

## Class 2. Situational analysis

### *Objectives*

By the end of this class the students will know

- ◆ what is a situational analysis
- ◆ why it needs to be done (the purpose)
- ◆ how it can be done (the process)
- ◆ what information is necessary for successful planning

**Situational analysis** (also called "needs assessment, "community analysis", "environmental assessment") is one of the steps of the generic planning mode l we have discussed in Class 1.

A situational analysis is an analysis of the current situation. It includes collecting, analyzing assessing and documenting information regarding current health status. To plan (at any level - national, regional, district, or community), it is necessary to have a clear broad understanding of the background situation.

Thus, the purpose of a situational analysis is to provide a wide basis for understanding the current situation. The analysis

- ◆ provides a common reference point for the rest of the planning process
- ◆ provides information that aids in the identification of the priority areas of concern of planning
- ◆ produces a document of the current situation

The following four steps form the process of situational analysis:

1. Making decision on what information to collect
2. Collection of the information
3. Analysis of the collected information
4. Production of the document/report

### 1. What information to collect

To make correct decisions in the planning process, information is needed. Some authors call it "the lifeblood of the planning process". You may have heard one more expression related to information - "information is power", meaning that access to and familiarity with different types of information puts one in a powerful position to influence the decision-making process. At the same time it is necessary to remember that only the information which is relevant and important for the planning process, needs to be collected. Otherwise it is easy to be trapped by the vast amounts of available information.

The question arises – **what information should be collected for planning?** (first step of the situational analysis).

It depends on several factors. The most important of them are listed below.

- (1) Who are the planning players
- (2) What definition of health and health system (strict medical vs holistic) are accepted by them;
- (3) Types of available information (feasibility, validity);
- (4) Level of planning (national vs community-level planning), etc.

In general, all the information necessary for the situational analysis relates to the next three broad areas:

- a) health status and needs

- b) health services and resources
- c) policy and political environment

Let's discuss them in detail.

### A. Health status and needs

Any situational analysis requires information about the population under analysis (people of the country or a particular area) as starting point, so **health status** includes descriptive information on the following broad themes:

- a) *demographic information* covering such points as
  - ◆ absolute size and distribution of population
  - ◆ vital rates - birth, death, and fertility rates
  - ◆ immigration and emigration rates
  - ◆ the overall population growth-rate
  - ◆ age and sex-structure
- b) *epidemiological data* including
  - ◆ morbidity rates - by disease and by category of group affected, for example, age, sex, class, ethnicity, location (rural/urban)
  - ◆ mortality rates (as for morbidity rates)
  - ◆ disability rates
  - ◆ risk factors, etc
- c) *health conditions and practices* describing
  - ◆ water supplies
  - ◆ sewerage and waste collection
  - ◆ housing
  - ◆ child feeding practices
  - ◆ vector control, etc

Information on **health needs** should include the following:

- a) *Medically perceived needs*, which are based on medical indicators (epidemiological data) coming from community health surveys, medical records of the patients as well as from the perceptions of health professionals
- b) *Community perceived needs*, which are far harder to define, particularly at the national level, and often expressed in terms of services deficiencies rather than 'health' indicators. Community perceptions of needs are likely to be less easily available and less structured. This information usually comes from surveys of the attitudes and views of community members of their health needs and also may be derived through existing community structures such as village health , or indeed at the national level, through demographically representative structures.

The next principal category of information in a situational analysis concerns the **health services and resources** available to the target population.

### B. Health services and resources

Information on health services and resources includes data about the following subcategories:

- a) *Human resources*
  - ◆ number of personnel employed within the public sector

- ◆ number of personnel employed in health fields outside the public sector
  - ◆ projected transfers between the public and private health sector
  - ◆ projected output from training
  - ◆ projected losses from the service
  - ◆ age and sex distribution
  - ◆ urban versus rural distribution
  - ◆ current and projected gaps in staff
- b) *Physical resources* (buildings, land, equipment, vehicles, and other supplies)
- ◆ type
  - ◆ capacity
  - ◆ locations
  - ◆ ownership
  - ◆ state of repair
  - ◆ any particular constraints on the provision of other supplies, such as drugs
- c) *Financial resources*
- ◆ health expenditures (% GDP)
  - ◆ health budget relative to total expenditures
  - ◆ private vs public expenditures
  - ◆ current and potential health funding resources
  - ◆ projected inflation rates
- d) *Service utilization statistics*
- ◆ facility attendance rates, and numbers of preventive activities performed ( such as immunization rates, family planning accepters; drinking- water springs protected, pit latrines dug, etc.)
  - ◆ hospital occupancy rates, hospital discharges, duration of hospital stay
- e) *Coverage*
- ◆ proportion of underweight children served by feeding centers
  - ◆ proportion of deliveries attended by trained personnel, etc
- f) *Service gaps*
- ◆ known service gaps (areas not covered by basic facilities)
  - ◆ projected service gaps resulting from population changes, new health needs, changes in service standards, etc
- g) *Costs and charges/sources of payment*
- ◆ cost per immunization
  - ◆ free-of charge, user fees
- h) *Health services organizational arrangements*
- ◆ degree of centralization in decision-making
  - ◆ degree of and opportunities for links with other sectors and community participation
- i) *Efficiency, Effectiveness, and Equity of current services*

Class 5 will cover questions related to those points, and introduce the concept of "cost effectiveness", "cost- benefit analysis", etc.

### C. Policy and Political Environment

The third broad area of information needed in the situational analysis refers to the general environment. It includes information about:

- ◆ political environment: national policies (health and non-health related); political environment; interest groups, etc
- ◆ cultural characteristics
- ◆ health-related knowledge, attitudes and practices of population
- ◆ socio-economic situation
- ◆ geographical/ topographical environment
- ◆ religious characteristics
- ◆ infrastructure: transport, communication, utilities, etc
- ◆ non-health sector: services provided by and planned for in education, agriculture

### 2. Collecting information

We now have a general understanding of what information needs to be collected for the situational analysis. Now let's see what the main sources are for this information, where it can be obtained (we already mentioned some of the sources earlier in the text). Let's try to make a general list of them.

- ◆ Population Censuses
- ◆ Vital Registration Systems
- ◆ Government Reports
- ◆ Non-government Reports
- ◆ Professional Associations
- ◆ Treatment Records
- ◆ Surveys: National, District, Community
- ◆ Other data collected for planning process (formative research- both qualitative and quantitative)
- ◆ Experts

The preceding discussion was devoted to the major pieces of information required for the planning process.

### 3. Analysis of the collected information

The third step of the situational analysis (after the decision about what information to collect and the collection process is made) is the **analysis of information**. It should include:

- ◆ a commentary on the situation
- ◆ identification of key problem areas
- ◆ analysis of the causes of the problem

A thorough description of the current situation plays a crucial role in furthering the correct selection of priorities and actions. The commentary will

- (1) highlight key problems areas (social problems, deaths, sicknesses, wasting, etc)
- (2) reveal the immediate, underlying and basic causes leading to them

*Immediate causes* are the direct causes of the problem. Corresponding actions here usually (a) operate at an individual level, (b) should be repeated in order to have a sustainable effect. They act as a short-term remedy to the problem.

*Underlying causes* include beliefs; attitudes; behavior; coverage and use of health and education services; water supply, etc. Actions at any level of the society (household, local, regional, central) may be needed to target underlying causes.

*Basic (structural) causes* are related to the structure of the country, society, socio-cultural factors, structure and role of the state, macroeconomics.

The analysis of the situation

(3) attempts to match current and projected health needs with present service-provision

(4) reveals likely gaps both in terms of services and resources

(5) comments on efficiency and equity of current health provision

In addition the commentary

(6) focuses on existing relationships between the health service and other sectors

(7) addresses the appropriateness of the current organizational arrangements for the health sector

#### 4. Documenting information

The end point in the situational analysis (fourth step) is **producing a document**. It will be used (1) for production of a plan, (2) as a feedback to health workers, (3) as a background document, (4) for publicizing important information regarding health (to receive support for programs and ideas).

In order to carry out the situational analysis, the following interested parties need to be involved:

- ◆ health planners
- ◆ health professionals and service managers
- ◆ representatives of other sectors related to the health sector
- ◆ community representatives

This team-based approach will ensure inclusion of the views of each group, and act as a preliminary step in insuring their support for final plan.

After the situational analysis is completed, the phase of priority, goals and objectives setting as well as strategy appraisal follows.

**Questions****1. The process of conducting a situational analysis consists of the following four steps**

- 1) Making a decision on what information to collect
- 2) Collection of the information
- 3) Analysis of the collected information
- 4) Production of the document/report

True    False

Answer: True. See page 1.

**2. What is "the lifeblood of the planning process" according to some authors?**

- a) information
- b) analysis
- c) experts

Answer: a) information. See page 1.

**3. To run an appropriate situational analysis, we should gather information related to the three following broad areas:**

- a) health status and needs
- b) health services and resources
- c) policy and political environment

True                  False

Answer: True. See page 2.

**4. What type of causes includes beliefs, attitudes, behavior, coverage, and use of health and education services?**

- a) Immediate
- b) Underlying
- c) Basic (structural)

Answer: b) Underlying causes. See page 5.

**5. The report produced as a result of a situational analysis can be used**

- a) for production of a plan
- b) the report produced as a result of situational analysis can be used as a feedback to health workers
- c) as a background document
- d) for publicizing important information regarding health (to receive support for programs and ideas)

True                  False

Answer: True. See page 5,