

Section 2

Stakeholder Analysis Guidelines

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Stakeholder Analysis Guidelines

Table of Contents

Introduction.....	2-1
Step 1: Planning the Process.....	2-3
Step 2: Selecting and Defining a Policy.....	2-5
Step 3: Identifying Key Stakeholders.....	2-6
Step 4: Adapting the Tools.....	2-8
Step 5: Collecting and Recording the Information.....	2-13
Step 6: Filling in the Stakeholder Table.....	2-15
Step 7: Analyzing the Stakeholder Table.....	2-19
Step 8: Using the Information.....	2-23
Bibliography.....	2-33
Annex 2-A: Sample General List of Stakeholders.....	2-34
Annex 2-B: Definitions of Stakeholder Characteristics and Instructions for Filling in Stakeholder Table.....	2-35
Annex 2-C: Sample Stakeholder Table.....	2-38
Annex 2-D: Sample Stakeholder Interview Questionnaire.....	2-40
Annex 2-E: Sample Information Transfer Reference Chart.....	2-43

List of Boxes, Figures, and Tables

Box 2.1. Sample policies.....	2-5
Box 2.2. Sample health reform policy definitions.....	2-5
Box 2.3. Potential stakeholder groups for a national-level health reform policy.....	2-6
Box 2.4. Possible secondary information sources.....	2-13
Box 2.5. Sample conclusions on the deconcentration of the MOH.....	2-29

Box 2.6.	Sample general strategies for increasing support for deconcentration of the MOH.....	2-30
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Figure 2.1.	The Policy Process	2-2
Figure 2.2.	Spectrum of Stakeholder Positions	2-16
Figure 2.3.	Use All Tools in Filling in the Analysis Table (See Annexes for full versions)	2-18
Figure 2.4.	Sample of How to Use PowerPoint to Present Power/Leadership Analysis Results	2-24
Figure 2.5.	Sample Position Map	2-25
Figure 2.6.	PowerPoint Presentation of Knowledge Data	2-27
Figure 2.7.	PowerPoint Presentation of Key Alliances	2-28
Figure 2.8.	Sample Presentation of Strategies in PowerPoint	2-30
Figure 2.9.	Matrix for Identifying Stakeholders to Be Targeted by Strategies	2-32

Table 2.1.	Stakeholder Characteristics and Table Titles (full table in Annex 2-C)	2-9
Table 2.2.	Reference Chart (question numbers that pertain to each column on the stakeholder table)	2-12
Table 2.3.	Column E of Stakeholder Table	2-15
Table 2.4.	Columns H and I of Stakeholder Table	2-17
Table 2.5.	Example Results of Power/Leadership Analysis	2-20

Stakeholder Analysis at a Glance

What Is Stakeholder Analysis?

Stakeholder analysis is a process of systematically gathering and analyzing qualitative information to determine whose interests should be taken into account when developing and/or implementing a policy or program.

Who Is a Stakeholder?

Stakeholders in a process are actors (persons or organizations) with a vested interest in the policy being promoted. These stakeholders, or “interested parties,” can usually be grouped into the following categories: international/donors, national political (legislators, governors), public (ministry of health [MOH], social security agency, ministry of finance), labor (unions, medical associations), commercial/private for-profit, nonprofit (nongovernmental organizations [NGOs], foundations), civil society, and users/consumers.

Which Stakeholder Characteristics Are Analyzed?

The analysis includes such stakeholder characteristics as knowledge of the policy, interests related to the policy, position for or against the policy, potential alliances with other stakeholders, and ability to affect the policy process (through power and/or leadership).

Why Is this Analysis Useful?

Policymakers and managers can use a stakeholder analysis to identify the key actors and to assess their knowledge, interests, positions, alliances, and importance related to the policy. This allows policymakers and managers to interact more effectively with key stakeholders and to increase support for a given policy or program. When this analysis is conducted *before* a policy or program is implemented, policymakers and managers can detect and act to prevent potential misunderstandings about and/or opposition to the policy or program. When a stakeholder analysis and other key tools are used to guide the implementation, the policy or program is more likely to succeed.

What Are the Steps in Stakeholder Analysis?

There are eight major steps in the process:

1. Planning the process
2. Selecting and defining a policy
3. Identifying key stakeholders
4. Adapting the tools
5. Collecting and recording the information
6. Filling in the stakeholder table
7. Analyzing the stakeholder table
8. Using the information

What Can Be Achieved with Stakeholder Analysis?

Stakeholder analysis yields useful and accurate information about those persons and organizations that have an interest in health reform. This information can be used to provide input for other analyses; to develop action plans to increase support for a reform policy; and to guide a participatory, consensus-building process.

To increase support or build consensus for reform, policymakers and managers must take additional steps following the stakeholder analysis. In the next phases of the policy process—constituency-building, resource mobilization, and implementation—policymakers and managers should use the information generated by the stakeholder analysis to develop and implement strategic communication, advocacy, and negotiation plans. The other sections of this toolkit can be used to guide the development and implementation of such plans (see, for example, Section 3: Advocacy Guidelines, and Section 4: Conflict Negotiation Guidelines).

Stakeholder Analysis Guidelines

Introduction

In developing this document, Partnerships for Health Reform (PHR) addresses one aspect of managing the “politics” of the reform process: the need for information on key players who have an investment in proposed reforms. This is particularly important at the policy formulation and legitimation phase of the policy process (see Figure 2.1). Policymakers and managers can use stakeholder analysis to identify these key players or “stakeholders,” predict whether they might support or block the implementation of health reforms, and develop strategies to promote supportive actions and decrease opposing actions *before* attempting to implement major reform at the national, regional, local, or facility level.

The purpose of this document is to help policymakers, managers, and their working groups follow an “objective” and systematic process for collecting and analyzing data about key health reform stakeholders. It should be noted, however, that even the application of the systematic methodology incorporated into these guidelines cannot prevent the information from being somewhat subjective since stakeholder analysis is based on what stakeholders communicate to analysts. These guidelines, however, do include suggestions for checking the consistency of answers and other mechanisms to ensure that the information is obtained and analyzed as objectively as possible.

This document was developed using a thorough review of the literature on stakeholder analysis, political mapping, and policy process, as well as PHR field experience in conducting stakeholder analyses. (Health reform stakeholder analyses were conducted with PHR support in Ecuador and India.) The resulting document, therefore, includes instructions and tools that are supported by both academic theory and real-world application.

These guidelines incorporate a methodology that yields useful and accurate information on health reform stakeholders (and can be followed even when conducting a stakeholder analysis with limited time or resources). The information resulting from the analysis can be used for the following:

- Provide input for other analyses (i.e., strategic planning, institutional assessment, broader political analyses)

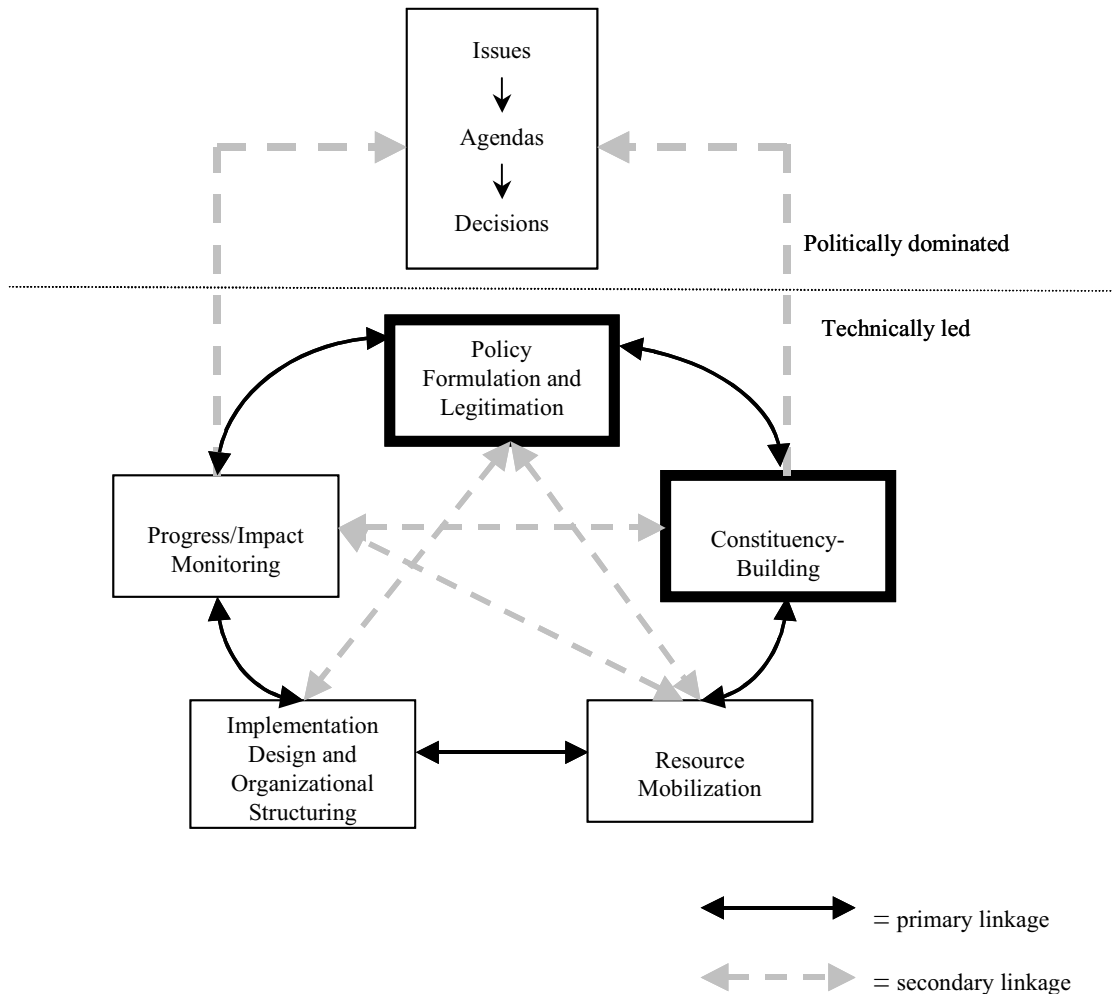
“Policy,” as used in this document, refers to any national, regional, local, or institutional project, program, law, regulation, or rule.

- ▶ Develop action plans to increase support for a reform policy
- ▶ Guide a participatory, consensus-building process (by sharing the information obtained with the stakeholders and encouraging discussion about how to address the concerns of the opposition).

Application of these guidelines is intended to make policymakers and managers more informed about the political environment surrounding their reforms and better prepared to take action to ensure the full implementation of health sector reforms.

To increase support or build consensus for reform, policymakers and managers must take additional steps following the stakeholder analysis. In the next phases of the policy process—constituency-building, resource mobilization, and implementation (Figure 2.1)—policymakers and managers should use the information generated by the stakeholder analysis to develop and implement strategic communication, advocacy, and negotiation plans. The other sections of this toolkit can be used to guide the development and implementation of such plans (see, for example, Section 3: Advocacy Guidelines, and Section 4: Conflict Negotiation Guidelines).

Figure 2.1. The Policy Process



Step 1: Planning the Process

Define the purpose of the analysis, and identify uses for the results.

The first step in conducting a stakeholder analysis is to define the purpose of the analysis, identify the potential users of the information, and devise a plan for using the information. A discussion of these issues should be led by the “sponsor,” or initiator, of the stakeholder analysis.

As noted above, information generated from stakeholder analysis may serve several purposes: to provide input for other analyses; to inform the development of action plans to increase support for a reform policy; or to guide a participatory, consensus-building process.

Other activities, such as strategic planning, institutional assessments, or application of computerized programs like PolicyMaker,¹ often require the type of information produced by a stakeholder analysis—who the stakeholders are, what their positions are related to a policy, how important they are, and so forth. It may be useful, therefore, to conduct a stakeholder analysis in conjunction with these activities.

Policymakers and managers may use the results of a stakeholder analysis to develop their action plans. These plans should identify concrete actions, and possibly “behind the scenes” activities, that the policymakers and managers will implement to increase stakeholder support.

Finally, policymakers and managers may use the results in open discussions with stakeholders in an effort to build consensus. This allows stakeholders to see where they are relative to others and encourages discussion on how to address the opposition’s concerns. This may be useful when the number of stakeholders is small and manageable and when consensus-building is a stated goal of the analysis.

Before proceeding with the next steps, the sponsor should ensure that a consensus exists among the policymakers as to the purpose of the analysis, its proposed users, and the intended use of the results.

Identify and train a working group.

The sponsor of the activity should form a small “working group” (two to four people) whose members will be the interviewers and analysts for the stakeholder analysis. The sponsor may guide the process and serve as a point of reference, or he or she may be a member—even the leader—of the working group.

Whenever possible, the working group should represent distinct interests and organizations. This helps prevent the type of biases that can occur when a single person or institution conducts an analysis. Having members with differing points of view can also be helpful in interpreting the qualitative and, at times, ambiguous data that emerge. If possible, the group should include

1. PolicyMaker is a computer program (designed by Harvard University) that organizes stakeholder information, provides guidance on strategies to deal with the stakeholders, and creates effective visuals for presenting the information to policymakers.

a “neutral” person who has no political or other interest in the policy and who is independent of the institution promoting the policy. It is also useful to include members who are knowledgeable about the sector, stakeholders, context, and politics related to the policy.

The stakeholder analysis process should be participatory, involving all members of the working group from beginning to end. This way, all working group members will be integrated into the entire process and will gain the experience needed to conduct similar efforts in the future. Integrating all working group members into the process also will increase their understanding of and support for the results and help them accurately translate the interview responses into analysis results.

It is important that members of the working group are experienced as interviewers and are able to elicit answers to the stated questions without imposing their personal biases. If they have no previous experience, a day or two of training may be required (such as practice interviewing through role playing). The working group members also should be able to review and accurately synthesize qualitative information. In addition, all members of the group should read these stakeholder analysis guidelines, receive training on the content of stakeholder analysis, and understand the reason for undertaking the analysis.

Develop a plan and timeline.

Finally, the working group should identify the specific steps to be taken in conducting the analysis (following these guidelines) and establish a timeline for the process. The timeline should include all major steps in the process, up to and including the final presentation of conclusions to policymakers. Sufficient time should be allocated for setting up interviews and rescheduling them in case of cancellations.

Step 2: Selecting and Defining a Policy

Select an appropriate policy.

For a stakeholder analysis to be useful, it must be focused on a specific policy or issue. Again, policy is used in this document to refer to any national, regional, local, or institutional project, program, law, regulation, or rule. In most cases, the sponsor of the stakeholder analysis will have identified a policy, but it is important to ensure that the policy in question is an appropriate topic for a stakeholder analysis before the process begins.

The following are some basic criteria for evaluating the appropriateness of health reform policies as subjects of a stakeholder analysis:

- ▶ The policy should be specific and “definable.” Policymakers and managers should avoid conducting an analysis on a policy that has not been thought through or is too general to be defined in concrete terms. This is important to ensure that specific interview questions and responses can be developed around the policy.
- ▶ The policy should be socially and politically controversial so that it merits the investment of resources required to determine what aspects are controversial and to whom.
- ▶ The policy should be key to current reform efforts and important enough to justify the resources that will be needed to implement recommended actions that emerge from the analysis.

Define the policy.

Once a policy is chosen for the stakeholder analysis, the working group should work with policymakers to define the main ideas and concepts. The basic ideas, not the details of the policy, will need to be explained to the stakeholders later in the process, and simple, concise definitions will be required.

Box 2.1. Sample policies

Appropriate for analysis

- ▷ Deconcentration of the ministry of health (MOH)
- ▷ Resource allocation based on production
- ▷ Hospital autonomy/decentralization
- ▷ New budgeting mechanisms at the hospital level

Not appropriate for analysis

- ▷ Health sector reform (too general)
- ▷ Modernization of the MOH (too general)
- ▷ Providing computers for all MOH offices (not a central or priority health reform topic)
- ▷ Increasing national spending on health (may not be a controversial topic for the health sector)

Box 2.2. Sample health reform policy definitions

Deconcentration of the MOH: the permanent delegation of decision-making power to provincial directors, area chiefs, and hospital directors in:

- ▷ naming and managing personnel
- ▷ buying equipment and supplies
- ▷ utilizing funds generated by the facilities.

MOH resource allocation based on results: to provide resources to ministry facilities based on the volume of services they provide and whether they meet client needs. The specific resources that would be allocated based on results include:

- ▷ facility and general administrative budgets
- ▷ personnel allocations
- ▷ equipment distribution.

Step 3: Identifying Key Stakeholders

Identifying the key stakeholders is extremely important to the success of the analysis. Based on the resources available, the working group should decide on the maximum number of stakeholders to be interviewed. The working group should then follow the steps below to define the list of stakeholders (beginning with an open list that can be reduced, if necessary).

Compile and review existing information.

The working group should gather and analyze any written documents related to the selected policy. This will help to identify potential stakeholders and, perhaps, their connection to the policy.

Box 2.3. Potential stakeholder groups

For a national-level health reform policy

- ▷ MOH (central, regional, local, facility levels)
- ▷ Ministry of finance
- ▷ National institute of social security
- ▷ National labor unions
- ▷ Health facility directors
- ▷ For-profit/nonprofit health organizations
- ▷ Politicians
- ▷ International donors
- ▷ Organized community groups

For a facility-level health reform policy

- ▷ MOH central or regional (oversight body)
- ▷ Ministry of finance (source of funding)
- ▷ National unions connected with facility
- ▷ Facility director or manager
- ▷ Facility board
- ▷ Facility doctors
- ▷ Facility nurses
- ▷ Facility nonmedical staff
- ▷ Facility labor union representatives
- ▷ Users/organized community groups

Develop a list of all possible stakeholders.

Initially, the working group should identify all actors who could have an interest in the selected policy, including actors outside the health sector that could affect or be affected by the policy. Specific stakeholders can be identified from the following sectors: international/donors, national political (legislators, governors), public (ministry of health [MOH], social security agency, ministry of finance), labor (unions, medical associations), commercial/private for-profit, and nonprofit (nongovernmental organizations [NGOs], foundations). Civil society is an important sector to consider if the community or consumers have a direct interest in the policy. It is also important to consider the potential stakeholders in different geographic or administrative areas within one organization.

Develop a list of priority stakeholders with input from experts.

Since resources, time, and finances for the analysis will be limited, the list of stakeholders to be interviewed must be prioritized.

Experts who know the sector, policy, and players can help in this process.

The working group should consult with two to three persons who have extensive knowledge of the health sector, its actors, and the power of those actors to influence the policy. Experts could be representatives from donor organizations, health reform projects, a national health council, private consulting firms that have worked in health, or other sector-wide organizations. They could also be persons who have worked in various positions in the health sector, such as ex-MOH authorities. Ideally, these experts should not be stakeholders themselves.

Two working group members should meet with the experts to identify potential stakeholders from the various sectors. The discussion should focus on persons or organizations that may be

related to or affected by the particular policy and that have the ability to affect the implementation of the policy.

The working group also should ask experts about the availability of written information, including specific stakeholder statements related to the policy. Such written documents may not provide the working group with all the information necessary to identify the most appropriate stakeholders, but they will make the working group selections more informed.

Using the experts' input, the working group should prioritize the list of potential stakeholders to include only those individuals who have a direct interest in the policy and could affect its implementation. Actors who are not organized or do not have the ability to affect the specific policy should not be included.

Annex 2-A lists the general groups from which stakeholders for a health financing policy may be identified, as well as justifications for their inclusion. This list may vary by country and policy, but including a justification for the inclusion of stakeholders ensures that only those directly related to the policy are selected.

Once the stakeholders are chosen, the working group should develop a contact list, with the stakeholders' names, addresses, and phone numbers.

Step 4: Adapting the Tools

Generally, very little secondary information is available on stakeholders. As a result, the working group should plan to interview the priority stakeholders identified to gain accurate information on their positions, interests, and ability to affect the process.

The following tools can be used for gathering and analyzing this information:

- ▶ Definitions of stakeholder characteristics (See Annex 2-B)
- ▶ Stakeholder table (See Annex 2-C)
- ▶ Interview questionnaire and protocol (See Annex 2-D)
- ▶ Reference chart (See Annex 2-E)

The working group should review and adapt these tools to fit the specific policy being analyzed and the policymakers' information needs.

Adapt stakeholder characteristics.

The working group should define the exact stakeholder information or characteristics to be considered. The following characteristics are usually included for each stakeholder (each of these terms is defined further in Annex 2-B):

- ▶ I.D. number (given to the stakeholder on the questionnaire)
- ▶ Position and organization
- ▶ Internal/external: internal stakeholders work within the organization that is promoting or implementing the policy; all other stakeholders are external.
- ▶ Knowledge of policy: the level of accurate knowledge the stakeholder has regarding the policy under analysis, and how each stakeholder defines the policy in question. This is important for identifying stakeholders who oppose the policy due to misunderstandings or lack of information.
- ▶ Position: whether the stakeholder supports, opposes, or is neutral about the policy, which is key to establishing whether or not he or she will block the policy implementation
- ▶ Interest: the stakeholder's interest in the policy, or the advantages and disadvantages that implementation of the policy may bring to the stakeholder or his or her organization. Determining the stakeholder's vested interests helps policymakers and managers better understand his or her position and address his or her concerns.
- ▶ Alliances: organizations that collaborate to support or oppose the policy. Alliances can make a weak stakeholder stronger, or provide a way to influence several stakeholders by dealing with one key stakeholder.
- ▶ Resources: the quantity of resources—human, financial, technological, political, and other—available to the stakeholder and his or her ability to mobilize them. This is an important characteristic that is summarized by a power index and will determine the level of force with which the stakeholder might support or oppose the policy.

- ▶ **Power:** the ability of the stakeholder to affect the implementation of the health reform policy.
- ▶ **Leadership:** the willingness to initiate, convoke, or lead an action for or against the health reform policy. Establishing whether or not the stakeholder has leadership will help policy-makers and managers target those stakeholders who will be more likely to take active steps to support or oppose the policy (and convince others to do so).

The working group should review and adapt the characteristics and definitions provided in Annex 2-B to the policy being analyzed and the particular culture of the country. It is crucial to ensure that each member of the working group understands the meaning of the final definition for each characteristic.

Once the terms have been defined, a stakeholder analysis table can be created in a wordprocessing application or in a spreadsheet. (A sample analysis table created in Microsoft Excel is provided in Annex 2-C.) The table should list stakeholder characteristics across the top row (see Table 2.1). This title row may vary depending on the exact characteristics and their definitions.

Table 2.1. Stakeholder Characteristics and Table Titles
(full table in Annex 2-C)

D		E			F	G	H		I	J
Knowledge		Position			Interests	Alliances	Resources		Power	Leader
1	2	1 Self	2 Others	3 Final	Advant./ disadvant.	Organizations mentioned	1	2 Ability to mobilize	Resources average	Yes No
Level 3,2,1	Definition	S, MS, N, MO, O	S, MS, N, MO, O	I.D. # N, MO, O			Quantity 3,2,1	3, 2, 1		

Develop the interview questionnaire.

Once the working group has chosen and defined key stakeholder characteristics, a standard questionnaire should be developed for interviewing stakeholders. The stakeholders should not complete the questionnaire themselves, but the interviewer should use the questionnaire to guide the conversation during the interview.

In developing the questionnaire, the working group should decide the most appropriate way to obtain the necessary information, given the cultural context. Asking direct questions may seem the most efficient method but could result in unreliable answers because the stakeholders may not be accustomed to communicating in such a direct and candid manner. Questions should be clearly stated, specific, and open-ended wherever possible, requiring the stakeholder to provide more than a simple “yes” or “no” answer. If necessary, several questions may be asked to obtain information on one characteristic, but doing this repeatedly runs the risk of extending the interview beyond the ideal 2-hour time limit. (See the section below on “Develop the interview protocol.”)

The questionnaire also should include an introductory section that the interviewer can read to each stakeholder (see Annex 2-D). This introduction should state the objective of the interview, identify who is collecting the information, explain what will be done with the information,

and assure the stakeholder that all responses will remain anonymous. The definition of the policy under analysis and any terms that might be ambiguous or unknown to the stakeholder should be explained during the interview. Such definitions and clarifications, however, should be provided only after the interviewer has explored and established the stakeholder's level of understanding and knowledge of the policy in question.

The following section on interview protocol suggests a few more tips for improving the interview process.

Develop the interview protocol.

The working group should discuss and document the protocol to be followed during the interview process. This protocol, and any other "rules" that the working group considers important to ensure the collection of consistent and accurate data, should be established in advance. To ensure consistency and objectivity, the following protocol is suggested:

- ▶ Two-person interview teams should be used, with the interviewers representing different organizations whenever possible.
- ▶ Both interviewers should take notes, but only one should lead the interview.
- ▶ Questions should be asked no more than twice; if the stakeholder still does not provide an answer, the interviewer should move on.
- ▶ The interview should be terminated at the stakeholder's request, even if questions remain.
- ▶ Immediately following the interview, the interviewers should type their notes into one electronic questionnaire per stakeholder. (Interviewers should enter each answer under its corresponding question in the electronic questionnaire.)
- ▶ The information should be entered in the same words the stakeholder used.

As part of the protocol, each questionnaire should have a place for the interviewer to fill out the name and ID number for the stakeholder being interviewed and the date and city of the interview (see Annex 2-D). All interviewers should be clear on how to adhere to the protocol before beginning the interviews.

Test the questionnaire.

Before interviewing the stakeholders, the working group should pretest the questionnaire by conducting interviews with nonpriority stakeholders (i.e., those who were on an initial list but were cut when the list was shortened). A pretest should be conducted to determine whether:

- ▶ Interviewers are comfortable with the questionnaire
- ▶ The interviewee understands the questions
- ▶ Answers provide the information required for filling in the analysis table (the table should be filled in for the pre-test interviews)
- ▶ The interview does not take more than 2 hours
- ▶ Interviewers successfully adhere to the established protocol

After analyzing the results of the pretest, the questionnaire and protocol should be modified, if necessary, before proceeding with the priority stakeholder interviews.

Develop the reference chart.

The final tool needed is the information transfer reference chart or “reference chart” (Annex 2-E). This chart serves two purposes:

- ▶ to provide a means of checking that all the stakeholder characteristics are covered in the interview questionnaire
- ▶ to aid the working group in transferring the information from the questionnaire to the stakeholder table.

The reference chart should be developed *after* the interview questionnaire and the stakeholder table because it incorporates specific interview questions and the column titles used in the stakeholder table (see Table 2.2). The working group also should identify the specific interview questions that will yield the information for each column of the stakeholder analysis table. Both the completed interview questionnaires and the definitions should be used when information is transferred to the analysis table to ensure that the stakeholders’ responses are recorded accurately and objectively. The reference chart should be pretested along with the interview questionnaire to ensure that the correct question reference numbers appear beneath each column on the stakeholder table.

Table 2.2. Reference Chart (question numbers that pertain to each column on the stakeholder table)

C Intern/ Extern I E	D Knowledge		E Position			F Interests Advant./ Distadvant.	G Alliances Organizations mentioned	H Resources	
	1 Level 1, 2, 3	2. Definition	1. Self S, MS, N, MO, O	2. Others S, MS, N, MO, O	I.D. #			1. Quantity 3, 2, 1	2. Ability mobilize 3, 2, 1
According to their position	#1 #2 #3	#3	#6 #7 #8 #9 or #6 #10 #11 #12	#13 #14 #15 #16		#4 #5 #7 #9 or #4 #5 #10 #12	#8c #8e #8g or #11c #11e #11g	#8a #8f or #11a #11f	#8a #8b #8c #8d or #11a #11b #11c #11d

Step 5: Collecting and Recording the Information

Review existing information.

Before beginning the interviews, the working group should gather and review secondary information on the priority stakeholders. This information should be more detailed than the information that was reviewed in Step 3. It should include any written or spoken statements regarding the stakeholders' positions on the policy, any goals or objectives of the organizations the stakeholders represent, the position of the stakeholders within their organizations (with specific reference to the stakeholders' control over resources), and any data on the quantity or type of resources available to the stakeholders or their organizations.

Box 2.4. Possible secondary information sources

- ▷ Newspapers
- ▷ Institutional reports and publications
- ▷ Speeches
- ▷ Political platforms
- ▷ Organization annual reports, staff size, and/or number of offices
- ▷ Expenditure data (National Health Accounts)
- ▷ Other studies and opinion polls

Make interview appointments.

As noted under Step 3, very little secondary information is generally available on stakeholders, and the working group will likely have to interview all of the stakeholders from the final list. Even if there is an abundance of secondary information, the working group may choose to interview all stakeholders to gain more insight into their opinions on the policy and other stakeholders.

To begin the process, interview appointments should be made with each stakeholder. Ideally, appointments should be made 1-2 weeks in advance by the working group member(s) with enough influence to secure appointments with high-level and busy stakeholders. If necessary, the group should seek assistance from the sponsor or policymaker who is supporting the process.

The interviews should be scheduled at the time and place most convenient for the stakeholder. All attempts should be made to secure an interview with the person indicated and not his or her representative. This includes rescheduling cancelled appointments, if necessary.

To interview stakeholders who work in a region outside the working group's base city, two working group members should travel to the region and interview any and all stakeholders from that region. This trip should be planned well in advance to ensure the availability of all stakeholders. A second option, if the working group does not have travel funds, is to meet with the stakeholder when he or she may be in the working group's base city. If neither travel nor a stakeholder visit to the base city is possible, the working group can interview the stakeholder by telephone. The telephone interview should be a conference call involving two interviewers.

Conduct interviews and record notes.

The interviewers should follow the protocol established by the group, with one person as the principle interviewer responsible for leading the conversation. Although the interviewer can

attempt to clarify the interviewee's statements, he or she should not try to summarize responses. If the stakeholder does not understand a question, the interviewer can rephrase the question slightly, but any deviations from the original questionnaire should be noted. After two attempts to ask and/or rephrase a question, the interviewer should move on.

Immediately following the interview, the two-person interview team should work together to enter the stakeholder's answers for each question into the computer. A separate electronic file should be created for each stakeholder that contains the questionnaire and his or her answer to each question. These answers should be recorded as literally as possible, without summarizing what the stakeholder was "trying" to say. The objective of this follow-up process is to record the information accurately, legibly, and by question number for use in the analysis process.

Step 6: Filling in the Stakeholder Table

This step of the process involves taking detailed and often lengthy answers from the interviews and arranging them into a more concise and systematized format (for anonymity and to highlight the most significant information). By doing this, the working group can eventually develop clear comparisons among the different stakeholders and concisely present this information to the policymakers who will use it (see Steps 7 and 8). To conduct such comparisons and analyses, the interview responses must first be translated into the stakeholder table. Accurately transferring interview responses to the table requires that the working group use all of the tools developed: the completed interview guides for each stakeholder, the reference chart, the definitions, and the stakeholder table.

It is useful to have those working group members who served as interviewers participate in this process because they can generally recall the context within which certain stakeholders' statements were made. Group members should analyze the exact responses written in each stakeholder's questionnaire, however, and should not rely on their memory.

During the process of adapting the tool, the working group should include, with each definition, an explanation of how to fill in the stakeholder table for each term. These instructions are included in the definitions provided in Annex 2-B, but the process for translating the more complex characteristics, such as position and power, is detailed below.

Determine the stakeholders' position.

The position of each stakeholder can be established by analyzing the following:

- ▶ Information directly reported by the stakeholder in the interviews
- ▶ Indirect information gathered through other stakeholders and secondary information (i.e., others' perceptions)
- ▶ Interest information.

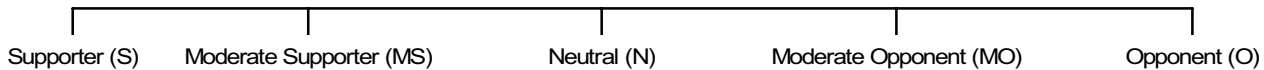
To obtain indirect information, each stakeholder interview must include specific questions about that stakeholder's opinions of others (see questions 13 to 17 in the Sample Stakeholder Interview Questionnaire, Annex 2-D). Any such opinion should be entered in the stakeholder table (Annex 2-C) in the row relating to that designated stakeholder and in the column for "others" column (column E2, as shown in Table 2.3.)

Table 2.3. Column E of Stakeholder Table

E			
Position			
1. Self	2. Others		3. Final
S, MS, N, MO, O	S, MS, N, MO, O	I.D. #	S, MS, N, MO, O

A stakeholder's positions should be classified in columns E1, E2, and E3, using the established definitions for positions. The full spectrum of position classifications is presented in Figure 2.2. If desired, low supporter (LS) and low opponent (LO) can be added, but the information gathered usually does not allow for such a detailed disaggregation.

Figure 2.2. Spectrum of Stakeholder Positions



When determining the final position of each stakeholder (column D3), the working group needs to reconcile any differences between the position that is self-reported (E1) and the position that is perceived by others (E2). Differences can be resolved in the following manner:

- ▶ When the stakeholder states that he or she is against the policy, this is assumed to be accurate, albeit subjective, information because there is little incentive for the stakeholder to misrepresent his or her position. For moderate opponents (MO) or opponents (O), self-reporting should determine the stakeholder's final position.
- ▶ In the case of the self-reported neutral or supportive stakeholder, it is important to cross-reference the opinions of others because the stakeholder may have an incentive to misrepresent his or her position.

When a discrepancy exists between the stakeholder's self-reported position and that perceived by others, the working group must consider the relative weight of available information. This includes the number of other stakeholders who disagree with the self-reported position, whether the stakeholder in question is perceived to be moderately or strongly opposed to the policy, and any knowledge of the stakeholder's past actions relative to similar policies.

If considered carefully, deciding on the basis of "majority rules" is a possible method for resolving position discrepancies. There must always be a balance, however, so that a person who is in full support of the policy is not moved to a nonsupporting position unless the decision is unanimous on the part of all other stakeholders interviewed. For example, if a stakeholder who self-declares support for a policy is perceived to be against the policy by five other stakeholders, and one other stakeholder perceives the principal stakeholder as neutral, the working group could classify the stakeholder in question as moderately opposed (considering the 5 to 2 majority and the lack of unanimity on the part of other stakeholders).

The information in the interests column of the stakeholder table (column F) also can help establish the final position (particularly when deciding between a moderate or full supporter/opponent, or between conflicting perceptions). The interests column identifies any advantages or disadvantages of the implementation of the policy as stated by the stakeholder. If a stake-

holder provides very general or ambiguous answers to these questions, it may indicate that he or she is not strongly invested in the position stated or was not candid in his or her response to the question.

Fill in the resources column and create a power index for each stakeholder.

Since the main source of a stakeholder's power is his or her resources and ability to use them, the power index is derived from analyzing the two resource columns in the stakeholder table. Therefore, in order to fill in the "power" column for each stakeholder, the working group must first define the resource columns for each stakeholder according to the definition.

The resource category is divided into two parts: the quantity of resources that a stakeholder has within his or her organization or area and the ability to mobilize those resources.

Analysts should classify the quantity of resources as follows: 3 = many, 2 = some, 1 = few, and insert the appropriate number into column H1 of the stakeholder table. The ability of the stakeholder to mobilize resources should be quantified in terms of the following:

- 3 = the stakeholder can make decisions regarding the use of the resources in his or her organization or area
- 2 = the stakeholder is one of several persons that can make decisions regarding the use of resources
- 1 = the stakeholder cannot make decisions regarding the use of the resources.

This score should be inserted into column H2 (see Table 2.4).

Table 2.4. Columns H and I of Stakeholder Table

H		I
Resources		Power
1. Quantity 3, 2, 1	2. Ability to mobilize: 3, 2, 1	Resources average 3, 2, 1

Since "power" is defined here as the combined measure of the amount of resources a stakeholder has and his or her capacity to mobilize them, the two resource scores for each stakeholder should be averaged, resulting in a power index between 3 and 1: 3 = high power, 2 = medium power, and 1 = little power. The final rankings should be reviewed to ensure consistent scoring among all of the stakeholders.

Resources: "a source of support or aid" (Webster). Resources can be of many types—human, financial, technological, political, and other.

Power: "the capacity or ability to accomplish something...strength, force or might" (Webster). Here, the ability to affect the implementation of the health reform policy due to the strength or force he/she possesses.

Figure 2.3. Use All Tools in Filling in the Analysis Table (See Annexes for full versions)

Sample General List of Stakeholders

The following table illustrates general information on priority stakeholders to be interviewed, with a justification for each group's inclusion in the analysis.

Sector	Sub-Sector	Internal/External to the MOH	# to be interviewed	Reason chosen/relation to policy
International Agencies/ Donors	USAID PAHO World Bank IDB	External	4	External support, in both economic and political terms, has been very influential in determining the direction of health reform efforts.
National/Political Representatives	Provincial Congressional	External	3	The provincial representatives have significant impact on implementation of health reform efforts in the regions and represent the provinces' views to the Congress; those to be interviewed are involved in the issues related to this topic.
	Provincial Governors	External	2	The provincial governors are responsible for implementing the executive plans and are the coordinators of public institutions at the provincial level.
Public Entities: MOH	Central level (executive, planning, finances, human resources, operations)	Internal	8	The central level of the MOH will be responsible for planning and implementing the policy being analyzed. They also will be affected by this process, mainly in terms of the redistribution of power from the central level to the provincial and local levels, and will be held to the new results budgeting.
	Provincial and local levels (directors of provinces, areas and hospitals)	Internal	12	Since the process being analyzed includes deconcentration, the provincial and local levels of the MOH will be responsible for implementing many of these changes. In addition, they will be held to new standards for receiving budget, personnel, and supplies from the central level.
Public Entities: other than MOH	Ministry of Finance	External	1	Since the policy deals with resource allocation, and the Ministry of Finance currently controls this allocation, support from these officials for the new policy is required to implement the change.
	Modernization Committee	External	1	The modernization committee has chosen the MOH as its pilot institution to begin public sector modernization efforts; this entity is very involved in planning the specific modernization efforts.
Labor Sector	Medical Associations Nurses' Associations Hospital Workers' Associations National Labor Unions	Internal and External	10	The labor sector in the country is very powerful, and through their protests, labor groups are able to stop political efforts they consider threatening to their interests. In the health sector alone there are numerous organized labor groups, both inside and outside the MOH, from doctor and nurse associations to hospital and MOH labor unions. These groups may be able to stop implementation if they do not support the policy.

Definitions of Stakeholder Characteristics and Instructions for Filling in Stakeholder Table

A. I.D. Number

The distinct number given to each stakeholder on the questionnaire.

B. Position and Organization

The position the stakeholder has and the organization for which he or she works.

C. Internal/External

Internal (I) stakeholders work within the organization that is promoting or implementing the policy; all other stakeholders are considered external (E).

D. Knowledge of Policy

This column is divided into two parts. The first part, D1, is the level of accurate knowledge the stakeholder has regarding the policy under analysis. This knowledge should be rated from 3 to 1; 3 = a lot; 2 = some; 1 = none. Final rankings should be reviewed to ensure consistent scoring among all of the stakeholders.

The second part of the column, D2, is to record how each stakeholder defines the policy in question. The information gathered should be noted here in the stakeholder's own words.

E. Position: Supports/Opposes/Neutral

Position refers to the stakeholder's status as a supporter, opposer, or neutral stakeholder (i.e., self-reporting) and through other stakeholders or secondary information reporting in this column represents the self-reporting classification by others (column E2), and a final classification by others (column E3). The position of the stakeholder should be noted here in the stakeholder's own words.

Stakeholders who agree with the implementation of the policy are classified as supporters (S). Those who disagree with the policy are classified as opposers (O). Those who do not have a clear opinion, or who are neutral (N). Those who express some support but also some opposition to the policy should be classified as moderate supporters (MS). The position of the stakeholder should be noted here in the stakeholder's own words (S, MS, N, MO, or O).

Sample Stakeholder Interview Questionnaire

Date: ___/___/___ ID #: _____
City: _____

Introduction:

We are from (organization name) and we are conducting a study on behalf of (sponsor name if appropriate) to explore the opinions of several important actors who are interested in the improved management of the Ministry of Health. As an important actor in the health sector, it is crucial for us to obtain your opinion and that of your organization.

We plan to conduct about 35 to 40 interviews to produce a general report on the opinions of the major health sector actors. The information obtained through these interviews will be for the direct use of the consultants on the analysis team, and will be presented in a general report to (insert organization for whom report is done if appropriate) without identifying individual opinions.

We would now like to ask you a few specific questions about your opinion regarding the implementation of deconcentration of the MOH.

Your Opinion:

1. Have you heard of the Ministry of Health policy on "deconcentration"?
2. If so, how do you hear of it?
3. What do you understand "deconcentration of the MOH" to mean?

Sample Stakeholder Table

I.D. #	Position & Organization	Knowledge 1. Level 2. Definition	Position			Interests Advant./ Disadvant.	Alliances Organizations mentioned	Resources 1. Quantity 2. Ability to mobilize	Power Average	Leader Yes/No
			1. Self S, MS, N, MO, O	2. Others S, MS, N, MO, O	3. Final S, MS, N, MO, O					
1										
2										
3										
4										
5										
6										
7										
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Sample Information Transfer Reference Chart

Intern/Extern	Knowledge		Position			Interests Advant./ Disadvant.	Alliances Organizations mentioned	Resources		Power Resources average	Leader Yes/No
	1. Level 2, 3	2. Definition	1. Self S, MS, N, MO, O	2. Others S, MS, N, MO, O	3. Final S, MS, N, MO, O			1. Quantity 3, 2, 1	2. Ability to mobilize 3, 2, 1		
According to their position	#1	#3	#6	#13	#4	#4	#8c	#8a	#8a	Combined score of quantity and ability to mobilize	#8a
	#2		#7	#14	#5	#5	#8e	#8b	#8b	score of quantity and ability to mobilize	#8b
	#3		#8	#15	#6	#6	#8g	or #11a	#8c	or	#8c
			#9	#16	or	or	#8d	#8d	#8d	or	#8d
			#10		interests info. for strength of position	#4	#11c	#11	#11	or	#11a
			#11			#5	#11e	#11b	#11b	or	#11b
			#12			#12	#11g	#11d	#11d	or	#11e

Step 7: Analyzing the Stakeholder Table

Once the stakeholder table is complete, the information needs to be "analyzed." Such an analysis should focus on comparing information and developing conclusions about the stakeholders' relative importance, knowledge, interests, positions, and possible allies regarding the policy in question.

From the information in the stakeholder table, the working group should be able to conclude the following:

- ▶ Who are the most important stakeholders (from a power and leadership analysis)?
- ▶ What is the stakeholders' knowledge of the policy?
- ▶ What are the stakeholders' positions on the specific policy?
- ▶ What do the stakeholders see as possible advantages or disadvantages of the policy (interest analysis)?
- ▶ Which stakeholders might form alliances?

The specific steps for developing these five analyses are detailed below.

Carry out a power and leadership analysis.

Although the intent in prioritizing the stakeholder list (see Step 3) was to select only those stakeholders with power and leadership, the first analysis is designed to use the information from the table to further prioritize the stakeholders within the selected group interviewed. This second prioritization, based on actual data and a more select group, allows policymakers and managers to focus resources on addressing the concerns of the most important of the priority stakeholders.

The "importance" of stakeholders is defined here as their ability to affect the implementation of the policy. Since power and leadership are the characteristics that determine a stakeholder's ability to affect or block the implementation of a policy, these two characteristics are the basis for the first "importance" analysis.

For this analysis, the working group should divide the stakeholders into three groups (see Table 2.5):

- ▶ Group 1: those who have leadership and high power (level 3)
- ▶ Group 2: those who have leadership and medium power (level 2)
- ▶ Group 3: those who do not have leadership but have high to medium power (level 2 or 3).

Power: Quantity of resources and ability to mobilize those resources for or against the policy.
Leadership: A willingness to initiate, convoke, or lead an action for or against the policy.

Table 2.5. Example Results of Power/Leadership Analysis

Group 1: Leadership & High (3) Power	Group 2: Leadership & Medium (2) Power	Group 3: No Leadership, But Medium or High (2 or 3) Power
Minister of Health	Local politicians	MOH provincial directors
Minister of Finance	Hospital directors in regions A & B	MOH central directors
Labor union A	Area directors in regions A & B	MOH Reform Project
Labor union B	Hospital Workers' Association	Regional organization
Workers' Association	Nurses' Association	International donor B
Medical Association	International donor A	

The above grouping is based on the premise that those with leadership and power will be most able to affect policy implementation, although powerful stakeholders who lack leadership may still be able to affect the implementation through their power alone.

Identify the stakeholders making up these three groups by organization rather than by name in order to preserve their anonymity. Each of the three groups should have a name (it could be simply group 1, 2, or 3).

Some of the stakeholders may not fit into any of these groups, i.e., they may have no leadership and low power. Such stakeholders may be removed from the analysis at this point so that attention can be focused on those stakeholders within the power/leadership priority groups. When a small number of stakeholders are being analyzed, or if the working group wants to represent all stakeholders in the power/leadership analysis, a fourth group can be added for those with no leadership and low power (level 1).

Analyze knowledge data.

The stakeholders' level of knowledge related to the policy is often of interest to policymakers and managers. This level of knowledge can be presented as a general conclusion, especially if it is similar for the majority of the stakeholders, or the stakeholders can be divided by their level of knowledge (1, 2, or 3). The latter option is useful for targeting a communication strategy for a specific group of stakeholders, namely those with the lowest knowledge of the policy. These stakeholders would appear in Group 1 for knowledge level.

The information found in the knowledge data can be crossed with the power/leadership analysis to highlight the importance level of the stakeholders with a low knowledge level. This cross-analysis will result in an even smaller priority group for targeting communication strategies.

The knowledge data also can be cross-referenced with the position of the stakeholders to determine if those opposed to the policy have a consistently low level of knowledge. This would indicate to the policymaker or manager promoting this policy that communicating or advocating the objectives and basic tenets of the policy could reduce the opposition.

Analyze stakeholders' positions.

In analyzing the position information from the table, the following aspects can be determined:

- ▶ Total number of supporters
- ▶ Importance of supporters (cross-reference with power/leadership analysis)
- ▶ Knowledge of supporters (cross-reference with knowledge data)
- ▶ Advantages and disadvantages of policy implementation to the supporters (cross-reference with interest data)
- ▶ Knowledge of whether these supporters are internal or external to the organization developing the policy (cross-reference with the internal/external classification)
- ▶ Support "clusters": stakeholders in the same sector who support the policy (cross-reference with organization information)
- ▶ Total number of opponents
- ▶ Importance of opponents (cross-reference with power/leadership analysis)
- ▶ Knowledge of opponents (cross-reference with knowledge data)
- ▶ Advantages and disadvantages of policy implementation to the opponents (cross-reference with interest data)
- ▶ Knowledge of whether these opponents are internal or external to the organization developing the policy (cross-reference with the internal/external classification)
- ▶ Opposition "clusters": stakeholders in the same sector who oppose the policy (cross-reference with organization information)
- ▶ Neutral stakeholders, their importance, knowledge, and interests

Although the working group can identify such conclusions directly from the analysis table, the development of a position map often helps analysts to pull out and organize the information needed to make conclusions. For example, support or opposition "clusters" can be easily identified on a position map. Step 8, *Using the Information*, discusses how to develop the position map. This may be useful to the working group in conducting the position analysis as well as in presenting the information to policymakers and managers.

Analyze interest data.

The interest data can be used either in conjunction with other analyses or alone as general conclusions. In cross-referencing the interest data with other data, the policy implementation advantages and disadvantages identified by the stakeholders can be used to explain their positions or to emphasize their knowledge of the policy (i.e., irrelevant advantages and disadvantages may represent a misunderstanding of the policy). The interest data also can be cross-referenced with the power/leadership data to indicate what the most important stakeholders may have to lose or gain from policy implementation.

When used by itself, the interest data can be presented as a list of the potential advantages and disadvantages the policy presents to the stakeholders. This is most useful if many stake-

holders identify the same advantages and disadvantages. In this case, the working group can identify the concerns of the majority of the stakeholders regarding policy implementation.

Analyze alliances.

Possible stakeholder alliances can also be identified from the table information. The alliances can be identified in two ways:

- ▶ by referring to the analysis table to see if stakeholders mentioned organizations that they would work with to demonstrate for or against the policy
- ▶ by referring to the position "clusters" (the stakeholders with similar positions and within the same organization or subsector). As previously stated, the "clusters" can be easily identified with the development of a position map.

The alliance information should be cross-referenced with the position data to identify those alliances that may be potential sources of support, as well as those that may work together to oppose the policy. The working group can suggest or encourage policymakers to develop specific strategies based on these key alliances, either to reinforce a potentially supportive alliance or to separate a potentially threatening alliance.

The alliance data can also be cross-referenced with the power/leadership analysis results to highlight those alliances that are potentially the most supportive or threatening to the policy implementation.

Develop additional results.

In addition to the information listed on the stakeholder table, other information gained from the interviews can be used to develop key results and conclusions. When transferring the information from the questionnaires to the table, the working group should note that the following information may be relevant:

- ▶ Stakeholders who were not included in the priority list but were mentioned often by those interviewed
- ▶ Stakeholders' global impressions of other stakeholders or their organizations
- ▶ Suggestions for the implementation of the policy
- ▶ Any expectations that the majority of the stakeholders have in relation to the policy process.

By analyzing information related to these areas, as well as the five basic analysis results previously mentioned, the working group can develop a list of conclusions or results to be presented to the policymakers.

The working group should then consider how this information could be presented or used within other analytical frameworks. The next section provides some guidance in this area.

Step 8: Using the Information

Using the information generated by the preceding analysis is an integral part of the stakeholder analysis process. The working group, by virtue of its role in information-gathering and analysis, is responsible for organizing, disseminating, and explaining the results in a way that will ensure that the sponsor or other policymakers and managers can use the information to *take action*.

The use of the information generated by the stakeholder analysis should be discussed during Step 1, Planning the Process, and should be reviewed again once the results have been analyzed. As mentioned, there are various ways to use the information from a stakeholder analysis—to provide input into other analyses, to develop action plans to increase support for a reform policy, or to guide a participatory, consensus-building process.

This section offers guidelines on how to present the results. If the policymakers and managers plan to use the results obtained through the stakeholder analysis to take concrete, and possibly "behind the scenes," actions to increase stakeholder support, only those persons involved in implementing the follow-up actions should be included in the presentation and discussion of the results. If the purpose of the presentation is to share the results to build consensus among the stakeholders, then all stakeholders should be invited to attend. Although these guidelines address general issues about presenting the results, if the sponsor or other policymakers plan to use the results to build consensus, they should work with professional facilitators to guide the discussion.

General Results Presentation Format

Two persons from the working group should be selected to make the presentation, and the remainder of the group should be available to help answer any questions that arise. A date should be set when the sponsor and other relevant policymakers or stakeholders can meet for at least a 2-hour presentation and discussion session.

The presentation may include a short introduction on the stakeholder analysis, but it should focus on the results of the analysis, not on the process. Since policymakers and managers must prioritize and focus on the most important information, the presentation should be a concise synthesis, not a review of all the information obtained or the entire stakeholder table. If the results will be presented for a consensus-building process, the key areas that the stakeholders will discuss should be presented.

The remainder of this section provides some suggestions for presenting key information.

Presentation of Power/Leadership Analysis Results

Who is important?

One way to present the most important conclusions is to focus the presentation on the three groups that emerged from the power/leadership analysis, i.e., the first finding from the analysis. The three groups can be presented as organizations that have the potential to affect the success of the policy.

Microsoft PowerPoint™s an effective tool for such a presentation because it has colored squares that can be used to represent the power/leadership level of each stakeholder consistently throughout the presentation. For visual emphasis, more intense colors can be used to represent higher power/leadership indexes, and, therefore, higher importance. For reasons of anonymity, the boxes should be labeled with organizations' names and not individual stakeholders' names or job titles. (See Figure 2.4.) Other visual aids may be used if PowerPoint™s not available.

Figure 2.4. Sample of How to Use PowerPoint to Present Power/Leadership Analysis Results

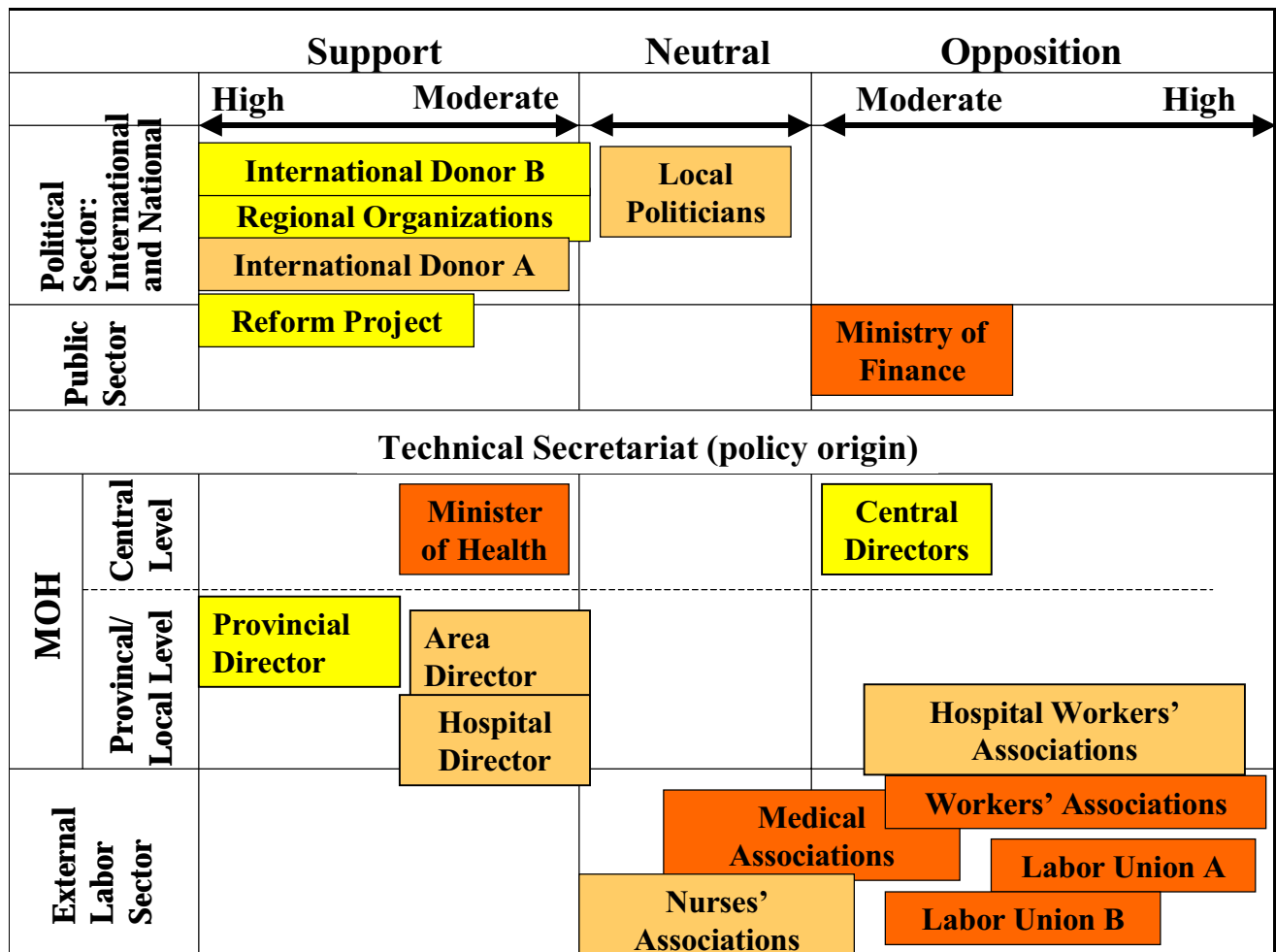
<p style="text-align: center;">Who Is Important: Power and Leadership Analysis</p>		
<p style="text-align: center;">Group 1: Leadership/ High Power</p>	<p style="text-align: center;">Group 2: Leadership/ Medium Power</p>	<p style="text-align: center;">Group 3: No Leadership/ Medium-High Power</p>
<p>Minister of Health</p> <p>Ministry of Finance</p> <p>Labor Union A</p> <p>Labor Union B</p> <p>Workers' Associations</p> <p>Medical Associations</p>	<p>Local Politicians</p> <p>Hospital Directors</p> <p>Area Directors</p> <p>Hospital Workers' Associations</p> <p>Nurses' Association</p> <p>International Donor A</p>	<p>Provincial Directors, MOH</p> <p>Central Directors, MOH</p> <p>International Donor B</p> <p>Reform Project</p> <p>Regional Organization</p>

Presentation of Stakeholders' Positions

Where is the support/opposition?

The second finding—the supporting, neutral, or opposing positions of stakeholders—can be presented using a position map developed with PowerPoint™ or other visual aids. The position map (see Figure 2.5) can quickly illustrate which actors support or oppose a policy, how important that support or opposition is (i.e., by color) to the success of the policy, and where these stakeholders are by sector. Colored boxes representing each actor from the three power/leadership groups should be placed on the map in accordance with the sector to which they belong (vertically) and their stakeholder position as established in the stakeholder table (horizontally).

Figure 2.5. Sample Position Map in Color



Before the stakeholders can be located on the map, the map rows need to be labeled. The organization sponsoring the policy should be placed in the "policy origin" row (row in the center of the below map). The other rows should be labeled with the sector categories used in the stakeholder list (i.e., international/donor, national political, public, labor, etc.). The rows should be labeled in order of the proximity of the sector to the policy origin. For example, for a policy being developed by a centralized group in the MOH, the central MOH sector is closest to the policy origin and is given the row immediately adjacent to the policy origin row. In this example, the labor sector, which is external to the MOH and far from the direct influence of the policy developers, is placed farthest from the center row. Once all rows are labeled, the stakeholders can be placed within the row that represents their sector, or overlapping two rows if they act within two sectors.

In adapting the map, the column titles, which represent the positions of the stakeholders, should not need to be changed. In placing the colored boxes (i.e., stakeholders) on the map, those who are strong supporters (S) should be placed on the far left of the first column, while moderate supporters (MS) should be on the right side of the first column within the row that represents their sector. Those who are strong opponents (O) should be placed on the far right of the last column, while moderate opponents (MO) should be placed on the left side of the last column within their sector's row. Any neutral actors (N) should be placed in the middle column, in the row representing their sector.

If colored squares are used, the following conclusions can be presented:

- ▶ Total number of supporters
- ▶ Importance of supporters (cross-reference with power/leadership analysis)
- ▶ Whether these supporters are internal or external to the organization developing the policy (cross-reference with the internal/external classification)
- ▶ Support "clusters": stakeholders in the same sector who support the policy
- ▶ Total number of opponents
- ▶ Importance of opponents (cross-reference with power/leadership analysis)
- ▶ Whether these opponents are internal or external to the organization developing the policy (cross-reference with the internal/external classification)
- ▶ Opposition "clusters": stakeholders in the same sector who oppose the policy
- ▶ Neutral stakeholders and their importance.

Since the knowledge and interest data cannot be represented on the map itself, the working group presenters can refer to these data when explaining the positions as seen on the map. They can also develop additional ways of presenting the knowledge and interest data as suggested below.

Presentation of Knowledge Data

As suggested in Step 7, the knowledge data can be presented in two ways: as a general conclusion, especially if the level of knowledge is similar for the majority of the stakeholders, or as a graphic representation of the three levels of knowledge.

The graphic representation of the three knowledge groups is particularly useful in cross-referencing the power/leadership information with the use of colored boxes. Using a slide similar to that seen in Figure 2.6, the working group presenters can highlight for the audience the level of knowledge of the most important stakeholders.

Figure 2.6. PowerPoint Presentation of Knowledge Data

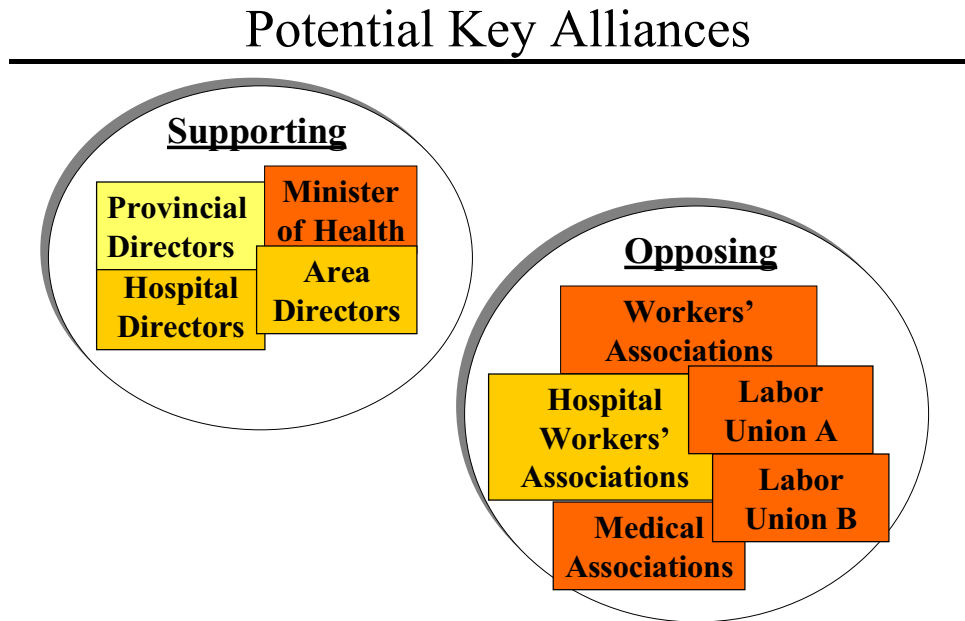
Knowledge Levels		
Group 1: Low	Group 2: Medium	Group 3: High
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">Local Politicians</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Ministry of Finance</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFFF00;">International Donor B</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">Hospital Workers' Associations</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Workers' Associations</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Minister of Health</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFFF00;">Provincial Directors, MOH</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Medical Association</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFFF00;">Regional Organization</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">Nurses' Associations</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">International Donor A</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Labor Union A</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">Hospital Directors</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFD700;">Area Directors</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF8C00;">Labor Union B</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFFF00;">Reform Project</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FFFF00;">Central Directors, MOH</div>

Presentation of Key Alliances

Who might work together?

Although alliances can be identified by "clusters" on the position map, the working group can identify additional alliances that are not evident on the position map. Since an audience often cannot simultaneously absorb all of the information presented on a map, presenters also may want to use a slide similar to the one shown in Figure 2.7 to emphasize alliances.

Figure 2.7. PowerPoint Presentation of Key Alliances



Presentation of Other Results/Conclusions

After presenting the initial findings, the group should then present key overall conclusions, repeating particularly important conclusions demonstrated in the position map and other graphics. This information should focus on what the policymakers and managers need to consider when implementing the policy. These conclusion statements should be concise and clear and may be presented in a list format. (Box 2.5)

Box 2.5. Sample conclusions on the deconcentration of the MOH

All, except one, of the stakeholders in Group 1 (the most important group) act partially or entirely outside of the MOH.

Most stakeholders have little knowledge of the policy and relate it to self-financing and privatization.

Stakeholders identified several potential benefits of implementing the policy:

- 1) improved quality of service for the user
- 2) more effective use of collected funds
- 3) improved personnel training and performance.

Stakeholders identified several possible disadvantages of implementing the policy

- 1) diminished local level budget
- 2) implementation of self-financing and privatization
- 3) diminished power, status, and function of the central level of the MOH
- 4) transfer of corruption to the local level
- 5) instability within the labor force.

Many of the stakeholders conditioned their future support on

- 1) the clarity and continuity of the policies
- 2) the transparency of the policy implementation process
- 3) their participation in the process.

Presentation of Recommended Strategies

Finally, the working group presenters should always place the results within the context of recommended actions and next steps so that the sponsor and other policymakers or managers know how to use the results.

To guide these follow-up actions, the working group should develop strategies to achieve the following five basic goals:

- ▶ Maintain the support of those stakeholders who are currently supporters
- ▶ Increase power and leadership of the supporters
- ▶ Convert the opponents to supporters
- ▶ Weaken the power and leadership of the opponents
- ▶ Convert the neutral stakeholders into active supporters (i.e., convince them to support the policy and increase their power and leadership where necessary).

Two types of strategies can then be identified to meet those goals:

- ▶ **General strategies:** the working group should analyze the interests, concerns, and misunderstandings common to most stakeholders. (Box 2.6)

Box 2.6. Sample general strategies for increasing support for deconcentration of the MOH

Clarify to the stakeholders the vision, objectives, and benefits of deconcentration, as well as its relation to the modernization of the MOH, with the aim of strengthening their knowledge.

Communicate the definitions and consequences of deconcentration, decentralization, self-financing, and privatization.

Inform stakeholders regularly on achieved tangible results from the implementation of deconcentration.

Develop new forms of participation in developing and implementing deconcentration for actors within and external to the MOH.

- ▶ **Strategies for specific stakeholder groups:** the working group should consider the position of each stakeholder, his or her interests (column F of the stakeholder table), and the five basic strategy goals. The working group should develop specific ways of addressing the concerns of the individual stakeholders and securing their *active* support (i.e., increasing their power and leadership so they can demonstrate this support). Figure 2.8 offers an example of how to present this information in PowerPoint™

Figure 2.8. Sample Presentation of Strategies in PowerPoint

Priority Strategies		
POSITION	INTERESTS	STRATEGIES
<p><u>P/L 1 Supporters</u></p> <p>Provincial Directors</p>	<p>More decision-making power; guidance from central level; attention to local priorities</p>	<p>Increase their leadership by requesting their participation in defining and promoting local level implementation.</p>
<p><u>P/L 2&3 Neutrals</u></p> <p>Medical Associations</p>	<p>Participation in process; increased salaries</p>	<p>Define specific means for involving them in policy design and implementation. Consistently inform them of progress. Address salary issue if possible, or provide other incentives.</p>
<p><u>P/L 3 Opponents</u></p> <p>Workers' Associations</p>	<p>Improved working conditions; payment on time; appropriate supplies in facilities; participation in process</p>	<p>Demonstrate how policy addresses working condition issues. Involve local workers' association members in defining policy at the local level to address their issues. Negotiate with upper levels of association.</p>

The working group should present these strategies to the sponsor and other policymakers or managers present, with the following caveats:

- ▶ To be most effective, certain strategies may need to remain confidential, known only by a select group of policymakers implementing the policy.
- ▶ The strategies should be developed in further detail through concrete *action plans*, *communication plans*, and *negotiation packages*.
- ▶ The implementation of the strategies will require the commitment of additional time and resources from the sponsor.
- ▶ The implementation of the strategies will require the development of a select group of professionals trained in communication, facilitation and mediation, and negotiation techniques.

It is not always necessary or feasible to implement all of the strategies immediately. In presenting the strategies, the working group should identify a few, select priorities for immediate action (i.e., next steps) by the sponsor or other policymakers or managers. Depending on the results, the working group may recommend implementation of one key strategy for all stakeholders, or implementation of several strategies to address the needs of several stakeholders. In the latter case, the working group should recommend which stakeholders should be targeted for strategy implementation, given the limited resources generally available for implementation. The group can recommend that the following stakeholders be targeted for the first stage of strategy implementation:

- ▶ Supporters with little power and leadership: focus on ways of increasing the power and leadership of these stakeholders.
- ▶ Neutral stakeholders with medium to high power and leadership: focus on convincing the stakeholders to support the policy and increasing their power and leadership where necessary.
- ▶ Opponents with high power and leadership: focus on negotiating for the opponents' support and decreasing their power and leadership if they remain opposed.

Figure 2.9 illustrates a visual prioritization of stakeholders to be targeted for the initial strategy implementation.

Once the stakeholder groups are prioritized, the working group should present the stakeholders' interests and the specific strategies for addressing their needs. This can be done either in a list or in a table, created in a wordprocessing application or in a PowerPoint[®] figure, highlighting the power and leadership index of the priority stakeholder with the colored boxes (e.g., as in Figure 2.9).


Following the presentation, the working group should be available to answer questions regarding the process, results, and recommended strategies. If possible, the members of the group should be involved in further developing the strategies into action plans. If that is not possible, the working group should follow up with the sponsor and the other policymakers and

managers who attended the presentation to check on the status of the implementation of the strategies.

Policymakers and managers can use the guidelines and tools found in the subsequent sections of this toolkit to develop and implement the strategies identified here related to communication, advocacy, and conflict management and negotiation.

Figure 2.9. Matrix for Identifying Stakeholders To Be Targeted by Strategies

		Level of Support		
		Supporter	Neutral	Opponent
Power/Leadership (P/L) 1= low 2= medium 3= high	Supporter P/L 3	Supporter P/L 3	Neutral P/L 3	Opponent P/L 3
	Supporter P/L 2	Supporter P/L 2	Neutral P/L 2	Opponent P/L 2
	Supporter P/L 1	Supporter P/L 1	Neutral P/L 1	Opponent P/L 1

 Stakeholders targeted for initial strategy implementation

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Annex 2-A

Sample General List of Stakeholders

The following table illustrates general information on priority stakeholders to be interviewed, with a justification for each group's inclusion in the analysis.

Sector	Sub-Sector	Internal/ External to the MOH	# to be inter- viewed	Reason chosen/relation to policy
International Agencies/ Donors	USAID PAHO World Bank IDB	External	4	External support, in both economic and political terms, has been very influential in determining the direction of health reform efforts.
National Political	Provincial Congressional Representatives	External	3	The provincial representatives have significant impact on implementation of health reform efforts in the regions and represent the provinces' views to the Congress; those to be interviewed are involved in the issues related to this topic.
	Provincial Governors	External	2	The provincial governors are responsible for implementing the executive plans and are the coordinators of public institutions at the provincial level.
Public Entities: MOH	Central level (executive, planning, finances, human resources, operations)	Internal	8	The central level of the MOH will be responsible for planning and implementing the policy being analyzed. They also will be affected by this process, mainly in terms of the redistribution of power from the central level to the provincial and local levels, and will be held to the new results budgeting.
	Provincial and local levels (directors of provinces, areas and hospitals)	Internal	12	Since the process being analyzed includes deconcentration, the provincial and local levels of the MOH will be responsible for implementing many of these changes. In addition, they will be held to new standards for receiving budget, personnel, and supplies from the central level.
Public Entities: other than MOH	Ministry of Finance	External	1	Since the policy deals with resource allocation, and the Ministry of Finance currently controls this allocation, support from these officials for the new policy is required to implement the change.
	Modernization Committee	External	1	The modernization committee has chosen the MOH as its pilot institution to begin public sector modernization efforts; this entity is very involved in planning the specific modernization efforts.
Labor Sector	Medical Associations Nurses' Associations Hospital Workers' Associations National Labor Unions	Internal and External	10	The labor sector in the country is very powerful, and through their protests, labor groups are able to stop political efforts they consider threatening to their interests. In the health sector alone there are numerous organized labor groups, both inside and outside the MOH, from doctor and nurse associations to hospital and MOH labor unions. These groups may be able to stop implementation if they do not support the policy.

Annex 2-B

Definitions of Stakeholder Characteristics and Instructions for Filling in Stakeholder Table

A. I.D. Number

The distinct number given to each stakeholder on the questionnaire.

B. Position and Organization

The position the stakeholder has and the organization for which he or she works.

C. Internal/External

Internal (I) stakeholders work within the organization that is promoting or implementing the policy; all other stakeholders are considered external (E).

D. Knowledge of Policy

This column is divided into two parts. The first part, D1, is the level of accurate knowledge the stakeholder has regarding the policy under analysis. This knowledge should be rated from 3 to 1: 3 = a lot; 2 = some; 1 = none. Final rankings should be reviewed to ensure consistent scoring among all of the stakeholders.

The second part of the column, D2, is to record how each stakeholder defines the policy in question. The information gathered in question #3 of the questionnaire should be noted here in the stakeholder's own words.

E. Position: Supports/Opposes/Neutral

Position refers to the stakeholder's status as a supporter or opponent of the policy. The position of the stakeholder can be obtained by gathering information directly from the stakeholder (i.e., self-reporting) and through information gathered indirectly from other stakeholders or secondary information (i.e., others' perceptions). Thus, the reporting in this column represents the self-reported classification (column E1), the classification by others (column E2), and a final classification considering both (column E3). The position of the stakeholder should be reported from this final classification (column E3).

Stakeholders who agree with the implementation of the policy are considered supporters (S); those who disagree with the policy are considered opponents (O); and those who do not have a

clear opinion, or whose opinion could not be discerned, are considered neutral (N). Those who express some, but not total, agreement with the policy should be classified as moderate supporters (MS). Finally those who express some, but not total, opposition to the policy should be classified as moderate opponents (MO). Thus, in column E1, the position of the stakeholder as they state it in the interview should be entered (S, MS, N, MO, or O).

In column E2, the position of the stakeholder as perceived by other stakeholders and/or from secondary information should be entered with a reference to the ID number of the person who stated that opinion. For example, S 32 would mean that stakeholder number 32 stated in his or her interview that the stakeholder under analysis would support the policy. In column E2, the position of the stakeholder as others perceive it should be entered (S, MS, N, MO, or O) with the ID number for each opinion.

Lastly, in column E3, the final determination for the position of the stakeholder should be entered (after entering data from all interviews). This position should take into account the self-reported position as well as other stakeholders' opinions. S, MS, N, MO, and O can be entered in this column.

F. Interest

The interest the stakeholder has in the policy, or the advantages and disadvantages that implementation of the policy may bring to the stakeholder or his or her organization. Advantages and disadvantages mentioned by each of the stakeholders should be entered into this column in as much detail as possible, since the information will be used primarily in developing conclusions and strategies for dealing with the stakeholders' concerns.

G. Alliances

"A union or relationship" (Webster, 1984). Alliances are formed when two or more organizations collaborate to meet the same objective, in this case to support or oppose the policy in question. Any organizations that are mentioned by the stakeholder in the questions related to this item should be entered in this column.

H. Resources

"A source of support or aid" (Webster, 1984). Resources can be of many types — human, financial, technological, political, and other. The analysts should consider the stakeholder's access to all of these resources.

The resource category is divided into two parts: the quantity of resources that a stakeholder has within his or her organization or area, and the ability to mobilize those resources. The quantity of resources should be classified by the analysts as 3 = many, 2 = some, 1 = few and inserted into column H1 of the stakeholder table. Final rankings should be reviewed to ensure consistent scoring among all stakeholders.

The ability of the stakeholder to mobilize resources should be quantified in terms of:

- 3 = the stakeholder can make decisions regarding the use of the resources in his or her organization or area
- 2 = the stakeholder is one of several persons that makes decisions regarding the use of resources
- 1 = the stakeholder cannot make decisions regarding the use of the resources.

This score should be inserted into column H2. For example, if the stakeholder has personnel that work for him or her, it can be concluded that the stakeholder has the ability to mobilize these resources because he or she has direct influence over them.

I. Power

"The capacity or ability to accomplish something; strength, force or might" (Webster, 1984). Here, power refers to the ability of the stakeholder to affect the implementation of the health reform policy due to the strength or force he or she possesses.

Since "power" is defined here as the combined measure of the amount of resources a stakeholder has and his or her capacity to mobilize them, the two resource scores implied should be averaged, resulting in a power index between 3 and 1: 3 = high power, 2 = medium power, and 1 = little power. The final rankings should be reviewed to ensure consistent scoring among all stakeholders.

J. Leadership

"To direct the activity; to start, begin; front, foremost" (Webster, 1984). Leadership is specifically defined here as the willingness to initiate, convoke, or lead an action for or against the health reform policy. The stakeholder either has this characteristic ("yes") or lacks it ("no"). This is represented with "yes" or "no."

Annex 2-C

Sample Stakeholder Table

(On reverse side of this sheet.)

Annex 2-D

Sample Stakeholder Interview Questionnaire

Date: ___/___/_____

ID #: _____

City: _____

Introduction:

We are from (*organization name*) and we are conducting a study on behalf of (*sponsor name if appropriate*) to explore the opinions of several important actors who are interested in the improved management of the Ministry of Health. As an important actor in the health sector, it is crucial for us to obtain your opinion and that of your organization.

We plan to conduct about 35 to 40 interviews to produce a general report on the opinions of the major health sector actors. The information obtained through these interviews will be for the direct use of the consultants on the analysis team, and will be presented in a general report to (*insert organization for whom report is done if appropriate*) without identifying individual opinions.

We would now like to ask you a few specific questions about your opinion regarding the implementation of deconcentration of the MOH.

Your Opinion:

1. Have you heard of the Ministry of Health policy on "deconcentration"?
2. If so, how did you hear of it?
3. What do you understand "deconcentration of the MOH" to mean?

The Ministry of Health has defined "deconcentration" as "permanently delegating control over resources to the Provincial Directors, Hospital Directors and Area Chiefs." The decisions that these levels would have control over include 1) naming and managing personnel, 2) buying equipment and supplies, and 3) using any funds earned at each facility.

4. What are the potential benefits to you and your organization of the deconcentration of the MOH as the Ministry has defined it?
5. What are the potential disadvantages to you and your organization of the deconcentration of the MOH as the Ministry has defined it?

6. Which of these categories best describes your opinion on the deconcentration of the MOH as the Ministry has defined it? (*Read the options and circle the answer given.*)

- a) I strongly support it
- b) I somewhat support it
- c) I do not support nor oppose it
- d) I somewhat oppose it
- e) I strongly oppose it

If stakeholder answers a, b, or c, continue below. If stakeholder answers d or e, pass to question #10.

For those who answer "a," "b," or "c" to question #6:

7. Which of the three aspects of deconcentration do you support?

- a) Deconcentrated control over naming and managing personnel
- b) Deconcentrated control over buying equipment and supplies
- c) Deconcentrated control over the use of funds generated at each facility

8. For those aspects of deconcentration that you do support,

- a) In what manner would you demonstrate this support?
- b) Would you take the initiative in supporting deconcentration, or would you wait for others to do so?
- c) Do you have financial or human resources available to support this policy?
- d) Which resources are available and how quickly can they be mobilized?
- e) Would this support be public?
- f) What conditions would have to exist for you to express this support?
- g) Would you ally with any other persons or organizations in these actions? Which persons/organizations?

9. Under what conditions would you choose NOT to support deconcentration?

For those who answered "d" or "e" to question #6:

10. Which of the following aspects of deconcentration do you oppose:

- a) Deconcentrated control over naming and managing personnel
- b) Deconcentrated control over buying equipment and supplies
- c) Deconcentrated control over the use of funds generated at each facility

11. For those aspects that you oppose:

- a) In what manner would you demonstrate this opposition?
- b) Would you take the initiative in opposing deconcentration, or would you wait for others to do so?
- c) Do you have financial or human resources available to support this policy?
- d) Which resources are available and how quickly can they be mobilized?

- e) Would this opposition be public?
- f) What conditions would have to exist for you to express this opposition?
- g) Would you ally with any other persons or organizations in these actions? Which persons/organizations?

12. Under what conditions would you come to support deconcentration?

We would now like to ask you a few specific questions about your opinion regarding others' opinions of the implementation of deconcentration of the MOH.

Other Supporters:

- 13. What other organizations, departments within an organization, or persons do you think would support deconcentrating the MOH? (*Probe for MOH and non-MOH stakeholders*)
- 14. What do you think these supporters would gain from the deconcentration of the MOH?
- 15. Which of these supporters would take the initiative to actively support deconcentration?

Other Opposors:

- 16. What other organizations, departments within an organization, or persons do you think would oppose deconcentrating the MOH? (*Probe for MOH and non-MOH stakeholders*)
- 17. What do you think these opponents would gain from preventing the deconcentration of the MOH?

Annex 2-E

Sample Information Transfer Reference Chart

C Intern/ Extern	D Knowledge		E Position			F Interests Advant./ Distadvant	G Alliances Organizations mentioned	H Resources		I Power Resources average 3, 2, 1	J Leader Yes No			
	1 Level 1, 2, 3	2. Definition	1. Self S, MS, N, MO, O	2. Others S, MS, N, MO, O	3. Final S, MS, N, MO, O			1. Quantity 3, 2, 1	2. Ability to mobilize: 3, 2, 1					
coordinating to their position	#1	#3	#6	#13	Analysis of self and others info. review interests info. for strength of position	#4	#8c #8e #8g or #11c #11e #11g	#8a #8f or #11a #11f	Combined score of quantity and ability to mobilize	#8a #8b #8c #8e or #11a #11b #11c #11d #11e	#8a #8b #8c #8e or #11a #11b #11c #11e			
	#2		#7	#14		#5						#8d	#8a	#8a
	#3		#8 #9 or #6 #10 #11 #12	#15 #16		#7 #9 or #4 #5 #10 #12						#8d #8e or #11a #11b #11c #11d	#8a #8b #8c #8e or #11a #11b #11c #11d	#8a #8b #8c #8e or #11a #11b #11c #11d