

Observation checklist to identify barriers and risks for women in CVA

On-site monitoring, in the form of spot checks or “safety audit” missions, is part of any humanitarian programming, and cash or vouchers distribution is no exception. Monitoring is critical when physical items (such as cash cards, vouchers, cash in envelopes, etc.) are being distributed, but also when beneficiaries have access to the cash via physical structures (such as ATMs) or by interacting with other people (e.g. over the counter at banks or post offices).

On-site monitoring by CVA actors is necessary to ensure that beneficiaries can access and receive the cash or vouchers they are supposed to receive without any safety issues, delay, misunderstanding or other problems.¹ On-site monitoring is a good opportunity to identify specific barriers and risks that women

and girls may face in regards to CVA, and to adapt programme implementation early on to mitigate those risks. Risks and challenges vary depending on the contexts and design of CVA (modality, delivery mechanism, targeting, etc.); however, *in every situation CVA actors have the duty to make sure that the CVA scheme does not put women and girls at further risk or exacerbate existing barriers to access services.*²

The checklist below³ is meant to support cash actors when they conduct on-site CVA monitoring, particularly bearing in mind the specific vulnerabilities of women. This list is not comprehensive and should be used along with other tools collecting beneficiaries’ feedback (such as Focus Group Discussions, PDM, information received through Complaint and Feedback Mechanisms, etc.).

Preliminary considerations

- Obtain consent before beginning any monitoring - make sure you explain why you are here (to community leaders, camp leaders or else) and what you’ll do with what you collect (improve your programming). Plan to get back to the communities with results to close the feedback loop.
- The below checklist does not require you to ask questions to beneficiaries, but talking to women may support your analysis. However, if you do so, make sure to keep men, program implementers or shopkeepers in a reasonable distance from the conversation to increase the chances of women to respond fully/ honestly to your questions.
- On-site monitoring should be ideally undertaken with:
 - female staff;
 - colleagues specialized in protection;
 - national staff (speaking the local language).
- Not all barriers are visible/apparent: look at faces, body language, the overall atmosphere. Trust your instincts.
- *Regular* monitoring is key. In humanitarian contexts, barriers, risks and dynamics change quickly and programs may need to be adapted more than once.
- On-site monitoring should NOT take a lot of your or the beneficiaries’ time. A short visit is better than no visit.

¹ Inspired from [Cash Learning Partnership Monitoring Guidance for CTP in Emergencies](#)

² Contributing to “Centrality of Protection” and “Do No Harm” humanitarian principles.

³ Adapted from the [AAAQ framework](#) (UNICEF tool) and inspired from Safety Audit Observation Checklists (several examples available on [gbvaor.net](#))

CHECKLIST

- Access to the delivery point: is the route suitable for women? Is transport accessible (safe & at a reasonable price)?
- Access to the delivery point: are there any checkpoints? Any armed guards?
- Access to the delivery point: are there long waiting lines/crowds before or around the facility? Are beneficiaries protected from the sun? The rain? (if relevant) Have social distancing measures been put in place?
- CVA delivery point: is it open at a convenient time(s)/day(s) for women?
- CVA delivery point: (if relevant) are there separate queues for women and men, with female staff assisting women beneficiaries?
- CVA delivery point: is confidentiality respected? (e.g. CVA is delivered in a safe/private space)
- CVA delivery point: do women face any specific risks of assaults / theft?
- CVA delivery point: are beneficiaries visibly paying a fee or letting go of a part of their transfer in order to obtain their assistance? If yes, are women and men affected similarly by this practice?
- Quality/quantity of supplies (notes, vouchers, etc.): is it enough so that beneficiaries can obtain their transfer all at once if they need to and do not have to travel several times?
- Mobile agents / CVA frontliners: are they wearing a vest or any visible sign or logo, or can otherwise be recognized (if this is safe in the context)?
- Mobile agents / CVA frontliners: is there a good ratio of female personnel?
- Mobile agents / CVA frontliners: have they been trained on basic GBV & PSEA? Have they signed a Code of Conduct?
- Mobile agents / CVA frontliners: do they have a respectful attitude towards every beneficiary, irrespective of their gender? with no fraud / abuse of power / misconduct?
- PSEA: are key messages well communicated? (language, format, modality, etc.)
- Do women look stressed? Afraid? In a hurry / panic?
- Other observations as relevant.

Triangulate whatever information you have collected with other kinds of data and act accordingly, doing your best to remove or mitigate risks for women. Ask for support from protection/GBV colleagues or organizations.

Whenever you don't have the opportunity to do on-site CVA monitoring (for instance, when

e-money is used as the delivery mechanism) make sure use other ways to map potential risks/ barriers to access services, such as using Focus Group Discussions, PDMs, information received through Complaint and Feedback Mechanisms, spot checks (via phones or else), KII, community leaders' discussions, etc.

