

The logo for LIFT II, featuring the letters 'LIFT II' in a bold, blue, sans-serif font. A white arrow points upwards and to the right, starting from the 'I' and ending at the top of the 'T'.

**LIFT II**

LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

# **Situational Analysis:** *Informing Contextual Livelihood Programming*

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PRACTITIONER GUIDE

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## acronyms

CARE	CARE International
CBO	Community-Based Organization
DRC	The Democratic Republic of the Congo
ES	Economic Strengthening
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
IP	Implementing Partner
LIFT	Livelihoods and Food Security Technical Assistance II
M&E	Monitoring and Evaluation
NACS	Nutrition Assessment, Counseling and Support
NGO	Nongovernmental Organization
OHA	USAID Office of HIV/AIDS
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHLIV	People Living with HIV
SA	Situational Analysis
TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government

## acknowledgements

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## forward

This guidance document includes material drawn from the document [The Essential Package: Situational Analysis by Save the Children](#). The present format of the guidance document draws substantially on a referral guide initially developed by Save the Children under the Livelihoods and Food Security Technical Assistance I project (2009-2013).

Under [Livelihoods and Technical Assistance II \(LIFT\)](#), the text for the guidance document has been substantially revised to update information, add more questions as it relates to issues associated with private sector development and attitudes and beliefs, and incorporate the country experience gathered through the implementation of the situational analysis. Developing this situational analysis guidance has been an iterative process that has combined the experience gathered under both projects at both national and sub-national/community level.

The tools included as annexes to this guide were developed for LIFT use and can be modified as necessary. These tools have been tested and refined from experiences in five countries: Malawi, the Democratic Republic of the Congo (DRC), Namibia, Lesotho and Tanzania. The guide will continue to be improved as needed.

## contact

Please send any feedback to [lift@fhi360.org](mailto:lift@fhi360.org).

## how to use this guide

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## introduction

The focus of this analysis is multi-sectoral with an emphasis on ES/L/FS, HIV/AIDS and nutrition sectors. The Livelihood and Food Security Technical Assistance II (LIFT) project was initiated by the United States Agency for International Development (USAID) Office of HIV/AIDS (OHA) to provide technical assistance and strategic support to US government agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC) and their caregivers.

As communities analyze their own strengths, weaknesses and opportunities for change, a situational analysis (SA) can play a transformational role through increasing the awareness of all stakeholders as actors of change. From the national level to the community level, an SA provides a critical understanding of an array of interrelated factors—contextual vulnerabilities, societal gender and cultural norms related to adherence and retention in HIV care patterns, economic strengthening, livelihoods, and food security (ES/L/FS). The analysis of these interrelated factors through an SA helps to inform a more context-specific approach to the design of livelihood programs. LIFT engages an extensive pool of stakeholders—individuals, government partners, public institutions and private organizations—as a first step to understanding the availability and accessibility of HIV- and AIDS-related services for affected populations. The SA is the starting point for program design; its results inform decisions on customizing LIFT’s approach to specific countries and local communities. Furthermore, the SA also is intended to support the development of national capacity and the policymaking processes.

### summary: situational analysis

- The SA informs a context-specific approach to designing livelihood programs
- The SA consists of two major sections: national- and sub-national/community-level analysis
- The SA process examines five major contextual factors: 1) policy environment, 2) availability of and access to health, nutrition and ES/L/FS, 3) community networks and cultural beliefs, 4) market actors and private-sector players, and 5) gender.



Photo credit: Fintrac, Inc., Courtesy of USAID\_IMAGES

## how is this guide intended to be used?

LIFT developed this document as a practical guide for project staff, implementing partners (IPs) and practitioners involved in linking clinical facilities, particularly those offering Nutrition Assessment Counseling and Support (NACS), with economic strengthening, livelihoods and food security (ES/L/FS) programs. The SA includes five components: 1) policy environment, 2) availability of and access to ES/L/FS and NACS, 3) community networks and cultural beliefs, 4) market actors and private-sector players, and 5) gender. It is meant to be a practical guide that can bring a better understanding of these essential components in order to pinpoint bottlenecks and promote realistic, effective, and efficient interventions to protect and improve the wellbeing of HIV and AIDS affected and infected populations.

The SA practitioner guide is meant to outline a process that is improved upon with each use, either through distilling lessons learned or providing different contextual examples. This interactive guide offers a menu of options for conducting an SA and describes its use across the program design cycle, offering key tips in planning and preparing for the analysis. This is not a guide to be rigidly applied instead it is meant to put forth a wide array of questionnaires within a strategically targeted set of themes so that practitioners can make well-informed decisions around the questions that best suit their contexts and needs. Using the guide as a reference, we hope that practitioners will develop new ideas during the application process, to inform future revisions of this guidance document.

## how is the guide set up?

[Component 1](#) covers key steps in the **preparation and design** of a situational analysis and lays out key considerations to keep in mind when developing a scope of work (SOW) for the activity.

[Component 2](#) dives into the **execution** of a situational analysis by providing field process and guidance to the consultant(s)/practitioner. The SA is divided into two major sections:

- The **national-level analysis** entails engaging with government and international development policymakers about HIV and AIDS, ES/L/FS policy, and the institutional environment.

### objectives: national level

- Recognizing the administrative divisions within the country.
- Considering policies, priorities, and areas of engagement by international policymakers and donors.
- Examining the drivers of the HIV and AIDS pandemic; challenges to effective intervention, including the role of local attitudes and norms about HIV and AIDS; and opportunities for policy and programming improvements—including the role of markets.
- Developing advocacy objectives for social change, where appropriate.

## objectives: sub-national level

- Understanding the program's catchment area (and refining this, as needed) as well as the community's attitudes and beliefs.
- Assessing the effectiveness of sub-national coordination and implementation mechanisms for services related to HIV and AIDS, health and nutrition, OVC and ES/L/FS.
- Reviewing and documenting the sub-national government structures that may be relevant for linking clinical services with ES/L/FS services.
- Examining the social and economic needs and concerns of PLHIV and HIV-affected households, and the extent to which gender roles are a factor.
- Analyzing households' connections with markets, how those markets function (particularly for access to goods and services), and available income opportunities.
- Analyzing the effectiveness of available ES/L/FS services in addressing identified needs and concerns.
- Identifying priority actions to improve the design and delivery of ES/L/FS services to PLHIV and HIV-affected households.

- This is complemented by a **sub-national/community-level analysis**, which entails engaging representatives from the district government and service providers. The overall goal of this portion of the SA is to assess the availability and accessibility of ES/L/FS services by people living with HIV (PLHIV), their socio-economic concerns, and their connection to markets in the search for livelihood opportunities. The unit of analysis for the sub-national/community inquiry should be guided by what level the project or program aims to work with. For LIFT, this has meant a focus on the communities that constitute the NACS health facility catchment areas.

[Component 3](#) provides guidance around **analysis** of results from the SA including suggestions around reporting format and tips for organizing findings.



Photo credit: Clinton Sears / FHI 360



## component 1: preparation and design

*This section identifies key steps in preparing and planning a situation analysis, including the considerations around human resources, logistics and timing.*

### in focus: scope of work

The SOW developed by LIFT can be tailored to each organizations policies and procedures. The model SOW has been prepared for flexible use and adaptable to the needs of LIFT country programs. It is important to note that design requirements may vary by the geographic scope of each country.

The [model scope of work](#) (SOW) outlines the purpose, goals, objectives, and level of effort for the situational analysis. It is important to note that the SOW will need to be adapted to the individual needs of each country and depend on the scope of the undertaking. The process of tailoring the model SOW to your individual country programs or needs will need to take into account: conceptual framework, work plan, study methodology, information gathering and analysis, budget and sharing of findings among others. The situational analysis should not become an end in itself but should provide the necessary insight and information needed to plan and design your program.

### desk review

As a part of the activity preparation, a critical preliminary step to executing the SA on the ground includes performing a desk review of existing key documents and resources. LIFT II has developed an illustrative list of [suggested key documents for review](#) by both the activity manager and the person conducting the SA in country.

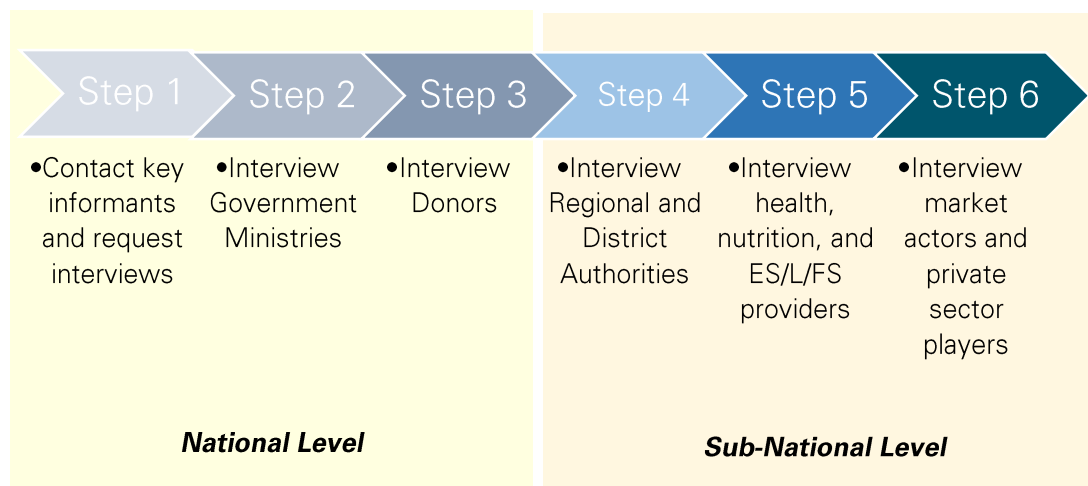
### human resources considerations

Identifying an individual with the appropriate skill set is necessary for the success of the situational analysis. Timely initiation of the recruitment process improves the likelihood of hiring individual(s) with the right background and skills. The number of team members required to carry out the exercise depends on the number of districts and/or catchment areas to cover. One consultant will be required for each health facility catchment area and one catchment area may include multiple NACS clinics. If two catchment areas are targeted, then two consultants, or alternatively, twice the level of effort will be required to complete the task.

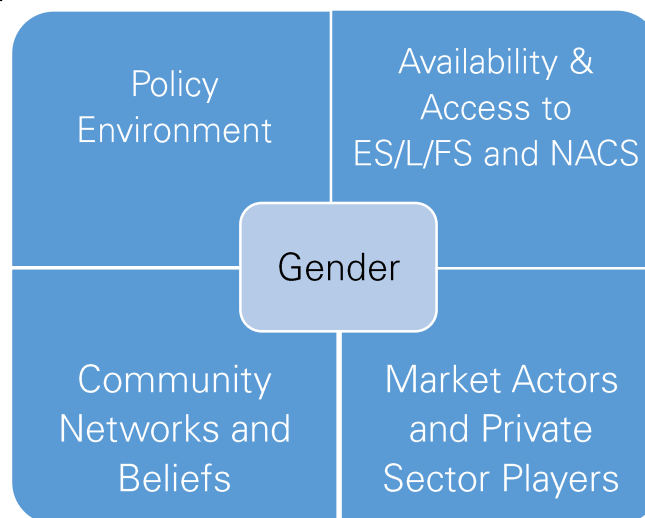
The focus of the analysis is multi-sectoral with an emphasis on ES/L/FS, HIV/AIDS and nutrition sectors. Identifying one consultant with this background can be a challenge. If efforts to recruit an individual with the right experience are not successful, preference is for individuals with stronger ES/L/FS experience. If recruiting a multi-person team, complementary skill sets that address the relevant technical areas are important. Clear roles and responsibilities must be defined for each team member. This includes decisions on allocating interview responsibilities, processes for consolidating the information and also reporting. It is recommended that while report writing responsibilities can be shared, the stronger team member be assigned overall responsibility for the quality and coherence of the final report.

## component 2: execution

This section walks practitioners through the six steps to conduct a situational analysis with practical, ready-to-use tools for each step.



The situational analysis is divided into two major sections: the national and sub-national/community level analysis and five primary components: [policy environment](#), availability and access to ES/L/FS and NACS, community networks and cultural beliefs, market actors and private sector players, and [gender](#).



## Step 1

## Contact Key Informants and Request Interviews

The first task is to develop a contact list of the key government, donor and service providers to interview during the situational analysis. Requesting and scheduling meetings must be done early in the process to ensure the right people are available. It is essential that each selected key informant be linked to a clear objective and that an individual in the right position be contacted. It is suggested to schedule national actors first which include government ministries and donors before travelling to the district to meet district authorities and service provider representatives. Towards this end, LIFT has developed several resources including a [sample message](#) to send out to relevant key informants, an [illustrative schedule](#) for the field work, and [basic tips for conducting interviews](#).

## Step 2

## Interview Government Ministries

[Interview Form 1](#) is for government ministries coordinating and guiding national HIV/AIDS, nutrition, and ES/L/FS policy and strategy. This is the first discussion to collect 'big picture' information on national priorities, policies and key partners. A suggested list of key Ministries include:

- Ministry of Health
- Ministry of Social Affairs and/or Development
- Ministry of Agriculture
- Ministry of Economic Development/Economic Planning
- Ministry of Gender Equity and Child Welfare
- National AIDS Coordination Program

### implementation reminder

The interview guidelines are not a questionnaire, but discussion guides that ensure essential information is collected. It can and should be modified as necessary. Remember to collect the relevant policy and strategy documents and other relevant literature.

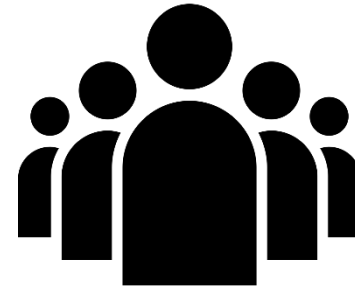
## Step 3

## Interview Donors

[Interview Form 2](#) guides the discussion with donors in the HIV/AIDS and/or ES/L/FS sectors. This builds on the Interview Form 1 (above). It captures information on donor strategies and how these are coordinated with national Government policies and implementing agencies, and the challenges thereof. Key donors and United Nations agencies include:

- United States Government (USAID/PEPFAR, Millennium Challenge Corporation)
- Global Fund to Fight AIDS, TB and Malaria (GFATM)

- World Bank
- Department for International Development (DFID)
- European Union (EU)
- Food and Agriculture Organization (FAO)
- World Food Programme (WFP)
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- United National International Children's Emergency Fund (UNICEF)



## Step 4 Interview Regional and/or District Authorities

[Interview Form 3](#) guides discussion with sub-national (regional, district and constituency/community level) administrative authorities. This is the form to use on arrival in the target area and builds on information collected at the national level. This discussion introduces LIFT program objectives to local authorities. The regional, district and constituency/community authorities (normally in the Ministry of Local Government represented by a District Administrator or equivalent) register all actors and interventions operating in the district and coordinate with policy. Additional information must be collected on the socio-economic profile of the district, HIV/AIDS prevalence, and availability of services in the district including health, nutrition, ES/L/FS. They will also be able to assist in prioritizing service providers to interview, provide contacts and entry points. Key local authorities to consider include:

- Regional/District Administrator
- Regional/District Health Office
- Regional/District Development Committee
- Regional/District AIDS Coordinator
- Regional/District Social Development Office
- Regional/District Agriculture Office
- Village leaders

### implementation reminder

Pay attention to ensure that you interview the right people at this level.

## Step 5 Interview Service Providers of Health, Nutrition and ES/L/FS

[Interview Form 4](#) is for use with HIV/AIDS, health, nutrition, and/or ES/L/FS service providers in the private or public sector, including government, local and international NGOs and CBOs. This also includes vocational skills training centers and microfinance institutions, if available. It is intended to broadly capture information on the availability and access to services for PLHIV, OVC and caregivers, as well as the main concerns of people living with HIV/AIDS (PLHIV) and other vulnerable households. Aim to identify approximately **eight activities/services**, focusing on those that seem sustainable and less dependent on USAID and other donor funding, where possible.

A critical point here is to go beyond the traditional service delivery channels for health and also include information related to community support particularly in the focus areas of: economic strengthening, food security and livelihoods. Keep the discussions brief and high level as there will be other activities that will allow LIFT to gain an in-depth understanding of the organization and details on activities.

Key service providers to consider include:

- International NGOs operating in the community (e.g. Project Hope, EGPAF, PACT)
- Local NGOs
- Organizations that provide or serve a referral or central organizing function Government or private vocational skills training centers/programs
- Local financial service providers (e.g., CARE, World Vision, FINCA)
- Community-based organizations (e.g., caregiver groups, self-help groups, village committees)
- NACS health facilities selected for LIFT work

### implementation reminder

Keep in mind that there may be value in exploring some issues across interview groups at the sub-national.

## Step 6

### Interview Market Actors and Private Sector Players

[Interview Form 5](#) is for use with market representatives (petty traders, retail and wholesale operators), influential community members and private sector partners. The objective of this interview guidance is to understand households' connections with markets, market function, particularly for access to goods and services and to earn income, and also to gain a better understanding of the viable local markets and private sector activities. This form must be used with **3-4 key private sector partners**, and/or market representatives. *You need to check with the local community to find out which markets they use. It could be that the most important market for them is not the local market but a market farther away.* If necessary, contact the regional Chamber of Commerce for input and/or guidance on identifying relevant businesses. *This is not a questionnaire, but a guide to facilitate the discussion and ensure that essential information is collected. It can and should be modified as necessary.* Use personal observation to inform the key issues noted below, where possible.

## component 3: analysis

### organizing information and interpreting results

The data gathered from the situational analysis will involve both qualitative and quantitative information. The goal of the data analysis is to reduce and summarize the most significant and meaningful information into a reduced number of strategic priorities for action. Information and data gathered may need to be reorganized in a format that better addresses the needs of the situational analysis.

Consider developing an analysis plan that arranges the information collected into the content you selected to initially study. Organize your findings into categories that are meaningful to your intended audience. More than likely you will need to perform additional analysis on the statistical information gathered to draw relevant conclusions that speak to various conditions or trends.

We recommend the use of as many descriptive statistics as possible to paint a picture of the communities and the population in the geographic area analyzed. This information should improve the understanding of a community's values, perceptions and knowledge about issues. The use of descriptive statistics is especially relevant when they are applied to data collected similarly from two or more populations, determining if different populations view the issue or condition similarly or differently.

Finally, your analysis plan should include a description of the methodologies used to calculate indicators and detailed notes. It is important to document your analysis in a manner that others will be able to follow and repeat if necessary.

## reporting findings

The overall success of the situational analysis will require you to summarize data in a logical and concise manner. This will include a combination of narrative, charts, tables and graphs. The narrative should increase clarity and provide an analysis of the results. The most common product of a situational analysis is a full narrative report we recommend that you consider producing a document that is between 40 to 45 pages, excluding annexes. A complete [list of people and organizations interviewed](#) as well as other key contacts must be included. Guidance on the report content, presentation and length are provided below.

- **References:** All facts and references must be cited in footnotes.
- **Data:** Data presented in graphs or tables should have totals and there should be averages across the years and calculations that show the change over time, if applicable. This information should be presented to the reader so that they can evaluate it and critically think about the implications. In addition, provide the data in excel tables so that it can be easily verified.
- **HIV data:** Ensure proper use of HIV incidence and HIV prevalence when discussing HIV statistics.
- **Maps:** If available, include a detailed map that shows the NACS facilities and region information.
- **Report sections 5 to 9** must be repeated for each community assessed.

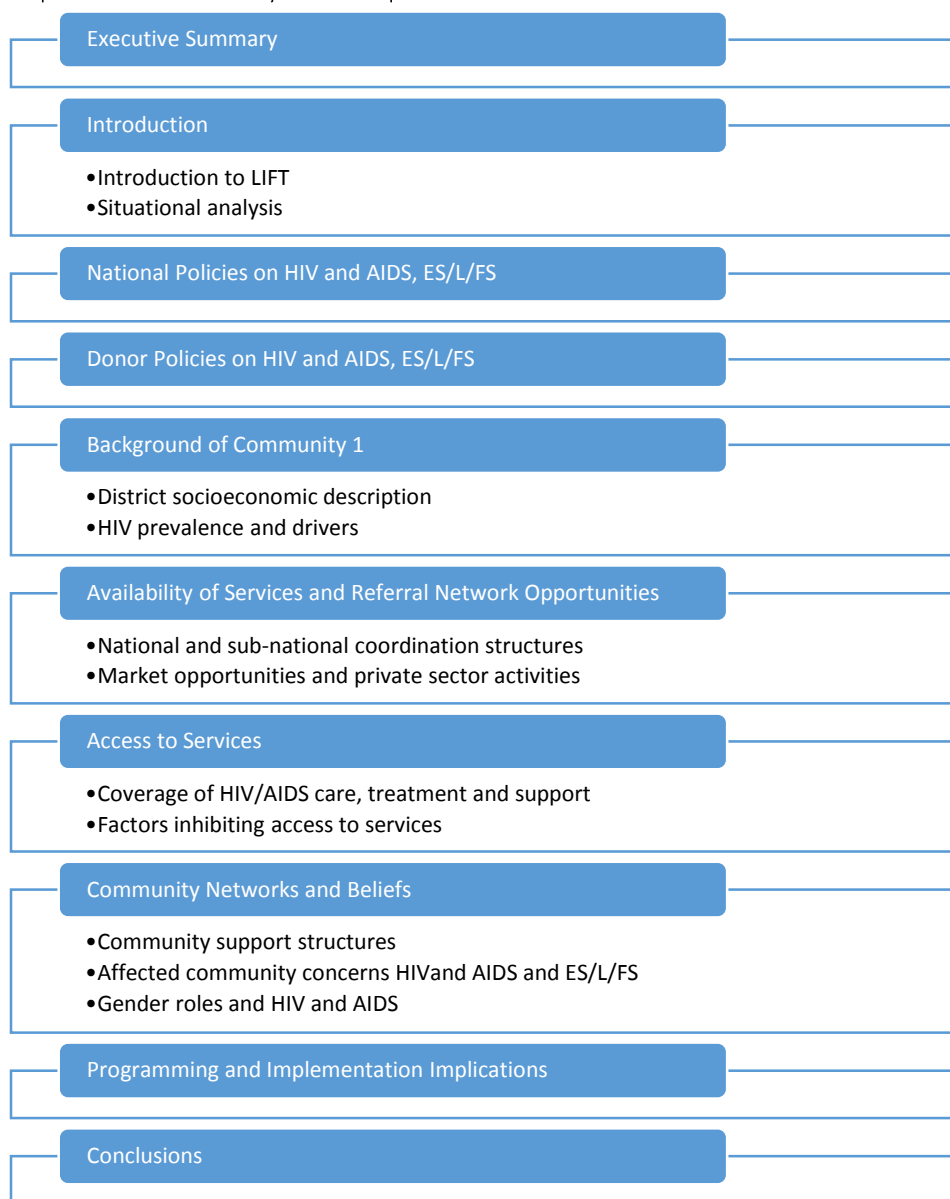
### implementation reminder

Be careful not to lose the big picture in a list of descriptive detail. Focus on information that highlights comparability/incomparability across communities to help inform the design and functions of LIFT's model across the larger catchment area.



Photo credit: Jessica Scranton

A [reporting template](#) developed by LIFT includes details to demonstrate the depth of information captured by the project through this process. The graphic below provides a summary of the report structure.



## annex: situational analysis practitioners toolkit

- Tool A: Model Scope of Work for a Situational Analysis
- Tool B: Key Documents for Review
- Tool C: Policy Analysis Tool
- Tool D: Gender Analysis Tool
- Tool E: Interview Request Template
- Tool F: Illustrative Field Work Schedule
- Tool G: Basic Interviewing Tips
- Tool H: Interview Form 1
- Tool I: Interview Form 2
- Tool J: Interview Form 3
- Tool K: Interview Form 4
- Tool L: Interview Form 5
- Tool M: Contacts List
- Tool N: Situational Analysis Reporting Guidance



## Tool A: Model Scope of Work for a Situational Analysis

### **Background:**

The goal of the Livelihoods and Food Security Technical Assistance II (LIFT II) project is to build the continuum of care for people living with HIV/AIDS (PLHIV) and other vulnerable households by facilitating their access to high quality, context appropriate, market-led economic strengthening, livelihood and food security (ES/L/FS) opportunities that improve their economic resilience and lead to better health. To improve nutritional status among patients, the Nutrition Assessment, Counseling and Support (NACS) approach integrates supplemental feeding and nutritional counseling into clinical HIV care regimens. An essential component of LIFT II's approach is establishing links to integrate ES/L/FS activities within NACS programs.

The situational analysis (SA), performed by LIFT II includes both a national and local level understanding of the cultural norms, structural issues and complex impacts of HIV, poverty and food security. The SA provides LIFT II with a better understanding of interrelated factors such as the spread of HIV infection, economic activities, markets and private sector activity, service availability, resources, knowledge and awareness, societal and household gender dynamics, social cohesion, community networks and cultural beliefs, the legal environment and political leadership contributing towards its program design. It is envisioned that the SA will provide the team with sufficient guidance and a comprehensive understanding of the national and local context enabling LIFT II to facilitate appropriate and effective linkages between NACS, ES/L/FS service providers and vulnerable households.

### **Objectives:**

#### **a) Review of current Policy Environment**

Analysis of the policy environment will provide information on the policy and legal environment related to HIV/AIDS, ES/L/FS, and identify potential for synergy with LIFT II. The key informants can include government ministries, donor agencies and implementing partners (IPs) in the economic development, food security and health sectors.

- Provide an understanding of the key national and local actors in the food security and economic development arena, their relationships and initiatives that offer opportunities for synergy with LIFT II.
- Assess the importance and influence of the key national and local stakeholders.
- Develop advocacy objectives for social change, where appropriate.
- Provide guidance on country specific protocol for community engagements.

#### **b) Availability and Access to ES/L/FS Services**

Inquiry will focus on the availability of and access to HIV/AIDS, nutrition, ES/L/FS services, as well as the existence of infrastructure and resources to facilitate effective linkages. Key informants can include government, health and economic development ministries, United States Government (USG) donor representatives, IPs, HIV/AIDS coordination bodies, Community-Based Organizations (CBOs) and HIV/AIDS affected households.

The specific objectives include:

- Develop a preliminary list of government, private sector and civil society ES/L/FS service providers in the catchment area.
- Provide insight into the social, economic and political processes, including gender, that enable or inhibit access to ES/L/FS services for people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC) and their caregivers.

- Assess the needs and concerns of PLHIV, OVC and their caregivers, and the extent to which available E/L/FS services address these.
- Identify priority actions to improve the design and delivery of services to PLHIV, OVC and their caregivers.
- Understand households' connections with markets, how those markets function, particularly for access to goods and services, and income earning opportunities.

### c) Community Networks and Cultural Beliefs

The assessment will provide information on the organization and influence of community networks that support PLHIV, OVC and other vulnerable households, and glean insight into social processes that inhibit or enable the participation of HIV/AIDS affected households in ES/L/FS activities. The key sources of information can include national HIV/AIDS coordinating bodies, CBOs, community leadership structures, and HIV/AIDS affected households. The specific objectives include:

- Assess the organization of community networks and the degree to which they control or facilitate access to strategic resources for people living with HIV/AIDS and other vulnerable households.
- Identify social networks or community mobilization efforts that can serve as delivery mechanisms for LIFT II activities.
- Understand the cultural and social norms, including gender roles, which inhibit the participation of PLHIV, OVC and their caregivers, in ES/L/FS activities or receiving community support.

### d) Markets and Role of the Private Sector

Insight will be provided on households' connections with markets, how those markets function, particularly for access to goods and services, income earning opportunities, and also to understand the viability of local markets and private sector activities. The specific objectives include:

- Understanding of the main trade commodities and trade routes
- Household access to markets for income, and goods and services
- Availability of business and marketing associations, and the role of the private sector.
- Assess market constraints and opportunities.
- Inquiry into the availability and access to financial services for the poor.
- Identify potential private sector players that could be relevant to LIFT II programming.

### e) Gender Analysis

Based on review of available gender assessments, discussions within the community, observations and interviews a gender analysis should be completed.

- Understand different roles and norms for women, men, girls, and boys.
- Assess key gender relations that affect women and girls and men and boys and sexual minorities outlining needs, constraints and opportunities of each group.
- Recognize different level of power that they have in the household and the impact of these differences in their lives.
- Identify what potential information is missing but is needed about gender relations.

- Identify gender-based constraints that could potentially have an impact on program objectives.

### **Required Tasks**

1. A review of the LIFT II country desk review and any additional secondary information on the socio economic environment and ongoing ES/L/FS interventions in the catchment area.
2. Prioritize key informants and set interview appointments.
3. Conduct interviews with key government, donor, implementing partners and community representatives as necessary.
4. Conduct site visits to identified catchment areas.
5. Prepare final situational analysis report - inclusive of attachments.

### **Key Output(s)**

1. Situation Analysis report
2. Gender Analysis completed
3. Preliminary list of service providers

### **Skills and Experience**

- Tertiary qualification in social science
- Minimum 5 years' experience in the ES/L/FS sector and/or HIV/AIDS. Preferably integrating HIV/AIDS and economic strengthening
- Extensive contacts and knowledge of government ministries and institutional actors in the HIV/AIDS and economic strengthening sectors
- Experience interacting with and communicating with donors and NGO representatives
- Experience conducting similar scopes of work that require a certain level of analysis of information being collected
- Excellent writing and communication skills
- Experience conducting research

### **Level of Effort:**

The level of effort (LOE) includes 8 days to familiarize the consultant with LIFT II, perform any additional research and gather national level data and write up that section of the report. An additional 10 days will be allocated for each local site which includes time for both interviews and report writing. If travel is required additional travel days will be included into the LOE.

## Tool B: Key Documents for Review

1. Ministry of Health Policy and Strategic Plan on HIV/AIDS
2. Ministry of Agriculture Policy and Strategic Plan on HIV/AIDS and Food Security
3. Ministry of Economic Development / Economic Planning Policy and Strategic Plan on HIV/AIDS and Social Protection
4. Ministry of Gender Policy and Strategic Plan on Gender, Orphans and Vulnerable Children
5. National AIDS Commission Policy on HIV/AIDS Policy and Strategic Plan
6. USAID, PEPFAR Country Strategy on HIV/AIDS
7. World Bank Country Strategy on HIV/AIDS
8. World Bank Social Protection Policy
9. DFID Country Policy and Strategy on HIV/AIDS
10. European Union Country Policy and Strategy and HIV/AIDS
11. Regional/District level Organizational Mapping
12. Regional/District Development Plans
13. Regional/District Socio-Economic Profiles
14. Famine Early Warning Systems Country Livelihoods Profiles
15. Implementing Partner project reports
16. LIFT II Country Desk Review
17. LIFT II Country Rapid Appraisal or Trip Reports
18. Gender Assessment or Reports

## Tool C: Policy Environment Analysis

Please complete this table below based on your interviews with key stakeholders. The table should summarize relevant policies affecting implementation and be included as an annex in the final report.

Enabling Policies/ Programs/Plans	Objectives
<b>Example: Scaling-up Nutrition (SUN)</b>	<i>Recognizing that investment in nutrition is a primary step to social and economic prosperity, the government of Malawi has committed itself to joining the SUN Movement as it aligns with the country's own national vision for human, economic and social development.</i>

## Tool D: Gender Analysis

Please complete this table below based on your interviews with key stakeholders. The table should summarize gender analysis for the catchment area and be included as an annex in the final report. Please include raw data, key quotes, or references to documents or other project reports that arise during interviews. The table pages may be formatted as landscape or use a smaller font to make them more readable. A one-page summary of this table should be included in the situational analysis report.

<b>Gender Analysis Summary</b>				
	<i>What are the key gender relations inherent in each domain (listed below) that affect women and girls and men and boys and sexual minorities?</i>	<i>What potential information is missing but is needed about gender relations?</i>	<i>What are the gender-based constraints to reaching program objectives?</i>	<i>What are the gender-based opportunities to reaching program objectives?</i>
<b>Laws, policies, regulations and institutional practices</b>				
<b>Cultural norms and beliefs</b>				
<b>Access to and control over assets and resources</b>				
<b>Patterns of power and decision-making</b>				
<b>Gender roles, responsibilities, and time used</b>				
<b>Local rights and status</b>				

## Tool E: Interview Request Template

Dear Sir or Madam

My name is **(insert name)** and I work with the Livelihoods and Food Security Technical Assistance II (LIFT) project. The LIFT project was initiated by the United States Agency for International Development (USAID) Office of HIV/AIDS (OHA) in 2013 as a five-year Associated Award under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA) Cooperative Agreement. The Award is managed by FHI 360, and is implemented in partnership with CARE International and World Vision.

LIFT provides technical assistance and strategic support to US government agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC) and their caregivers. The goal of the project is to build the continuum of care for the target households by facilitating their access to high quality, context appropriate, market-led economic strengthening, livelihood and food security (ES/L/FS) opportunities that improve their economic resilience and lead to better health.

LIFT is presently undertaking a situational analysis of **(insert Country and District)**. The objective of the exercise is to obtain a comprehensive understanding of the HIV/AIDS and economic strengthening, livelihoods and food security policy environment and the availability and access to health and ES/L/FS services by PLHIV and other vulnerable households. This information will inform decision-making on customizing LIFT's approach to the national and local context, and to identify opportunities for collaboration and synergy with ongoing initiatives.

***Replace paragraph below depending on relevant recipient (i.e. Government Ministry, Donor or Service Provider)***

For Government Ministries

I am requesting a meeting on **(insert date)** to discuss the national policies guiding your Ministry in the HIV/AIDS and ES/L/FS arena, your institution's mandate within these sectors, the national coordination forums guiding program implementation, and the main international and national partners that you collaborate with.

For Donor Agencies

I am requesting a meeting on **(insert date)** to discuss the national policies guiding your agency in the HIV/AIDS and ES/L/FS arena. Further to this, we are interested to learn about the mechanisms through which national policies are coordinated with your institution's country strategic plan and funding decisions.

For Service Providers

I am requesting a meeting on **(insert date)** to discuss your activities in the HIV/AIDS and ES/L/FS arena and your main funding partners. Of additional interest is to learn about the location, type and duration of ongoing HIV/AIDS, nutrition, ES/L/FS programs, and the national and sub-national coordination forums through which you deliver services.

Sincerely,

**(insert signature)**

## Tool F: Illustrative Field Work Schedule

Illustrative Schedule of Meetings		
<b>Day 1</b>	National consultant orientation	
	Finalize logistic arrangements	
	Finalize field schedule and interview appointments	
<b>Day 2</b>	Ministry of Health	9:00am
	National AIDS Commission	12:00pm
	Ministry of Gender and Social Welfare	3:00pm
<b>Day 3</b>	Ministry of Economic Planning	9:00am
	Ministry of Agriculture	12:00pm
	Department of Nutrition	3:00pm
<b>Day 4</b>	USAID - PEPFAR	9:00am
	USAID - Food for Peace	12:00pm
	World Bank	3:00pm
<b>Day 5</b>	UNICEF	9:00am
	World Food Programme	12:00pm
	European Commission	3:00pm
<b>Day 6</b>	Travel to District	
<b>Day 7</b>	Service Provider 1	9:00am
	Service Provider 2	12:00pm
<b>Day 8</b>	Service Provider 3	9:00am
	Service Provider 4	12:00pm



<b>Day 9</b>	Service Provider 5	9:00am
	Service Provider 6	12:00pm
<b>Day 10</b>	Service Provider 7	9:00am
	Service Provider 8	12:00pm
<b>Day 11</b>	Travel	
<b>Day 12</b>	District Administrator	9:00am
	District AIDS Coordinator	12:00pm
<b>Day 13</b>	Health Service Facility with NACS site	9:00am
	District Nutrition Officer	12:00pm
<b>Day 14</b>	Travel	
<b>Day 15</b>	Community-Based Organization 1	9:00am
	Community-Based Organization 2	12:00pm
<b>Day 16</b>	Community-Based Organization 3	9:00am
	Community-Based Organization 4	12:00pm
<b>Day 17</b>	Travel	
<b>Day 18</b>	Market Representative 1	9:00am
	Market Representative 2	12:00pm
<b>Day 19</b>	Market Representative 3	9:00am
	Consolidate information	12:00pm
<b>Day 20</b>	Travel	
<b>Day 21-30</b>	Reporting	

## Tool G: Basic Interviewing Tips

**General Interview Guidance:** Ensure introductions are done well to set the right tone and establish the basis for productive discussions.

DOs and DON'Ts for semi-structured interviews	
DOs	DON'Ts
<ul style="list-style-type: none"> <li>✓ Be relaxed and open.</li> <li>✓ Probe a topic by using the 6 helpers: what, when, where, who, why and how.</li> <li>✓ Use the key probes: Why? What do you mean? Can you tell me more about that? Anything else?</li> <li>✓ Finish enquiries into one topic before moving on to the next. But also follow the flow of the conversation, keeping a track of leads so that you can follow these up later.</li> <li>✓ Take a neutral attitude, listen carefully and pay attention to non-verbal signs.</li> <li>✓ Be open-minded.</li> <li>✓ Be prepared for good and bad interviews. If it is going badly, conclude politely and leave.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Don't interrupt informants or each other.</li> <li>✗ Don't accept the first answer: probe all topics.</li> <li>✗ Don't supply answers for an informant who is hesitating.</li> <li>✗ Don't dominate proceedings by using inappropriate non-verbal behavior.</li> <li>✗ Don't take up too much time of an informant who is busy.</li> <li>✗ Don't show disapproval or distaste about local conditions.</li> <li>✗ Don't indicate disbelief by criticizing or even just smiling.</li> <li>✗ Don't ask about sensitive information in front of a group of onlookers.</li> <li>✗ Don't miss out on the broader picture because you spend too much time on detail.</li> </ul>

**During the interview** make sure to:

- **Use your checklists** to ensure full coverage of all the information.
- **Probe** to make sure you have a clear and consistent answer to each question in the context of other information you have to hand.
- Keep in mind the **semi-structured interviewing dos and don'ts**.
- **Ask the same question in different ways** and compare the responses of different people. But don't ask the same question repeatedly.
- **Identify influential people, organizations or groups** that are not already noted but might be important for LIFT to work with? If so please document these.
- **Identify established networks** (i.e. networks of civil society organizations or sector specific networks on HIV/AIDS, agriculture, etc.) operating in the catchment area that LIFT might work with, that are not already captured. If so, please document these.

## Tool H: Interview Form 1 (Government Ministries)

### Key issues to discuss include:

1. What are the main pieces of legislation and/or policies guiding this institution regarding HIV/AIDS and/or Economic Strengthening, Livelihoods and Food Security (E/L/FS), including policies concerning land tenure, inheritance rights, guardianship of children, prohibition of discrimination, etc?
2. Please describe the evolution of this policy and adoption of the current priorities?
3. What is your institution's role in implementing the current HIV/AIDS and/or ES/L/FS policies?
4. What is the time frame for the current policy and strategy?
5. What mechanisms and processes do you use to coordinate and implement the current policies and strategy?
6. Who is represented in these coordination and implementation forums?
7. What is the funding contribution of the national government to the HIV/AIDS and/or ES/L/FS policy and strategy implementation?
8. Who are your main funding partners, and what components of your policies/strategy are they providing resources for?
9. Which components of the HIV/AIDS and/or ES/L/FS strategy are under resourced?
10. Who are the main national level implementing partners, both local and international?
11. Who are the lead HIV/AIDS, nutrition, and ES/L/FS implementing partners in the *target regions*? What HIV/AIDS and ES/L/FS interventions are they implementing?
12. What structures and mechanisms are in place at the district and local level to coordinate HIV/AIDS, nutrition, ES/L/FS policy implementation?
13. What are the main challenges and gaps you are facing to effectively roll out HIV/AIDS, nutrition and ES/L/FS policies at the target district and local levels (e.g. capacity, funding, etc.)
14. How do you address these challenges?
15. What gaps do you see in the current HIV/AIDS, nutrition, ES/L/FS policy relative to the needs and concerns of people living with HIV/AIDS (PLHIV) and other vulnerable households?
16. Are there challenges related to land tenure and inheritance for women and children?

## Tool I: Interview Form 2 (Donors)

### Key issues to discuss include:

1. What is your Country Strategic Plan or guiding document to address HIV/AIDS, nutrition and/or ES/L/FS?
2. What is the time frame for the current strategy and the level of resources allocated?
3. Which are your priority districts for HIV/AIDS, nutrition, and ES/L/FS interventions?
4. Who are the primary recipients of your funding for HIV/AIDS, nutrition, and ES/L/FS?
5. Where are they operating and what interventions are they implementing?
6. What do you consider to be effective and ineffective trends in interventions for PLHIV?
7. How do you coordinate your funding priorities with the national Government HIV/AIDS, nutrition and/or ES/L/FS policies?
8. Which national HIV/AIDS and ES/L/FS coordination forums do you participate in?
9. What is your role in forums to coordinate your HIV/AIDS, nutrition, and/or ES/L/FS policies with the government, NGO, and private sector partners?
10. What are the current gaps in national HIV/AIDS, nutrition and/or ES/L/FS policies?
11. Please describe your advocacy objectives for HIV/AIDS, nutrition, and/or ES/L/FS policy and interventions?
12. What challenges do you face in coordinating with policy partners and/or agencies implementing HIV/AIDS, nutrition, ES/L/FS policies?
13. What is the anticipated strategic direction and funding levels for HIV/AIDS, nutrition, and/or ES/L/FS policy?

## Tool J: Interview Form 3 (Sub-National Administration)

### Key issues to discuss include:

1. Please describe the socio-economic profile of the population?
2. How is poverty defined within your community? What are your estimates of the incidence of poverty in your community?
3. Do the very poor in your community get any support from relatives, neighbors, health workers, teachers, religious groups, or other community members? If so, what are the mechanisms of support? Please provide examples.
4. What is the approximate unemployment rate?
5. How big is the HIV/AIDS problem in the region/district/constituency and what are the drivers of HIV/AIDS?
6. What are the main concerns and needs of PLHIV, OVC and other vulnerable households?
7. Which are the main implementing partners providing HIV/AIDS, nutrition, and/or ES/L/FS in the region/district? Please include national government programs/initiatives, nongovernmental projects, private sector and community-based organizations (CBOs) and umbrella organizations.
8. What HIV/AIDS, nutrition, and/or ES/L/FS interventions are they providing?
9. Which parts of the region/district are targeted and who is the target/beneficiary population?
10. What are the specific programs providing social protection to PLHIV or other vulnerable households?
11. Are there measures in place to prevent or deter stigmatization of PLHIV or OVC?
12. Do women in your community have an opportunity to discuss land, property, and money inheritance, and other legal and financial arrangements?
13. What ES/L/FS actors and services are available in the catchment area of the *selected health centers*? Please include government programs, nongovernmental, private sector and CBOs.
14. Are there values (e.g., social, ethical/moral, spiritual, or political) that we should be aware of as we engage with your communities, particularly as it relates to the provision of ES/L/FS services for PLHIV, and for women, youth and children?
15. What do you consider to be effective and ineffective trends in interventions for PLHIV?
16. How do you coordinate the implementation of HIV/AIDS, nutrition, and ES/L/FS programs in the region/district/constituency?
17. What are the main challenges faced in the implementation and coordination of HIV/AIDS, nutrition, and/or ES/L/FS interventions?
18. In the target area, are there organizations, agencies or cadres of workers which are already linking clinic and community services?

## Tool K: Interview Form 4 (Service Providers)

### Key issues to explore include:

1. What services are you providing to PLHIV and other vulnerable households?
2. What is the time-frame for these interventions and what are the primary sources of funding?
3. Please describe the geographic catchment/target area for your services?
4. Who is your target population and how do you identify them?
5. What are the main barriers to access to ES/L/FS for PLHIV and other vulnerable households?
6. How do you address these barriers? (e.g., mobile services, use of expert clients, transport subsidies, etc.)
7. Do you work in partnership with health, NGO, private sector and/or community-based organizations? If so, how? Please include both formal and informal community support channels.
8. What mechanisms do you use to reach and deliver interventions to the target population (e.g. existing village structures and support groups)?
9. Do you participate in regional, district and local level coordination forums to guide and coordinate HIV/AIDS and/or ES/L/FS interventions?
10. How effective are the regional, district and local level coordination mechanisms in guiding HIV/AIDS, nutrition, and/or ES/L/FS interventions?
11. What do you consider to be effective and ineffective trends in interventions for PLHIV?
12. What is the general community knowledge on HIV and AIDS related issues, and how do these shape common attitudes towards PLHIV and their families?
13. Are there cultural issues/beliefs that inhibit or enable combatting HIV and AIDS, including the effectiveness of your interventions?
14. Are there any issues related to social isolation, rejection, emotional stress that you have observed within PLHIV or their families?
15. Are there cultural and social norms that prevent PLHIV or HIV affected households from participating in community activities, including receiving support?
16. How do cultural and religious beliefs impact collective community attitudes and structures?

17. How are communities coping with the HIV/AIDS epidemic in your community? Please provide us with some examples of coping strategies that have come from within your community.
18. What are the common gender attitudes and how do these shape community relations and practices?
19. How do gender relations affect access to decision-making positions and access to assets, including land?
20. What information would improve your understanding of gender relations in the community?
21. How do you integrate the specific needs and constraints faced by men and women in your services?
22. What gender-based constraints do you encounter in reaching your program objectives?
23. What gender-based opportunities exist to facilitate reaching your program objectives?

*Issues specific to the NACS site:*

24. What is the catchment area of the NACS site? Is it defined and understood?
25. How many people at the site are on ART?
26. How many are receiving supplemental or therapeutic food support?
27. What is the availability of supplemental and therapeutic food, and do you have a sense of how it is generally used (i.e. sold or consumed? If consumed, by whom?)
28. As new individuals initiate ART is there a prioritization process for referrals?
29. Is mortality tracked so that people are removed from the records?
30. Is relapse into nutrition support tracked? If so, is this a common occurrence?
31. How are HIV and nutrition records kept? Is it a new system? Is it used regularly? Is it useful?
32. Who is providing support, both financial and technical, to the health facilities offering NACS?

## Tool L: Interview Form 5 (Market Actors & Private Sector)

### Key issues to explore include:

1. What are the main markets within the community? Are they buildings in a developed shopping area, open air in a central market, road side, grocers, etc.?
2. What are the main food and non-food commodities traded (bought or sold) in the market (e.g. maize, sugar, livestock, labor, etc.)?
3. Which are the months of maximum and minimum trade volumes, and explain the reasons for these trends?
4. Please explain the source markets for these commodities over the respective minimum and maximum trade periods, i.e. trade routes?
5. Please explain the reasons for the recent price trends in the markets for the main commodities noted above?
6. What are the main sources of employment and livelihoods within the community? Is employment concentrated in a particular industry or sector(s)?
7. What and where are the promising market opportunities? For example, in the agricultural sector, which value chains (e.g., maize) and/or other products made, produced or processed within the community provide a source of livelihood for poor households?
8. Who are the main local producers, their main products, and what types of suppliers exist?
9. What economic activities or industries within the area have growth potential and what upgrading/support would be needed to make them relevant for poor HIV affected households as a source of jobs or self-employment or as a source of better cost/quality goods and services?
10. What are potential opportunities and constraints for these industries to grow and to be more relevant to the income earning or consumption needs of poor HIV affected households?
11. Of all of the constraints to increasing incomes, particularly for HIV-affected households in your community, which are the most important and need to be addressed first?
12. What is the availability of financial institutions and financial services for the poor? Are there noteworthy financial institutions and services targeting the poor? Provide insight into the reach (geographic and population served) by these institutions.
13. Are there any business associations (of either consumers or suppliers)?
14. How do most people travel within the community? How do they access other communities?
15. Describe the availability, type and reliability of public transportation?
16. Which funders/programs focus on market-orientated programming?



## Tool M: Contact List

List all people and organizations interviewed. This table must be specific to each catchment area assessed.

Organization/ Project name and IPs	Types of services	Target area	Duration of program	Funding Amount and source	Contact information
<b>Example: Applying Science to Strengthen and Improve Systems (ASSIST) IPs - Cresac, Ministry of Health, EGPAF, ICAP, ACONDA, SEV CI, and ARIEL GLASER</b>	<ul style="list-style-type: none"> <li>▪ Support ART and PMTCT improvement activities in 80 sites in Abidjan, San Pedro, Daloa, and Bouaké</li> <li>▪ To address challenges associated with adherence to and retention in treatment, linkages and referral to community care services to reduce loss to follow-up, increasing survival rates, and preventing new infections.</li> <li>▪ Strengthen the health system—through support for continuous improvement at the district and regional levels of the health system</li> </ul>	Abidjan, San Pedro, Daloa and Bouaké regions	April 2013 - present	USAID	Email: assist-info@urcchs.com.

## Tool N: Situational Analysis Reporting Guidance

### 1. Executive Summary (1 page)

- Brief context for the situational analysis
- Overview of the process that was undertaken
- Key findings
- Program design implications and high level prioritization of potential interventions

### 2. Introduction

#### 2.1. Introduction to LIFT (Refer to Scope of Work) (0.5 pages)

- LIFT objectives
- LIFT implementing partners
- LIFT activities

#### 2.2. Situational Analysis (Refer to Scope of Work and Terms of Reference) (0.75 pages)

- Objectives of the situational analysis
- Name of the target areas studied in the situational analysis and the number of localities (e.g. villages) within them
- Reasons for the selection of the NACS sites targeted, and definition of the catchment areas (include the population of the health facility catchment areas, regions and villages covered)
- Details of the process followed to obtain information (key informant interviews, focus groups, document review, etc.) during the situational analysis. Include a complete list of informants interviewed and phone numbers/contact information in Tool M.

### 3. National Policies on HIV/AIDS, Economic Strengthening, Livelihoods and Food Security (3 pages)

The objective of this section is to provide an overview of the national policy frameworks guiding implementation of HIV/AIDS, Nutrition, Economic Strengthening, Livelihoods and Food Security programs.

- Which are the key Government Ministries/Departments active in the HIV/AIDS, health and Economic Strengthening/Livelihoods/Food Security (ES/L/FS) policy arena?
- Discuss the respective roles of the key Government ministries and the policy instruments' guiding mandates.
- Provide an analysis of the strategic direction and pillars of the policies, and the prominence of a multi-sectoral approach that integrates nutrition, health, and/or ES/L/FS. If available, provide the level of resources allocated to the different sectors.
- Discuss the sub-national/district/local institutional arrangements and their effectiveness in coordinating and implementing HIV/AIDS, health, nutrition and ES/L/FS policies.
- Provide a description of the key challenges in the coordination and implementation of stated policies at national and sub-national level (e.g., prohibition of discrimination, ceilings on interest rates, protection of inheritance rights in particular for

widows and orphans, enactment and enforcement of laws, particularly those ensuring women and children the right to own property).

- Discuss any notable gaps in HIV/AIDS, nutrition and/or ES/L/FS policy.

#### **4. Donor Policies on HIV/AIDS, Economic Strengthening and Livelihoods (3 pages)**

The objective of this section is to discuss the main international funding partners for the coordination and implementation of HIV/AIDS, nutrition, and ES/L/FS interventions. Analysis of country strategies within these sectors must be discussed vis-a-vis Government policies.

- Discuss the main donors in the HIV/AIDS, nutrition and ES/L/FS arenas and their strategic policies on HIV/AIDS and economic strengthening.
- Discuss the time-frame for the policies and the level of resources allocated.
- Discuss the priority geographical areas for the different donors and their main Government and implementing partners.
- Provide a brief analysis of the differences and similarities of Government and donor policies.
- Discuss the key donor advocacy objectives on HIV/AIDS, nutrition, and ES/L/FS.

#### **5. Background of Community (include administrative map of regions/districts) (1.5 pages per site)**

This section provides an overview of the administrative structure of the country. Background information on demographics, agro ecology, magnitude and drivers of HIV/AIDS, and socio economic profile are also presented.

- National and local administrative and governance structures
- Geographical location (e.g. distance from major city) and population of the community
- Noteworthy circumstances or significant political events occurring within the region/district or community.

##### **5.1. Socio-Economic Description (2.5 page per site)**

- Provide agro-ecological description and rainfall patterns
- Provide basic data on education levels, access to water and sanitation facilities, access to health services, main human diseases, and the security situation.
- Main economic and livelihood activities in the district (e.g. type of agriculture and trade activities).
- Food security status, levels and causes of food insecurity in the district.

##### **5.2. HIV Prevalence and Drivers (1.5 pages per site)**

- Description of HIV/AIDS at-risk population(s) and HIV/AIDS prevalence, comparing local and national data.
- Analysis of the effects of the HIV/AIDS e.g. number of Orphans and Vulnerable Children (OVC), HIV/AIDS related mortality, new infections, etc.
- Analysis of the drivers and modes of transmission of HIV at the district and national levels (e.g. poverty, transactional sex, multiple concurrent partners, etc.).

## 6. Availability of Services and Referral Network Opportunities (2 pages per site)

The objective of this section is to provide an overview of available and sustainable HIV/AIDS, nutrition, and ES/L/FS service providers. It also explores market opportunities within the area where the situational analysis is conducted or within other outside markets that populations in the community heavily depend upon. Lastly, it identifies existing referral mechanisms and local entities that may play a role in a referral network. This includes government programs, private sector, international and local nongovernmental organizations and community-based organizations. Insert the table of service providers identified in Tool M and include the following information: name or organization or project, type of services provided, target area and population, duration of program, funding source and level, and contact person, position, and details.

- Who are the key international/national/local partners providing HIV/AIDS, nutrition, and ES/L/FS services in the district. Provide specific mention of service providers operating in the catchment area of the selected NACS site.
- Discuss any changes in ES/L/FS service availability over the recent past.
- Provide an analysis of the main challenges that available services seek to address.
- Discuss the type of services/programs that are provided based on the data collected for Annex 3.
- Describe the type of services provided by community-based organizations, the size of their programs, how they are managed and the source of any resource or technical support.
- Discuss the main implementation/service provision challenges identified.
- Discuss any gaps in service provision (technical and geographical spread and locations neglected).
- Discuss the opportunities mentioned by service providers to improve scope, coverage, and reach of services.

### 6.1. National and Sub-National Coordination Structures (0.75 pages for national coordination structures; and 0.75 pages for each site)

In this section discuss the national and subnational (including community level) coordination mechanisms and how effectively these are working. Identify the main constraints facing these mechanisms and how these can be improved.

- Discuss coordination forums that exist at regional and local levels between Government and other service providers, and the roles of respective partners. Provide brief analysis of the effectiveness of these forums. Consider regularity of meetings, identification of problems and opportunities, and preparation and adherence to agreed action plans.
- What are the national level coordination forums for policy implementation, and the roles of the main actors in these forums?
- Describe the coordination forums through which Government and donor policies are coordinated and the respective roles of participants.
- Discuss any community-based linkages with local and national coordination and implementation structures.
- Describe the partnerships and/or coordination between international and local implementing agencies and community structures reaching clients and providing services.

### 6.2. Market Opportunities and Private Sector Activity (2 pages per site)

This sub-section will provide a better understanding of local private sector activities, focusing on those markets into which people living with HIV and other vulnerable households could be integrated (either the main market within the community or outside markets that the community heavily depends upon).

- Describe the main food commodities traded in the market, the trade routes and seasonal supply, demand and associated price trends.
- Note if there are any business associations (of either consumers or suppliers).
- Provide insight into the main markets within the community. Are they buildings in a developed shopping area, open air in a central market, road side, grocers, etc.?
- Discuss the main constraints to marketing activities.
- Describe the main sources of employment and livelihoods within the community; and whether employment is concentrated in a particular industry or sector(s).
- Provide insight into what and where are the market opportunities. For example, in the agricultural sector, which value chains (e.g., maize) and/or other products made, produced or processed within the community provide a source of livelihood for poor households.
- Identify particular sectors and value chains where the poor are particularly concentrated and what their diversification options are.
- Briefly discuss the main local producers, their main products, and what types of suppliers exist.
- Describe availability and access to financial services for the poor? Provide insight into notable financial services targeting the poor and reach of these organizations?
- Provide initial guidance on economic activities or industries with growth potential and what upgrading/support would be needed to make them relevant for poor HIV affected households.
- Assess who will benefit from the upgrading of these activities and who has the resources, skills and incentives to drive the upgrading process.
- Assess the forms of transportation used within the community including how people travel within the community; if/how community members access other communities; the availability, type and reliability of public transportation; and, road conditions.
- Discuss which funders/programs focus on market-orientated programming.

### **6.3. Existing and Potential Partnerships for a Referral Network (1.5 page per site)**

This sub-section discusses existing partnerships and referrals taking place between/among health and ES/L/FS or other community-based service providers. Preliminary identification of potential partners that can be part of a referral network must be provided. Issues to discuss include:

- Discuss existing partnerships between the various HIV/AIDS, health and ES/L/FS or other community-based service providers.

- Discuss the degree to which clinical and community-based services are already integrated; including any referrals that take place between/among NACS facilities and community-based service providers (including health, nutrition, ES/L/FS or other services).
- Discuss effective and ineffective interventions addressing HIV and AIDS and nutrition disorders in the catchment area.
- Discuss the scope of the referrals and partnerships, and the modalities for referrals and their effectiveness. Highlight any service providers that appear to be well positioned to serve as an intermediary/facilitator of referrals between NACS, HIV/AIDS affected and infected communities, and ES/L/FS services.

## 7. Access to Services

The analysis in this section considers the social, economic and political factors that enable or inhibit access to HIV/AIDS, nutrition and ES/L/FS services. Factors to consider include coverage, quality, cost, stigma, timeliness, and the proximity and availability of transport networks. Key issues to discuss include:

### 7.1. Coverage of HIV/AIDS Care, Treatment and Support (1.5 pages per site)

- Compare NACS capacity to the numbers of HIV and AIDS infected and malnourished population in the catchment area.
- Beneficiary eligibility criteria to access HIV/AIDS, nutrition, and ES/L/FS services from Government, private sector, CBOs, international and local implementing agencies.
- Location and distance of HIV/AIDS and ES/L/FS service providers relative to target communities.
- Indicate the costs to reach, enroll, and participate in available HIV/AIDS and ES/L/FS services.
- Discuss the profile of beneficiaries on Anti-Retroviral Treatment (ART) and nutrition support (e.g., female headed households, the poorest, women).
- Discuss the effectiveness of record keeping and beneficiary tracking mechanisms, and the methods used, at the NACS site.
- Compare the HIV/AIDS, OVC and caregiver population reached by ES/L/FS service providers relative to population in need.
- Discuss the number of individuals on ART, nutrition support and complimentary services they are receiving. Provide information on the duration and type of assistance provided (e.g. food package).
- Discuss the adequacy of nutrition support provided or any problems encountered providing nutrition interventions.
- Provide information on the frequency of relapsed clients and the reasons.
- Are estimates of the proportion of the population served who come from within or from outside the catchment area available? If so, what are the estimates? (Note: the only purpose of this question is to begin to approximate the size of the potential beneficiary population that would be most likely to use local ES/L/FS service referrals.)
- Discuss household considerations for selecting a health facility from which to receive HIV/AIDS care and treatment (e.g., stigma, proximity, availability of transport networks, quality of services, etc.)

### 7.2. Factors Inhibiting Access to Services (0.75 pages per site)

- Challenges faced by HIV/AIDS affected, OVC and caregiver households accessing HIV/AIDS, nutrition, and ES/L/FS services (e.g., cost, stigma, availability, availability and dissemination of information, distance to service provider, access to transport, etc.).
- Discuss any measures taken by implementing agencies to alleviate the stated reasons (e.g. use of expert clients to reach HIV/AIDS affected households, mobile clinics, transport subsidy, etc.)
- Challenges to effective delivery of ES/L/FS services.
- Opportunities to improve responsiveness, accessibility and availability of HIV/AIDS, nutrition and ES/L/FS services.
- Discuss the HIV/AIDS, nutrition and ES/L/FS services with the largest number of beneficiaries/clients and the reasons for this.

## **8. Community Networks and Beliefs**

The objective of this section is to identify social networks or community mobilization efforts that can serve as mechanisms to build and strengthen referral networks for HIV/AIDS infected and affected communities.

### **8.1. Community Structures to Support HIV/AIDS Affected Households (1 page per site)**

- Discuss the community-based support groups including local committees related to HIV/AIDS service provision.
- Describe the representation of HIV/AIDS infected and affected and other vulnerable households in community leadership structures.
- List the eligibility requirements to be part of the committees or support groups.
- Provide information on support (technical or financial) provided by local committees and support networks to improve the well-being of affected households.

### **8.2. Affected Community Concerns on HIV/AIDS, Nutrition and ES/L/FS Service Delivery (1 page per site)**

This sub-section considers the main concerns facing HIV/AIDS affected households, OVCs and caregivers to inform the development of priority actions to address community concerns and priority needs for HIV/AIDS support and care.

- Provide analysis of the main issues local committees and networks are dealing with on HIV/AIDS, health, nutrition, ES/L/FS and the gaps in support.
- List cultural and social norms that impede progress towards combatting HIV/AIDS.
- List cultural and social norms that inhibit the participation of HIV/AIDS affected households in effective ES/L/FS activities or from receiving community support.
- Identify other challenges that inhibit effective ES/L/FS service provision to vulnerable households.
- Discuss the existing support gaps and priorities relative to community needs and concerns.
- Describe what the population knows about HIV/AIDS, and the attitudes that people have towards PLHIV and their families.
- Describe how cultural and religious beliefs impact collective community attitudes and structures.

### **8.3. Gender Roles and HIV and AIDS (1 page per site)**

Please consider gender relations in different contexts—individual, partners, family and communities, healthcare and other institutions, and policies. Complete the Gender Analysis in Tool D.

- Analyze the common gender attitudes and how these shape community relations and practices.
- Identify and discuss how gender relations affect access to decision making positions, access to assets, including land.
- Identify critical information gaps on gender related issues at community and household level.
- Provide analysis on how gender relations enable or restricts achievement of program objectives.
- Identify gender based opportunities to facilitate achievement of program objectives.

## 9. Programming and Implementation Implications (2 pages per site)

The purpose of this section is to develop a Strength, Weaknesses, Opportunities and Threats (SWOT) analysis. This will highlight significant factors in the policy environment, availability and access to services, and socio-economic and cultural factors to consider in implementing the LIFT model in the district (e.g., S - Clear Government and donor policy linking HIV/AIDS affected households to ES/L/FS services; W - Poor coordination of HIV/AIDS and ES/L/FS services in the catchment area; O - Increased resources allocated by Government for ES/L/FS services for the HIV/AIDS population, OVC and caregivers; T - Exclusion of HIV/AIDS households/OVC by the community in ES/L/FS programs). The information from the SWOT Analysis will be used to identify intervention strategies for LIFT programming.

- Discuss how LIFT can engage the main Government and Donor initiatives in the Country.
- Build off the challenges and successes translating articulated policies into programming to explore intervention options.
- Explore resource mobilization, coordination, technical and research opportunities for LIFT.
- Discuss critical advocacy opportunities.

*\*REMINDER\* Report sections 5 to 9 must be repeated for each community assessed. Be careful not to lose the big picture in a list of descriptive detail. Focus on information that highlights comparability/incomparability across communities to help inform the design and functions of LIFT's model across the larger catchment area.*

## 10. Conclusions (1.5 pages)

This section should highlight the key findings of the assessment to inform how LIFT begins to contextualize its approach to build and strengthen referral networks

- Perceptions of quality and relevance of the ES/L/FS services available
- Key aspects of the communities that will help or hinder LIFT activities
- Important cultural issues that will help or hinder LIFT activities
- Describe any remaining gaps in knowledge that LIFT should explore further
- What are the existing organizations/mechanisms that might be used to strengthen clinic-to community linkages



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