**TERMS OF REFERENCE FOR CONDUCTING A SITUATIONAL ANALYSIS**

**STEPS**

1. Introduction

2. Objectives

3. Expected Results

4. By Who and With Whom ?

5. When ?

6. Preliminary Steps

7. Main Steps

8. Tools

9. Logistic Considerations

10. Timeline

11. Budget

**1. INTRODUCTION**

The situational analysis, applied in the context of the SAA approach, is used to reflect with communities on the barriers that hinder their health status and affect their well-being.

It is an activity that is EXPLORATORY and must take place in a PARTICIPATORY way.

Situational analysis is the first step before embarking on activities with the community, and it is done through a reflective and collective dialogue.

**2. GOAL : WHY CONDUCT A SITUATIONAL ANALYSIS ?**

Situational analyses allow:

* Reiteration of problems and their causes
* Obtainment of information to better understand the project in its implementation or planning to identify problems to resolve
* Comparisons of reflections of health workers and the community at baseline and later to understand differences at different time points

Its ultimate goal is to identify barriers to health and wellness by going to the community to find answers to the questions that arise. This situational analysis makes it possible to explore the avenues of solution to the problems identified by the community.

**3. EXPECTED RESULTS**

* Updated understanding of the community, sociocultural and gender norms, and constraints that hamper well-being and access to SRH services
* Identification of the root causes of these norms, inequalities, and denial of rights
* Identification of impact groups
* Identification of potential groups of influence and partners
* Feeling of inclusion, importance, and understanding by the communities consulted
* Launch of a community dynamic of dialogue to identify problems and discuss solutions
* A report of the situation analysis, along with the list of norms, root causes, different groups (impact and influence), and partners
* Report debriefing with the community
* Development of a Community Action Plan for providers and community partners

**4. WHO SHOULD FACILITATE THE ANALYSIS AND WITH WHOM ?**

The situational analysis can be done in partnership with :

* The communities in which there are interventions
* Local partners
* Local authorities
* CARE staff

Our role as CARE is to facilitate the organization of this analysis to ensure that key actors in the community are represented, that voice is given to marginalized groups, that their needs are identified and taken into consideration, and that stated objectives are met.

**5. WHEN SHOULD A SITUATIONAL ANALYSIS TAKE PLACE ?**

Since it is iterative, situational analysis can and should be done :

* At the beginning or the end of the project: can inform the design of the project
* As a continuous process of reflection and dialogue

**6. PRELIMINARY STEPS**

A situational analysis is a large-scale activity that involves many resources including personnel, money, time, and energy and whose key to success is, above all, preparation, without which the teams, communities, and partners involved will not be able to benefit from the activity. Below are some preliminary steps to the situation analysis in the framework of social analysis and action (SAA):

* First of all, you must have started with step 1 of the SAA framework, which is the dialogue for clarifying values of the personnel of the organization and/or involved in the project
* Identify beforehand the themes to be discussed and those which deserve a deep exploration (see situation analysis questionnaire)
* Reflect on how to involve communities and partners in this process : Who? Why? How? For what purpose?
* Reflect on and prepare all necessary logistics: materials and print outs, transport, etc.
* Book location sites and assign roles in advance
* Remind CARE staff that our role is that of facilitator and that it is up to the community and local partners to analyze the problems and social norms existing in their community

**7. KEY STEPS**

* Develop a detailed plan for conducting the situational analysis (what, when, where, who)
* List the key partners and community actors to participate in the dialogue by taking into account the needs of marginalized groups
* Identify barriers affecting the use of SRH services: these may include social norms, gender norms, or any other structural barriers that affect women's or girls' access to the use of a service (FP, SAC, or vaccination) or that influences their behavior
* Identify the location where the situational analysis will take place within the community
* Prepare the tools and discussion guide for use in the community (see template for format)
* Acquire the necessary materials and train with the tools
* Facilitate the dialogue in the community using critical reflection of the roots of identified problems/barriers/standards (What is the problem or standard ?, Who is affected ?, How is it observed ? What are the causes of these problems or standards ?

**Step-by-Step Instructions:**

* Ensure that participants come from all villages covered by the health facility (entire catchment area)
* Ensure that participants come from all social categories : women, men, girls, and boys ; unemployed and unemployed ; women of childbearing age or menopausal women; married women, widowed women, divorced women, unmarried women, adolescents; foreigners in the community ; persons who have attended school and those who have not attended school ; all socio-professional categories must be represented ; and, finally, the local power holders and those who have no power
* A maximum of 50-60 participants per health facility is sufficient in the discussion because participants will be divided into approximately homogenous groups of 10 to 12 people
* Participants should be divided by age and gender to have a group of youth, men, and women, and it is even possible to divide the women into two subgroups: women of reproductive age and menopausal women
* Each group will be assigned a facilitator and a co-facilitator (e.g. the facilitator can be a CARE staff member and the co-facilitator a health zone supervisor or a staff member of a local partner organization). The number of people in the facilitation team can be increased depending on the contextual needs. The facilitator and co-facilitator(s) will work as a team to ensure that the session is truly a dialogue and has taken into account the community's point of view. The facilitator is in charge of the session and must ensure before the session that all the necessary materials are ready, the participants desired are those present, the necessary logistics are ready and there are necessary introductions. The co-facilitators are responsible for recording the discussion, taking notes and photographs, ensuring order and avoiding disturbances, and taking participation statistics.
* To facilitate discussion, a guide to open questions will be used by the facilitator (the questions were developed in an open manner)
* If the participants accept, use the recorder to capture the thoughts of all and listen to them during the analysis phase
* The team conducting the situational analysis should meet at the end of each day to discuss what they have learned, what information they lack, and how to improve the discussion the next day
* The coordinator of each site is obliged to ensure that this meeting takes place, that the main ideas recorded and discussed are summarized site-by-site, and that the questions raised are discussed and solutions are found. Analyze the data collected to guide the implementation of the program and the implementation of the community strategy, including SAA.
* Produce a report to be shared with the community
* Based on the information gathered, invite the community to discuss and plan interventions to be made to change negative impacts of the program

**8. TOOLS**

Several tools, that are functions of the set objectives and the questions that we want to explore with the community, can be used in situational analyses. The following tools can be used or adapted :

|  |  |
| --- | --- |
| **Name of the tool** | **Used to :** |
| List of discussion topics previously identified by your team | Frame the discussion based on contextually identified themes |
| Question guide for the situational analysis | Frame the discussion based on previously identified themes |
| Tool : FishBowl | Open the discussion and share personal feelings about social issues related to SRH |
| Problem tree | Allow for gender analysis |
| Tool : “But why?” | Analyze the root causes of gender and sexuality issues |
| Tool : “5 Reasons” | Analyze the root causes of a problem |

Note : It is important that the whole team plan a full day to read and review the tools in order to adapt them to the context and ensure that the facilitator and co-facilitators are familiar with them.

**9. LOGISTIC CONSIDERATIONS**

Requirements :

* Dictaphone
* Camera
* Vehicles and fuel
* Ream of paper and box of pens
* Markers and flip chart

**10. Timeline**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities** | **Timeline** | | | | | | **Person responsible** |
| Th | F | M | Tu | W | Th |
| Develop a detailed plan for the situational analysis |  |  |  |  |  |  |  |
| List the key partners and community actors to be involved in this analysis |  |  |  |  |  |  |  |
| Identify barriers to the use of SRH services |  |  |  |  |  |  |  |
| Identify location and identify logistical needs |  |  |  |  |  |  |  |
| Identify facilitators and co-facilitators and designate sites |  |  |  |  |  |  |  |
| Identify participants and inform them on time (at least one week in advance) |  |  |  |  |  |  |  |
| Develop questionnaires and tools to use |  |  |  |  |  |  |  |
| Organize a work meeting at the CARE office to familiarize facilitators and co-facilitators with the different tools to be used |  |  |  |  |  |  |  |
| Facilitate a dialogue at each health facility or catchment area through critical reflection on the barriers and roots of identified problems using the questionnaire and other tools |  |  |  |  |  |  |  |
| Analyze collected information |  |  |  |  |  |  |  |
| Produce the report of the analysis |  |  |  |  |  |  |  |
| Hold a reporting and planning meeting with the community |  |  |  |  |  |  |  |
| Develop an action plan |  |  |  |  |  |  |  |
| Organize SAA orientation workshops for facilitators from our community partners |  |  |  |  |  |  |  |

**11. BUDGET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Unit** | **Quantity** | **Period** | **Unit cost** | **Total cost** |
| Dictaphone | Piece |  |  |  |  |
| Camera | Piece |  |  |  |  |
| Flip Chart | Ream |  |  |  |  |
| Paper A4 | Ream |  |  |  |  |
| Pens | Box of 50 |  |  |  |  |
| Markers | Box of 12 |  |  |  |  |
| Communication credits | Flat rate |  |  |  |  |
| Room location | Per diem |  |  |  |  |

Note : To prevent the creation of a precedent, provide no refreshments, no per diem, and no transportation to participants.