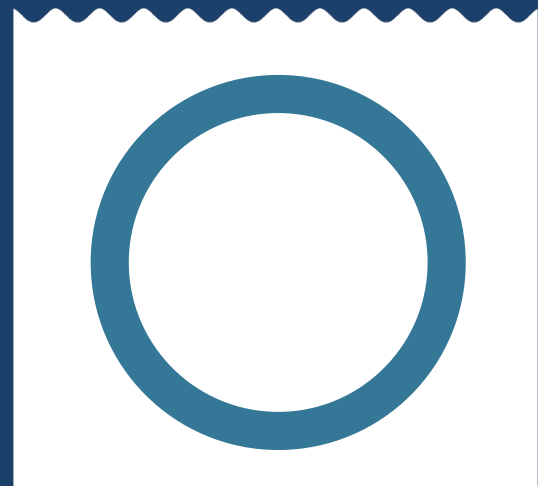


SITUATION ANALYSIS GUIDANCE

to accompany the Guide for Developing
Strategic Operational Plans



Mann Global Health
HEALTHIER PEOPLE. STRONGER GLOBAL HEALTH ORGANIZATIONS.

June 2020

This is a prototype version. Please contact the authors for questions and to provide feedback to improve the guidance.

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ACKNOWLEDGEMENTS

This guidance was produced by Brian Smith, Chris Jones, Nora Miller, and Reid Moorsmith at Mann Global Health under the auspices of the Global HIV Prevention Coalition and funded by the Bill & Melinda Gates Foundation. Many members of the Global Condom Technical Working Group contributed to the development of this guidance. In particular, we'd like to thank Clemens Benedikt, Gina Dallabetta, Bidia Deperthes and Henk Van Renterghem for their valuable input. Several elements of this work draw on the Keystone Design Process developed by Population Services International.

To cite: *Mann Global Health: A Guide for Developing Strategic Operational Plans to Achieve Sustainable Increases in Condom Use, 2020.*



ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
CBO	Community Based Organizations.
COP	Country Operating Plan (PEPFAR)
CPP	Condom Program Pathway
DHS	Demographic and Health Survey
KP	Key Population
LMIS	Logistics Management Information System
MSM	Men who have sex with men
NAC	National AIDS Council
NGO	Non-governmental organization
PSAT	Program Self-Assessment Tool
PrEP	Pre-exposure prophylaxis
RH	Reproductive Health
STI	Sexually transmitted infection
SW	Sex worker
TMA	Total Market Approach
TOR	Terms of Reference
USG	United States Government



INTRODUCTION

A well-developed Situation Analysis is a critical part of the process of creating a strong Strategic Operational Plan with evidence-based priorities. This guidance outlines the process, steps, and tools to develop a Situation Analysis for comprehensive condom programs.



What can a Situation Analysis do for you?

- Provides the data you'll need to produce a Strategic Operational Plan
- Describes the current status of condom programming to help you formulate a plan for sustained and equitable condom use
- Analyzes demand creation and supply-side activities.
- Examines the enabling environment and program stewardship functions, which include leadership and coordination of the condom program, as well as relevant policies and regulations
- Identifies the behavioral factors (such as knowledge, attitudes, and motivation) and other factors (including geographic, economic, and social) that enable or hinder condom use
- Informs the identification and prioritization of interventions that will address key barriers to condom use in priority populations
- Informs funding requests to donors (e.g., the analysis should include data required by major donors such as the Global Fund)
- Builds awareness of and commitment to the planning process – as well as creating buy-in for implementation of the plan – by engaging stakeholders throughout the process

Strategic planning answers three questions:

1. **Where are we now?**
2. **Where do we want to go?**
3. **How do we get there?**

The Situation Analysis seeks to answer the first question: Where are we now?



Who should use this guidance and toolkit?

This guidance is for individuals and groups responsible for developing and stewarding comprehensive condom programs, and for organizations and external consultants supporting those individuals. It is intended to be a practical, hands-on manual that supports condom programming.

This manual, referred to as Situation Analysis Guidance, is part of a package of support that includes:

- Introduction to the Condom Planning Package
- The Guide for Developing Strategic Operational Plans to Achieve Sustainable Increases in Condom Use
- Situation Analysis Guidance
- Guidance for Developing a Monitoring, Evaluation & Program Improvement plan



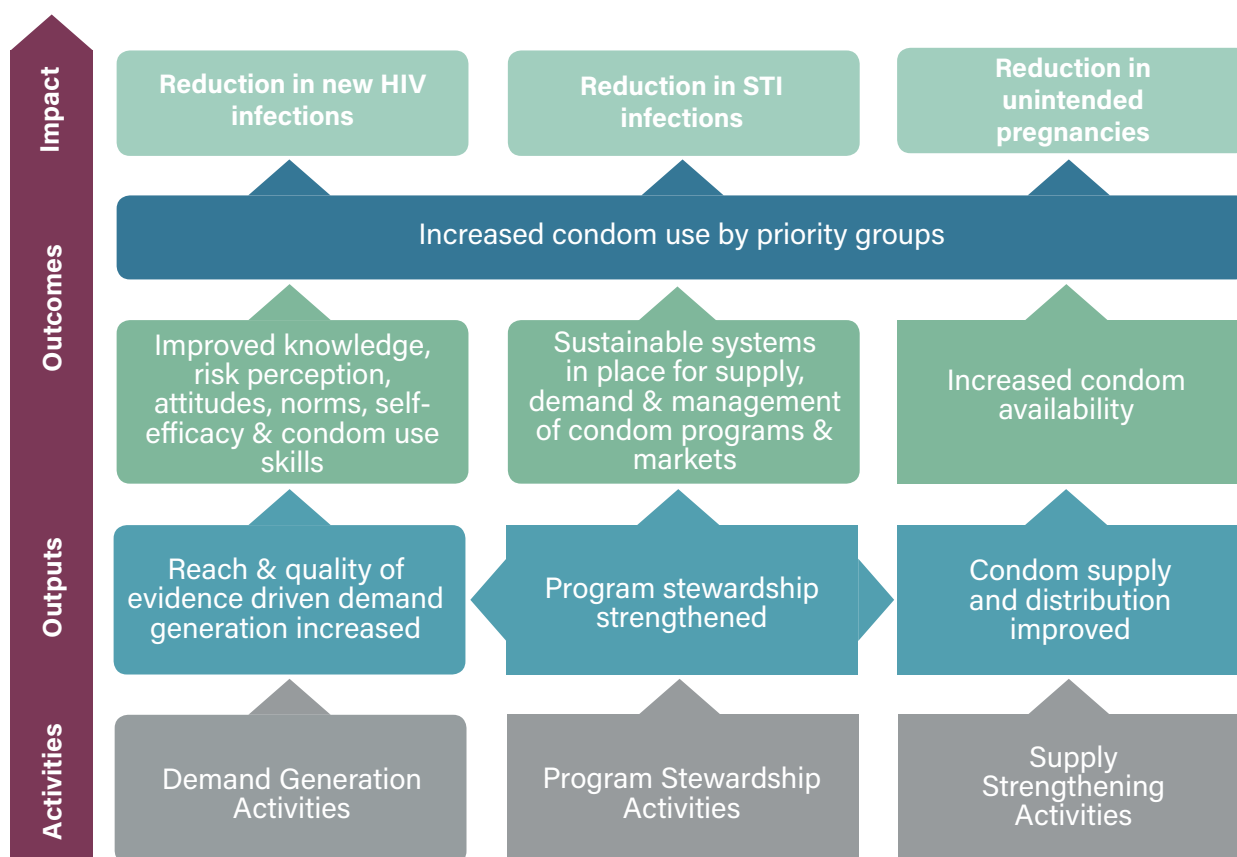
What is the overall approach and process for developing the Situation Analysis?

Overall approach and main components

Developing the Situation Analysis is a process of organizing, analyzing, and sharing data using a mixed-methods approach that includes: reviewing available studies and program reports; interviews with government, stakeholders, and implementers; and, time permitting, targeted site visits. This guidance provides you with tools and templates for collecting and analyzing data — including a template for presenting the findings.

To facilitate development of the Strategic Operational Plan and its targets, it is recommended that data collection and presentation of findings is framed using the model Results Framework.

NATIONAL CONDOM STRATEGY: MODEL RESULTS FRAMEWORK



Using the Results Framework will allow you to organize and present data in a way that identifies strengths and weaknesses along a logical path that shows how activities lead to outputs, outputs lead to outcomes, and outcomes contribute to goals.

The Technical Brief developed by the Global HIV Prevention Coalition describes best practices in condom programming. It is a useful document to review prior to conducting the Situation Analysis, and can help show how information-gathering fits within a vision of best practice interventions.

<https://hivpreventioncoalition.unaids.org/resources/>

Data collected at each level of the Results Framework

Goals: Understand the health need. Data collected here focuses on epidemiology, HIV & STI incidence and prevalence, and the unmet need for family planning. This helps the program focus on whom the total condom market (including public, NGO, social marketing and commercial actors) must serve to have the most health impact.

Higher-Level Outcomes: Analyze trends in condom use. Data collected here provides an understanding of how well the condom market is currently serving priority populations and where improvements can be made to meet targets and maximize health impact.

Lower-Level Outcomes: Identify the factors that drive condom use. Data collected here focuses on both individual and market barriers to use – from the perspective of demand and supply as well as the challenges in program stewardship (e.g., coordination and regulation that affect supply and demand). The performance of each sector in the market (public, NGO, social marketing, and commercial) is analyzed to understand how the market is performing.

Activities: Take an inventory of current interventions focused on condom use. Data collected here contributes to an understanding of funding trends, and who is implementing which interventions for which priority populations in which geographies, as well as to identify strengths, weaknesses, and gaps in the current response.

Think of Stakeholders as Customers

Stakeholders should get something out of the process that makes their work easier and better. Understand their needs and get buy-in before you start; this will make it more likely the data and analysis produced will be used by them beyond the planning process – and their activities will have more impact as a result.

One key benefit to partners contributing to the Situation Analysis is the chance to understand the scope of interventions that directly and indirectly support condom programs. For example, social marketing organizations that focus on the private sector may add value to a new LMIS tracking distribution to CBOs from public facilities. Complementary work and opportunities for synergies often emerge that enable partners to extend the reach or effectiveness of their projects, or improve their own organizational capacities.

Who should you include in the process?

Developing a Situation Analysis is an opportunity to build buy-in and support among stakeholders for the Strategic Operational Plan and for the activities that emerge from the planning process. Engaging key stakeholders from the public, NGO, social marketing and commercial sectors in data collection will ensure that you get multiple perspectives on “where you are now,” so that the evidence and analysis fairly represent the totality of the situation. Be as inclusive of different stakeholders as possible, keeping them informed on progress, while still moving efficiently toward the final report. Consider including a larger group in your communications about the process as well as gathering data from them, but use a smaller Core Group in reviewing and validating findings. Refer to [Annex A](#) for a list of potential stakeholders to include.

How long should it take to develop the Situation Analysis?

Developing the Situation Analysis can take 1-2 months, depending on the availability of data, key informants, funding, and technical support. Other factors that can influence your approach to the Situation Analysis include expectations of the government and donors, and the intended purpose of the plan (i.e., is it more important to inform a proposal to Global Fund or a deeper re-evaluation of the condom program?). It is possible to complete the analysis more quickly, but a shorter process may not provide enough time for a deeper analysis – particularly the work that builds consensus and buy-in to the eventual plan. The timeframe will be realistic if it focuses on gathering information within specific boundaries: aim to collect what is likely to be useful for identifying the priorities for improving condom programming and for developing the plan.

Data Collection Tips

Start with what you know. Build on the experience of in-country experts to pre-identify challenging aspects in program stewardship, demand creation or supply to focus efforts early in the process.

Challenge assumptions that may be based on past experiences that no longer reflect current reality. Fresh perspectives will bring new insights to create the path forward.

Focus data collection on what is needed to set priorities within the plan. For example, you may choose to dive deeper into user-facing elements like demand, if it is known that those gaps in the program exist. Likewise, historical data about the performance of public sector distribution systems may not be relevant if there have been recent changes to the systems; and data disaggregated to a small geographic area may not be useful if the condom program is not able to target activities at that level.

Bring an inquiring mindset to your analysis. Work to identify “clues” that help you understand where condom use is lagging and why that may be. Every market is unique and will require digging to understand the “story” behind the data and to develop hypotheses about what will increase condom use. For example, a deeper analysis of the commercial sector may be relevant in a country with high willingness and ability to pay and decreasing donor funding.

Avoid the instinct to fill all data gaps. It is generally not recommended to produce new quantitative data or original qualitative data from target audiences. Identified data gaps can be included in the Strategic Operation Plan’s Monitoring, Evaluation & Performance Improvement plan.

Don’t take easy answers. Probe for information that will provide insights into what’s working, or not, in the current program. For example, a condom working group may exist and meet periodically, but that doesn’t mean it is effective in stewarding the program; ask for examples of the value added by the group.

How does the Situation Analysis relate to the Program Self-Assessment Tool?

In 2019, the Global HIV Prevention Coalition commissioned the development of a Condom Program Self-Assessment Tool (PSAT) to provide a user-friendly method for countries to assess how their national programs are performing against global best practice. The Coalition recommends that programs complete the PSAT periodically to monitor high-level progress on comprehensive condom programming.

While the PSAT does not provide the depth of information necessary to develop a Strategic Operational Plan, by undertaking a full Situation Analysis, you will collect all of the data necessary to complete the PSAT. Furthermore, the summary tables included in the PSAT provide an additional way to present high-level findings from the Situation Analysis and to frame discussion during your strategic planning workshop.

The tool can be found here:

<https://hivpreventioncoalition.unaids.org/resource/hiv-prevention-self-assessment-tool-psat/>

Situation Analysis Steps

Comprehensive Condom Programs

Step 1

DEFINE THE PROCESS

Establish an efficient timeline for production, vetting, and dissemination of the analysis

Set check-in points w/key partners for consensus-building

Step 2

ORGANIZE THE TEAM

Identify a person or team to conduct the analysis and a core group to guide

Look for experience in marketing, behavior change, and supply chain

Step 3

GATHER INFORMATION

Where is the health need the greatest?

Where is condom use lagging?

What are the major barriers of condom use and a healthy market?

Step 4

ANALYZE, SYNTHESIZE, DRAFT

Highlight data and add insights that relate to key constraints

Prepare a draft of the analysis

Step 5

SHARE & VALIDATE

Circulate draft to core group & key informants for comments and corrections

Organize a dissemination workshop with stakeholders

Step 6

FINALIZE & DISSEMINATE

Incorporate comments into final report

Package materials for use in strategic planning workshop and as a reference for stakeholders



THE STEPS

Step 1 – Define the Process

First decide how much time you have to complete the analysis. The quality of the analysis will depend in part on how much time you can allocate – but there are times when the process must be accelerated to meet deadlines. The timeline for developing the Situation Analysis needs to fit within the broader process of developing the Strategic Operational Plan. The Situation Analysis timeline should be set to include sharing with stakeholders and other reviewers as part of the review and consensus-building process.

Consider also the length of time required to find an appropriate individual or team to conduct the analysis (even if the team is formed from individuals and government personnel who may have condoms in their portfolios, as they will need to free up time for the work).

Step 2 – Organize the Team

Designate a person or team to conduct the analysis, as well as an individual responsible for leading the process. While it is possible for the members of the national condom technical working group to conduct the analysis, it is likely that dedicated support will be required. Many programs assign much of the work to an independent consultant with knowledge of the national condom program, but other options include National AIDS Council or Ministry of Health staff, a UNFPA or UNAIDS staff person, the staff of an implementing organization – either an HIV/AIDS or reproductive health agency – or a combination of these.

Conducting the Situation Analysis requires skills in a number of areas. Ideally the person or team would be familiar with condom programming and/or other reproductive health interventions that include product-related components, and would bring experience in marketing and/or behavior change interventions. The team should be experienced in analyzing qualitative and quantitative data from a variety of sources.

See **Annex B** for sample terms of reference for a consultant to support the process.



Step 3 – Gather Information

As noted above, this Situation Analysis guidance is framed using the model Results Framework. Following that example, data can be organized as follows:

- Health need
- Trends in condom use
- Factors that influence condom use
- Activities and interventions intended to influence condom use

While the data should be analyzed following this structure, data collection will not be sequential; individuals will probably provide insights across sections of your analysis. But using this framework can help you populate your analysis and build out your understanding of the condom program.

For each section of the analysis, this guidance provides a summary of why the information is needed, strategic questions to answer, possible data sources to answer those questions, and links to resources for collecting, analyzing and synthesizing information. Start each section by making a list of key informants and potential data sources for your country.

Levels of Evidence – How strict should we be?

The Situation Analysis is driven by evidence and requires rigor. However, it is also a practical exercise used for decision-making and there is a danger in aiming for too high a standard of evidence, as if it is scholarly research designed for publication. Sometimes imperfect evidence — partial data from project reports and observations from program implementation — can be useful to inform decisions. But avoid making decisions on gut feelings and guesswork. Population Services International has developed guidance for the consideration of data in marketing planning as summarized and adapted below:

Validated Data

What is known. Based on multiple, rigorous, externally validated data sources. This is the gold standard, but it is often not available or recent.

Good Data

What I know. Based on multiple credible sources. Combining data points (even if not statistically comparable, such as surveys or reports using different sampling methods) can be very useful at this level.

Some Data

What I think. Based on partial data, but containing gaps that matter. Project data will often fit in this category. More useful if supported by other sources.

Personal Experience

What I've seen. Based on implementation experience and/or individual experience. Much of the information from in-country experts will be here – it's useful but consider if it is based on recent experience or supported by other data.

Gut Feeling

What I believe. Based on received wisdom or unsubstantiated assumptions. Often worth sharing, but beware of unintended biases.

Guess

Could be, but who knows? Based on what might or might not be true. Generally, not that useful.

Health Need - Who must the market serve?

The first level in gathering evidence for the Situation Analysis is to understand the health needs that increased condom use can address – that is, which populations must improve or sustain condom use to reduce the number of new infections and unintended pregnancies. In a market-based approach, this is often referred to as understanding whom the market must serve.

To inform targeting decisions in the Strategic Operational Plan, consider risk across population segments including age, gender, partner preference, geography, wealth, and education, as well as behaviors within population segments that are driving risk and incidence (e.g., paid sex, or sex with non-regular partners, etc.). As with all sections of the Situation Analysis, only disaggregate the data to levels that programs can realistically target, or at which decisions can be made.

Be sure to analyze health need in the context of HIV, STIs, and Family Planning. It is important to understand how STIs are inter-related with HIV infection (e.g., STI data may be a leading indicator of risk for HIV in certain populations such as AGYW); also consider that STIs represent a health risk that should be analysed independent of HIV.

HEALTH NEED QUESTIONS	DATA SOURCES
<ul style="list-style-type: none"> ▪ Who is most at risk of HIV and STI infection? Where is HIV and STI incidence and prevalence highest? Are there particular geographic areas or groups or behaviors that contribute the highest number of new infections? How has this changed over the last 5-10 years? What has not changed enough? Where is the biggest opportunity to deliver sustained health impact? Are there groups achieving high levels of HIV viral load suppression? ▪ How does HIV treatment, viral load suppression and progress toward 90-90-90 targets in general impact those at risk? Is the scale-up of PrEP impacting those at risk for HIV in any populations or geographies? How? ▪ Which geographic areas or groups have shown the highest preference for condoms as a family planning method? How has this changed over time? 	<p>MOH reports</p> <p>Demographic Health Surveys (https://www.statcompiler.com/)</p> <p>GOALS and SPECTRUM modelling</p> <p>Modes of Transmission Studies</p> <p>Population-based HIV Impact Assessment (PHIA) https://phia-data.icap.columbia.edu/</p> <p>PMA Surveys https://www.pma2020.org/survey-topics</p> <p>FP 2020 https://www.familyplanning2020.org/measurement-hub</p> <p>UN Contraceptive Statistics https://www.un.org/en/development/desa/population/publications/pdf/family/ContraceptiveUseByMethodDataBooklet2019.pdf</p> <p>Other targeted behavioral surveys</p> <p>Donor analysis, e.g., data included in USG COP documentation</p> <p>The following documents often cite secondary data sources providing a starting point for identifying primary data:</p> <ul style="list-style-type: none"> ▪ National plans for HIV, STIs, and FP ▪ UNAIDS https://www.unaids.org/en/topic/data ▪ http://aidsinfo.unaids.org/ <p>Key Informant Interviews provide qualitative data that gives context to the quantitative data.</p>

Refer to the Health Need Section in the Situation Analysis Resource Deck for examples of data collected and analyzed.

Condom use – Who is the market serving/failing?

The second level in gathering and analyzing data is to understand the current trends in condom use so that we can compare use to need, identify areas where programming needs to improve, and inform strategic choices about where to focus resources. This step is also important for identifying priority populations, and leads to strategic priorities in the design phase of the planning process.

It is important to examine condom use within the specific populations and risk factors identified in Step 1 (and their partners – e.g., non-regular partners, SW use with clients, trusted partners, or age mixing between young women and older men – all of which can vary significantly). Priorities will emerge when gaps between existing use and total need are examined against the drivers of HIV and STI incidence.

At this level, you should use the Condom Needs Estimation Tool to estimate condom needs based on current use and projected changes in use. This tool was developed jointly by UNFPA and UNAIDS to support countries in their efforts to design and implement robust, comprehensive and people-centered condom programs to prevent HIV, other STIs, and unintended pregnancies. It supports countries and communities to estimate their total condom needs and commodity costs for a period of 3-5 years. It also allows estimates of needs for female condoms, specialty condoms and lubricants.

Find the tool here:

<https://hivpreventioncoalition.unaids.org/resource/condom-needs-and-resource-requirement-estimation-tool/>

Calculating Use and Need

The Condom Needs Estimation Tool allows you to estimate the number of condoms currently used in your country as well as the projected need for condoms.

The number of condoms used is calculated based on reported condom use and estimated frequency of sex in key population segments (such as sex workers or discordant couples). The total can be increased to account for wastage.

The number of condoms needed is based on your projections for changes in condom use over time in each of the key populations.

One mistake to avoid is to assume that you will need enough condoms to protect all at-risk sex acts right away. While this is an aspirational goal, it takes time to increase condom use from where it is now to where you want it to be.

CONDOM USE QUESTIONS

- What is the current level of condom use? Is use decreasing or increasing, and in which populations? How does use compare to other countries in the region? (This can provide a frame of reference for whether you are doing well or not – and whether a trend amounts to rapid change or slow change.) Is condom use equitable across population segments?
- Where is the biggest opportunity to deliver sustained health impact by increasing condom use?
- What is the total need for condoms? Is the total need growing? How large is the gap between use and need? Is use growing as a % of need? Which population segments are the drivers of condom need? Which population segments have the largest gaps between use and need? How does use and need look for FP vs. HIV/STIs?

DATA SOURCES

- DHS <https://www.statcompiler.com>
- AIDS Indicator Surveys (AIS)
- Bio-Behavioral Surveys (BBS) for key populations
- PMA Surveys <https://www.pma2020.org/survey-topics>
- PHIA surveys, for general populations by Columbia University
- Other (usually subnational) surveys conducted as part of projects.
- Condom needs estimation tool <https://hivpreventioncoalition.unaids.org/resource/condom-needs-and-resource-requirement-estimation-tool/>
- Key informant interviews with government and others active in the condom market

Refer to the Condom Use section in the Situation Analysis Resource Deck for examples of data collected and analyzed.

Drivers/factors of use, performance of market functions

Next, we need to understand the barriers that hold back condom use in different priority populations. Again, it is useful to follow the structure of the Results Framework, and organize barriers into the categories of Demand, Supply, and Program Stewardship. The following sub-sections follow this categorization.

Demand

Demand-side factors relate to an individual's knowledge, beliefs, motivation, and ability to use condoms, often referred to as "behavioral barriers" (in contrast to supply-side barriers that are usually beyond an individual's control).

There is generally little nationally-representative data on behavioral factors that drive condom use. While the DHS includes data on HIV knowledge and where to find condoms, data on other factors is limited. It is likely that you will need to rely on data collected for specific projects at a sub-national level or with specific populations and use that to construct a hypothesis about the drivers of use. The objective at this point is to begin to build an understanding of the priority populations' needs, motivations, and influences, and how these factors affect behavior.

The most useful behavioral data compares users and non-users of condoms across a range of factors to focus in on the differences that correlate with increased condom use. For example, you may find that users and non-users have similar knowledge of how HIV is transmitted, which suggests that improving this factor is not likely to increase condom use. On the other hand, you may find that consistent condom users consider themselves at higher risk of HIV infection than non-users; in that case, increasing risk perception is likely to lead to higher condom use.

Regardless of data gaps, this analysis ensures that the needs of priority populations remain a focus of the analysis.

Demand, Supply, and Program Stewardship in the Condom Program Pathway

The Condom Program Pathway



MGH developed the "Condom Program Pathway" (CPP) as a framework for understanding the performance of condom markets. The CPP drew on market development concepts that have been applied to other health and non-health markets to identify functions that are essential for "healthy" high-performing condom markets to deliver sustained high levels of condom use with decreasing dependence on donor subsidy.

The CPP works as a theory of change similar to the Results Framework: investments in strengthening program stewardship functions lead to higher-performing supply and demand functions which deliver high levels of condom use, equity, and sustainability. Program stewardship is newer concept that refers to an essential part of a Total Market Approach (TMA), and is important for every nationally-owned condom program to increase condom use sustainably. Program stewardship includes government ownership, oversight, and ultimately, accountability for achieving the goals and objectives of a national condom program. Read more about the Condom Program Pathway here: https://mannglobalhealth.com/wp-content/uploads/2017/11/MGH_Condom-Landscaping-Report_Final_091117.pdf

DEMAND QUESTIONS

- What behavioral factors are associated with condom use for each priority population? Look for data on HIV transmission knowledge, knowledge of a condom source and confidence in acquiring condoms, risk perception, ability to negotiate condom use with partners, etc.
- What do we know about those behavioral factors in each of our priority groups? How do they differ across the priority groups?
- What are user and non-user perceptions of the condoms available in the market (public, social marketing, commercial)? Do they have a preference for a certain type of condom? What is their willingness-to-pay for condoms?

DATA SOURCES

DHS Surveys for general population
<https://www.statcompiler.com>

PHIA Surveys for general populations by Columbia University

Bio-Behavioral Surveys (BBS)

TraC Surveys by PSI

Other (usually subnational) project surveys or qualitative studies

Key Information Interviews and literature review (while these interviews / searches will not provide quantitative data, they will help put data in context and assist in identifying data sources to inform the analysis)

Refer to the Demand Section in the Situation Analysis Resource Deck for examples of data collected and analyzed.

Supply

On the Supply side, we want to understand if the number of condoms in country and the systems for distributing them are adequate to meet user needs and growing demand.

It is important to consider access to condoms from the perspective of priority populations. For example, strong public sector distribution may result in availability at public clinics, which are unlikely to meet the needs of sex workers or MSM.

When analyzing supply in the context of the “total market,” it is important to recognize the relative strengths and weaknesses of different suppliers to leverage different distribution channels to reach different populations. Your analysis should seek to understand each in the current context, which will then help identify opportunities in the Design phase of strategic planning.

For example:

- Social marketers and commercial actors can use pharmacies and drug shops to ensure condoms are available when and where men with non-regular partners need them.
- The public sector can use maternal health clinics to support the family planning needs of poorer, rural married men and women.
- Civil society may use peer-led, targeted outreach to reach sex workers or MSM.

Condoms in the Commercial Sector

The commercial sector is emerging as an increasingly important actor in most condom markets. Commercial actors bring the potential to make a substantial contribution to serving the needs of specific populations, and are key to support a transition to sustainable, healthy condom markets that decrease their reliance on foreign funding to subsidize condoms.

While it can be difficult to estimate the contribution (volumes, number of brands, access) and role of the commercial sector, proactively engaging commercial actors can help you to understand the opportunity of building a healthy, sustainable condom market.

Social marketing organizations can also bring complementary insights into understanding the current role of commercial actors.

SUPPLY QUESTIONS

- Where do users get their condoms? Consider the relative roles of free public sector condoms, subsidized socially-marketed condoms, and commercially-priced condoms.
- How many condoms does each sector distribute and what has been the trend over the last 3-5+ years? Which sectors are growing and which are contracting over this period? What is driving these changes? What are the causes of disruptions in that period?
- What % of outlets (condom distribution points) in each channel have condoms? How frequent are stock-outs? What are the reasons for the stock-outs? Are condoms available when & where users desire them?
- What are the steps in the distribution chain in each sector from importation to the user? Where do bottlenecks occur? Which additional market actors could be involved in the distribution chain?
- What are the gaps in “last kilometer” distribution? Include post-facility distribution (e.g., peer-led distribution outside clinics, disaggregated by target population), distribution in non-traditional outlets (bars, guesthouses) or hard-to-reach areas (areas with high need and insufficient access).
- How many brands are available in the commercial and social marketing sector, in what volumes, by type of outlets, and at what prices?
- What are the contributions of major donors and other sources of funding? What are commitments for years to come?
- How reliant on donors is the condom supply, given the strength or weakness of the commercial sector? What is the potential for each sector to become more sustainable while growing equitable condom use?

DATA SOURCES

MOH LMIS, supply chain department, central medical stores, or NAC records

UNFPA database of condom shipments paid for by donors: <https://www.unfpaprourement.org/rhi-home>

NGOs involved in community-based distribution

Social marketing organization’s sales records and distribution surveys

Retail audits if available

Select commercial actor data (helpful to estimate volumes, brands). Importation data may be available from the government for commercial brands.

Market observations

DKT’s social marketing statistics (which show country-by-country data going back more than a decade) <https://www.dktinternational.org/contraceptive-social-marketing-statistics/>

Key Informant Interviews are critical here to validate reported data, find out about other data sources, and deepen understanding of how distribution channels function

Refer to the Supply Section in the Situation Analysis Resource Deck for examples of data collected and analyzed.

Program Stewardship

Program Stewardship refers to the functions performed by the government with support from stakeholders to ensure there is a favorable environment for condom programming and that interventions are coordinated and directed toward common objectives. Program stewardship is an essential part of a TMA, and is a necessary element of every nationally-owned condom program to increase use sustainably. The stewardship role involves collecting and analyzing data to better understand the entire market:

- Engaging sectors and actors to coordinate efforts
- Monitoring and regulating the quality of commodities
- Support for commodity forecasting
- Leading the development of strategy
- Monitoring progress along TMA indicators toward a sustainable, healthy market

Components of Program Stewardship

- Leadership & Coordination
- Program Analytics
- Financing
- Policy & Regulation

engaging sectors and actors to coordinate efforts; monitoring and regulating the quality of commodities; support for commodity forecasting; leading the development of strategy; and monitoring progress along TMA indicators toward a sustainable, healthy market. Investments in strengthening stewardship functions lead to higher-performing supply and demand functions which deliver high levels of condom use, equity, and sustainability.

Understanding the challenges and opportunities in program stewardship relies heavily on Key Informant Interviews with government and other stakeholders. As noted in the separate Key Informant Interview guide, it is important to probe informants to learn about the effectiveness of stewardship activities. For example, while informants may confirm that coordination bodies exist, it is critical to understand whether those bodies function effectively and add consistent value to condom programming (and, if not, why not).

PROGRAM STEWARDSHIP QUESTIONS

- Is there a national condom strategy that includes prioritized activities based on available evidence? Is the condom strategy actively used? Is there sufficient funding to support it? Does the strategy incorporate a “triple protection” approach (i.e., reaching across HIV, STI, and FP programs)?
- Is there a clearly articulated TMA strategy that includes a vision for a healthy market? Is it used for management purposes?
- Are there effective coordination mechanisms to align implementers and funders with common objectives, and actively manage to those objectives?
- Are specific government agencies and individuals responsible for condom programming? Do they have resources (time and money) to carry out their roles? How strong is their capacity?
- Is there a favorable regulatory environment for condom programming? Are condoms on the essential medicines list? What are the quality control systems? What taxes and tariffs are relevant to condoms (VAT, import duties)? Do stakeholders know how to navigate the regulatory system? Where are the bottlenecks in the regulatory environment?
- Are there restrictions on advertising (e.g., times when condoms cannot be advertised), on interventions in specific settings (primary schools), or distribution to specific populations (e.g., universities or schools)?
- Is there a strong program analytics program that regularly collects, analyzes, and disseminates data to all stakeholders to enable continuous monitoring and improvement?
- What is the role that subsidy (financing) plays in the delivery of condom programming, and how is that role shifting?

DATA SOURCES

Key Informant Interviews are a useful approach here.

For Key Informant Interviews with government, it will be helpful to review key documents in advance (e.g., national plans, reports, TOR for coordination bodies, relevant policies).

Start Key Informant Interviews with targeted individuals (identified during the Situation Analysis planning process) who bring comprehensive knowledge and understanding of condom programs. Later interviews can add more depth, but you will probably find that a few targeted interviews early on can provide most of the insights required to support your analysis.

Refer to the Program Stewardship Section in the Situation Analysis Resource Deck for examples of data collected and analyzed.

Activities: Who's doing what, where are the gaps, what's worked?

Understanding the current state of condom interventions is critical to designing future interventions. We need to know: What has been effective? What has not worked? Are there current interventions that could be scaled up, or used to reach prioritized populations in a different way? Are there interventions that were successful in the past but have been discontinued? What are the gaps in coverage of priority populations? Consider interventions led by the government, implementers such as social marketers and NGOs, programs reaching Key Populations, and the commercial sector.

It's also critical to understand the current and future plans that donors have to fund condom programming (condoms commodities as well as demand creation activities) to identify gaps. Analysis should consider a) key objectives b) funding timelines & levels, c) commodity commitments and d) priority populations.

Again, it is important to probe. While a SW program may exist, for example, it may lack coverage, consistency, or frequency of reach. Has it been evaluated? Are messages based on insights and prioritized factors of behaviors, and are they monitored?

QUESTIONS	DATA SOURCES
<p>Interventions</p> <ul style="list-style-type: none"> ▪ Which priority populations are currently being reached by interventions and in which geographic areas? What percent of the priority population is being reached and with what intensity (how often)? Consider HIV, STI, and FP interventions. ▪ What is the nature of the interventions (e.g., social marketing, KP, AGYW programs, etc.)? ▪ What is the funding level and time period for these interventions? ▪ Which interventions have been shown through evaluation to result in increased condom use? ▪ Which interventions have been implemented for substantial time periods but have yet to show that they increase condom use? ▪ Which interventions have demonstrated a high impact per dollar spent? ▪ Which have been costly but shown only moderate or little impact? ▪ Where are the gaps and challenges? ▪ Where are the opportunities to expand reach, coverage, or populations covered? ▪ Are condoms integrated into FP and HIV/STI treatment/other prevention activities? Where are the opportunities for greater integration? <p>Donor funding</p> <ul style="list-style-type: none"> ▪ Which donors are supporting condom programming? For how long? Are they supporting demand creation or only condom purchase? What are their future plans? 	<p>Interventions</p> <p>Key Informant Interviews</p> <p>Project reports and independent evaluations</p> <p>Donor plans such as the COP (which can be particularly helpful to understand reach of KP)</p> <p>NAC and MOH annual reports</p> <p><i>Refer to the Situation Analysis Resource Deck for a sample table for summarizing findings.</i></p> <p>Donor funding</p> <p>Key Informant Interviews</p> <p>Donor reports</p> <p>Reproductive Health Supplies Coalition commodity exchange site (https://www.unfpaprocurement.org/rhi-home)</p>



Step 4 – Organize, Synthesize and Draft

Organize the information using the structure provided by the Results Framework and prepare a draft of the Situation Analysis to be presented to the Core Group and stakeholders. The analysis can be presented in narrative form, but a Powerpoint presentation may be more efficient to prepare, and effective for many audiences.

As noted earlier, be selective in the data that is eventually included in a narrative or Powerpoint. If the data collected does not help you decide what needs to be done next in terms of planning, then don't include it. The history of past projects, for example, is only helpful if it informs programs today, or provides lessons learned for the future. Qualitative data on users collected many years ago may be helpful if it is still relevant or if it is the only data available. Older data calls for a higher level of scrutiny to judge whether it is still meaningful. If the population, the behavior, and the market conditions remain similar and no newer information exists, then it can still be useful.

Add value to the data collected by providing insights into why the data matters to the strategic planning process. Explain why it's important. In the priority-setting workshop that is part of the planning process, there will be more time for stakeholders to generate additional insights about the data, but the Situation Analysis can begin that process.

Refer to the Situation Analysis Resource Deck for examples of how to organize and present the data, including the addition of insights

What about data gaps?

The existence of data and information gaps is a finding in itself. Keep a list of missing evidence that leaves key strategic questions unanswered in the analysis. Ensure that prioritized studies and systems are integrated into the Monitoring, Evaluation & Program Improvement plan.



Step 5 – Share and Validate

Circulate the draft Situation Analysis for comments and corrections to the stakeholder group and any key informants not in the stakeholder group. If helpful to stakeholders, organize a workshop in which the group has an opportunity to discuss the analysis and provide further feedback.



Step 6 – Finalize and Disseminate

Incorporate all feedback and complete the document. It is worth spending time on the design of the final documents (whether a Powerpoint or narrative or both) to ensure they communicate findings effectively and accessibly. More people will pay attention to the findings and use them if the Situation Analysis is polished and visually appealing. You may also consider holding a dissemination event. Don't be shy! Let people know the work is done!



ANNEX A



List of Stakeholders To Involve

- Ministries (such as health, finance, gender, education)
- National AIDS Council
- Institutions working in family planning and sexual and reproductive health
- Regulatory authorities responsible for standards and quality assurance for condoms and other medical devices
- Civil society (including people living with HIV, young people, key populations, faith-based groups and NGOs)
- Social marketing organizations and other NGOs involved in behavior change communications
- Implementers supporting prevention and /or treatment
- Government supply chain, and implementers supporting supply chain
- Commercial sector and business coalitions
- Donor community



ANNEX B

Terms of Reference for consultant to support the process

Objective

The Situation Analysis will contribute to the development/revision of the strategic approach to condom programming in [Country]. The Situation Analysis is a critical part of the process of developing evidence-based priorities for the condom program and will:

- Describe the current status of condom programming
- Analyze demand creation and supply-side activities
- Examine the enabling environment and program stewardship functions, which include leadership and coordination as well as relevant policies and regulations
- Review the behavioral factors (such as knowledge, attitudes, and motivation) and other factors (including geographic, economic and social) that enable or hinder condom use

Required Steps

Developing the Situation Analysis is a process of organizing, analyzing, and presenting data using a mixed-methods approach that includes reviewing available national plans in related health areas; reviewing studies and program reports; and interviews with government, stakeholders, and implementers. Detailed step-by-step guidance is available (refer to the Situation Analysis Guidance document). The steps described in that guidance include:

- Analyze the health need: Which populations must improve or sustain condom use to reduce the number of new infections and unwanted pregnancies to achieve the country's health goals? Who is most at risk of HIV and STI infection? Where is HIV and STI incidence and prevalence highest? Which geographic areas or groups have shown the highest preference for condoms as a family planning method?
- Analyze trends in condom use: What is the current level of condom use? Is use decreasing or increasing, and in which populations? How does use compare to other countries in the region?
- Analyze demand-side factors: that relate to an individual's knowledge, beliefs, motivation, and ability to use condoms, often referred to as "behavioral barriers" (in contrast to supply-side barriers that are usually beyond an individual's control). What is known about those behavioral factors in each of our priority groups? How do they differ across the priority groups?

- **Analyze supply-side factors:** Are the number of condoms in country and the systems for distributing them adequate to meet user needs and growing demand? Where do users get their condoms? How many condoms does each sector distribute? What is driving any changes in distribution? What are the causes of disruptions and stock outages? What are the steps in the distribution chain in each sector from importation to the user? Where do bottlenecks occur?
- **Review condom program management and program stewardship:** Program Stewardship refers to the functions performed by the government with support from stakeholders to ensure there is a favorable environment for condom programming and that interventions are coordinated and directed toward common objectives. Questions: Is there a national condom strategy that includes prioritized activities based on available evidence? Is the condom strategy actively used? Is there sufficient funding to support it? Does the strategy incorporate a “triple protection” approach (i.e., reaching across HIV, STI, and FP programs)? Are there effective coordination mechanisms to align implementers and funders with common objectives, and actively manage to those objectives?
- **Landscape condom programming activities:** Who is doing what? What has been effective? What has not worked? Are there current interventions that could be scaled up, or used to reach prioritized populations in a different way? Are there interventions that were successful in the past but have been discontinued? What are the gaps in coverage of priority populations?

Main Responsibilities

- Conduct Key informant interviews (specific anticipated number) with identified stakeholders to inform analysis supporting the above steps. Consultant will propose list of key stakeholders with
- Conduct document and programmatic report review to inform analysis supporting above steps. Documentation could include but is not limited to research outlining user behaviors and factors of behaviors, market reports, program updates, key outputs of existing interventions, implementer, donor (i.e. COP) and government plans and strategies. The consultant is expected to identify relevant documentation to support analysis
- Conduct literature review of published and grey literature, including behavioral studies, DHS reports, IBBS, etc
- Lead regular dissemination meetings with the core group to keep them apprised of progress, solicit input to inform information gaps, and support introductions as needed
- Analyze data using the approach described in the Situation Analysis Guidance and outlined above

Deliverables

- Plan and timeline for data gathering and analysis (to be approved before analysis begins)
- PowerPoint deck presenting key findings (a Situation Analysis Resource Deck providing a library of analysis slides used in other countries is available)
- List of persons interviewed (with contact information)
- List of documents reviewed (with citations and/or links)