data entry? What is the information you need from CARE and how should it be handed over to you (soft copy, hard copy, etc.)?
5. What is the money transfer and money disbursement process?
6. What are your M&E mechanisms? And your reconciliation mechanisms?
7. How much does the service costs? For CARE? And for the HH?
8. In case mobile money is considered: how much does the SIM card cost?
9. What happened in case of mistake? (transfer to a wrong number, ID lost, etc.)
10. From the moment CARE gives you all the necessary information, how long does it take for you to proceed with the first transfer?
11. What are the security measures you put in place to ensure your clients (and potentially CARE beneficiaries) security?
12. Would you be interested in collaborating with CARE?
13. Ask for a copy of their internal regulations (if the document is public).

Any other observation made during the administration of this part of the questionnaire or during the visit to the Money transfer company agents (including visual observations):