



Policy Toolkit for Strengthening Health Sector Reform

Policy Toolkit for Strengthening Health Sector Reform

September 2000

Table of Contents

1. Introduction to the Toolkit and the Policy Process

by Susan Scribner and Derick Brinkerhoff

The Political Process and Health Sector Reform.....	1-1
Who Should Use this Toolkit.....	1-2
How To Use this Toolkit.....	1-2
Tips for Various Users.....	1-5
Bibliography.....	1-8

2. Stakeholder Analysis Guidelines

by Kammi Schmeer

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

3. Advocacy Guidelines

by Susan Scribner and Barbara O'Hanlon

Introduction.....	3-1
-------------------	-----

Developing an Advocacy Strategy: Component I — Looking Outward	3-5
Step 1: Understand the Political Decision-Making Process	3-6
Step 2: Select and Define a Health Reform Policy	3-7
Step 3: Set Advocacy Objectives	3-10
Step 4: Identify and Analyze Audiences	3-12
Developing an Advocacy Strategy: Component II — Looking Inward	3-16
Step 5: Select Advocacy Activities	3-17
Step 6: Implement Advocacy Activities	3-27
Developing an Advocacy Strategy: Component III — Looking Ahead	3-28
Step 7: Evaluate and Adjust Strategy	3-29
Conclusion	3-30
Bibliography	3-32
Annex 3-A: Audience Identification Worksheet	3-3
Annex 3-B: Audience Knowledge, Position, and Interests Worksheet	3-35
Annex 3-C: Allies and Opposition Matrix	3-37
Annex 3-D: Message Content Worksheet	3-39
Annex 3-E: Selecting a Messenger Worksheet	3-41
Annex 3-F: Communications Plan Worksheet	3-43

4. Conflict Negotiation Guidelines

by Kathleen Novak and Christianne Hall

Introduction	4-1
Understanding Conflict	4-5
Developing Effective Interpersonal Communication Skills and Building Working Relationships	4-11
Managing the Negotiation Process: An Interest-Based Approach	4-17
Results of Effective Conflict Negotiation	4-26
Bibliography	4-27
Annex 4-A: Negotiation Style Assessment and Scoring Sheet	4-29
Annex 4-B: Self-Inventory Worksheet	4-39
Annex 4-C: Negotiation Preparation Worksheet	4-41

5. Introduction to Strategic Management

by Susan Scribner

Figure 5.1. Facets of Strategic Management	5-2
Figure 5.2. Strategic Management of One Stage of the Policy Process	5-4
Table 5.1. Five Facets of Strategic Management	5-3
Bibliography	5-5
Annex 5-A. Strategic Planning and Strategic Management	5-6

List of Boxes

Box 1.1.	Politically dominated arena of the policy process	1-3
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
Box 3.1.	Discussion questions: How policy decisions are made	3-6
Box 3.2.	Health reform policy definition #1	3-8
Box 3.3.	Health reform policy definition #2	3-8
Box 3.4.	Discussion questions: Determining if a policy is politically viable	3-9
Box 3.5.	Discussion questions: Setting advocacy objectives	3-11
Box 3.6.	Advocacy objective #1	3-11
Box 3.7.	Advocacy objective #2	3-11
Box 3.8.	Discussion questions: Ensuring that advocacy objectives are SMART	3-11
Box 3.9.	Discussion questions: Identifying target audiences	3-13
Box 3.10.	Audiences for health reform in Ecuador.	3-13
Box 3.11.	The benefits of networks	3-18
Box 3.12.	Types of coalitions	3-19
Box 3.13.	Collaboration to strengthen community	3-20
Box 3.14.	Equity as a health sector objective in Ecuador.	3-20
Box 3.15.	Discussion questions: Developing and delivering policy messages	3-22
Box 3.16.	Decentralizing health services.	3-23
Box 3.17.	Different formats for national health advocacy in Ecuador	3-25
Box 3.18.	Using mass media	3-27
Box 3.19.	Lobbying	3-27
Box 3.20.	Discussion questions: Monitoring your progress	3-30
Box 3.21.	Discussion questions: Evaluating your results	3-31
Box 4.1.	Strategic questions to ask when you are defining the issue and deciding to negotiate	4-18
Box 4.2.	Brainstorming techniques	4-23
Box 4.3.	Some objective criteria for health sector reform issues	4-23

List of Figures

Figure 1.1.	The Policy Process	1-3
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
Figure 3.1.	Policy Stages, Technically Dominated	3-3
Figure 3.2.	Components of an Advocacy Objective	3-10
Figure 3.3.	Example of a Personal Network	3-18
Figure 3.4.	The SEE Method	3-23
Figure 4.3.	The Policy Process	4-4
Figure 4.4.	Conflict Negotiation Styles	4-7
Figure 4.5.	Conflict Scale	4-10
Figure 5.1.	Facets of Strategic Management	5-2
Figure 5.2.	Strategic Management of One Stage of the Policy Process	5-4

List of Tables

Table 1.1.	Policy Stages and Related Tasks in the Technically Led Domain of the Policy Process	1-4
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
Table 3.1.	Example of Costs and Benefits of a Health Reform Policy: Increased Efficiency in Use of MOH Resources	3-8
Table 3.2.	Possible Key Actors and Stakeholders in Health Reform	3-14
Table 3.3.	Advantages and Disadvantages of Coalitions	3-19
Table 3.4.	Data Sources for Health Sector Reform	3-21
Table 4.1.	Assessing the Relative Power of Negotiating Teams	3-19
Table 5.1.	Five Facets of Strategic Management	5-3

Acronyms

DDM	Data for Decision Making
FPMD	Family Planning Management Development
LAC HSR	Latin American and Caribbean Regional Sector Reform Initiative
MOH	Ministry of Health
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization
PHR	Partnership for Health Reform
USAID	United States Agency for International Development

Section 1

Introduction

Susan Scribner
Derick Brinkerhoff

Introduction to the Toolkit and the Policy Process

Table of Contents

The Political Process and Health Sector Reform.....	1-1
Who Should Use this Toolkit.....	1-2
How To Use this Toolkit.....	1-2
Tips for Various Users.....	1-5
Bibliography.....	1-8

List of Boxes, Figures, and Tables

Box 1.1. Politically dominated arena of the policy process.....	1-3
Figure 1.1. The Policy Process.....	1-3
Table 1.1. Policy Stages and Related Tasks in the Technically Led Domain of the Policy Process.....	1-4

Introduction to the Toolkit and the Policy Process

The Political Process and Health Sector Reform¹

Many Latin American countries have begun to reform their health sectors. In these countries, a lot of debate, analysis, and assistance has been directed toward the technical content of the reforms. Often, the government determines the direction and outline of health sector reforms. Once there is concurrence on the general direction of reform, responsibility is transferred from the politicians to health sector reform teams or other groups of technical experts within the government, usually in the ministry of health. Although these technical experts are often skilled analysts, they may lack the skills and experience needed to negotiate the complex political process that is at the core of health sector reform. In fact, until recently, few have paid much attention to the political feasibility of reforms.

Now, a growing number of observers and participants have begun to acknowledge and become interested in the political process that underlies health sector reform. Despite this increasing recognition of the role of politics, however, health sector technical experts may not recognize that policy reform is a process that can be managed or consider managing that process to be part of their job. Furthermore, they may not understand *how* to manage the political environment and influence the policy process in order to increase the feasibility and success of proposed reforms.

This toolkit was designed specifically to help health sector reform teams better understand the nature of the political process and develop skills to actively manage that process.

The remainder of this introductory section presents a conceptual framework for understanding the various stages of the policy process as well as for using the guidelines and tools included in this toolkit.

1. The approach to health reform outlined in this introduction draws heavily on the earlier concept paper for this toolkit (Brinkerhoff et al., 1999).

Who Should Use this Toolkit

This toolkit is intended for health sector reform teams and others involved in making and influencing health policy decisions. Health sector reform teams may include mid-level and high-level officials in the ministries of health, planning, or finance; in-country health professionals; members of professional associations; and health economists. Others also may find the toolkit useful, including nongovernmental organizations (NGOs), donors, or managers of health facilities. In short, everyone with an interest in the process and outcomes of health sector reform will benefit from using this policy toolkit because it helps them prioritize and manage their interests and influence the health reform process. (The final section of this introduction describes how various users might apply the guidelines and tools.)

Policy champions: persons or teams who are willing and able to lead and manage the policy process

The guidance in this toolkit will be especially useful to policy champions—persons or teams willing and able to lead and manage the policy process. Policy champions proactively promote policy reforms, publicly support the policies, and foster the support of others. They frame discussion of the issue, build consensus, attract resources, and seize and create opportunities to move the reform forward. Ideally, members of all health sector reform teams will act as policy champions.

How To Use this Toolkit

Understand the Policy Process

A conceptual framework of the policy process can guide your efforts by helping you determine where you are and where you need to be.

The first step in using this toolkit is to review and understand the policy process. Health sector reform is an inherently political process that involves the reallocation of limited resources within an ever-changing political environment. The conceptual framework presented in Section 2 (see Figure 1.1) describes the stages of the process and is a guide for determining where you are and where you need to be. Table 1.1 outlines the tasks that must be completed at each stage if the health sector reforms are to be clearly defined and effectively implemented (*Crosby 1996*).

Reality, however, is always more complex than models. The stages of the policy process are iterative, not strictly sequential. Therefore, completion of one stage does not guarantee movement to the next (*Porter and Hicks 1994*). Nor is progress in one stage dependent on completion of all the tasks in the previous stage. By simplifying reality, however, the model can help you determine where you and your reform agenda are within the policy process and focus your attention on the tasks you must complete at each stage. This is critical, since the tasks will not be completed without your attention and intervention. It is your job, as a member of the health sector reform team and as a policy champion, to recognize the necessary tasks and contribute to their completion. The conceptual framework can help you assess your political reality, develop strategies to achieve your reform objectives, and strategically manage the reform process by analyzing the situation within the ministry of health (or other organization responsible for reform), assessing what is happening beyond the ministry, and determining the best strategy for achieving your long-term health reform goals.

The policy process is launched when policy issues, agendas, and decisions come together, and the direction is set for health sector reform. This is a political process that should be informed by technical input. Once the policy direction is set, policymakers hand the policy over to technical health sector reform teams for implementation, and the process goes from being politically led to being technically driven.

There are five technically driven stages of the process, which generally occur in the following order:

- ▶ Policy formulation and legitimation
- ▶ Constituency-building
- ▶ Resource mobilization
- ▶ Implementation design and organizational structuring
- ▶ Progress/impact monitoring.

This toolkit is meant to be used after the policy process has been launched, health sector reform has been agreed upon, the general direction of reform has been determined, and the policy has moved from being politically driven to being technically dominated. The toolkit is primarily for managing the five technically driven policy stages, when you are working to implement an identified policy, as described in Table 1.1.

Box 1.1. Politically Dominated Arena of the Policy Process
 Issues → Agendas → Decisions

When issues and agendas come together, policymakers make decisions. These political decisions often result in new policies but rarely specify the details of implementation.

Figure 1.1. The Policy Process

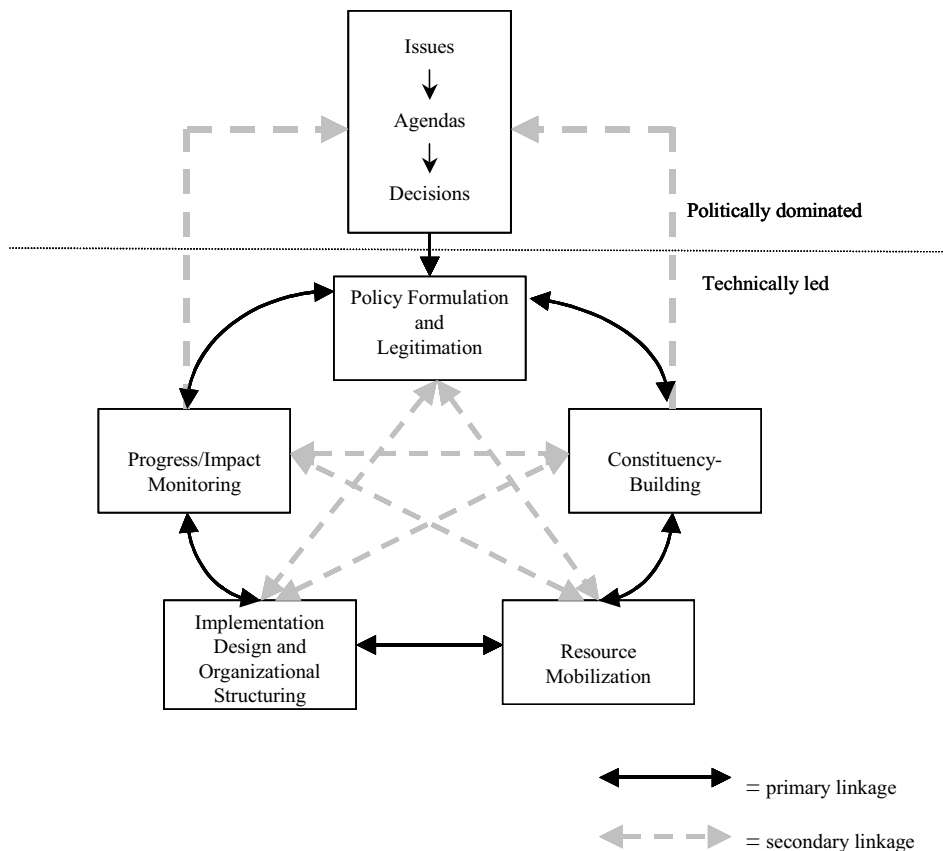


Table 1.1. Policy Stages and Related Tasks in the Technically Led Domain of the Policy Process

Policy Stages	Related Tasks
Policy Formulation and Legitimation	<p>Once politicians have decided to reform the health sector, policy managers need to:</p> <ul style="list-style-type: none"> ▷ Formulate the technical content of the policy. Use someone with technical knowledge to detail policy goals and objectives, an operational framework of programs, and a statement of required resources. These elements are often included in initial reform plans but without sufficient detail. ▷ Make the policy legitimate. Encourage key individuals and groups to take ownership of the policy, especially when health reform efforts are supported by external multilateral donors or international financial institutions. This is the time to identify and/or consolidate the support of policy champions and help ensure that the policy is considered necessary and important.
Constituency-Building	<p>Moving health sector reform forward will depend on your ability to:</p> <ul style="list-style-type: none"> ▷ Generate active support from individuals and groups who see the changes created by health sector reform as desirable and beneficial. Identify and mobilize supporters. This is more than gaining legitimacy; it is inciting supporters to action. Convince interest groups that they will benefit from health sector reform and that the benefits are worth the costs of change. ▷ Reduce or deflect opposition from those who consider the reform measures to be undesirable or harmful. Acknowledge opponents of health sector reform and explore their positions. By understanding opposing perspectives, you can develop messages and strategies that will convince adversaries not to work against reform.
Resource Mobilization	<p>Implementation of health sector reform demands financial, technical, and human resources. Getting off to a good start requires accumulating a sufficient supply of these resources, and successful implementation demands an ongoing flow. Yet these resources often are inaccessible (allocated to someone else's budget), unavailable (assigned to other priorities and programs), or nonexistent (no appropriately skilled staff). This is more than an internal management task of proper budgeting and programming workflow. A policy champion must exercise leadership to:</p> <ul style="list-style-type: none"> ▷ Galvanize constituencies to lobby for resources ▷ Create performance incentives to use existing resources efficiently or develop new resources ▷ Achieve and publicize successes along the way to ensure a continuous flow of resources.
Implementation Design and Organizational Structuring	<p>Health sector reform assigns new objectives and new tasks to organizations that are used to functioning differently. New implementation partners may be introduced into the process by reform efforts, including nongovernmental organizations (NGOs), community groups, commercial health providers, and professional associations. Staff may resist giving up old procedures, routines, and patterns of communication. Given these challenges, policy managers will need to:</p> <ul style="list-style-type: none"> ▷ Design new implementation arrangements and structures, or modify existing ones, and ensure that the arrangements and structures function effectively ▷ Engage a wide range of implementation partners to create and nurture partnerships that can work together ▷ Help individuals and groups manage their transitions so they can adapt and function effectively in the changing environment.
Progress/impact Monitoring	<p>Managing the reform process over time requires feedback, which should be used to make adjustments and adapt to changing conditions. Health sector reform typically involves many organizations and ministries. Individual agencies may be paying attention to their own activities, but often no one is paying attention to the overall progress and impact of the reform. Policy managers need to:</p> <ul style="list-style-type: none"> ▷ Create and position analytic and monitoring capacity to collect and analyze data for the entire reform effort and make recommendations to decision-makers ▷ Design monitoring and evaluation systems and set up procedures for "hearing and heeding" feedback to ensure that analysis and recommendations reach the intended audience, i.e., decision-makers who have the capacity to act on the information ▷ Base ongoing reform efforts on lessons learned and a willingness to adapt so that strategies can be modified as needed.

Use the Guidelines and Tools to Manage the Policy Process

After reviewing the various stages of the policy process and the accompanying tasks, use the guidelines and tools to develop critical skills in the areas of stakeholder analysis, advocacy, conflict negotiation, and strategic management:

- ▶ The Stakeholder Analysis Guidelines (Section 2) help you identify the interested parties and assess their support for a particular policy, their underlying interests, and if and why those interests should be taken into account.
- ▶ The Advocacy Guidelines (Section 3) help you determine your advocacy objectives; identify target audiences; take stock of available support and information resources; determine a strategy that makes the best use of your resources to achieve your objective; and develop, target, and deliver messages that provide relevant and timely information and persuade policy-makers to take the desired actions.
- ▶ The Conflict Negotiation Guidelines (Section 4) help you, with careful preparation, anticipate, contain, and resolve disputes that arise when parties with different interests need to work toward mutually acceptable solutions.
- ▶ The Introduction to Strategic Management (Section 5) helps you achieve your policy goals by systematically evaluating opportunities and threats in your external environment; assessing strengths and weaknesses in your structure and resource base; and developing, implementing, and monitoring a strategy that effectively applies your resources to address your challenges. This is not a how-to guide, but rather an introduction to a way of thinking about or tackling problems. It requires that you understand the context of the policy process and apply the guidelines and tools included in this toolkit.

Each of the guidelines and tools is closely associated with one or more stages of the policy process. Because the nature of the policy process is iterative, however, the tools should be used in the order and manner most appropriate for the reform process and should be modified in response to unforeseen circumstances. Throughout the process, you must continually assess the extent of support for and opposition to your reforms, develop strategies to advocate and communicate effectively with your target audiences, and negotiate the myriad of conflicts, large and small, that you encounter along the way.

Tips for Various Users

As noted, the primary intended users for the toolkit are members of health sector reform teams. However, others with an interest in reform can also profit from using the tools and approaches presented here. These include NGOs that provide community health services, donors whose resources contribute to funding reforms, or facility managers whose operations may be changed as a result of the reforms. This section provides tips for each of these groups on using the toolkit.

Health Reform Teams

For members of a health sector reform team, the toolkit helps, first of all, understand and master the policy process, which is critical for effectively managing reform. As a champion for reform, you need to develop an effective strategy for change. Depending on your position within the health sector, you may be familiar with some or all of the policy process, but there may be gaps in your knowledge and/or understanding.

Stakeholder analysis (Section 2) helps you identify the key players. Because you are a member of the reform team and have been working in the health sector in your country for a long time, you can probably readily identify the people important to the process. But stakeholder analysis, by systematizing and deepening your list of key players, helps you also discover who has what interest in the reform, who will win and who will lose, and what stakeholders might do to help or harm the reform's progress and prospects.

Advocacy (Section 3) helps you better persuade key people that the reform is worthwhile. This tool helps your reform team craft strategies to collect data and influence decision-makers to support the reform. It helps the team develop the most convincing set of messages for advocating the reform and its various components. This tool helps you package information to influence the various groups identified by your stakeholder analysis.

Conflict negotiation (Section 4) helps the team deal with groups or individuals that have conflicting interests. For example, many reforms call for measures that will change how health sector workers are paid and/or evaluated. This can cause serious conflicts, particularly if these groups are unionized. These guidelines help you manage such conflicts and negotiate acceptable solutions.

Nongovernmental Organizations

Your NGO may have experience with health services delivery and community mobilization but may be relatively new to health sector reform. This toolkit helps you grasp the important features of the policy cycle that lead to reform design and implementation. Since many health sector reforms include new roles for nongovernmental actors, it is important that you understand your place in the policy process and how you can exert influence.

Stakeholder analysis (Section 2) helps you identify your new partners, learn what their interests are, and assess what resources they can muster. This information helps you manage your new role and meet your new partners' expectations for your performance. Stakeholder analysis also can assist you in developing a more in-depth map of key stakeholders in the communities where your NGO is currently working or may work in the future, including identifying stakeholders who may be unfavorably disposed toward you.

Advocacy (Section 3) is a tool NGOs can use with a number of potentially important stakeholders in the health sector. For example, you may need to convince ministry of health decision-makers that NGOs can be effective partners for implementing reforms or that the needs of local communities should figure more prominently in the reform package. You may want to advocate with donors on your behalf. Or you may want to train community leaders to become effective advocates for reform among local politicians or health service providers. You will likely

need several kinds of messages to fit various audiences, from community members to senior ministry officials.

Conflict negotiation (Section 4) is important to NGOs because they often serve as mediators between communities and public sector officials, usually when these groups do not agree on priorities, actions, or results. NGOs may wish to train community groups in conflict negotiation, as in advocacy, and this tool assists in such capacity-building efforts.

Donors

Your donor agency probably has worked extensively with senior officials to elaborate and/or review the technical components of the reform package. Your agency may be funding the entire reform, or it may be part of a donor consortium that is funding one or more components of reform. Your agency is also likely to be providing some technical assistance to the reform team and other partners in the reform, such as NGOs or private-sector providers. While you are already familiar with the policy design and formulation steps in reform, you may be less familiar with the management-intensive steps of the policy process. The toolkit's focus on the policy process helps you focus on policy management tasks that may require technical assistance.

Stakeholder analysis (Section 2) helps you clarify the key players in the reform. Because you likely participated in the reform design, you probably already know the senior decision-makers and the members of the country reform team. You may be less familiar, however, with reform partners who will be involved in implementation or societal groups that have an interest in health reform. As a donor, you may be able to help the reform team influence both the supporters and opponents of reform identified through the stakeholder analysis.

Advocacy (Section 3) is a tool the reform team must know and use, and you can provide technical assistance to ensure that this capacity is created and reinforced.

Conflict negotiation (Section 4) is useful in the likely event that tensions and conflicts arise among the various stakeholders or between the stakeholders and the reform team. In many reform efforts, donors are called upon to serve as neutral mediators, and the conflict negotiation guidelines help you fulfill this role.

Facility Managers

You and your facility may be affected by health sector reform. The toolkit helps orient you to the policy process and helps you better understand and manage the changes going on around you. For example, you may be called upon to strengthen your focus on customer satisfaction. You may be asked to disseminate information and participate in social marketing campaigns to modify people's perceptions of health and health care. Or, you may find yourself in new partnerships with public agencies, NGOs, the private sector, or community groups for service delivery.

Stakeholder analysis (Section 2) helps you identify all the actors important to your facility at all levels of the health system, including some you may not know. It also helps you gather information on the feelings of your current clients and collaborators about the changes that health reform will bring and about how they might respond. This helps you deal more effectively with those of your clients who will not benefit from the changes (the losers) and who may therefore

oppose new practices. It also helps you encourage those who will benefit (the winners) to continue their support for reform. The stakeholder analysis also will help you better understand and work with a key group of stakeholders — your own staff.

Developing an advocacy strategy (Section 3) can help you convince key actors that the reform-induced changes in your facility are desirable and worth the cost. This tool helps your staff develop a strategy to educate and influence your customers and helps your service delivery team develop the most appropriate messages. Again, your staff may be the first target for these efforts, given the experience in many countries that health service providers themselves do not always have complete information about reform objectives, components, and activities.

Conflict negotiation (Section 4) will be an essential tool if you confront labor issues resulting from health reform measures such as changes in health worker salaries, working conditions, and procedures for performance assessments. Conflict negotiation helps you deal with disputes (i.e., from angry unions or upset facilities users) in ways that avoid disrupting your facility's operations.

Bibliography

- Brinkerhoff, Derick W., Barbara O'Hanlon, and Susan Scribner. January 1999. "Strengthening Health Reform Policy in Latin America: A Concept Paper." Bethesda, MD: Abt Associates Inc.
- Brinkerhoff, Derick W. 1994. "Looking Out, Looking in, Looking Ahead." *PA Times*. Vol. 17, No. 12, p. 11.
- Crosby, Benjamin L. 1996. "Policy Implementation: The Organizational Challenge." *World Development*. Vol. 24, No. 9, pp. 1403-1417.
- Porter, Robert W., and Irvin Hicks. October 1994. "Knowledge Utilization and the Process of Policy Formation: Toward a Framework for Africa." Washington, DC: Support for Analysis and Research in Africa Project and Health and Human Resources Analysis for Africa Project, for US Agency for International Development.

Section 2

Stakeholder Analysis Guidelines

Kammi Schmeer

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
----------	--	------

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)

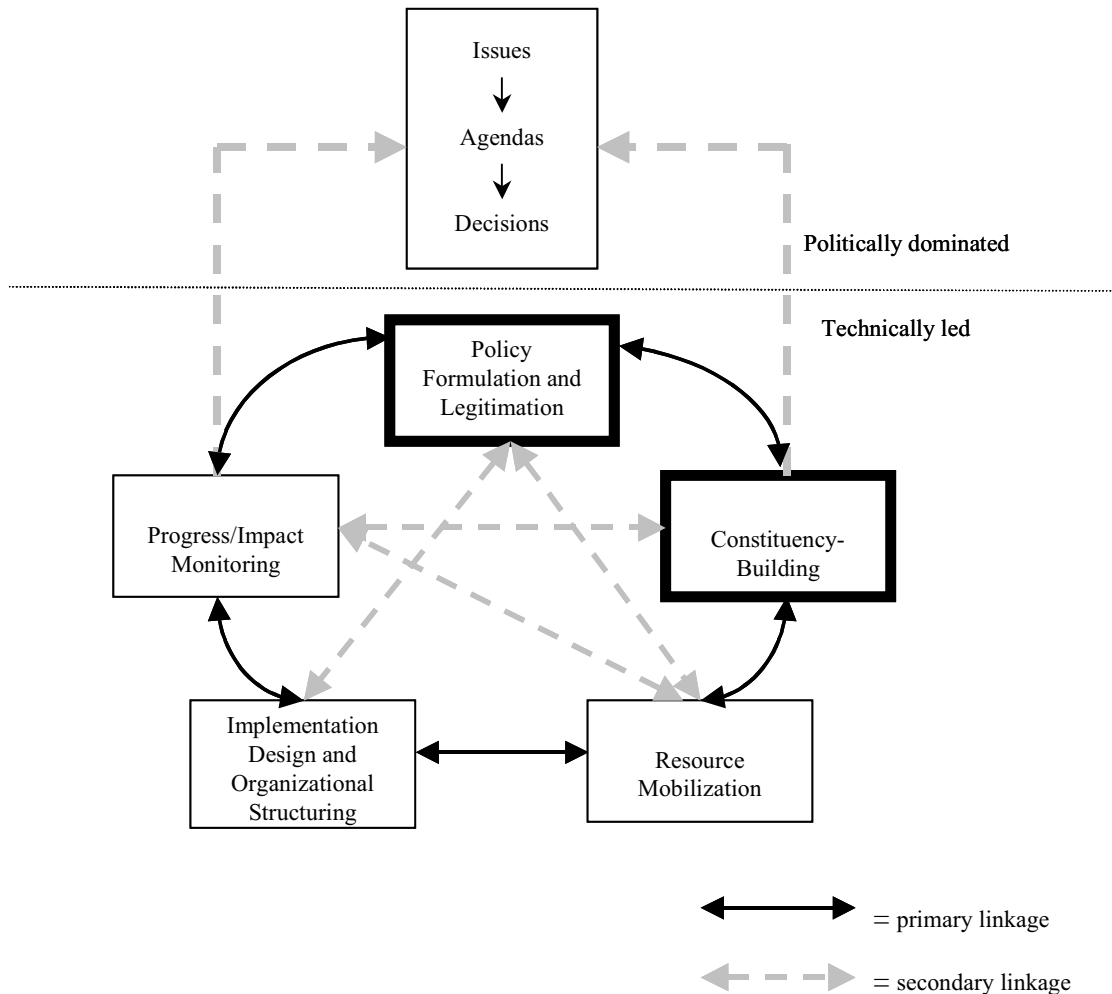
“Policy,” as used in this document, refers to any national, regional, local, or institutional project, program, law, regulation, or rule.

- ▶ 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./	Organizations	1	2 Ability to	Resources	Yes
Level	Definition	S, MS, N, MO, O	S, MS, N, MO, O	I.D. #	disadvant.	mentioned	Quantity	mobilize	average	No
3,2,1							3,2,1	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.

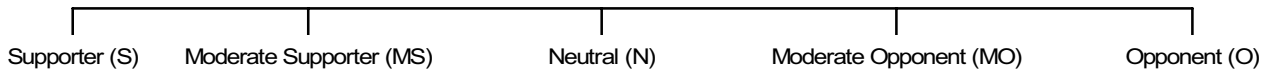
To obtain indirect information, each stakeholder interview must include specific questions about that stakeholder's opinions of others (see questions 13 to 17 in the Sample Stakeholder Interview Questionnaire, Annex 2-D). Any such opinion should be entered in the stakeholder table (Annex 2-C) in the 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), moderate opposers (MO), or neutral (N). 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										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

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	#7	or #11b	#8d	#8d	or	#8d
			or #6		interests info for strength of position	#4	#11c	#11c	#11c	or	#11c
			#10			#5	#11g	#11g	#11g	or	#11g
			#11			#10		#11d	#11d	or	#11d
			#12			#12		#11e	#11e	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

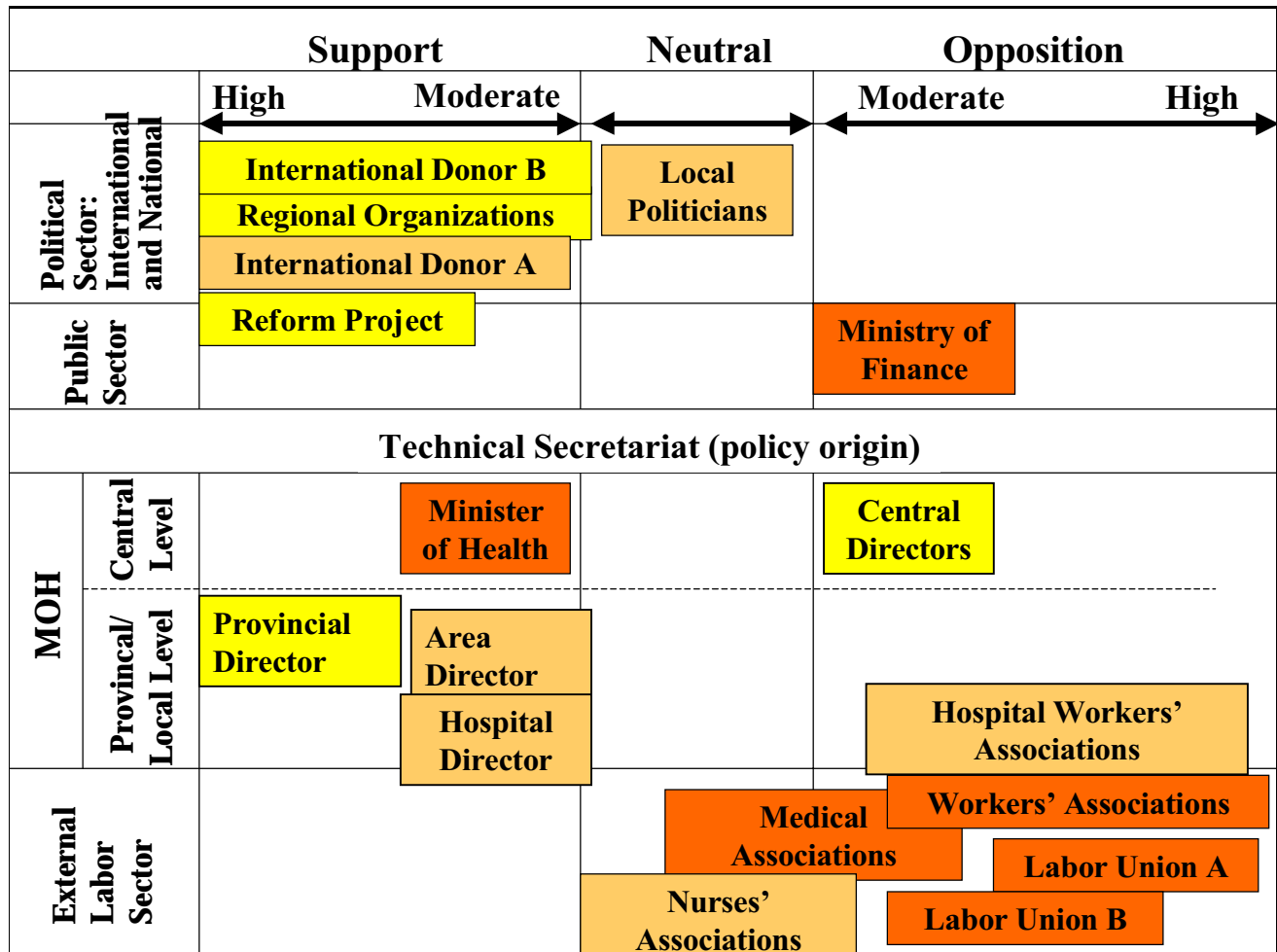
<p style="text-align: center;">Who Is Important: Power and Leadership Analysis</p>		
<p style="text-align: center;">Group 1: Leadership/ High Power</p>	<p style="text-align: center;">Group 2: Leadership/ Medium Power</p>	<p style="text-align: center;">Group 3: No Leadership/ Medium-High Power</p>
<p>Minister 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

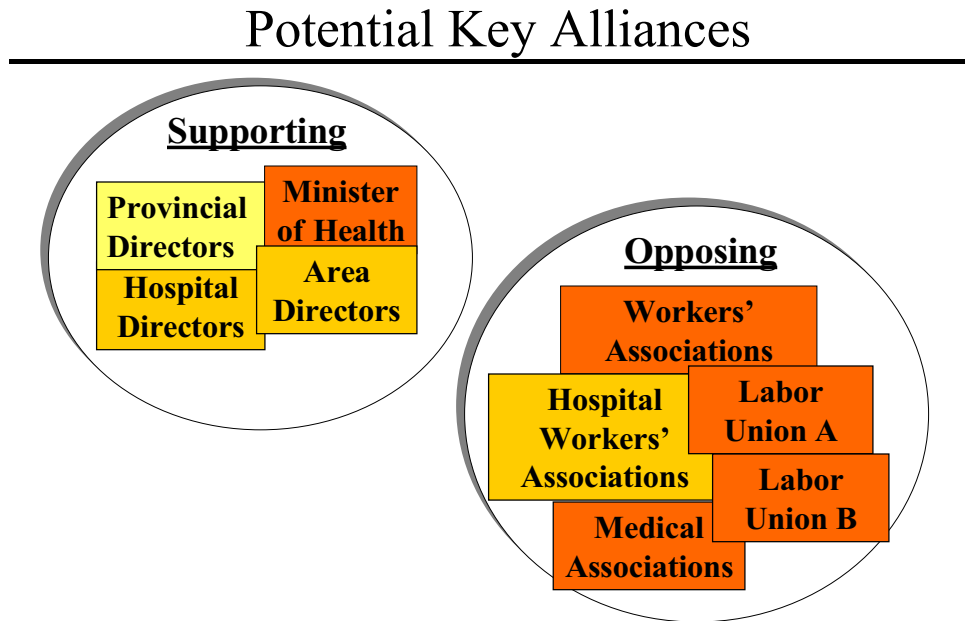
Knowledge Levels		
Group 1: Low	Group 2: Medium	Group 3: High
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;">Local Politicians</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;">Ministry of Finance</div> <div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

Bibliography

- Brinkerhoff, Derick. June 1998. *From Design to Implementation: Stakeholder Analysis in a PHC Project in India*. Bethesda, MD: Abt Associates Inc.
- _____. April 1997. *PHR Trip Report: Stakeholder Analysis in India*. Bethesda, MD: Abt Associates Inc.
- Crosby, Benjamin L. March 1992. "Stakeholder Analysis: A Vital Tool for Strategic Managers." *Technical Notes*, no. 2. Washington, DC: Implementing Policy Change Project for the US Agency for International Development (USAID).
- _____. April 1992. "Management and the Environment for Implementation of Policy Change: Part One." *Technical Notes*, no. 4. Washington, DC: Implementing Policy Change Project for the US Agency for International Development (USAID).
- _____. April 1992. "Management and the Environment for Implementation of Policy Change: Part Two." *Technical Notes*, no. 5. Washington, DC: Implementing Policy Change Project for the US Agency for International Development (USAID).
- Lindenberg, Marc, and Benjamin Crosby. 1981. *Managing Development: The Political Dimension*. Hartford, CT: Kumarian Press.
- Reich, Michael R. March 1993. "Political Mapping of Health Policy: Draft Guidelines." Boston, MA: Harvard School of Public Health.
- Reich, Michael R., and David M. Cooper. 1996. *Policy Maker: Computer-Aided Political Analysis: Improving the Art of the Feasible*. Brookline, MA: PoliMap. (To order, contact PoliMap, 74 Armory St., Brookline, MA 02446-3909 USA.)
- Schmeer, Kammi. September 1998. "Process for Developing an Interest Map in Ecuador," *Technical Report* no. 23. PHR Project. Bethesda, MD: Abt Associates Inc.
- Webster's II New Riverside Dictionary*. 1984. Boston: Houghton Mifflin Company.

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	#15 #16		#7 #9 or #4 #5 #10 #12						#8e #8d #11a #11b #11c #11d	#8b #8c #8e or #11a #11b #11c #11d	#8b #8c #8e or #11a #11b #11c #11d

Section 3

Advocacy Guidelines

Susan Scribner
Barbara O'Hanlon

Advocacy Guidelines

Table of Contents

Introduction	3-1
Developing an Advocacy Strategy: Component I — Looking Outward	3-5
Step 1: Understand the Political Decision-Making Process	3-6
Step 2: Select and Define a Health Reform Policy	3-7
Step 3: Set Advocacy Objectives	3-10
Step 4: Identify and Analyze Audiences	3-12
Developing an Advocacy Strategy: Component II — Looking Inward	3-16
Step 5: Select Advocacy Activities	3-17
Step 6: Implement Advocacy Activities	3-27
Developing an Advocacy Strategy: Component III — Looking Ahead	3-28
Step 7: Evaluate and Adjust Strategy	3-29
Conclusion	3-30
Bibliography	3-32
Annex 3-A: Audience Identification Worksheet	3-3
Annex 3-B: Audience Knowledge, Position, and Interests Worksheet	3-35
Annex 3-C: Allies and Opposition Matrix	3-37
Annex 3-D: Message Content Worksheet	3-39
Annex 3-E: Selecting a Messenger Worksheet	3-41
Annex 3-F: Communications Plan Worksheet	3-43

List of Boxes, Figures, and Tables

Box 3.1. Discussion questions: How policy decisions are made	3-6
Box 3.2. Health reform policy definition #1	3-8
Box 3.3. Health reform policy definition #2	3-8
Box 3.4. Discussion questions: Determining if a policy is politically viable	3-9
Box 3.5. Discussion questions: Setting advocacy objectives	3-11
Box 3.6. Advocacy objective #1	3-11
Box 3.7. Advocacy objective #2	3-11

Box 3.8.	Discussion questions: Ensuring that advocacy objectives are SMART	3-11
Box 3.9.	Discussion questions: Identifying target audiences	3-13
Box 3.10	Audiences for health reform in Ecuador	3-13
Box 3.11.	The benefits of networks	3-18
Box 3.12.	Types of coalitions	3-19
Box 3.13.	Collaboration to strengthen community.	3-20
Box 3.14.	Equity as a health sector objective in Ecuador	3-20
Box 3.15.	Discussion questions: Developing and delivering policy messages	3-22
Box 3.16.	Decentralizing health services.	3-23
Box 3.17.	Different formats for national health advocacy in Ecuador.	3-25
Box 3.18.	Using mass media	3-27
Box 3.19.	Lobbying.	3-27
Box 3.20.	Discussion questions: Monitoring your progress	3-30
Box 3.21.	Discussion questions: Evaluating your results	3-31

Figure 3.1.	Policy Stages, Technically Dominated	3-3
Figure 3.2.	Components of an Advocacy Objective	3-10
Figure 3.3.	Example of a Personal Network	3-18
Figure 3.4.	The SEE Method.	3-23

Table 3.1.	Example of Costs and Benefits of a Health Reform Policy: Increased Efficiency in Use of MOH Resources	3-8
Table 3.2.	Possible Key Actors and Stakeholders in Health Reform	3-14
Table 3.3.	Advantages and Disadvantages of Coalitions	3-19
Table 3.4.	Data Sources for Health Sector Reform.	3-21

Advocacy at a Glance

What Is Advocacy?

There are many definitions of advocacy.

- ▶ Advocacy is influencing decision-makers.
- ▶ Advocacy is championing an issue, drawing attention to it, and getting it on the agenda.
- ▶ Advocacy is identifying a problem, recommending a solution, and putting problem and solution together.
- ▶ Advocacy is changing the policies, positions, programs, or budgets of any institution.
- ▶ Advocacy is changing an organization or system.
- ▶ Advocacy is educating leaders, policymakers, policy implementers, and others.
- ▶ Advocacy is building support for an issue.

For the purposes of this Policy Toolkit, advocacy is a set of targeted actions directed at decision-makers and other key stakeholders in support of a specific policy issue.

Why Is Advocacy Important to Health Reform?

The common thread among these definitions of advocacy is that “[w]herever change needs to occur, advocacy has a role to play” (Sharma n.d.). Implementing health sector reform is all about change, hence the importance of advocacy.

Advocacy is a tool for health reform teams, providing a strategic approach to building and maintaining support for implementing health reforms. Developing an advocacy strategy involves looking outward to determine your goals, objectives, and audiences; looking inward to assess your resources for information and influence; and looking ahead to monitor the effectiveness of your strategy and adjust the strategy as needed to achieve your reform goals and objectives.

Many experienced policy advocates describe advocacy as part science and part art. There is no universal scientifically proven formula or method for effective advocacy, but experience suggests that advocacy strategies are more likely to succeed when they are based on solid analysis and careful planning. Designing and implementing an effective advocacy strategy also generally involves qualitative research, communication, negotiation, and politics—skills and knowledge that are often lacking among members of health reform teams.

Advocacy is also part art. Successful advocates inspire and motivate a wide range of people to take action. They are also creative and seek alternative, innovative ways to draw attention to

their issue. They have well-honed political instincts and timing, strategically choosing when to fight and when to lay low and always keeping an eye on the ultimate victory—achieving their reform goal.

Most of these skills can be learned and refined through practice, and both successful and failed advocacy efforts are instructive. With time, effort, and experience, you can build the confidence to practice the art as well as the science of advocacy.

What Are the Steps in Developing an Advocacy Strategy?

Figure 3.1 illustrates a strategic approach to advocacy, which comprises three components: looking outward, looking inward, and looking ahead. Each step is discussed in detail in the advocacy guidelines.

Component I—Looking Outward

- Step 1. Understand the political decision-making process
- Step 2. Select and define a health reform policy
- Step 3. Set advocacy objectives
- Step 4. Identify and analyze audiences




Component II—Looking Inward

- Step 5. Articulate advocacy activities
- Step 6. Implement advocacy activities

Component III—Looking Ahead

- Step 7. Evaluate and adjust strategy

Figure 3.1. A Strategic Approach to Advocacy

Strategic Approach	Strategic Action	Advocacy Steps
 Looking Outward	Analyze policy environment <ul style="list-style-type: none">• Policy process• Policy actors• Health reform policies and strategies	<ul style="list-style-type: none">• Understand the policy decision-making process• Select and define a health reform policy• Set advocacy objectives• Identify and analyze audiences
 Looking Inward	Analyze resources <ul style="list-style-type: none">• Information and data• Resources• Influence	<ul style="list-style-type: none">• Articulate advocacy activities• Implement advocacy activities
 Looking Ahead	Analyze impact on reform policy	<ul style="list-style-type: none">• Evaluate and adjust strategy

Advocacy Guidelines

Introduction


Many countries, both developed and developing, have undertaken some type of health sector reform over the past decade, ranging from targeted interventions aimed at improving the effectiveness of the health ministry to radical restructuring of the entire health sector. This collective international experience has demonstrated that reform is technically complex and difficult to implement and, though the reasons for uneven implementation have varied, some common constraints have emerged:

- ▶ **Political constraints:** Because of the highly complex and technical nature of health reform, the process is often dominated by technicians, and these technical experts often neglect to seek “buy-in” from key stakeholders and others who are directly affected by reform. Moreover, influential politicians and policymakers frequently hesitate to support reforms they do not fully understand or that may prove controversial.
- ▶ **Resource-related constraints:** Even with political support from the top, however, some health reforms fail because of a lack of resources — insufficient funding, staff, or technical skills to implement or sustain reform over time.
- ▶ **Organizational constraints:** Key institutions may need to be reorganized or restructured before the proposed changes can be appropriately implemented. Even then, key staff members may be resistant to change and may obstruct implementation of the reforms.

Why is advocacy important to health reform?

To be effective, a health reform team must address and overcome these constraints to implementation. Increasingly, this requires that team members become advocates for health reform. A well-planned and carefully thought-out advocacy strategy can maximize efforts to:

- ▶ **Shape the policy debate surrounding health reform:** Advocacy can help define how health reforms are perceived and understood by key stakeholders. Using facts and figures to make a persuasive argument for your reform policies helps build support among key groups. Introducing sound and reliable policy analysis also fosters a more accurate and objective discussion of health reform issues.



Advocacy is a set of targeted actions directed at decision-makers and other key stakeholders in support of a specific policy issue.

- ▶ **Build support and minimize opposition:** The analysis required to design and implement a successful advocacy strategy identifies potential allies for support and individuals and/or groups who may oppose your health reform initiatives. The analysis also suggests strategies to consolidate and maintain support, while at the same time, addressing your opposition.
- ▶ **Motivate action:** Successful advocacy efforts not only provide information, raise awareness, and build support for health reform efforts, they also focus on the *actions required* by the target audiences to implement reforms. Advocacy activities make explicit the decisions to be made, the changes in opinion desired, the level of political commitment needed, and the technical, human, and financial resources required to successfully implement health reform initiatives.

What comprises an effective advocacy strategy?

These advocacy guidelines help you systematically develop an advocacy strategy that builds support and political commitment for your priority health reforms and minimizes the opposition to reform. These guidelines introduce the concept of advocacy with a strategic focus on developing advocacy campaigns, followed by a step-by-step description of the process needed to design and implement an advocacy strategy. The process outlined in these guidelines helps you

- ▶ Articulate what you want to achieve through advocacy
- ▶ Identify and understand whom you need to influence
- ▶ Select appropriate activities to implement your advocacy strategy.

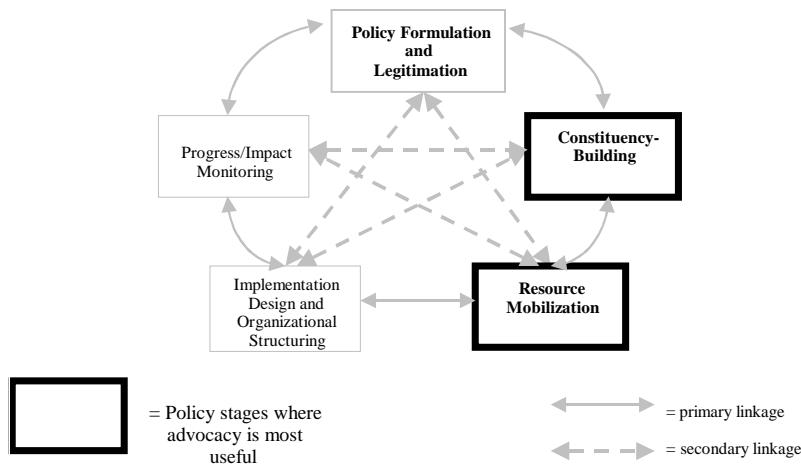
These guidelines also demonstrate the critical role of advocacy in supporting implementation of health reform, teach basic advocacy skills, provide worksheets for conducting the necessary analyses and developing a systematic approach (see Annexes), and build confidence for undertaking advocacy activities that effectively support reform.

The guidelines have been adapted from tools and methodologies developed for other health-related activities (see bibliography) and therefore build on the growing experience in advocacy, policy communication, and management of the policy process. They have been field-tested and are organized to create an approach appropriate to the complexity and diversity of health sector reforms.

Where does advocacy fit into the policy process?

Developing a thorough understanding of the opportunities that exist for influencing the policy process is critical to the success of your advocacy efforts because it focuses your advocacy activities on what is attainable. This requires assessing how the policy process works in your country. The Introduction to this toolkit presents a model for the policy process that includes five stages: policy formulation and legitimization; constituency-building; resource mobilization; implementation design and organizational structuring; and progress/impact monitoring (see Figure 3.1).

Figure 3.1. Policy Stages, Technically Dominated



Reforms are launched when issues and agendas come together and policymakers decide to reform the health sector and set the direction of reform. This politically driven process is what most people associate with advocacy and, in fact, where they tend to focus their advocacy efforts. Experience demonstrates, however, that advocacy is needed in all stages of the health reform policy process and that advocacy can be particularly effective during constituency-building and resource mobilization.

Constituency-Building

You must convince key constituencies that they will benefit from the proposed reforms and that the benefits will justify the costs. A general perception of legitimacy is important to health sector reform, but it is not sufficient to ensure implementation. Moreover, beneficiaries must actively support health sector reform, not simply give their tacit approval. Successfully implementing health sector reform requires broad support at different levels, including from proponents inside and outside government. It is essential to have the participation of stakeholders who publicly support health sector reform and lead by example—by changing their own behaviors and organizational norms. Advocacy is critical for building constituencies and mobilizing them to become active supporters.

Advocacy can be particularly important during constituency-building and resource mobilization.

Resource Mobilization

Implementing health sector reform requires substantial financial, human, and technical resources. Accumulating and mobilizing these resources is another critical advocacy challenge. Constituencies and networks can help you lobby for resources. They may also help you develop incentives or conditions that allow existing resources to be used more efficiently or to be redeployed. However, you cannot become complacent once you have successfully mobilized required resources to implement key health reforms, since these resources can later be reallocated or lost to competing uses and users. As a member of the health sector reform team, you need to recognize and deal with the opposition that is created when resources change hands and continue your advocacy efforts to maintain the resources required to implement health reform policies.

How do the Advocacy Guidelines relate to the other guidelines in this toolkit?

These guidelines are designed to complement and build on the other methodologies in the Policy Toolkit. As a result, the reader is encouraged to refer to the other guidelines and tools as needed. For example, some of the techniques to identify and analyze key policymakers and other influential political actors build on approaches and exercises described in the Stakeholder Analysis Guidelines. Similarly, conflict resolution and negotiation are important to advocacy, and the Conflict Negotiation Guidelines provide substantial, detailed direction on how and when to undertake negotiation. Although each tool can be used independently, you are encouraged to learn the concepts and skills included in all and to use them to further your reform efforts.

Developing an Advocacy Strategy: Component I—Looking Outward

This component of the process comprises four steps: understanding the political decision-making process, selecting and defining a health reform policy, setting advocacy objectives, and identifying and analyzing audiences. The first three steps are often the most difficult and challenging aspects of developing an advocacy strategy. They require analyzing and understanding complex policy processes and relationships, synthesizing highly technical and multifaceted policy issues, prioritizing the relevant reform policies, and clearly defining advocacy objectives. Taking the time to complete the exercises and carry out the analyses required for these steps is very beneficial in the long run. The results of these three steps directly affect all the subsequent steps in the advocacy process—identifying and analyzing target audiences, articulating and implementing advocacy activities, evaluating and adjusting your strategy—and therefore have a direct bearing on the effectiveness of your advocacy effort. Without a fundamental understanding of the political decision-making process and political context, a clear and specific statement of your reform policy, and well-defined advocacy objectives, you run the risk of losing focus and wasting precious resources and energy.

Step 1: Understand the Political Decision-Making Process

Effective advocacy strategies begin with study and research. To effect change in the decision-making or policy-implementation arenas of health reform, you must identify and understand the *processes* through which policy decisions are made and implemented.

These processes involve many actors and many steps. Each actor is a potential source of support or opposition, and each step is a potential point of access into the policy process. By disaggregating, analyzing, and understanding the process, you can better identify the important actors and determine where to intervene. It is equally important to identify, on one hand, the formal rules and procedures of government and, on the other, the unwritten rules of policymaking that affect the roles, relationships, and balance of power among institutions and key actors.

First, assemble a group of colleagues, and brainstorm together to analyze how policy decisions are made. Answer the questions in Box 3.1. Creating a flow chart or mapping the policy process can also be helpful.

Box 3.1. Discussion questions: How policy decisions are made

- ▷ How are ideas or issues generated for a new or revised policy?
- ▷ How is the proposed issue introduced into the formal decision-making process?
- ▷ What is the process for discussing, debating, and altering the proposal?
- ▷ Who are the actors involved?
- ▷ How is the proposal approved or rejected?
- ▷ What is the timeframe for discussing and approving the proposal?
- ▷ If approved, what are the steps to implement the policy?

(Boyd et al. 1999)

Step 2: Select and Define A Health Reform Policy

Now that you have a basic understanding of the policy processes in your country, you must analyze the different health reform policies and select one to be the focus of your advocacy efforts. This is often the most difficult part of designing an advocacy strategy. Health reform is comprised of multiple complex and highly technical policies and strategies, and you must select and define your reform policy in terms that are politically feasible and understandable to policymakers and other key stakeholders.

Step 2 is broken down into four tasks: 1) selecting a health reform policy, 2) defining your policy, 3) analyzing the consequences of implementing your policy, and 4) evaluating its political feasibility.

Select a Health Reform Policy.

For advocacy to be effective, it must be focused on a specific health reform policy. The criteria for selecting a priority health reform policy for your advocacy efforts include the following:

- ▶ The policy directly supports current health reforms.
- ▶ The policy is critical to implementation of your health reforms.
- ▶ The policy is politically viable.
- ▶ The time is opportune to build support for the policy or make decisions and take action regarding the policy.

Refer to the stakeholder analysis guidelines in Section 2 for a more in-depth discussion of how to select and define a policy.

Define the health reform policy.

Once you have selected a priority policy, you must define it concretely and clearly to ensure a common understanding of it among policymakers, other stakeholders, and potential supporters. Advocacy is about convincing others of the merits of your health reform policy, and how you articulate the policy helps shape the debate that surrounds it. You must also specify what actions the government must take to implement the reform policy. As the examples in Boxes 3.2 and 3.3 demonstrate, better definitions make it easier to identify who has authority to influence the policy and who will support or oppose it, thereby improving the effectiveness of your advocacy efforts (see also the stakeholder analysis guidelines in Section 2). To ensure that you define your policy in a way that is accurate and comprehensible, be sure to:

- ▶ Use clear and nontechnical language.
- ▶ Be as specific as possible.
- ▶ Be action-oriented.
- ▶ Highlight positive aspects of the policy.

Identify the advantages and disadvantages of implementing the policy.

Box 3.2. Health reform policy definition #1

Definition for the general health reform policy of “Deconcentration of the Ministry of Health.”

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

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

Box 3.3. Health reform policy definition #2

Definition for the general health reform policy of “MOH resource allocation based on results.”

Allocating MOH resources based on results is the provision of resources to Ministry facilities based on the services they provide (according to the number of services produced). The specific resources that would be allocated based on results include:

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

There are advantages and disadvantages for any health reform policy. Stakeholders will decide whether to support a policy based on the advantages and disadvantages that are presented to them. Good advocates understand all possible consequences of their policy and develop advocacy objectives that highlight the advantages and downplay the disadvantages.

Conduct a quick analysis of the advantages and disadvantages by identifying the groups and individuals affected by the proposed policy goal and brainstorming with your colleagues on the reform team to determine which individuals and groups will “benefit” and which will “lose” (see Table 3.1). First, list the advantages of implementing your proposed policy. For each advantage, identify and list those individuals and groups that will win (mark with a “+”). Follow the same process with the potential disadvantages, by listing the disadvantages and identifying those individuals and groups that will lose (mark with a “-”). If you have conducted a stakeholder analysis, then you can use your stakeholder list and/or stakeholder analysis information.

Table 3.1.
Example of Costs and Benefits of a Health Reform Policy: Increased Efficiency in Use of MOH Resources

Advantages	Disadvantages	Stakeholder affected
Decreased costs of service provision		+MOH authorities +Clients
	Increased work load by MOH personnel	-MOH personnel in facilities -Labor unions
Decreased wait time		+Clients +MOH authorities (through better institutional reputation)
	New administrative and budgeting systems	-Ministry of Finance -MOH budgeting at central and facility levels -MOH facility directors
MOH more competitive provider	More competition	-Private sector providers +MOH authorities and facilities
	Possible shut downs of inefficient or unnecessary facilities	-Clients -Facility personnel -Labor unions
	Changes in personnel	-Labor unions -Facility personnel
Allows MOH to continue to provide services		+Clients +MOH personnel

Evaluate the policy's political viability.

Now your team will need to determine if the policy is politically viable (see Box 3.4). For example, in reviewing the analysis in Table 3.1, the health reform team can quickly determine that there are more opponents than supporters for their policy of increasing the efficiency of MOH resources. The next step is to dig further into the analysis to determine if the opposition is stronger than the support. You can quickly see that this health reform team can anticipate strong opposition from key and influential political actors like the Ministry of Finance, MOH technical staff at the central and clinic levels, MOH directors, private sector providers and labor unions. Given the opposition, the team may want to consider selecting another policy that is more feasible or reorienting the chosen policy. The benefit of this analysis is that in short order, the health reform team can quickly determine if their reform policy is politically feasible, needs to be refocused, or should be abandoned for another one less controversial before developing an advocacy strategy that will be misguided from the start.

Box 3.4. Discussion questions: Determining if a policy is politically viable

- ▷ Are there more supporters than opponents?
- ▷ Are the supporters more influential than the opponents?
- ▷ Are there undecided and neutral groups that can be converted to supporters?
- ▷ Is there more opposition than support for your policy? If yes, should you: a) continue? b) refocus the policy? c) choose another, less controversial policy?

Step 3: Set Advocacy Objectives

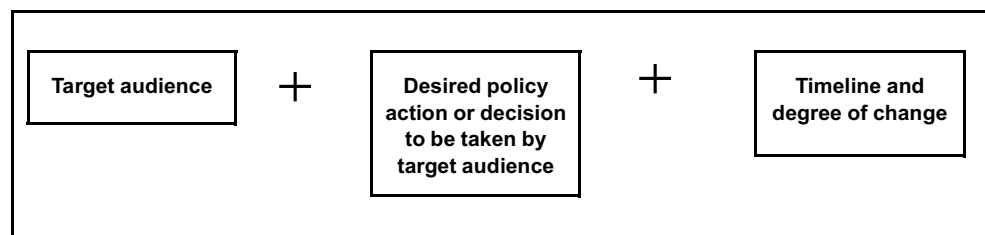
Once you have selected and defined your policy, you are able to begin shaping your advocacy strategy by identifying your advocacy objectives. An advocacy strategy aims to change the behavior or opinions of policymakers, organizations, or key individuals regarding your reform policy and to motivate them to take action in support of your policy. An advocacy objective states what you want to change, who will make the change, and by when. Your advocacy strategy may encompass more than one objective; many advocates simultaneously work on multiple advocacy objectives to implement their policy and achieve their long-term reform goals.

Many advocacy objectives fall into the following three categories:

1. **Maintain and mobilize current supporters** of your health reform policy: Not everyone who supports your health reform policy will work actively for its passage or implementation. Your supporters may need to be asked or, perhaps, convinced to do something to further policy implementation. You may need to persuade them that the benefits of action outweigh the costs, and you must be specific about how they can help.
2. **Minimize active opposition** to your health reform policy: There is a cost to action for your supporters, but your opponents incur a cost for action as well. You may be able to convince your opponents to limit their efforts to obstruct your policy, even if you cannot change their opinions about the merits of the policy. For example, it may be difficult for Ministry of Health officials to argue against a policy decentralizing responsibility and resources for health services if the policy enjoys widespread public support.
3. **Convert neutral parties and opposition** to supporters for your health reform policy: Often, the views of opponents or neutral parties about a policy are based on incomplete or inaccurate information. By providing clear and compelling evidence to support your position, you may sway additional stakeholders to your view.

Brainstorm with your colleagues on the health reform team to identify a comprehensive list of advocacy objectives (see Boxes 3.5, 3.6, and 3.7). Because you have limited time and resources to carry out the activities necessary to achieve these objectives, you must prioritize the list. In addition, each advocacy objective should contain the following three components (see Figure 3.2): a target audience, the desired policy action or decision to be taken by the target audience, and the timeline and degree of change.

Figure 3.2. Components of an Advocacy Objective



Finally, sound objectives are Specific, Measurable, Realistic, and Time-bound (SMART). Use the discussion questions in Box 3.8 to ensure that your advocacy objectives are SMART.

Box 3.5. Discussion questions: Setting advocacy objectives

- ▷ Whose opinion or behavior do you want to change?
- ▷ To what should their opinion or behavior be changed?
- ▷ What actions or steps do you want them to take?
- ▷ What is the timeframe?

Box 3.6. Advocacy objective #1

Advocacy objective for decentralizing health services:

Create support and better understanding of the benefits of decentralization among Ministry of Health leadership before policy is approved by Prime Minister.

Box 3.7. Advocacy objective #2

Advocacy objective for rationalizing health facilities:

Minimize political opposition to closing 50 percent of public health posts by informing key stakeholders such as local politicians, provincial advisory council members, and community leaders about how services will improve with more resources dedicated to fewer clinics.

Box 3.8. Discussion questions: Ensuring that advocacy objectives are SMART

- ▷ **S** — Specific: Is the objective specific enough that your supporters understand what you are trying to achieve?
- ▷ **M** — Measurable: Is the objective measurable, enabling you to assess whether your advocacy activities succeed or fail?
- ▷ **A** — Achievable: Is the objective achievable given the resources (financial, political, and technical) available to your health reform team?
- ▷ **R** — Realistic: Is the objective realistic given your resources, expectations, and timing?
- ▷ **T** — Time-bound: Have you specified a timeframe in which to achieve the objective?

Step 4: Identify and Analyze Audiences

Identify target audiences

Effective advocacy is based on an audience-centered approach that targets institutions and people critical for success, rather than attempting to reach all actors or decision-makers. The audience-centered approach:

- ▶ Distinguishes the target audiences
- ▶ Analyzes their positions and interests
- ▶ Communicates policy messages to them
- ▶ Motivates them to take action.

The stakeholder analysis guidelines in this toolkit (Section 2) provide one method for identifying target audiences by identifying key stakeholders. Another method is to brainstorm with your colleagues to identify all organizations, groups, and individuals with a vested interest and “stake” in your country’s health reform (see Box 3.9).

While there may be variations among countries, the target audiences for health reform policies generally include representatives from the following sectors: international, government, political, commercial, nongovernmental, and social. Table 3.2 provides a comprehensive list of possible target audiences, and Box 3.10 lists the target audiences of a health reform initiative in Ecuador.

After you have identified the stakeholders, separate them into primary and secondary audiences:

- ▶ Primary audiences have the ability and authority to directly affect your advocacy objectives. These groups make decisions, take action, and create change. They should be the primary targets for your advocacy strategy. In the case of health sector reform, primary audiences may include ministers of Health, Planning, and Finance, various levels of central and local governments, staff at the health facilities, and private sector service providers.
- ▶ Secondary audiences are people and groups who influence your primary audiences. To the extent that they affect the decisions and actions of primary audiences, they also should be targets of advocacy actions. Opposition may be included among your secondary audiences. Key secondary audiences for health sector reform include doctors’ syndicates and other associations of health professionals, the media, and, possibly, nongovernmental organizations (NGOs) and the public. (The public is usually considered a secondary audience because it affects change by reacting to the incentives created by policies or reformed systems, not by directly influencing the policies or systems.)

The Audience Identification Worksheet (see Annex 3-A) helps you list your primary audiences according to objective and your secondary audiences as they relate to primary audiences.

Primary audiences have the ability and authority to directly affect your objectives. They make decisions, take action, and create change. Secondary audiences are people and groups who influence your primary audiences.

This worksheet will help you identify all target audiences and see clearly which groups or individuals are listed multiple times.

Identifying key political actors and stakeholders is an important step in developing your advocacy strategy. Health reform teams frequently focus solely on their own institutions and their immediate circles of influence, but it is essential to look outward to identify potential allies *and* potential opponents. Indeed, the introduction of health sector reforms often elicits direct and open opposition from important groups, such as strike threats from health worker unions and negative public relations campaigns from medical associations and private sector health organizations. Whether the opposition is mild or strong, you must be prepared to address it in ways that benefit your stated policy:

- ▶ Be careful to identify and include potential opposition in your advocacy efforts.
- ▶ Be informed about the opposition's specific issues and base of support.
- ▶ Anticipate the opposition's response, and include them whenever possible in the policy debate.
- ▶ Prepare messages to refute the opponent's arguments as they arise.

The “undecided” or neutral parties are often overlooked by health reform teams. Many undecided groups may become full supporters of your reform policy with only a minimal effort because many simply lack information or need only to be asked to become actively involved in health reform efforts. Many policymakers and key stakeholders are hesitant to voice an opinion on health reform issues they fear may be controversial, but your advocacy efforts may effectively convert these target audiences from neutral to supportive.

Collect Information about Your Audiences

Collecting information about your target audiences is critical for tailoring effective messages and identifying appropriate advocacy strategies. You need to learn your audiences' knowledge of, attitudes toward, and interests in the reform policy, as well as the other issues about which your audiences care deeply.

- ▶ Knowledge: What is their level of knowledge about your reform policy? Are they conversant with key health reform issues? Do they understand the consequences of implementing the policy?
- ▶ Attitudes and/or perceptions: What do they really think and feel about your reform policy? Are they in favor? Opposed? What is their official position? unofficial position?

Box 3.9. Discussion questions: Identifying target audiences

- ▷ Who or what groups have direct decision-making authority, influence, or power over my reform policy?
- ▷ Who or what groups influence these individuals or groups?
- ▷ What organizations or individuals are affected by my reform policy? Are they affected negatively? Positively?
- ▷ What organizations or individuals are interested or potentially support my reform policy?

Box 3.10. Audiences for health reform in Ecuador

Before the Ministry of Health (MOH) in Ecuador proposed specific health reform policies and related constitutional amendments, it researched and consulted a wide range of groups to enhance the political feasibility of its proposals. The MOH identified more than 15 groups, including:

- ▷ Central and provincial-level employees of the MOH
- ▷ Doctors
- ▷ Nurses
- ▷ Private sector service providers
- ▷ Nongovernmental organizations (NGOs)
- ▷ Indigenous groups
- ▷ Women's groups
- ▷ Universities

- ▶ **Interests:** Do they care about health reform in general? this policy in particular? Why? How does the policy affect them?
- ▶ **Other issues:** What other issues do your target audiences care deeply about (they can be unrelated to your policy goal and health reform)?

This audience-centered data mentioned above is key to the effectiveness of your effort. For example, if your primary audience has little or no information about your reform policy, your advocacy objective may be to provide them information and raise their awareness. Knowing the issues your target audiences care about helps you link your reform policy to their political agenda, increasing the likelihood that you will gain their support. Similarly, understanding how your reform policy affects your audiences—particularly what they stand to “lose” from the policy—helps you craft messages that directly address their concerns.

There are several methods for collecting information on target audiences. The stakeholder analysis guidelines (Section 2) includes useful tools for compiling, analyzing, and presenting

Table 3.2. Possible Key Actors and Stakeholders in Health Reform

Sectors	Actors
International	International agencies (World Health Organization, Pan American Health Organization, etc.) International financial institutions (World Bank, African Development Bank, InterAmerican Development Bank, etc.) Bilateral donors (US Agency for International Development, etc.) International private voluntary organizations (PVOs)
Government	Executive branch Legislative branch Government ministries (health, finance, education, etc.) Military Regional and local government
Political	Political parties (in power) Political parties (in opposition) Other political organizations Social movements
Commercial	Private entities (private hospitals, private provider networks, etc.) Commercial private sector (pharmaceutical companies, insurance schemes, etc.)
Nongovernmental	Health activists Religious groups, leaders Nongovernmental organizations (NGOs), PVOs Professional Associations (doctors, nurses, midwives, health workers, etc.) Media
Social	Voters Community leaders Indigenous and other community groups Labor unions/groups

this information. If you do not conduct a stakeholder analysis, you can gather information by talking to people familiar with your audiences, reading speeches or documents written by them, and attending meetings where they are speaking or participating. The following methods are also useful:

- ▶ **Informant interviews:** Interviews provide in-depth information on key target audiences' feelings and beliefs regarding your reform policy. You can use informational interviews with a limited number of influential or knowledgeable individuals (who are representative of key groups) to better assess how secondary audiences interact and influence primary audiences. Informant interviews are particularly helpful when the audience is a single person or a group small enough to be interviewed together. Be careful, however, not to consider answers from a single individual to be representative of an entire audience.
- ▶ **Focus groups:** These are semi-structured sessions where small groups from your target population respond to questions and discuss issues of interest. They provide an in-depth perspective and the opportunity to generate discussion and validate opinions from representatives of the target audiences. Find someone your audience considers neutral to lead the focus groups.
- ▶ **Surveys/polls:** Surveys and polls are helpful for learning about large audiences such as "voters" or "communities." Surveys can be important for testing the water for key reforms by gauging how different groups will react to a particular policy. Since surveys are expensive to conduct, however, first review existing survey data.

You can compile and present the information you gather in the Audience Knowledge, Position, and Issues Worksheet (see Annex 3-B). Use one worksheet for each advocacy objective. List the primary and secondary audiences in the first column. Based on the data you collect, list what you know about their knowledge, attitude and positions, interest in the policy, and other key issues of concern. If you are unsure about any of these, enter "research needed" in the appropriate box and fill in the information as it becomes available.

Developing an Advocacy Strategy: Component II—Looking Inward

The second component of the strategic approach to advocacy is looking inward. By looking outward in Steps 1-4, you have built a solid foundation for an advocacy strategy. You now must inject some realism into your policy and advocacy objectives by looking inward to assess whether you have the resources necessary to achieve your objectives. Resources are defined as:

- ▶ **Influence:** Your alliances with other individuals and organizations are your primary resources for influence. Allies can demonstrate their support through their numbers in letter-writing campaigns or rallies. Influential individuals can lobby decision-makers, deliver advocacy messages, or otherwise persuade your target audiences through different channels. Building and strengthening alliances are critical to the success of your advocacy strategy.
- ▶ **Information:** Information such as statistics, testimonials, and analyses can be used to highlight a problem, identify or evaluate alternative solutions, or assess the effectiveness of current programs or policies. Facts and figures are critical to crafting persuasive arguments and advocacy messages. Specific types of information are more compelling to specific audiences (e.g., statistics versus testimonials). Gathering information and/or conducting research helps ensure that you have the necessary information to support your other advocacy activities.
- ▶ **Other Resources:** You need funding and technical expertise to implement your advocacy activities. Typical advocacy activities—workshops, training events, and policy seminars—all require financial support. You also may need to hire contractors or consultants to develop, produce, and implement advocacy materials and activities, such as policy briefs, public relations activities, and media campaigns. You need to identify resources, assess who has control of them, and determine how to mobilize them in support of your advocacy efforts.

Looking inward to assess what resources are available to you helps you balance your advocacy objectives against the advocacy activities you can realistically implement. Once you have assessed your resources, you may need to return to Steps 1-4 and modify your advocacy objectives in accordance with your available resources.

Step 5: Select Advocacy Activities


Advocacy Activity 1: Identify and Develop Potential Allies, Networks, and Coalitions

As an advocate for health sector reform, you need to build support and consensus for health reform and for your reform policy. Effective advocates build networks to acquire a greater number of allies and diversify their bases of support. They also form or participate in coalitions among organizations to create political momentum and amass public support. Below is a brief overview of the different strategies you can use to mobilize support through alliances, networks, and coalitions. (This section draws from two excellent resources on this topic: *Introduction to Advocacy* published by the USAID-funded Support for Analysis and Research in Africa (SARA) Project (Sharma n.d.), and *Networking for Policy Change: An Advocacy Training Manual*, published by USAID's POLICY Project (Boyd et al. 1999)).

Identify potential allies.

The first step in expanding your base of support is to identify potential allies. The Allies and Opposition Matrix (Annex 3-C) helps you display supporters, potential supporters, and opponents. This presents another opportunity to use the results of your stakeholder analysis (Section 2). Take the following steps to identify potential allies:

- ▶ **Start with your core supporters.** Who are the people working most closely with you—other members of the health sector reform team, the minister of health, key staff members at the ministry of health, and other collaborators? Work with your core supporters to reach consensus on goals and objectives.
- ▶ **Identify other potential supporters.** Who among your primary and secondary audiences can be brought on board? What other groups or individuals share your position and have resources to use as influence? Solicit their participation and action.
- ▶ **Identify the opposition.** Assess the constituencies of your opposition. How do they compare to yours? If your base of support is weak by comparison, reach out to a broader audience. Consider including anyone who may be convinced to support your position.




Allies are people and organizations who support your advocacy efforts.

Build relationships through networking.

"..networks are universal. Whether acknowledged as such or not, most people belong to formal or informal groups—networks—organized around family, jobs, religious activities or recreational activities. (Boyd et al. 1999)

Networking is simply a process for initiating and maintaining contact with individuals and organizations that share a common goal and agree to work together to achieve that goal. Developing and maintaining networks can help you achieve your advocacy objectives (see Box 3.11), but doing so takes time and energy because it involves building relationships and trust among people. Furthermore, networks require organization and structure in order to bring together the resources, energy, and talents of different individuals and organizations and work efficiently.



Networks are loose associations of individuals and organizations that share your goals and can help you achieve them.

Box 3.11. The benefits of networks

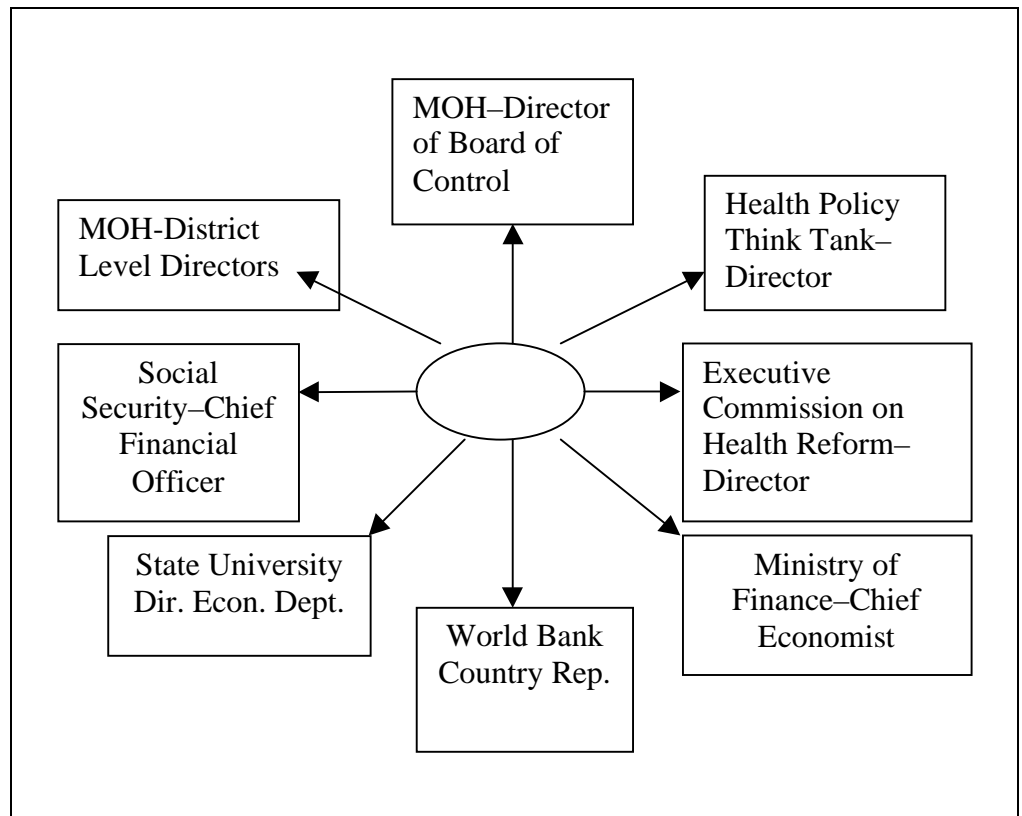
- ▷ Networks keep you up to date on what is happening in health reform.
- ▷ Networks provide a ready audience for your ideas and policy analysis.
- ▷ Networks generate support for your actions.
- ▷ Networks provide access to resources and skills.
- ▷ Networks pool limited resources for the common goal.
- ▷ Networks provide safety and power in numbers.
- ▷ Networks expand your base of support.

(adapted from Boyd et al. 1999)

You can begin by developing your own personal network: select individuals and organizations that you know and are associated with health reform and/or your policy. Think of people both within and outside your organization. Display your contacts using a diagram similar to the one in Figure 3.3. You may find that you already have an extensive network of influential political actors that you can potentially involve in your advocacy efforts. To solidify and strengthen your network, it is important to build open and trusting relationships. Here are a few strategies:

collaborate on projects of mutual interest; help bring attention to their work; assist them with special projects; share information with them; attend their meetings and invite them to yours; and offer to serve as a technical resource for their meetings and seminars. The strategies you learn from your own networking experience can be applied to fostering relationships and trust with potential allies and supporters as you implement your advocacy strategy.

Figure 3.3. Example of a Personal Network



Forge alliances through coalitions.

Coalitions are more formal than networks, thereby requiring greater commitment and resources. However, your coalition partners also make a greater commitment to you and your objectives, so you can expect more from them in return.

There are different types of coalitions, and the categories are not mutually exclusive (see Box 3.12). Coalitions can be very fluid or highly structured, and different types attract different audiences.

To help ensure that your coalition functions smoothly and your efforts at coalition-building are worthwhile, agree on objectives beforehand. Work with your coalition partners to define short- and long-term goals. Select issues and activities that bring the coalition together. Finally, communicate with your partners about roles, progress, and difficult issues. Coalitions require more work than networks, but the benefits can be greater. Before joining or starting a coalition, carefully consider the advantages and disadvantages, as outlined in Table 3.3.

Allies, networks, and coalitions are valuable when they demonstrate their support. As demonstrated by the example from the Dominican Republic (Box 3.13), allies can support your efforts in many ways. The Municipal Health Directorate of Santo Domingo Centro found partners that could deliver health services and build community support. Supportive individuals and organizations are one of your most important resources; cultivate and use them. Think about how they can help you and then specifically request their assistance.

A coalition is a group of several like-minded organizations working together to achieve a common goal.

Box 3.12. Types of coalitions

Permanent: These are incorporated organizations with a staff and board of directors, such as associations, trade unions, or federations.

Temporary: Organizations may come together for a specific goal. Once the goal is achieved, these types of coalitions typically disband.

Formal: Members formally join the coalition, pay dues, and are identified as coalition members.

Informal: There is no official membership, and members may often change, as may issues and tactics.

Multi-issue: Coalitions that work on a number of issues or objectives, although they may address only one issue at a time.

Single-issue: Coalitions are formed around a single issue or objective, which sometimes leads to strange alliances between organizations that oppose each other on other issues.

(adapted from Sharma n.d.)

Table 3.3. Advantages and Disadvantages of Coalitions

Advantages	Disadvantages
▷ Enlarges your base of support	▷ Distracts from your other work
▷ Provides safety for advocacy efforts and protection for members	▷ May require that you compromise your position on issues or tactics
▷ Increases financial and programmatic resources	▷ May require that you give in to more powerful coalition partners
▷ Enhances credibility and influence of advocacy campaign and individual coalition members	▷ You may not receive credit for your work if recognition goes to the coalition as a whole
▷ Helps develop new leadership	▷ All members' credibility may be damaged if the coalition breaks down
▷ Assists in individual and organizational networking	
▷ Broadens your scope of work	

Adapted from Sharma n.d.

Box 3.13. Collaboration to strengthen community support and provide health services in the Dominican Republic

The Municipal Health Directorate of Santo Domingo Centro (SDC) is tasked with providing health services to the more than 1.3 million Dominicans living in its jurisdiction. The SDC's ability to provide health services is constrained by scarce resources and the complex, urban environment in which it operates.

Given these constraints, SDC concluded that, alone, it cannot successfully meet community health needs, and it has developed links with other service providers and health sector actors in its jurisdiction. In 1999, SDC began identifying key audiences that could help encourage community participation, develop favorable public opinion, mobilize financial resources, expand coverage, and enhance quality of specific programs (such as tuberculosis control). To date, SDC has developed a list of approximately 40 organizations, with areas for potential collaboration and expected results for each. SDC hopes to develop targeted partnerships with these organizations to support implementation of its work plan.

Advocacy Activity 2: Policy Communication

Use data as a resource for communicating with stakeholders.

A second significant resource for your advocacy strategy and activities is information. As the saying goes “information is power,” and, as a member of a health reform technical team, you have access to important analyses, data, and other types of information on health reform (see Table 3.4). This information can be used effectively in advocacy campaigns to support reform initiatives. Policy analyses can help shape the debate on health reform, create a more positive image for your reform efforts, and foster an accurate discussion among key stakeholders on health reform issues. Facts and figures make persuasive arguments for reform policies. Finally, information better prepares your audience for both the positive and negative consequences of health

reform policies. For example, in Ecuador, focused research and the targeted presentation of the results helped to build consensus for making equity an important objective of the country's health sector reform (see Box 3.14).

A message is a concise and persuasive statement about your policy that captures what you want to achieve, why you want to achieve it, and how you plan to achieve it.

Develop your message.

Sharing data with your stakeholders is only half the task; to be an effective advocate, you need to communicate this information in a way that helps your target audiences listen, understand, and act. To communicate effectively, you need a clear and consistent message that is tailored to your target audiences' interests. Audience research plays an important role in identifying appropriate messages targeted to various policy audiences. (See Sharma n.d., and Murphy 1994, for more detailed descriptions of policy communication).

The process of developing and delivering policy messages entails several elements (see Box 3.15):

- ▶ Message content and language
- ▶ Source/messenger
- ▶ Format
- ▶ Time and place

Message content and language. A message is a concise and persuasive statement about your policy that captures what you want to achieve, why you want to achieve it, and how you plan to achieve it. The underlying purpose of a message is to create action, and so your message should include the specific actions you would like the audience to take. Messages usually include the following elements:

Box 3.14. Equity as a health sector objective in Ecuador

Remedying inequities in health provision and services is an objective common to many health sector reform agendas. Yet it can be difficult to promote the importance of equity solely by appealing to people's morality and emotions, especially when equity objectives compete for financially scarce resources. In Ecuador, the Ministry of Health incorporated equity into its health sector reform agenda and tasked the Centro de Estudios de Población y Promoción para el Desarrollo Social (CEPAR), a nonprofit research institution, with identifying and documenting the current state of health inequities. CEPAR documented the principle health problems of the population and mapped them spatially to show how they were geographically concentrated in poor, indigenous, rural, and/or suburban areas. This information was used to create targeted materials, which helped build widespread consensus on the need for reform among a variety of audiences.

Table 3.4. Data Sources for Health Sector Reform

Type of data	Routine information	Surveys	Studies
Demographic information and health status	▷ Health information system	▷ Census	▷ Burden of disease
	▷ Annual reports of ministry of health	▷ Demographic Health Survey	▷ Maternal and infant mortality
	▷ Web sites of World Health Organization, World Bank, and other international organizations	▷ Living Standard Measurement Survey	▷ Other specific research and analysis
	▷ Surveillance	▷ Consumption surveys	
	▷ Vital registration	▷ Nutrition surveys	
Health care financing	▷ Government budget	▷ Household surveys	▷ National health accounts
	▷ Expenditures of public financing agencies (MOH, social insurance schemes, etc.)	▷ Provider surveys	▷ Public expenditure reviews
		▷ Labor force participation	
	▷ Pharmaceutical procurement reports		
	▷ Macroeconomic data on prices		
Resource allocation	▷ Budgets and expenditures of public financing agents		▷ National health accounts
			▷ Facility-level costing
	▷ budget tracking systems (where available)	▷	▷ Equity analysis
			▷ Cost-effectiveness analysis
		▷ Public expenditure reviews	
Consumer demand	▷ Health information system	▷ Household surveys	▷ Special studies and analyses (e.g., rapid assessment)
		▷ Focus groups	
Supply of health care services	▷ Health information system	▷ Provider surveys	▷ Health manpower
	▷ Routine annual reports of MOH and other public entities		▷ Facility-level costing studies
	▷ Service delivery statistics		
Institutional and system performance	▷ Laws and regulations governing health sector		▷ Analysis of organizational structure
	▷ Licensing and accreditation procedures		▷ Institutional analysis
Political framework and environment	▷ Observation	▷ Focus groups	▷ Political mapping
	▷ Public statements, position papers	▷ Polls/public opinion surveys	▷ Stakeholder analysis
	▷ Media scans	▷ Baseline surveys	▷ Key informant interviews
	▷ Ministry reports, five-year plans, annual workplans		

Box 3.15. Discussion questions: Developing and delivering policy messages

- ▷ Message content and language: What ideas do you want to convey? What arguments will you use to persuade your audience? What words will you choose to get your message across clearly? Are there words you should not use?
- ▷ Source/Messenger: Who will the audience respond to as credible?
- ▷ Format: How will you deliver your message for maximum impact?
- ▷ Time and Place: When is the best time to deliver the message? Is there a place that will enhance its credibility or give it more political impact?

adapted from Sharma n.d.

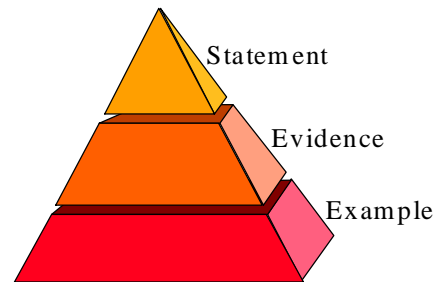
- ▶ **What you want to achieve:** Depending on your audience and how directly the policy concerns them, this may be phrased as your goal, your objective, or a part of your goal or objective.
- ▶ **Why you want to achieve it:** Show the benefits of action versus the negative results of inaction. Tailor the message to your audiences by focusing on their interests and framing the benefits and costs in terms of those interests.
- ▶ **How you propose to achieve it:** Describe your policy strategy. The characteristics of your target audience may dictate how detailed and comprehensive your description should be.
- ▶ **What action you want the audience to take:** Be specific about what you want the target audience to do. Providing details increases the likelihood that your audience will take the desired action.

The Message Content Worksheet (Annex 3-D) can help you craft your policy message. First, identify your target audience and the action you want them to take. Then, fill in the basic components of your message—what, why, and how. After you have written the component pieces of your message on the worksheet, use a clean sheet of paper to reword your message so that it is more effective. There are five characteristics of an effective message (see Murphy 1994):

- ▶ The message is simple.
- ▶ The message is concise.
- ▶ The message uses nontechnical language.
- ▶ The tone and language are consistent with the message.

Practice this first cut at your policy message with your colleagues on the reform team to see if they understand your message. If not, go back to the drawing board until you succeed.

Another approach to develop your policy message is the “SEE” method: Statement, Evidence and Example (see Figure 3.4). The SEE approach is a very persuasive communication method because it puts a “human face” on the issue by telling a story about a person, family, or groups affected by the proposed policy. State your message, provide evidence to back it up, and conclude with a story or analogy. This method frames the reform policy in human terms that the audience can relate to. Box 3.16 includes an example of a policy message that uses the SEE method.

Figure 3.4. The SEE Method**Box 3.16. Decentralizing health services****Policy**

Decentralization of health services: redistribution of power, responsibilities, and resources (human and financial) to the local levels of government.

- ▷ Promote participation by local population in health-related decisions.
- ▷ Address problems and provide needed resources at the levels where the population is affected (i.e., where the problems are occurring).
- ▷ Ensure that health care providers and users are supported by an adequate national regulatory system.

Advocacy objective

Create support and better understanding of the benefits of decentralization among ministry of health leadership.

Target Audience

Minister of health, deputy minister of health, permanent secretary, and other high-level ministry officials

Message

The decentralization of services is a proven mechanism for improving the health of families in our country. Mayor Juan Perez from Santiago de Plano, a town in the rural areas, helped establish a clinic in partnership with MSP. In a very short time, Mayor Perez — along with the clinic staff and the municipal health advisory board — succeeded in linking all services and institutions related to health care provision. At this time, virtually everyone in the community enjoys basic health care coverage, people are using the services appropriately, and there are visible and documented improvements in the overall health status of the town. We should be helping mayors from all towns improve their health care services. We need your support and leadership to facilitate decentralization in all regions.

There are three points to keep in mind while developing your message:

- ▶ Limit the number of points. There should ideally be one point and, at most, three points in your message. Too many points will confuse and possibly overwhelm your target audience.
- ▶ Pretest the messages. Pretest messages with representatives of your target audience to ensure they understand the message. To the extent possible, messages should be tested in their final format. Schedule sufficient time to respond to the feedback you receive and to adapt the materials as necessary.
- ▶ Focus the message on action. Use data carefully and only to support the message, not replace it.

Source/Messenger. Your messenger may be as important, or more important, than the message. He or she must have access to the target audience, be perceived as credible, and be someone to whom the audience responds. The messenger should be articulate, know the issue thoroughly, and be able to present the message clearly. There are basically two types of messengers (Murphy 1994):

- ▶ Change agents: people who are highly respected by the audience but, in general, are not members of the target audience, such as international experts in health reform or political leaders
- ▶ Opinion leaders: prominent, trusted members of the target audience, usually living and working among them.

Use the Selecting a Messenger Worksheet (Annex 3-E) to list all possible messengers for a target audience and assess whether they meet certain criteria that will make them effective: access to target audience, credibility, knowledge, and speaking skills. Rank each potential messenger by these criteria, and determine who fulfills the most. Assess which criteria are more important and select your messenger accordingly. For example, experience has demonstrated that there are few credible and knowledgeable spokespersons who are also good speakers.

Format. The format is the medium through which you deliver your message for maximum impact. Possible message formats include the following (adapted from Sharma n.d.):

- ▶ Formal or informal meetings
- ▶ Informal conversations at social, religious, business, or political gatherings
- ▶ Policy forums
- ▶ Public rallies
- ▶ Executive briefing packets
- ▶ Pamphlets, brochures, or fact sheets
- ▶ Posters and/or flyers in public places
- ▶ Computer and slide presentations
- ▶ Newspaper articles or advertisements
- ▶ Broadcast commentary or coverage
- ▶ Public debate.

The format must be appropriate to your target audience, message, and messenger. As illustrated by the example in Box 3.17, different audiences can be targeted using different formats. For example, high-level audiences do not have much time, so the message formats appropriate for them are brief, to-the-point, easy-to-read, and free of technical jargon. The format should demonstrate the following characteristics (Murphy 1994):

- ▶ **Clarity:** The message, including graphics, should not be too technical or complex.
- ▶ **Brevity:** Keep it short, with an executive summary, highlighted quotes, text boxes, or tables, as appropriate.
- ▶ **Attractiveness:** Good design makes publications and visual aids easier to read and understand.
- ▶ **Accuracy:** Data must be correct, and claims of benefits or costs should be realistic and defensible, because credibility is paramount.
- ▶ **Timing:** Information should be communicated when it is new or most relevant.

Box 3.17. Different formats for national health accounts advocacy in Ecuador

In Ecuador, the Ministry of Health advocated National Health Accounts by 1) holding seminars, 2) developing policy-relevant materials (directly relating NHA to audience's interests), 3) disseminating news bulletins communicating progress, and 4) holding individual meetings. As a result of these activities, all of the sectors are providing information and support for NHA.

Time and Place. The final element in the process of developing and delivering your message is the time and place.

- ▶ **Timing is important.** In many countries breakfast meetings or early morning seminars are common practice and represent acceptable times to deliver messages. You may link the delivery of your message to other political events to draw more attention to your issue. For example, is there an electoral campaign underway that might make policymakers more receptive to your message?
- ▶ **The place where you deliver your message is also as important as timing and should be appropriate for your target audience.** Is there a place to deliver the message that enhances its credibility or gives it more political impact? For example, a press release on equitable access to health care presented at a health post in a poor neighborhood may have more impact than a similar message delivered from a podium in a downtown hotel.

Message Development. Once you have determined the details of your message, the Communications Plan Worksheet (Annex 3-F) helps you bring together all the components of your communication plan, assessing and adjusting the plan as needed. First, list your target audience, followed by the action you want the audience to take. Second, include your concise policy message targeted for this specific audience along with the list of possible messengers, time and place for delivery, and the formats you plan to use.

Advocacy Activity 3: Conflict resolution and negotiation

Conflict resolution and negotiation are skills that are used in every aspect of the health reform process. Negotiation helps you broker expectations while trying to build consensus for your priority health reform policy. Negotiation skills are crucial for directly addressing conflict or crafting agreements that reduce or neutralize your opposition. Finally, you need to negotiate and

bargain “political resources” in exchange for resources necessary to implement health reform policies. The conflict negotiation guidelines (Section 4 of this toolkit) provide more substantial direction and detail on how and when to undertake negotiation.

Step 6: Implement Advocacy Activities

Now it is time to pull together all the products from Steps 1-5 and to identify different activities that can help you achieve your advocacy objectives. Be creative. There is a wide range of advocacy activities from which to choose, including town-hall meetings, one-on-one meetings, caucuses, lobbying, policy seminars, workshops, conferences, and developing materials such as executive briefing packets, positions statements, and press releases. Press conferences, public awareness campaigns, public rallies, networking, building alliances, and participating in coalitions are all advocacy activities. There is no “right” or “wrong” advocacy activity. The key to successful advocacy is to be persistent, to use multiple activities with a consistent message, and to be innovative and creative in selecting activities to reach your target audiences. Boxes 3.18 and 3.19 highlight two of the most common advocacy activities for effectively communicating with different target audiences, mass media and lobbying.

Box 3.18. Using mass media

Print (newspapers and magazines) and broadcast (television and radio) media are key channels of communication. The media enable you to influence the greatest number of people in the shortest time. Use mass media when your target audience is the public. The media are useful for educating people about proposed reforms, changing attitudes toward reforms, recruiting supporters, and raising money. Media also can be helpful when you want your secondary audience, the public, to influence decision-makers.

To effectively use the media, you must understand the different ways media sources and specific reporters and journalists cover health sector and health policy issues. What are the patterns of media coverage? Who is interested in health-related stories? What appear to be their particular biases or preferences? You can discover this information by monitoring and tracking the media's coverage of health issues. Understanding the media's interest in health will help you improve the timing of your communications efforts and present your message in a way the media consider newsworthy.

Use these and other media tools encourage or facilitate the media's coverage of your issues:

- ▷ Press releases
- ▷ Press conferences
- ▷ Letters to the editor
- ▷ Editorials
- ▷ Newspaper and magazine articles
- ▷ Television and radio appearances
- ▷ Televised or printed interviews

For more detailed advice on preparing specific communications pieces, see IPPF 1995 and Center for Development and Population Activities 1995.

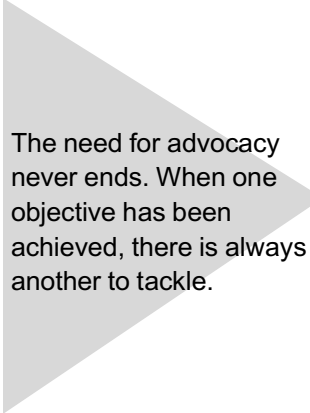
Box 3.19. Lobbying

Lobbying is a special type of communication involving policymakers. You approach policymakers through interpersonal channels. Possible formats include formal or informal meetings, briefings, letters, or phone calls. Because of the intimate nature of the communication, audience research is especially important. You will need to understand your policymakers' positions, interests, and issues in order to appropriately target your messages. Selecting credible messengers is also critically important. Here are some additional tips for effective lobbying:

- ▷ Understand the decision-making process. This will help you target the right decision-maker and time your lobbying efforts for maximum effect.
- ▷ Help educate your audience about your policy. Become an information resource and be willing to help out.
- ▷ Develop a relationship with your audience. Inform policymakers about your progress and efforts, and include them in activities where appropriate.
- ▷ Endeavor to keep your issue on policymakers' agenda. Communicate with them frequently and provide them with helpful information.
- ▷ Engage and be willing to assist the policymaker's staff. Staff members are influential, and you should consider them a key secondary audience.

For more detailed advice on lobbying, refer to IPPF 1995 and Center for Development and Population Activities 1995.

Developing an Advocacy Strategy: Component III— Looking Ahead



The need for advocacy never ends. When one objective has been achieved, there is always another to tackle.

Avoid getting caught up in the details of designing and implementing your advocacy strategies and losing sight of your long-term goal: sustaining support to implement your reform policy. To keep focused on your ultimate goal, you need to look beyond your advocacy strategies and keep your reform policy in sight. To succeed, you will need to constantly assess and adjust your advocacy strategy. Monitoring and evaluation are also essential for well-targeted and focused advocacy.

This component defines the difference between monitoring and evaluation, helps you develop a monitoring and evaluation framework, and provides some questions to help you assess the progress and impact of your advocacy activities.

Step 7: Evaluate and Adjust Strategy

A sound monitoring and evaluation component helps you track the success of your advocacy strategy, build credibility, and motivate your team members to sustain the momentum. If you achieve your advocacy objective and/or succeed in bringing about the changes implied in your reform policy, monitoring and evaluation will help you demonstrate a clear connection between your activities and objectives and the policy outcome.

Monitoring Your Progress

Monitoring is the process of routinely gathering information on all aspects of an advocacy campaign and using the information to manage decision-making regarding your strategy (adapted from Boyd et al. 1999). It helps you identify areas for improvement, make mid-course corrections, and revise your objective or strategy as needed. You must be creative and persistent: if one activity does not work, try another. If you decide to make adjustments, be sure that all the elements of your strategy remain cohesive, with realistic timeframes and appropriate people assigned responsibilities. To effectively monitor your progress, build into your advocacy strategy systems for collecting data and information on key activities as well as systems for summarizing, analyzing, and using that information to make decisions and take corrective action if necessary.

Gather your colleagues together again to develop a monitoring and evaluation framework. To develop your monitoring plan for your advocacy strategy, answer the following questions:

- ▶ What should we monitor? (Box 3.20 suggests questions to guide your analysis.)
- ▶ Who will be responsible for collecting and analyzing the information?
- ▶ When will the monitoring take place?
- ▶ What are the measurable indicators and their sources of information?
- ▶ How will we gather the necessary information?
- ▶ How will we present the information?
- ▶ Based on the information, what decisions or actions need to be taken to improve the performance of our advocacy strategy?

Evaluating Your Results

Evaluation helps you assess the impact and results of your advocacy strategy. It is not enough to know if your advocacy strategy has been well-planned, well-timed, and well-implemented. It is also important to know whether your activities have been effective, that is, if they have brought about the desired policy change. Evaluation involves a systematic, objective analysis of your advocacy strategy's performance (adapted from Boyd et al. 1999). Evaluate your strategy to:

- ▶ Determine if you have successfully achieved your policy goal and advocacy objectives

Box 3.20. Discussion questions: Monitoring your progress

Objective:

- ▷ What progress did you make toward achieving your objective?
- ▷ Is your objective still achievable?
- ▷ Why does it make sense to continue to focus your advocacy efforts on that objective, or why might you select another?

Audience:

- ▷ Did you reach your target audience?
- ▷ Were you able to influence their actions?
- ▷ Do they have the influence you anticipated?
- ▷ Was your information on target audiences accurate?
- ▷ Was the information sufficient?

Advocacy Activity 1: Allies, networks, and coalitions

- ▷ Are your existing allies, networks, and coalitions sufficient?
- ▷ How have your alliances helped you expand your base of support?
- ▷ Have you been able to build your network and/or coalitions?
- ▷ Have coalitions focused on your most important issues?
- ▷ Has the benefit of building your constituency been worth the effort?

Advocacy Activity 2: Policy Communications

- ▷ Messages: Were the messages appropriate for the different audiences as indicated by audience research? Were the messages concise, easy to understand, and action oriented?
- ▷ Messenger: Did you select good messengers? Did your target audience consider them credible? Did the messengers succeed in delivering the message? Were they able to influence the target audience?
- ▷ Channel: Did you use the best channels available to reach your audience? Did you use different channels for different audiences and messages?
- ▷ Format: Was the format appropriate for the audience? Were the products attractive and easy to understand? Did you pretest the messages and formats with members of the target audiences?
- ▷ Timing: Was the timing right? Were messages delivered when the target audience had time and opportunity to act? Did the timing enable messages to link into other related activities? Was the message repeated often enough to have lasting impact?

- ▶ Draw lessons learned from your experience to improve the effectiveness of your current and future advocacy strategies
- ▶ Demonstrate success to your team members or others involved in your advocacy strategy to maintain their motivation to continue advocating for health reform.

To develop an evaluation framework, gather your colleagues to answer the following questions:

- ▶ What should we evaluate? (See Box 3.21)
- ▶ Who will be responsible for collecting and analyzing the information?
- ▶ What will be the measurable indicators and their sources of information?
- ▶ When will the evaluation take place?
- ▶ How will we gather the necessary information?
- ▶ How will we present the information?
- ▶ Based on the information, what decisions or actions need to be taken to improve the results of our advocacy strategy?

Conclusion

Health sector reform is typically complex and is often constrained by political interests, limited resources, and rigid organizations. Advocacy helps you respond to these challenges by shaping the policy debate, building support for reforms, and motivating action. Your advocacy strategy can build a constituency for health reforms and mobilize decision-makers and other stakeholders to act on behalf of your health sector objectives.

Your advocacy efforts to promote and sustain health sector reforms will benefit from the strategic approach outlined in these guidelines:

- ▶ Looking out forces you to recognize your environment and the opportunities and constraints you face. You are pushed to articulate specific advocacy objectives that will inspire and guide your advocacy activities. You will understand the process by which policies are made and implemented and identify the best places to intervene to influence health reform outcomes. You will identify the key players and their interests, in order to develop more targeted and persuasive advocacy messages and activities. By looking out, you will better understand your policy environment and be able to determine what is feasible within that context.

- ▶ Looking in enables you to assess where you are. You can gauge what resources are available to you—what allies have influence, what information you control, what financing or technical expertise you command. When you fully understand your advocacy objectives and accurately gauge your available resources, you can select the most appropriate advocacy activities. These may include developing alliances, networks, and coalitions; communicating with policymakers and other stakeholders; and negotiating conflicts. By looking in, you select advocacy activities that are feasible and therefore can realistically move you toward your advocacy objectives.
- ▶ Looking ahead helps you train your sights on your ultimate goal and helps you see the road that leads there. This is the opportunity to apply your resources, implement your advocacy activities, and create desired changes in behaviors and opinions. Monitoring your progress helps you determine whether you are heading in the right direction. Evaluating the results helps you recognize when you have arrived. Using the information gathered during your monitoring and evaluation helps you adapt your strategy and/or objectives and be as effective as possible in achieving your health sector reforms.

Box 3.21. Discussion questions: Evaluating your results

To determine what your team should evaluate, refer to your:

- ▷ reform policy
- ▷ advocacy objectives
- ▷ target audiences
- ▷ advocacy strategies
- ▷ alliances, networks, coalitions
- ▷ policy communication
- ▷ conflict resolution and negotiation
- ▷ advocacy activities.

Then develop questions for each step of the process to develop an advocacy strategy. For example, the evaluation questions for your advocacy objective could be:

- ▷ Did you achieve your advocacy objective?
- ▷ If you achieved all or part of your objective, how did it contribute toward your policy and goal?
- ▷ Your own assessment may not be completely objective. You should consult with your allies and colleagues to obtain their feedback as well.

Bibliography

- Boyd, Susan et al. 1999. "Networking for Policy Change: An Advocacy Training Manual." Washington, DC: USAID Agency for International Development. The POLICY Project.
- Brinkerhoff, Derick W. 1994. "Looking Out, Looking in, Looking Ahead." *PA Times*. Vol. 17, No. 12, p. 11.
- Center for Development and Population Activities. 1995. *Cairo, Beijing, and Beyond: A Handbook on Advocacy for Women Leaders*. Washington, DC.
- International Planned Parenthood Foundation. January 1995. *Advocacy Guide*.
- Murphy, Elaine M. May 1994. "Communicating Population and Family Planning Information to Policymakers." Washington, DC: U.S. Agency for International Development. OPTIONS II Project. Policy Paper Series No. 4.
- Sharma, Ritu R. n.d. *An Introduction to Advocacy: Training Guide*. Washington, DC: U.S. Agency for International Development. Support for Analysis and Research in Africa Project and Health and Human Resources Analysis for Africa Project.

Annex 3-A

Audience Identification Worksheet

This worksheet can help you list and organize your target audiences. For each objective, list everyone with a key role in making decisions or implementing change under "primary audience." For each primary audience, list everyone who might influence the primary audience's decisions.

Advocacy Objective:	
Primary Audience "Key actors"	Secondary Audiences "Influentials" (including opposition)
1.	1. 2. 3. 4.
2.	1. 2. 3. 4.
3.	1. 2. 3. 4.
4.	1. 2. 3. 4.

Annex 3-B

Audience Knowledge, Position, and Interests Worksheet

This worksheet can help you organize information about your audiences. For each target audience listed in the left-hand column, describe what you know about their knowledge, position, and interests in the appropriate cells. (See reverse side.)

Objective:				
Audience	Audience knowledge about issue/objective What is their level of knowledge?	Audience position and attitudes about issue/objective Are they in favor or opposed to the issue/objective? What do they think about it?	Audience interest in the issue/objective Why do they care about this issue/objective? How does it affect them?	Other issues that the audience cares about (may be unrelated to issue/objective) What other issues are important to them?

Annex 3-C

Allies and Opposition Matrix

This matrix can help you visualize your supporters and opposition. When you develop a strategy to increase support, you will want to consider the objective, target audience, other supporters, and opposition in deciding where to focus your efforts.

Core Supporters	Potential Allies	Opposition

Annex 3-D

Message Content Worksheet

When communicating with your target audience, you must be clear about what you are asking of them and why. In completing this worksheet, be sure that you present what you want to achieve and why as relevant to your audience's positions and interests. How you propose to achieve your goal should explain how the audience's role contributes to what you want to achieve.

Audience:	
Action you want the audience to take	
What you want to achieve	
Why you want to achieve it	
How you propose to achieve it	

Annex 3-E

Selecting a Messenger Worksheet

Use this worksheet to assess a possible messenger against certain criteria. For example, list all the means the messenger has to access your audience. For the messenger's credibility, knowledge, and presentation ability, note whether it is high, medium, or low. The more information you include, the easier it will be to select among the candidates. (See reverse side.)

Target audience:				
Possible messengers	Criteria for selecting a messenger			
	Access to audience	Credibility with audience	Knowledge of issue	Ability to clearly present issue
1.				
2.				
3.				
4.				
5.				

Annex 3-F

Communications Plan Worksheet

This worksheet brings together all the components of your communications plan for each objective you have established. Having it all on one page can help you assess important factors such as whether various activities complement or compete with one another, whether you have adequate financial and personnel resources, whether all your resources are being effectively used, and what would be a realistic timeframe for each activity. (See reverse side.)

Objective:				
Target audience	Message content	Messenger	Channel	Format

Section 4

Conflict Negotiation Guidelines

Kathleen Novak
Christianne Hall

Conflict Negotiation Guidelines

Table of Contents

Introduction.....	4-1
Understanding Conflict	4-5
Developing Effective Interpersonal Communication Skills and Building Working Relationships.....	4-11
Managing the Negotiation Process: An Interest-Based Approach.....	4-17
Results of Effective Conflict Negotiation	4-26
Bibliography.....	4-27
Annex 4-A: Negotiation Style Assessment and Scoring Sheet	4-29
Annex 4-B: Self-Inventory Worksheet	4-39
Annex 4-C: Negotiation Preparation Worksheet	4-41

List of Boxes, Figures, and Tables

Box 4.1. Strategic questions to ask when you are defining the issue and deciding to negotiate	4-18
Box 4.2. Brainstorming techniques	4-23
Box 4.3. Some objective criteria for health sector reform issues	4-23

Figure 4.3. The Policy Process	4-4
Figure 4.4. Conflict Negotiation Styles	4-7
Figure 4.5. Conflict Scale	4-10

Table 4.1. Assessing the Relative Power of Negotiating Teams.....	19
---	----

Conflict Negotiation at a Glance

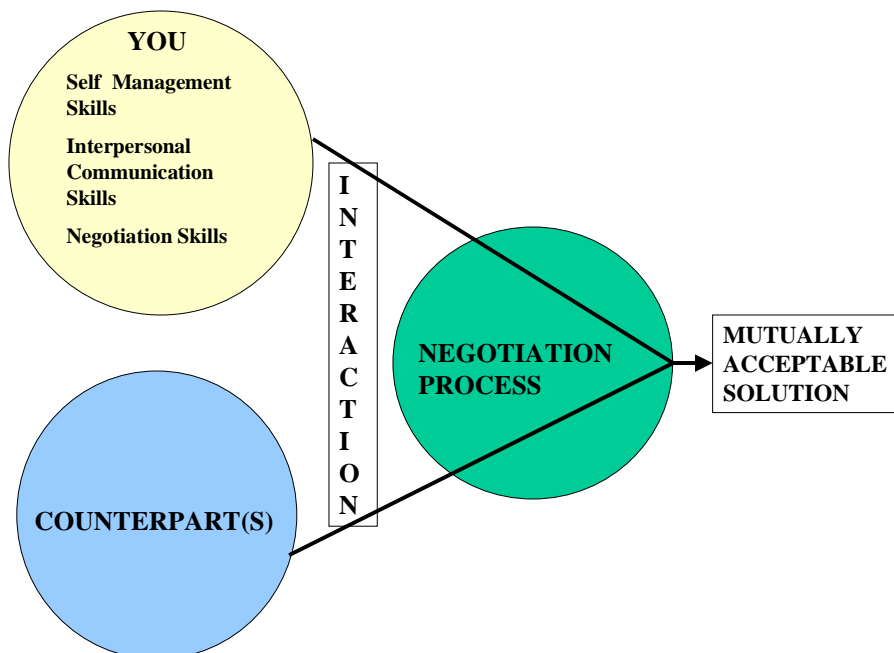
What is conflict negotiation?

Conflict negotiation is a back-and-forth communication process designed to anticipate, contain, and resolve disputes so that parties with some shared and some opposing interests can reach mutually acceptable solutions. Conflict negotiation refers to a voluntary, two-way communication in which parties involved control both the process and the outcome.

Conflict negotiation involves five key components:

- ▶ the parties involved
- ▶ the interests involved
- ▶ the relationship between parties
- ▶ their interactions throughout the negotiation process
- ▶ the results achieved.

Components of Conflict Negotiation



What is involved in conflict negotiation?

To effectively negotiate conflict and reach mutually acceptable agreements you need to:

- ▶ Prepare in advance.
- ▶ Manage yourself (your emotions and behavior) during conflict.
- ▶ Interact with your counterpart(s) in a productive way, using effective interpersonal communication skills and building a good working relationship.
- ▶ Use the interest-based approach as outlined in these guidelines.

What is gained through conflict negotiation?

Conflicts and disagreements are a natural and inevitable part of your work as a change agent in the health sector. With careful, thoughtful self-preparation, and by following the negotiation process outlined in these guidelines, you are more likely to resolve conflict and achieve the following constructive outcomes:

- ▶ Bring to the surface and clarify important issues.
- ▶ Generate improved, more creative solutions.
- ▶ Reach mutually acceptable agreements that meet your key interests and those of your counterpart(s).
- ▶ Strengthen your working relationship with your counterpart(s) as you honestly and respectfully negotiate your differences.

When disagreements are denied, avoided, or compromised away, they can:

- ▶ Divert energy from important activities and issues.
- ▶ Destroy morale.
- ▶ Polarize groups and individuals and, ultimately, make future cooperation or collaboration impossible.
- ▶ Produce irresponsible and regrettable behavior.
- ▶ Damage or destroy working relationships.



Conflict Negotiation Guidelines

Introduction

When working on health sector reform, an inherently political process, it is not uncommon to encounter disagreements among key stakeholders on priorities, actions to be taken, or desired results. These differences concern very real issues that have a direct and immediate impact on peoples' lives and livelihoods. Conflicts emerge, tensions rise, emotions flare, and agreements must be negotiated. The following are examples of health reform initiatives that have generated such conflicts:

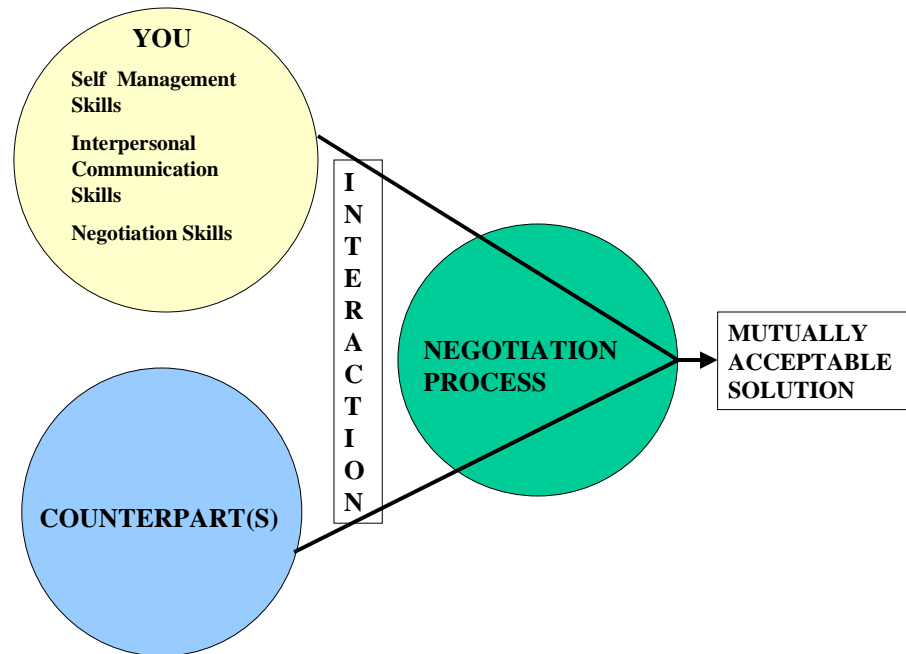
- ▶ Reallocating resources from central level ministries to decentralized units
- ▶ Shifting from historical to performance-based budgeting for public hospitals and clinics
- ▶ Increasing the authority of public hospital directors to hire and fire personnel
- ▶ Changes in the conditions, salaries, and evaluation standards for health care workers.

When we seek to implement health sector reforms, the financial, human, and technical resources needed are lost to competing uses and users. It is reasonable, therefore, to anticipate some conflicts between health reform teams and those health sector officials, managers, providers, and others who believe that shifting resources and other organizational changes required by reform will threaten their power, position, and security.

What is conflict negotiation?

Conflict negotiation is a back-and-forth communication process designed to anticipate, contain, and resolve disputes so that parties with some shared and some opposing interests can reach mutually acceptable solutions. Conflict negotiation refers to a voluntary, two-way communication where the parties involved control both the process and the outcome. Conflict negotiation involves five key components (Figure 4.1):

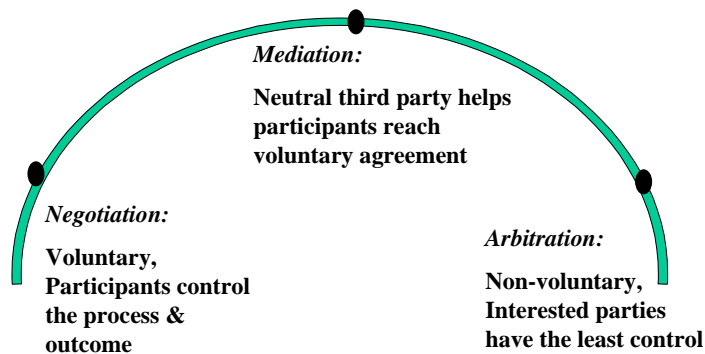
- ▶ the parties involved
- ▶ the interests involved

Figure 4.1. Components of Conflict Negotiation

- ▶ the relationship between parties
- ▶ their interactions throughout the negotiation process
- ▶ the results achieved.

If the negotiation is not successful, a neutral third party or mediator may be brought in to assist the interested parties in voluntarily reaching their own settlement or agreement. When mediation proves unsuccessful, especially in situations that have legal implications or considerable societal impact, external, binding, nonvoluntary arbitration may be introduced by appropriate governmental authorities. Such binding arbitration might be indicated, for example, in the case of a threatened shutdown of public hospitals that would put patients' welfare at risk. Figure 4.2 outlines the various mechanisms for conflict/dispute resolution, which range along a continuum from a voluntary, participant-driven process to a nonvoluntary process controlled by external arbitrators.

These guidelines focus on the voluntary negotiation of conflict. They can help health reform teams think and act strategically in order to anticipate potential conflicts and take advantage of windows of opportunity to initiate the negotiation process before the situation deteriorates and external, binding arbitration becomes necessary. This information is also useful to third-party mediators, but it will not necessarily apply to situations where nonvoluntary, binding arbitration has been initiated.

Figure 4.2. Continuum of Conflict/Dispute Resolution Mechanisms

Where does conflict negotiation fit into the policy process?

As outlined in Section 1, this toolkit is based on a conceptual framework of the policy process that includes six stages. In brief, the model states that reforms are launched when issues and agendas come together and policymakers decide on the general direction of the health reforms. The subsequent five stages in the policy process, as identified in Figure 4.3, are cyclical, with many cross linkages. These stages are:

- ▶ Policy formulation and legitimization
- ▶ Constituency-building
- ▶ Resource mobilization
- ▶ Implementation design and organizational structuring
- ▶ Progress/impact and monitoring.

This five-stage cycle is technically led because technical input is required and the process is generally led by technical staff. Overall, however, this remains an inherently political process. The ability to negotiate conflict is useful at all stages, but it is most critical during the following two stages:

- ▶ Resource mobilization: Implementing health sector reform requires substantial financial, human, and technical resources. Resources allocated to health sector reform are lost to com-

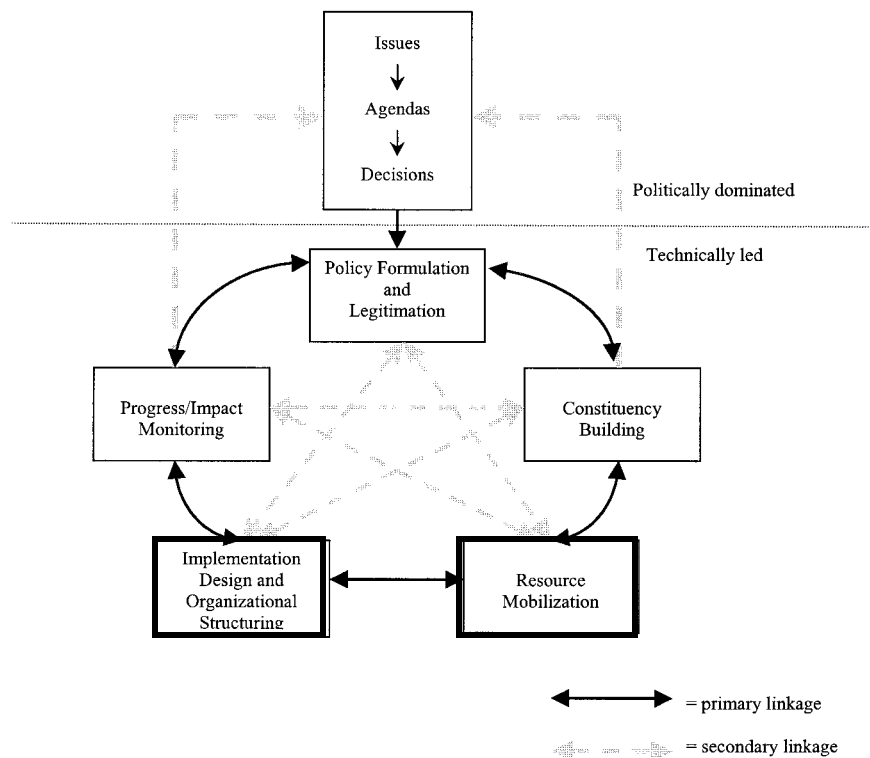
peting uses and users. Advocates for reform will need to anticipate, recognize, and negotiate the conflicts that such resource reallocation can create.

- **Implementation design and organizational structuring:** Health sector reforms assign new objectives and tasks to individuals and organizations. Frequently, no readily available, country-specific models are available to provide guidance and help manage the transition. Reform efforts also can lead to new partnerships as nongovernmental organizations (NGOs), private-sector physicians, professional associations, and community groups become more active in the reform process. For these groups, as well as for public-sector actors, adopting new ways of doing business may be perceived as a loss or a threat, rather than as an exciting opportunity or challenge. During this transitional phase, health reform teams may find themselves in conflict with those health professionals who resist change and are reluctant to give up familiar procedures, routines, resources, and relationships.

How can conflict negotiation help you?

Conflict is not uncommon during reform efforts, and developing skills to negotiate sound agreements, even in the presence of heated emotion, will be valuable in helping you further reform. As a technical person involved in the health sector, you may feel somewhat unprepared, or ill at ease, when your reform agenda is greeted with strong resistance or overt opposition. Understandably, you may wish to avoid such situations altogether and consider that dealing with these conflicts is not your responsibility. However, with the help of these guidelines on conflict negotiation—coupled with your own careful, thoughtful self-preparation, perseverance,

Figure 4.3. The Policy Process



and discipline—you can and will gain competence and expertise in this area. The rewards will be the following:

- ▶ Important issues will be brought to the surface and clarified.
- ▶ New information and options will be generated.
- ▶ Creative, improved solutions will be found.
- ▶ Working relationships will be strengthened as both parties honestly and respectfully negotiate their differences.

How does conflict negotiation relate to the other guidelines?

The Stakeholder Analysis Guidelines (Section 2), the first tool in this collection, outlines a systematic process for identifying interested stakeholders and assessing their power, interests, and positions on specific issues and policies. This clear understanding of the interests at stake and the positions of key stakeholders is critical to successful conflict negotiation.

The Advocacy Guidelines (Section 3) offer health sector reform teams a methodology and the necessary tools for facilitating some of the behavioral and organizational changes necessitated by health sector reforms. Advocacy can help mobilize constituencies, build support for required changes, and reduce internal and/or external opposition. Advocacy strategies are also useful for publicizing and communicating the results of successful negotiations to all interested parties.

Understanding Conflict

Conflict always takes place in the context of interpersonal relationships: with individuals, within families, in the workplace, within communities, and between and among opposing professional groups or political factions. These guidelines specifically address conflicts that arise as a result of health reform efforts, such as resource reallocation to decentralized district-level facilities, the reshuffling of roles and responsibilities within a unit of the ministry of health, or substantive restructuring of health sector organizations and delivery systems, etc..

Successful conflict negotiation does not just happen. People are not born good negotiators. Self-awareness, specific communication skills, knowledge of the technical content of the issues under discussion, and command of the negotiation process are all essential. Whatever kind of negotiation you face, sound and thorough preparation is the critical element for success.

You may associate the word “conflict” with negative experiences and outcomes. To be a successful negotiator, however, you must set aside these negative preconceptions and objectively try to assess the following:

- ▶ Your own beliefs, attitudes, and responses to conflict
- ▶ The nature of the conflict at hand
- ▶ Your personal investment in the outcome of the negotiation process.

You may be called upon to negotiate conflicts regarding issues that deeply concern you and involve your personal interests. This can make the line between managing your own feelings and reactions and managing the negotiation process itself difficult to distinguish. Your ultimate success as a negotiator, however, will depend on your ability to track and manage your feelings, reactions, and behavior in a disciplined manner while you simultaneously interact and negotiate with your opponents. The remainder of this section helps you prepare for this complex and challenging effort.

Understanding Your Beliefs, Attitudes, and Responses to Conflict

The attitudes and beliefs that shape your response to conflict are highly individualized and are influenced by many factors, including your culture, family background and behavior, and personal experiences (either positive or negative) in dealing with conflict, to name a few. In addition to attitudes and beliefs, your behavior in any conflict negotiation also is influenced by your values and assumptions regarding: 1) the nature and importance of relationships; 2) how other people function; 3) how you should go about getting what you want; 4) your knowledge of the specific situation; and 5) your understanding of your opponents. Finally, your approach to conflict negotiation is affected by the extent to which you balance interest-driven concerns (goal attainment), and relationship-driven concerns (developing and maintaining positive, working relationships).

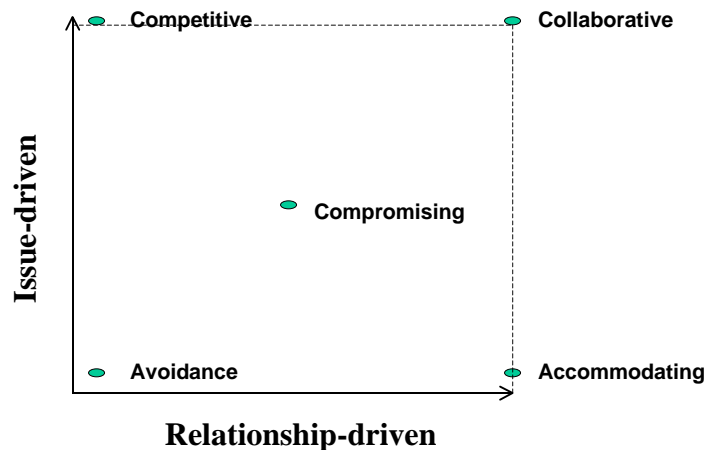
To be an effective conflict negotiator, you must first understand your personal style or approach to conflict negotiation and then adapt and adjust that style in response to the circumstances under which you must negotiate.

1. Identify your conflict negotiation style.

Although terminology may vary, most authorities on conflict agree that individual styles of conflict management can generally be described as falling into one of the following five patterns (Figure 4.4): 1) collaborative, 2) competitive, 3) compromising, 4) accommodating, and 5) avoiding. There is no one “right” style for managing conflicts; each style is helpful in certain situations and can have negative consequences when overused, or when used inappropriately.

Collaborative. Collaboration is both interest- and relationship-driven, as shown in Figure 4.4. True collaborative agreements are reached by digging deep into an issue to identify the underlying concerns and interests of the parties and finding solutions that truly satisfy these concerns. Such agreements require investments of time and energy and both are valuable and limited resources.

In the arena of health sector reform, the stakes can be high: differing objectives and methods clash frequently, the resulting conflicts are substantive, and there is a very real need to maintain satisfactory working relationships with counterparts. Given the high stakes, investing the extra resources needed to reach collaborative agreements that achieve your interest-driven agenda while preserving sound working relationships with your opponents will generally be more than worthwhile in the long term.

Figure 4.4. Conflict Negotiation Styles

Source: Kilma and Momar 1974.

Collaboration is appropriate when the concerns of both sides are too important to be compromised, but not all problems and conflicts require such optimal solutions. Be careful not to overuse collaboration on less substantive matters, particularly just to minimize risk or avoid responsibility. In addition, your collaborative efforts should elicit similar, collaborative responses from your opposition; if they don't, this may be a signal that you need to rethink the relationship issues and develop another negotiation approach and strategy.

Competitive. A competitive negotiation style is primarily interest-driven, with the goal of having your side win and the other side lose. Much less, if any, emphasis is placed on relationship issues. This is a power-oriented negotiation style in which you use whatever power and influence is available to protect and promote your interests.

A competitive style of negotiation is appropriate when: 1) quick, decisive action is vital, e.g., emergencies; 2) unpopular courses of action are needed, e.g., cost-cutting, enforcing stringent regulations; and 3) initial, more collaborative approaches have shown that your opponents are likely to take advantage of noncompetitive behavior.

An overuse of the competitive approach, however, may result in lost alliances and partnerships, reluctance on the part of your subordinates to provide needed information or data (i.e., because it challenges your position), and a competitive climate where more time may be spent on fighting for influence and power than on productive problem-solving.

Compromising. Compromise is both interest- and relationship-driven, although as shown in Figure 4.4, less so than collaboration. Compromise is the attempt to find mutually acceptable solutions that partially satisfy your interests and those of your opponents without unduly straining your working relationship. This approach requires that you deal directly with the conflict

and underlying interests at hand, but doesn't require that you explore these interests in as much depth as the collaborative approach.

Compromise is appropriate when you and your opponents have equal power and are strongly committed to mutually exclusive objectives. Temporary settlements to complex issues also may involve compromise, particularly when there is significant time pressure. For example, as a hospital director involved in negotiations with health provider unions, you may compromise on the number of positions to be eliminated in your hospital in exchange for the union's promise to defer salary negotiations for an additional 6 months. This solution is not completely satisfactory to either side. The compromise struck, however, avoids the potential disruption of a strike, achieves a temporary settlement, and leaves the way open for more collaborative negotiations in the future.

Accommodating. Accommodating is relationship-driven and places emphasis on the concerns and interests of the opposition rather than your own. Although it will not move your technical agenda forward, accommodation can be a useful strategy, especially if the issue at hand is very important to your opponents and the outcome has no particular negative consequences for you or your interests. Under such circumstances, accommodation can be used as a goodwill gesture to help maintain a cooperative relationship with the opposition and build up social credits for future issues that may be more important to you.

Overuse of accommodation, i.e., continual deference to the concerns of your opponents, may deprive you of the recognition and respect you need to influence future negotiations and outcomes with your opponents. Preserving harmony and avoiding disruption through accommodation must be balanced against maintaining your leadership and credibility and achieving your reform objectives.

Avoidance. By avoiding conflict altogether, you address neither your interests nor the competing interests of the opposition. Although not generally viewed as a useful strategy or a long-term solution, avoidance is appropriate under the following circumstances:

- ▶ An issue is trivial and doesn't merit your time
- ▶ The potential damage of confronting the conflict far outweighs any possible benefits
- ▶ You have little or no power and perceive no chance of satisfying your interests.

Postponement, a variation of avoidance, is a useful strategy when you need time to regroup and assess a situation, gather more information or resources, or recruit allies who have the power and influence required to address and negotiate the conflict more effectively.

2. Adopt a negotiation style that is appropriate to the current situation and your goals.

One key to successful conflict negotiation is the ability to realize when your own natural negotiation style is, and is not, appropriate. Review the styles described above, and identify the style that most closely describes your approach to conflict. If you know that you tend to compete for space and dominate conversations, especially when you are trying to win a point, pay particular

attention to the suggestions in the following section for developing constructive communication and active listening skills. If, on the other hand, you find it difficult to state your point clearly and with sufficient conviction, or you tend to avoid conflict at any cost, work on improving your ability to clearly state your interests and communicate your needs to the opposition.

No single approach or style for conflict negotiation will prove successful under all circumstances. Through careful assessment and preparation, however, you will be able to adjust your approach and avoid the negative emotional reactions that often derail communication and almost always escalate the level of conflict. Preparation—thinking through in advance what you are trying to accomplish and how you will proceed—will help you acquire and maintain the self-control you need during difficult negotiation processes. To learn more about your individual strengths and weaknesses as a negotiator, complete the questionnaire (which can be self-administered) and scoring sheet and read the accompanying list of suggested improvements in Annex 4-A.

Assessing the Nature of the Conflict Involved

Conflict has a substantive component (the issues about which you disagree) as well as an emotional component. In the real world, the two components tend to be inextricably intertwined.

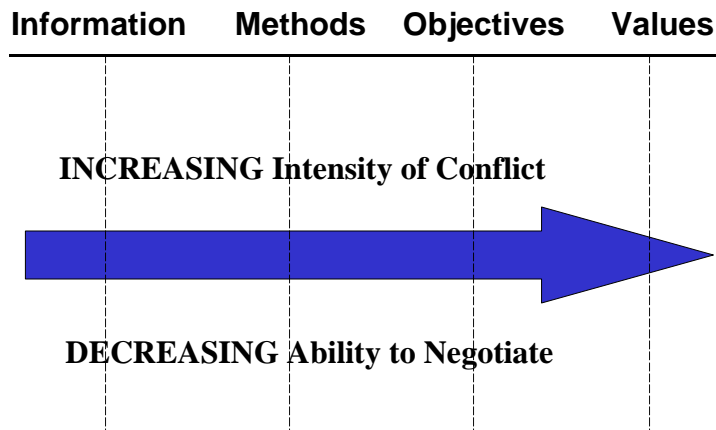
You will not be immune to the emotional tension that conflict negotiation can entail. When confronting strong opposition, you are likely to experience negative feelings such as animosity, anger, distrust, frustration, and anxiety. Better preparation and analysis, on both sides, can help contain the emotional tensions and encourage the creative problem-solving that leads to mutually acceptable solutions.

One important step in your preparation is to analyze the nature of the issue at hand and its personal importance or significance for you: Is this an issue that confronts your basic value system? Is it about the priority you place on your immediate objectives? Do the parties involved have similar objectives but choose different methods to reach the same end? Are the parties really disagreeing about facts and figures?

Your capacity to negotiate mutually acceptable solutions will usually decrease as you proceed from disagreements about information and methods to disagreements that involve your objectives and core values. Fortunately, in the arena of health reform, respect for human life, solidarity, and other core values are generally shared among key stakeholders. Differences are more likely to occur at the level of objectives, methods, and information. Figure 4.5 illustrates the relationship between the level of conflict and the ability to negotiate.

Conflict varies in intensity from mildly adversarial to bitter. One indicator of the intensity of the conflict is the level of emotional energy that accompanies your interactions and attempts to negotiate. The emotional intensity, however, does not always indicate the true *substantive* weight of the issue. Some individuals bring the same heat and intensity to all discussions, whether they are about the validity of data sets or the inclusion of certain life-saving techniques in a social insurance package.

Avoid unnecessary tension and escalation by identifying the level and significance of the conflict at hand. Spend the time and effort required to identify common values and objectives

Figure 4.5. Conflict Scale

before discussing the areas of difference and conflict. This helps you diffuse tension, focus your negotiation at the appropriate level, and increase your likelihood of finding mutually acceptable solutions.

Assessing Your Investment in the Negotiation

Before you commit to participate in any substantive negotiation, take the time to complete the personal inventory in Annex 4-B. This tool helps you assess your personal investment in the outcome of the negotiation and identify any personal risk factors that are relevant. After answering the questions, stop and assess your answers. What specifically concerns you about this issue? What is at stake for the reforms you are trying to implement? What personal or professional risks are involved if you are not successful? What would be the best mutually acceptable outcome you can imagine? What would be an outcome you could accept? What is the best outcome you can expect if you don't negotiate?

Answering the questions in this personal inventory helps you put the negotiation process in perspective as it relates to you, your interests, and your efforts to implement change. Based on this information, you can assess whether it is in your best interest to enter into negotiations and the potential consequences of a decision either way. Having a realistic idea of the stakes involved enables you to be firm, yet flexible, during the actual negotiation process, without feeling insecure or vulnerable.

Summary

Effective conflict negotiation requires that you express your interests and needs clearly, understand the interests and needs of the opposition, and use your joint problem-solving skills to reach an acceptable solution. The next section introduces communication and interpersonal skills that can increase your negotiating ability and greatly improve your chances of success.

Developing Effective Interpersonal Communication Skills and Building Working Relationships

Effective communication and interpersonal skills are essential to successful conflict negotiation because:

- ▶ Demonstrating respect for the other party is a critical factor in constructive conflict resolution.
- ▶ The more information each sides has about the interests and needs of the other, the more likely both sides are to reach a mutually acceptable solution.
- ▶ A problem-solving approach that emphasizes collaboration rather than competition is more likely to result in a positive outcome.

When negotiating conflict, it is essential that you express your interests and needs clearly, understand the interests and needs of the opposition, and use your joint problem-solving skills to reach an acceptable solution. These assumptions set the stage, but the communication skills described below are essential. Although they do not necessarily come naturally, they can be learned and must be practiced, and this section helps you do both.

Developing Effective Interpersonal Communication Skills

1. Be an active listener.

Listening is labor-intensive. Active listening requires a clear focus on understanding the speaker's message. In conflict situations, people all too frequently begin to frame their responses before the other party has finished speaking, impeding their ability to fully comprehend what is being said and inviting miscommunication based on incomplete messages. Developing your listening skills can help you:

- ▶ Prevent misunderstandings and clarify, paraphrase, and summarize what you think you heard. This increases your understanding while letting your opposition know you are really listening.
- ▶ Demonstrate respect by listening attentively without giving ground on the issue.
- ▶ Receive accurate and specific information and explore for more details. This helps you formulate a more precise definition of the problem and more precise options for solutions.
- ▶ Understand your opponents while allowing them to express thoughts in their own way.

The human brain processes information four to ten times faster than the speed of speech. This means that your mind has time to wander when you are listening. It takes focused concentration to stay with the speaker and his or her message and avoid jumping ahead to think about proposed solutions, objections, or additional topics. You must overcome both internal and external distractions and focus your energy and attention on fully understanding the meaning of what is being said to you, not on what you want to say next.

2. Use questions.

Questions are interventions. They require the person answering to organize his or her thoughts on the subject and then frame a response. Asking appropriate questions can help you:

- ▶ Gain more information: “What led you to that conclusion?” What is your opinion on that situation?”
- ▶ Refocus a discussion: “What is the problem we are trying to solve here?”
- ▶ Reorient a potential attack or escalation of conflict: “Is there another, more positive way we can frame this issue?”
- ▶ Show respect for and interest in your opposition’s view: “Is there anything else you think I should know that would help me understand your position on this?”
- ▶ Introduce information as well as options for solutions: “What would you think if we involved the physicians in this deliberation?”

Be careful, however, not to ask leading questions that contain an implied answer, for example: “Don’t you think it would be a good idea to involve the physicians?” This is not a question but an implied statement; your opponent will not be fooled, and you may build resentment by such attempts to override his or her thinking.

3. State your interests, needs, goals.

A clear, specific statement of your interests, needs, and goals allows your opposition to be clear about what you expect from the negotiation process as well as what needs or interests must be satisfied for a solution to be acceptable. The more completely you analyze the situation and identify your underlying interests and logic, the more clearly you can state your case.

4. Set a constructive tone.

Emphasize positive intentions whenever possible, for example, “I am confident that we can reach an acceptable solution to this dispute.” The use of the word “we” also conveys an important message by conveying that the negotiation is a joint process, not something that one of you will impose on the other.

5. Acknowledge and validate the other person’s perceptions.

For example, “This new information helps me understand your concerns about this change in staffing, however, ...” Validating your opponents’ perceptions does not imply that you agree with or accept them. It does, however, let them know that you have heard and respect their perspective. It also relieves them of the need to make the same point over and over, because they know you have heard and understood them.

6. Improve your understanding of the opposition.

Some of the most successful negotiators are those who can form a relationship with their opponents for the specific purpose of joint problem-solving and reaching mutually acceptable solutions. This requires the ability to imagine oneself in the other person’s position, with his or her

interests, needs, and, perhaps, constituencies. How would you be thinking, planning, reacting if you were on the other side of the table? Developing this deeper understanding of the opposition improves your ability to generate mutually acceptable options and solutions—ones that you would accept if you were in your opponent's shoes.

7. Provide constructive feedback.

As you actively listen, explore, and assess what you hear from the opposition, you must also provide feedback. This may concern the opposition's stated interests and demands (content), or its behavior and responses (process) during the actual negotiation. Feedback is most useful when it is:

- ▶ Specific rather than general: Specific statements set the stage for problem-solving interaction while generalities can lead to confusion. Speak in clear, precise language.
 - General: "You weren't helpful during the meeting."
 - Specific: "You waited until the end of the meeting to tell us you thought we had been on the wrong track the whole time."
- ▶ Focused on actions, not attitudes: Be specific, and focus on observable behaviors, not feelings and attitudes.
 - Attitude: "You don't care about this initiative."
 - Actions: "You haven't attended the last two meetings and didn't return my phone call about the draft work plan."
- ▶ Well-timed and focused on the issue under discussion: Provide feedback, whether on content or process, as soon as feasible within the negotiation process. Avoid the temptation to include other salient issues, and focus your statements on the specific issue at hand.
- ▶ Checked for clarity and understanding: Your feedback may be specific, descriptive, and well-timed, but if it is not clearly understood by the opposition you will not achieve your objectives. Check that your feedback was heard *and* understood.

8. De-escalate tension and conflict.

No matter how well prepared you are, there may be times during a conflict negotiation when tensions begin to escalate. Once anger is expressed, it tends to build unless one or both parties actively attempt to diffuse or de-escalate the emotional tension. In order to de-escalate conflict, try to:

- ▶ Speak slower and, if the tone and volume of the opponent are rising, speak softer.
- ▶ Remind yourself: "We can find a solution that we both agree on."
- ▶ Ask for a break to collect your thoughts. This is not a sign of weakness and will allow you to refocus, analyze what is occurring, and prepare a substantive, effective response.
- ▶ Breathe.

- ▶ Watch your language. Don't use words that can escalate a conflict such as: never/always; no/won't; should/shouldn't; you must/you must not.
- ▶ Acknowledge and validate the opposition's position (see above).
- ▶ Listen to your voice. Is it high-pitched? Tense?
- ▶ Check that you are still listening to the other party. Have you started framing answers or responses prematurely?

If the techniques above do not work or do not feel natural for you, experiment and find those methods that help you to stay calm in the midst of intense emotion. The ability to maintain (or at least regain) composure is critical to your success as a negotiator. It is especially important when the opposition is turning up the heat and directing anger toward you. If you allow your opponent to yell or behave in other inappropriate ways, you will be uncomfortable or even angry, and it will be extremely difficult, if not impossible, to continue with the negotiation. It may ultimately lead to your opponent's embarrassment, which will make it more difficult to negotiate in the future.

Provide your opponent constructive, specific feedback regarding his/her behavior and its observable effects on the negotiation process. If this does not improve the situation, it is better to suggest a break until you can all cool down and gather your thoughts than to risk having the negotiation quickly deteriorate.

9. Avoid judging, criticizing, and/or blaming others.

While it seems obvious that these behaviors should not be used in conflict negotiation, these roadblocks to communication occur frequently during heated negotiations. When you feel anxious or vulnerable, you are more likely to look for an explanation based on the shortcomings of the opposition: "if they were more reasonable," "if they hadn't spoken to the press in the first place," "if they had been better prepared for the union negotiations," etc. These are understandable and acceptable feelings; however, when you act on such feelings and become judgmental, critical, and blaming, you reduce your effectiveness as a negotiator. Ironically, these very responses to feelings of vulnerability serve to make you truly vulnerable.

When emotions cloud your thinking, you are less able to represent the interests and needs of those you seek to support. It is usually a signal that you are losing ground in a negotiation if you stop attacking the issues and start attacking the person. If you hear yourself doing this, take a break or use one of the methods listed above to diffuse the situation. The situation is not likely to improve by itself; you need to actively change the course of your behavior.

10. Overcome past negative history with the opposition.

Emphasizing your positive intentions and expectations is especially important when your prior interactions, history, and/or negotiations with the opposition have been negative, particularly if you have made numerous unsuccessful attempts to resolve conflicts and they were laden with intense emotion and/or resulted in negative outcomes. There is no miracle cure for this situa-

tion, but one thing is fairly certain: if you don't make some adjustments to the way you interact with the opposition, you will likely continue to have negative results.

One helpful technique is to acknowledge, up front, your difficult history together and be specific about your goals and expectations for this particular interaction. For example, "I know we have had several unsuccessful attempts to resolve this question regarding authority over personnel decisions in the hospital. I am confident that if we focus our discussion today on our mutual concern for equity among health care providers, we will make some progress." This statement neither ignores the past, nor focuses on it. Instead, it sets positive expectations for the present. By specifically setting the boundaries and a confident expectation of success, you convey that you are ready to do business in a constructive manner.

The real challenge is to stay positive and focused on the specifics of the discussion, and not to give in to the very human tendency to bring up past insults, grievances, and unresolved issues. Reaching agreement on one, specific issue can help pave the way for an improved working relationship and improved negotiations on more substantive issues in the future. It is always helpful to establish and emphasize common ground whenever possible.

In situations where a real negative history prevents constructive negotiation, consider bringing in a neutral third party that is acceptable to you and the opposition. This neutral party can more effectively facilitate the negotiation process and increase the probability of a positive outcome.

Building Working Relationships¹

Negotiation requires that the parties involved address substantive differences in an open, frank, and non-combative manner. In order to interact with each other in a constructive way, the participants must build mutual trust and develop a working relationship. Some working relationships will be closer, more resilient, and more productive than others, depending on the nature and intensity of the bond between the individuals involved. All good working relationships, however, personal or professional, lifelong or brief, require the following:

- ▶ focused attention and effort
- ▶ trust
- ▶ accountability
- ▶ reciprocity
- ▶ an absence of threat or fear
- ▶ effective communication
- ▶ some degree of tolerance for each others perspective.

The first step in building a good working relationship is to be conscious of your behavior and its potential effect on others. Below are some specific techniques to help you develop an effective working relationship with your colleagues, whether they support or oppose your change efforts.

1. A useful resource on this subject is Fisher and Brown 1989.

1. Build trust and accountability.

- ▶ Trust is built in measures; it requires fulfilling your commitments and keeping your agreements over time. Being punctual at negotiation meetings, respecting the ground rules for the process (i.e., discussion time, courtesy rules, etc.), and respecting any promises of confidentiality regarding the proceedings are all important for building trust. The real test of your trustworthiness, however, will be the extent to which you keep the promises and commitments made during the negotiation process. Be careful to make only those promises and commitments that you can keep. Ensuring you behave in a trustworthy manner and are perceived as such is especially critical when you don't have an existing relationship with your counterparts.
- ▶ Demonstrate your willingness to invest the time, resources, and effort required for a mutually acceptable resolution of the conflict.
- ▶ Reinforce your interdependence by soliciting your counterparts' input and feedback, wherever possible, throughout the negotiation process.

2. Establish a non-threatening environment.

It is important that you establish a positive, constructive, and congenial environment during the negotiations. If your counterparts feel insulted or threatened, they are more apt to withhold information, act defensively, and even terminate the negotiations.

- ▶ Attack the issues, not the people who support them.
- ▶ If personally attacked, redirect the focus back to the substantive differences and away from personalities. Remember that every form of communication, no matter how unpleasant, provides you with valuable information about your opponents' interests and concerns. It is important to acknowledge (by paraphrasing) and clarify (by questioning) the substantive issues. By refusing to counterattack, you will avoid head-to-head confrontation and de-legitimize your opponent's threatening behavior.
- ▶ Demonstrate the same behaviors you expect from the opposition. Avoid direct or indirect manipulative tactics.

3. Communicate effectively.

Effective communication encourages an open, honest, and constructive dialogue. It is essential for reaching mutually acceptable agreements and building and/or sustaining a good relationship with the opposition.

- ▶ Use language that creates and sustains a team mentality by emphasizing shared goals, interests, and expected benefits.
- ▶ Be candid in communicating your interests, concerns, and emotions. This is particularly helpful when you sense that your counterparts' might be hesitant to share information openly; you can encourage your counterparts' to be more forthcoming by your example.

4. Demonstrate your understanding and respect for the other side.

Feeling respected is a fundamental human need. The more you explicitly demonstrate your understanding and respect for your counterparts and their underlying needs and interests, the more likely they are to feel comfortable and invested in the negotiation process.

- ▶ Be exhaustive in exploring the other side's interests and needs. Assume you do not know enough: ask as many pertinent questions as possible.
- ▶ Get to know your counterparts. Schedule an informal meeting, or arrive early and/or stay late during negotiations to allow for some less-structured conversations.
- ▶ Be receptive to your counterparts' grievances and criticisms. Not only listen to and validate their concerns, but address them substantively.
- ▶ Show that you appreciate the other side's concerns by treating each with the weight it deserves.
- ▶ Be open to revising your views.

Summary

Up to this point, these guidelines have focused on the important process of preparing yourself for conflict negotiation, understanding various aspects of conflict before you enter a negotiation, and the interpersonal communication skills and relationship building you need to support your negotiation efforts. The next section will take you step by step through the actual negotiation process.

Managing the Negotiation Process: An Interest-Based Approach²

In almost every conflict situation, there exists the possibility of negotiating a mutually acceptable outcome. Many negotiations fail, however, because they are not properly focused and opposing parties cannot deal with their differences in a rational, effective manner. Successful conflict negotiation is interest-based, not position-based. Understanding the distinction between positions and interests is critical:

- ▶ A position tells others *what* you want. Your position reflects your predetermined point of view or attitude on a certain issue.
- ▶ Your interests tell others *why* you want something. Your interests reflect your underlying concerns for your own benefit or advantage (your needs, desires, and concerns).

2. The interest-based approach outlined in this guideline is similar to the methodologies used in preceding works written on conflict negotiation. Please refer to the bibliography for citations of the texts that were used by the authors in developing these guidelines.

You arrive at your positions through a complex decision-making process that takes your interests into account. In position-based negotiation, these underlying interests may never be explicitly mentioned. In interest-based negotiation, however, the interests from both sides are identified and explored. Focusing the negotiations on the interests at stake helps each side understand the other's perspectives, not just its immediate reactions or positions. This approach encourages negotiators to seek common areas of concern and facilitates a negotiated agreement that responds to their key concerns. Experience also shows that discussing interests is less incendiary because they are tangible, more understandable, and more likely to invoke empathy from others.

The process outlined in this section follows an interest-based approach to help you plan, structure, and implement an effective conflict negotiation that yields mutually accepted solutions.

Steps To Take Before the Negotiations Begin

Step 1. Identify the issue to be negotiated.

Conflict negotiation is a time- and resource-intensive process that is best utilized when:

- ▶ Conflict resolution is central to moving the health reform agenda forward.
- ▶ Other, less resource-intensive, methods have not succeeded.
- ▶ The problem or issue at hand lends itself to negotiation.

Box 4.1. Strategic questions to ask when you are defining the issue and deciding to negotiate

- ▷ Does this conflict merit the time and resources required to reach a mutually acceptable resolution?
 - ▷ Is resolution of this conflict critical to moving our health reform agenda forward?
 - ▷ Does the problem/issue lend itself to negotiation?
 - ▷ Is it realistic to expect that the negotiations will have some positive results?
- If not, is there a way to reframe the problem/issue to make it more manageable?

Before you begin to negotiate, carefully define the issue and articulate it clearly. Identify what you hope to achieve as a result of the negotiation and how this contributes to your reform agenda. Be sure your expectations are well grounded in the reality of your experience and are not overly ambitious or unrealistic.

Some issues do not lend themselves to negotiation. Conflicts based on differing values may be extremely difficult to negotiate to a mutually acceptable solution. As noted, however, in the arena of health reform, key stakeholders generally share similar core values. Conflict therefore is more likely to surface in defining the objectives of reform and determining the methods to be employed for implementing reform.

For the purposes of negotiation, it is helpful to dissect complex conflict situations and redefine the issue in terms of individual components. Negotiating the overall problem issue by issue may facilitate some measure of agreement with the opposition even if not all aspects of the conflict are resolved. This strategy can improve the immediate outcome as well as the prospects for future negotiation.

Step 2. Secure the participation of the right people (and resources) on your side.

For a successful negotiation, you need the right people at the table. Your ideal negotiating team will vary in number and makeup depending on the situation, but in general you need a team

that has the power and authority to negotiate effectively, make decisions on behalf of your group/organization, and implement the negotiated agreement.

The process and results of the negotiation will likely be hampered if there is a substantial power differential between the opposing sides. If your assessment indicates that your own negotiating team is not of optimum strength in terms of power, authority, technical knowledge, negotiating skills, etc., it is important to seek the participation of other individuals who can balance your areas of weakness. Another strategy is to align with other groups or organizations to increase your collective negotiating power.

Table 4.1 outlines the categories to consider when analyzing the respective power of the two sides:

Table 4.1. Assessing the Relative Power of Negotiating Teams

Authority	Elected officials, power accorded by policies or law, and authority related to job title/position within the organization
Resources	Financial, capital, technical, and human resources
Personal	Leadership, charisma, and the ability to mobilize resources...i.e., organize strikes and protests, generate active support, etc.
Social	Affiliation or influence with community groups, professional associations, labor unions
Knowledge	Technical or professional expertise

Step 3. Identify your counterpart(s) for the negotiations, and make meeting arrangements.

To identify the most appropriate counterparts, consider the following criteria in your selection:

- ▶ **Willingness to negotiate:** At a minimum, your counterparts need to be willing to negotiate. Ideally, they also should be motivated and committed to seeking a mutually acceptable solution.
- ▶ **Power and authority to negotiate:** Each negotiator must have sufficient power and authority to carry out the agreements reached through negotiation.
- ▶ **Legitimate spokesperson/representative for their group or organization:** It is critical that each individual in the negotiation is accepted and trusted as a legitimate representative of his or her group or organization.
- ▶ **Influence on other parties potentially affected by the negotiations:** Other people, groups, and organizations are likely to be affected by the outcome of the negotiations. If the issue to be negotiated is very controversial, select those individuals with the greatest influence on these other parties from the list of potential counterparts. The greater your counterparts' influence, the greater the likelihood that they will successfully implement the negotiated solution.
- ▶ **The complexity of the issue:** This may influence the number of parties involved in the negotiation. In selecting the appropriate individuals, try to strike a balance between fostering a creative environment and including too many disparate interests and/or personalities. Limit the number of negotiators to those individuals whose participation is absolutely necessary.

In many circumstances, an organization will nominate one or more individuals to negotiate on its behalf. In these cases, since you will not be “selecting” your counterparts, use the criteria above to judge whether to agree to the proposed individual or suggest an alternative.

Once you have identified the most appropriate negotiators, confirm their participation and availability. Arrange to meet at a mutually satisfactory time, when all parties are free from other distractions. The physical setting of the meeting influences the negotiating environment, so reserve the venue well in advance. Be sure it has ample space and light and that it is perceived to be neutral territory.

Step 4. Prepare for negotiation.

Thorough, advance preparation is critical for successful negotiation. It ensures that your expectations are realistic, that you can anticipate what might happen during the negotiation process, and, as a consequence, that you are better equipped to respond in a thoughtful, effective manner. The previous section of these guidelines outlined how to assess your personal investment in the negotiations (see the Personal Inventory Worksheet in Annex 4-B) and how to psychologically prepare yourself for the negotiation process. The additional information in this section will help you prepare, organize, and present the information you need to successfully negotiate with your opposition and reach mutually acceptable agreements.

Review the steps involved in the negotiation process. Thoroughly familiarize yourself with the structure of the negotiation process by reviewing the negotiation guidelines until you feel comfortable that you understand and have mastered the steps.

Complete the Negotiation Preparation Worksheet. To be well prepared, you must not only understand the steps involved but also begin to anticipate how the actual negotiation will play out. Complete the Negotiation Preparation Worksheet in Annex 4-C to better assess potential opportunities and problems, focus on the substantive issues that most concern you, and generate valuable information you can use in the negotiations. A sample completed worksheet is also included in Annex 4-C as a reference.

Collect additional information about the issue and/or your counterpart(s). Take a moment to reflect on your preparation and ask yourself some critical questions. Do you know enough about the issue? Are you clear about your interests and what is at stake? Do you know enough about your counterparts’ interests? If your answer is “no” to any of these questions, you need more information and are not adequately prepared for the negotiation process. To remedy this, consult experts or third parties, and review written documents, media sources, and literature to get more information.

Prepare to communicate effectively. Before entering the negotiating room, review the previous section on effective interpersonal communication skills. Mastering these skills will allow you to concentrate on the larger, substantive issues under negotiation, as communicating clearly, directly, and appropriately with the opposition becomes more effortless. You may also

want to develop a mental list of neutral terms and phrases that serve as alternatives to any inflammatory language that may be in your current negotiating repertoire.

Use all the information from the Preparation Worksheet (Annex 4-C) during your negotiation. Completing the preparation worksheet will give you a clear understanding of your key interests, a better idea of your counterparts' interests, and some preliminary ideas about the possible content of a negotiated outcome. This critical information should be used during the actual negotiation process.

During the negotiation process, you are likely to face a couple of unexpected curves. Maintain your focus on the substantive issues and the desired results of the negotiation. This will help you adjust your strategy as needed while keeping your emotions and short-term frustrations from interfering with your success. Careful self-management is critical to your success (as described in the previous section). Your behavior will greatly affect your results by influencing your counterparts' behavior, by coloring how other participants experience the negotiation process, by shaping the process/outcome of the negotiations, and by determining the potential for negotiation and collaboration in the future.

Steps to Take During the Negotiation Process

Step 1. Clarify expectations and establish ground rules.

Reach a preliminary consensus about what you and your counterparts collectively hope to achieve and the process you will follow to get there *before* you launch any substantive discussion of the issues. This consensus helps you develop clearly stated, realistic expectations for the negotiations. Begin the process by sharing what you would like to see as an outcome of the meeting and inviting your counterparts to do the same.

To develop feasible solutions, you must consider all the possibilities as well as the externalities that define what each party can and cannot do. These may include contractual requirements, available resources, political accountability, laws, policies, and organizational regulations. Framing your negotiations within a realistic context helps ensure that each party will have the commitment and resources needed to implement negotiated solutions.

Clarify the process you will follow to get to a negotiated agreement. The process must be transparent, be mutually acceptable, and utilize an interest-based approach. These guidelines provide a simple, sound negotiation process which you can propose to your counterparts. You can discuss this approach with them and modify it slightly as needed based on their feedback. This initial dialogue will set the stage for the remainder of the negotiations, and so it is particularly important to communicate clearly, listen attentively, and demonstrate respect for the opposition (as described in the section on Developing Effective Interpersonal Communication Skills and Building Working Relationships).

Establish some basic ground rules to guide the negotiation process and help all parties feel secure along the way. These rules will depend on the issue, circumstances, and personal preferences of participants—they can be few or many and can be related to process, behavior, or communications. If the issue is politically sensitive, clarify whether the negotiation proceedings will

be confidential, anonymous, or public. In any event, all parties should know who will have access to the proceedings and when this information will be shared. Establishing time limits for meetings and rules of common courtesy (no interrupting and equal discussion time for all sides) also creates an atmosphere of mutual respect.

Step 2. Define and explore the issue.

The issue is the essential point of discussion or debate during the negotiations and must be clearly defined at the start of the process to ensure that all participants are working toward the same end. You and your counterparts need to share your understandings of the issue and as many of the underlying causes and symptoms as possible. Compare, contrast, and discuss your various perspectives in order to develop and articulate your shared understanding of the issue. Record the resulting statement of the issue on a flip chart and hang it within clear view to serve as a visual reference and reminder throughout the negotiation process.

Step 3: Explore interests.

Openly explore and discuss the interests at stake for all sides because these interests serve as the building blocks for developing possible solutions. Therefore, you must not only clearly articulate your own interests but must also encourage your counterparts to do the same.

Throughout this stage, ask each other exploratory and clarifying questions. If someone is having trouble expressing his or her interests, reframe questions to help stimulate the process. For example, "What specific concerns do you have about this issue?" "What business-related interests concern you?" "What is at stake for the programs, projects, or reforms you are trying to implement?"

It is helpful to track each party's interests by recording them on a flip chart in separate columns. (Use a format similar to the Negotiation Preparation Worksheet in Annex 4-C). When the lists are complete, highlight shared or common interests. It is important to recognize the legitimacy of the full range of interests identified, but attention should be focused on the mutual interests for the remainder of the negotiation session.

Step 4: Invent options for mutual gain.

The purpose of this step is to develop as many options or solutions to the problem as possible. All parties must work together so that any solution adopted is the result of a truly participatory process during which everyone's voice was heard. This is a three-step process: inventing options for mutual gain (Step 4), developing objective criteria to evaluate the options (Step 5), and agreeing on the best possible solution (Step 6). Clarify that, during Step 4, participants should focus solely on generating ideas, not on judging them or selecting among them. These latter tasks will occur in the next two steps.

The more creative, expansive, and collaborative you are in inventing options, the more ideas you generate. Box 4.2 summarizes some brainstorming techniques. You may also consider having a facilitator on hand to manage the brainstorming session so that you can focus your attention on generating ideas along with your colleagues.

Record each idea the group generates on a flip chart. Once you have exhausted your creative juices, quickly review the list of options. Clarify vague ideas, expand on incomplete options, eliminate duplications, and cluster similar ideas as needed.

Step 5: Use objective criteria to evaluate options.

Evaluating proposed options is a particularly sensitive but critical stage in the negotiation process. You may be inclined to start by classifying the options as “acceptable” or “unacceptable,” or state what you are “willing” and “not willing” to do. Although this is tempting because of its simplicity, this is not the most productive approach because it bypasses any explanation of the underlying assumptions, interests, and logic used to arrive at such conclusions. This type of dialogue can derail interest-based communication, lead to position-based bargaining, and cause all parties to become more defensive and entrenched in their respective positions.

The task at this stage is to jointly agree to evaluate the different options based on some objective criteria, rather than on personal preferences or pressure. An objective criterion is a principled reason, or independent standard of fairness, against which the different options can be measured. Numerous objective criteria can be used for evaluating possible options in any negotiation (see Box 4.3). The parties must determine which standards are most appropriate for their negotiation and how they will apply these standards to evaluate the options.

Frame this task as follows: “Together we’ve developed several possible ways of addressing the issue. Let’s focus now on figuring out which option is the fairest. What standards would you suggest we use to evaluate these options?” You may suggest one or more criteria and then invite your counterpart(s) to share his or her ideas.

Step 6. Agree on the best possible solution.

In some cases, one solution stands out as clearly superior. When this happens, you can summarize your understanding of the emerging decision and test whether there is consensus within the group. Remember that silence does not mean agreement; ensure that you hear from each party before you assume anyone’s consent.

In other cases, reaching consensus on the best solution requires additional effort. Here are several techniques for reaching consensus when the initial evaluation of options (Step 5) does not identify a conclusive result:

- ▶ Re-evaluate the identified options using additional criteria that were not used previously.
- ▶ Identify areas where there is some preliminary agreement.

Box 4.2. Brainstorming techniques

- ▷ Make the brainstorming session distinctively different from the rest of the negotiation process by moving to an informal environment.
 - ▷ Seat participants side by side. Hang flip charts listing the problem and the interests of parties involved directly across from the participants.
 - ▷ Aim for quantity, that is, produce as many ideas as possible.
 - ▷ Ask thought-provoking questions to stimulate creativity: What solutions (if any) have we/others proposed to deal with this problem? What are some theoretical cures? What has been tried in the past to deal with similar problems? In other organizations? In other countries? Encourage participants to build on each other’s ideas.
 - ▷ Use role reversal to make people break from everyday thoughts and solutions.
 - ▷ Invite third-party experts (from different professions or disciplines) to participate in the session.
 - ▷ Be careful to record what each person says. There should be no editing at this point in the process.
 - ▷ Refrain from attributing ideas to particular individuals.
- Establish a rule that no ideas should be judged or criticized during the brainstorming session.

Box 4.3. Some objective criteria for health sector reform issues

- ▷ Equity
- ▷ Efficiency
- ▷ Benefits/health effects
- ▷ Opportunity cost (especially where faced with strict budgetary constraints)
- ▷ Market value
- ▷ Precedent
- ▷ Professional standards

- ▶ Explore the areas of disagreement through open dialogue.
- ▶ Solicit ideas from the group on how to jointly address and resolve the areas of disagreement.
- ▶ Solicit ideas from the group about modifying the proposed solutions. For example, “What would it take for this solution to be fair and/or acceptable to you?”

Consensus means that everyone accepts the decision, is willing to support its implementation, and can live with the consequences. Group consensus is built through open dialogue and requires time, patience, and a willingness to seek common ground and work through differences. “Although consensus can not always be found, it can be developed more often than might be expected.”³

Building consensus is clearly preferable to making group decisions by voting or by majority rule, which can be risky when negotiating conflict. You never know whether the minority—those who opposed the decision but were overruled—will accept the group’s decision or attempt to block its implementation.

In some cases, it may be impossible to reach a mutually acceptable solution. When there is only a partial consensus or no agreement, the group should jointly decide to suspend the negotiations. Suspending negotiations at this point can: 1) allow participants the opportunity and time to reflect, 2) diminish feelings of frustration, and 3) encourage the generation of new ideas (via information-gathering or consultation with others). Before concluding the negotiations, however, you must prepare a summary of the discussion, list barriers to agreement, and identify the conditions to be satisfied before future negotiations can take place. If you are committed to reaching an agreement, you must also identify follow-up steps and develop a timeline that will enable the negotiations to resume in the near future.

Step 7: Develop an implementation plan.

Achieving consensus on the best solution assumes that all parties share a mutual commitment in principle, but it does not detail how that commitment will be translated into action. Once you have agreed on a general approach or solution, you must develop a specific strategy for implementing that solution.

Before developing the implementation strategy, briefly detail the resources you and your counterparts are willing to commit to the endeavor (financial, material, and human) and the specific skills or expertise you and your organizations can contribute. This will be the basis of the implementation strategy, which will detail the specific actions to be taken and the roles and responsibilities of each participant.

Finally, you need to identify the methodology and timing for monitoring and evaluating progress. After reaching full agreement, you and your counterparts must record the terms of agreement, review, sign, and date them.

3. Conflict Research Consortium, University of Colorado. “Consensus Rule Process,” from the International Online Training Program on Intractable Conflict.

Step 8. Take extra steps to support your agreement.

An astute negotiator has more than just the know-how and skill to manage the negotiation process; he or she also is able to support the implementation of the agreement after the formal negotiations have concluded.

Negotiation usually occurs among a small group of people, and behind “closed doors.” However, once the participants step outside, they must communicate the results of the negotiation to the larger constituency they represent. Negotiators must be able to explain the rationale behind their decisions and how they addressed the key interests of their constituencies.

Implementation of your agreement is more likely to succeed if you think through in advance what groups may be affected by the agreement and how. What external opposition might have a negative impact on your counterparts’ willingness and ability to implement the solution after they leave the negotiations? How can you craft a message to communicate the results of the negotiations to important constituencies to enlist their support and diffuse any existing or anticipated opposition?

Final considerations on the negotiation process.

For purposes of simplicity and clarity, these guidelines outline a step-by-step negotiation process that starts at the beginning and finishes at the end. In practice, negotiated agreements are seldom reached in one meeting. More often, negotiations span a series of meetings. Therefore, it is critical that the negotiators keep a running record of the agreements reached and establish a mechanism for communicating with each other regularly, even in the absence of scheduled meetings. “In order for the process to be successful, parties need to keep a whole range of issues and problems ‘on the table’ and find ways of organizing them so that sustained dialog across a series of meetings will continue to be both positive and productive.”⁴

Summary

These guidelines outline steps you can take to prepare yourself for conflict negotiation, to understand the nature of conflict, to develop effective interpersonal communication skills and build good working relationships, to prepare for negotiation, and to successfully implement a conflict negotiation. This information is most helpful when you take the time to fill out and score the questionnaire on your strengths and weaknesses as a negotiator (Annex 4-A) and read the accompanying list of suggestions. The two additional worksheets, Personal Inventory (Annex 4-B) and Negotiation Preparation Worksheet (Annex 4-C), should be completed for each new negotiation you consider.

The issues, parties, risks, challenges, and consequences will vary considerably from situation to situation, but the disciplined preparation encouraged in these guidelines will greatly improve your probability of success, even if you are a seasoned, experienced negotiator.

4. Chufrin and Saunders 1993.

Results of Effective Conflict Negotiation

Conflict and differences occur as a natural and inevitable part of your work as a change agent in the health sector. When these differences are denied, avoided, or compromised away rather than dealt with openly and constructively, the result can be:

Without negotiation.

- ▶ Energy is diverted from important activities and issues.
- ▶ Morale is destroyed.
- ▶ Groups and individuals are polarized to the extent that future cooperation or collaboration becomes impossible.
- ▶ People behave irresponsibly and regrettably, for example, by name-calling and aggression.
- ▶ Working relationships are destroyed or damaged.

If, on the other hand, you apply careful, thoughtful self-preparation and use the processes outlined in these guidelines, you will be more likely to experience the following constructive outcomes of effectively managed and negotiated conflicts:

With negotiation.

- ▶ Important issues are brought to the surface and clarified.
- ▶ Creative, improved solutions are found.
- ▶ Working relationships are strengthened as both parties honestly and respectfully negotiate their differences.

Negotiation is a process that can build trust, create space for open and productive dialog, and give opposing groups experience in joint problem-solving and collaboration. Over time, successful experiences with conflict negotiation can pave the way for a broader transformation in how conflict is expressed. On a personal level, negotiation can increase an individual's awareness and commitment to change. On a systems level, negotiation can channel the expression of conflict away from competitive, aggressive, or violent behavior and toward nonviolent advocacy, conciliation, and cooperation.

Bibliography

- Chufrin, Gennady, and Harold Saunders. April 1993. "A Public Peace Process." *Negotiation Journal* 9(3):155-177.
- Federal Mediation and Conciliation Service. 1999. *Mediation & Conflict Resolution Training: Participant Handbook*. Washington, DC: Federal Mediation and Conciliation Service.
- Fisher, Roger, and Ertel, Danny. 1995. *Getting Ready to Negotiate: The Getting to YES Workbook*. New York: Penguin Books.
- Fisher, Roger, and Scott Brown. 1989. *Getting Together: Building Relationships as We Negotiate*. New York: Penguin Books.
- Fisher, Roger, William Ury, and Bruce Patton. 1983. *Getting to Yes: Negotiating Agreement Without Giving In*. New York: Penguin Books.
- Kilman, Ralph, and Kenneth Thomas. 1974. *Thomas-Kilmann Conflict Mode Instrument*. Tuxedo, NY: Xicom Incorporated.
- International Online Training Program on Intractable Conflict. Conflict Resolution Consortium, University of Colorado. <http://www.colorado.edu/conflict> (accessed Spring 2000).

Additional Resources

- Fischer, Roger, Elizabeth Kopelman, and Andrea Kupfer Schneider. 1994. *Beyond Machiavelli: Tools for Coping with Conflict*. Cambridge, MA: Harvard University Press.
- Folger, Joseph, and Marshall Scott Poole. 1984. *Working Through Conflict: A Communication Perspective*. Glenview, IL: Scott Foresman.
- Ury, William. 1991. *Getting Past No: Negotiating with Difficult People*. New York: Bantam Books.

Annex 4-A

Negotiation Style Assessment and Scoring Sheet

(See reverse side of this sheet.)

Conflict Resolution Questionnaire

How Do You Deal with Conflict?

Answer the questions below as a way of examining how you deal with conflict. The survey was designed by members of Jock McClellan's 1993 class on Conflict Resolution. The questions are based primarily on the methods recommended by Dudley Weeks in *The Eight Essential Steps to Conflict Resolution* (Los Angeles: Jeremy Tarcher, 1992), as well as on principles in Roger Fisher's and William Ury's *Getting to Yes* (Penguin Books, 1991).

First, print the survey. Use the printout to rate each of the following statements from **1 - 5** using the ratings below to indicate how often you do as the statement says. Please write your responses in the **LEFT** column of dashes. Answer the questions to portray your most usual way of dealing with conflicts like those at home or at work. Do not take a long time on any question. Give your initial reaction. The more honest your answers, the more useful the results will be. When you are through, go to the pages with instructions for scoring and interpretation.

- 1. Almost never**
- 2. Occasionally**
- 3. Half the time**
- 4. Usually**
- 5. Almost always**

- | | |
|----------------|--|
| 1. ____ / ____ | I feel that conflict is a negative experience. |
| 2. ____ / ____ | When I resolve a conflict, it improves my relationship. |
| 3. ____ / ____ | I am afraid to enter into confrontations. |
| 4. ____ / ____ | I feel that in conflicts someone will get hurt. |
| V ____ | |
| 5. ____ / ____ | When I prepare to meet to discuss a conflict, I try to arrange for a mutually acceptable time and setting. |
| 6. ____ / ____ | I feel it is important where a conflict takes place. |
| 7. ____ / ____ | I try to make people feel comfortable when meeting with them about a conflict. |
| 8. ____ / ____ | When I start to discuss a conflict with the other party, I choose my opening statement carefully to establish positive realistic expectations. |

A ____

9. ____ / ____ I state my true feelings when dealing with conflict.
10. ____ / ____ During a conflict I ask questions to clarify a statement that I'm not sure of.
11. ____ / ____ I try to be aware of how my negative and positive self-perceptions influence the way I deal with a conflict.
12. ____ / ____ In conflict my reactions are based on how I think the other party perceives me.

C ____

13. ____ / ____ I feel that only my needs are important.
14. ____ / ____ I feel for a relationship to last, the needs of both parties must be considered.
15. ____ / ____ In a conflict I strive to distinguish between real needs and desires.
16. ____ / ____ In order not to harm the relationship, I may temporarily put aside some of my own less important personal wants.

N ____

17. ____ / ____ I share my positive attitude, hoping they will do the same.
18. ____ / ____ I find it necessary to overpower others to get my own way.
19. ____ / ____ I am aware of the other person may need to feel in control of the conflict.
20. ____ / ____ In a conflict, I believe there should be no upper-hand.

P ____

21. ____ / ____ I find it easy to forgive.
22. ____ / ____ I bring up old issues from the past during a new conflict.
23. ____ / ____ When dealing with a conflict, I consider the future of the long-term relationship.
24. ____ / ____ In conflict I try to dominate the other party.

F ____

25. ____ / ____ I listen with an open mind to alternative options.
26. ____ / ____ I feel there is just one way to solve a problem.
27. ____ / ____ When dealing with a conflict, I have preconceived notions about the other party that I am unwilling to let go of.
28. ____ / ____ I can accept criticism from others.

O ____

29. ____ / ____ I feel that winning the war is more important than winning the battle.
30. ____ / ____ I strive for a complete and genuine resolution of a conflict rather than settling for a temporary agreement.
31. ____ / ____ When dealing with a conflict I have a pre-determined solution to the outcome.
32. ____ / ____ I feel the need to control an argument.

D ____

33. ____ / ____ If I had my way, I win, you lose.
34. ____ / ____ When in a conflict with someone, I ask them to explain their position.
35. ____ / ____ I bargain to resolve conflict.
36. ____ / ____ At the end of a conflict, it matters to me that the other person's needs have been met as well as my own.

M ____

37. ____ / ____ I express anger constructively.
38. ____ / ____ In difficult conflicts, I would consider requesting a third party facilitator.
39. ____ / ____ I overlook my partners anger in order to focus on the real issues to conflict.
40. ____ / ____ I feel that it is okay to agree to disagree on specific issues in a conflict.

X ____

Total _____

Using the **same 1-5 scale above**, how often do you feel you are effective at resolving conflicts in a way that builds your long-term relationship with the other parties?

- ____ 1 Almost Never
____ 2 Occasionally
____ 3 Half The Time
____ 4 Usually
____ 5 Almost Always
-

Scoring the Conflict Resolution Questionnaire

1. Reverse the scores for the 12 questions that give high scores for unrecommended responses.

Dudley Weeks says some responses to conflict lead to resolutions which build a relationship, and some do not. All 40 questions need to be on the same scale, giving a high number for desirable or effective responses and a low score for ineffective ones. But 12 of the questions are worded so that ineffective answers get a "5" instead of a "1".

For example, question #1 reads "I feel that conflict is a negative experience." Weeks would say that someone who answers "Almost always", a "5", will probably have difficulty approaching a conflict and that this will reduce the person's effectiveness. Therefore that response deserves a low score, and the "5" needs to be reversed to a "1". Doing this for the 12 questions will assure that all scores will be consistent, with higher scores going to "better" responses.

Please reverse the scores for the following questions: 1, 3, 13, 18, 22, 24, 26, 27, 31, 32, 33, and 35.

Reverse those questions by looking at the response given in the left hand column and writing in a reversed score in the right hand column as follows:

Answer: Score:

5 becomes 1

4 becomes 2

3 remains 3

2 becomes 4

1 becomes 5

2. For the questions that do not need to be reversed.

For the questions that do not need to be reversed, write the same number given in the left-hand answer column in the right-hand score column.

3. Compute sub-totals and the total.

The 40 questions are in groups of 4, based on topics in Week's book. Add the scores for each group of 4 and put the result in the blank. (The letter is just an abbreviation for the topic of that group.)

Then add the sub-totals and enter the result in the "Total" blank.

4. Interpret the results, and learn from them.

The higher your scores, the more effective you are likely to be at finding resolutions that meet everyone's real needs and that build your long-term relationship. Of the 10 sub-totals, which were the highest? These are probably areas where you are effective. Which sub-totals were the lowest? These are probably areas where you might try a different approach. Use the sheet "Learning from the Survey" to understand where you might improve. Pick **2 or 3** of the questions with the lowest scores, and try out behaviors, which might make you more effective at resolving conflicts productively.

Learning from the Survey

The higher your score on any question or section of the survey, the more likely you are to be effective at arriving at resolutions that meet both people's needs and that build the relationship. Low scores may indicate areas where you could increase your effectiveness.

For each question on the survey, some advice is given below. The advice was compiled by the Conflict Resolution class and is based primarily on Dudley Weeks' *The Eight Essential Steps to Conflict Resolution*, but also includes ideas from other sources, including *Getting to Yes* by Roger Fisher and William Ury. The guidelines are given in groups of four, corresponding to the ten lettered groups in the survey, which are in turn based on the topics or steps in Weeks.

For the questions or sections on which you got the lowest scores, read the guidelines and consider trying them.

They may help you be more effective.

V. VIEW CONFLICT AS NATURAL AND POSITIVE.

View conflict as a natural outgrowth of diversity among people, which can be addressed in a win-win way that strengthens your relationships. Remember the value of building your long-term relationship. View the resolution of the conflict and the building of the relationship as inter-related parts. Prevention works best.

1. View conflicts as opportunities for growth - for you and the other person, and for your relationship.
2. Handle the differences in a way that strengthens your relationship - together you will find more satisfying resolutions for this and future conflicts.
3. Address differences directly, realizing you are more likely to meet both your concerns and the other's if you discuss issues openly.
4. Separate the people from the problem, so you can protect the relationship while addressing the problem.

A. ATMOSPHERE.

Start by establishing an effective atmosphere that promotes partnership and problem-solving.

5. Meet with the other at a mutually satisfactory time, when you both have plenty of time and are free from distractions.
6. Meet in an equally acceptable place that is tranquil and gives you equal power.
7. Help the other feel comfortable and safe, affirming the importance of the relationship.

8. Start by saying you know the two of you can invent some solutions together that are mutually acceptable.

C. CLARIFY PERCEPTIONS.

- Work with the other so both are very clear about what the conflict is really about. Eliminate ghost issues that arise from misperceptions. Separate the people from the problem. Acknowledge emotions as legitimate. Then face the problem together.
9. Be clear with yourself and with the other how you feel and how you perceive the problem Use "**I - Statements**" to tell the other how you feel, rather than "**You - Statements**" that blame. Assert your needs without attacking the other.
 10. Ask questions to clarify your perception of the other's perceptions. Listen actively. Acknowledge what the other says.
 11. Look at yourself honestly, clarifying needs and misperceptions.
 12. Clear up misperceptions and stereotypes. Avoid pushing "**buttons.**"

N. Note NEEDS, not wants.

- Identify the needs that are essential to you, your partner, and your relationship.
13. Acknowledge the legitimate needs of the other, as well as those of your own. Recognize that there are usually multiple interests. Fractionate the problem.
 14. Recognize that sustaining your relationship requires meeting needs of both.
 15. Distinguish between real needs and secondary desires. Identify the other's core goals you can support.
 16. Postpone contentious demands that may damage the relationship until you and your partner have worked on meeting needs of the relationship first.

P. Produce Positive Partnership POWER.

- Build "**power with,**" shared power which enables lasting resolutions and relations.
17. Be positive; be clear about yourself and your values. Keep reaching for the other's positive power and potential for constructive action. Recognize the power of effectiveness that comes from having the skills to develop the relationship, understand interests, invent options, and agree based on objective criteria.

18. Avoid negative "**power over**," which wastes energy in seesaw battle, and which may backfire, not achieving your lasting goals. Treat others as you want to be treated.
19. Don't stereotype the other only by their negative power; keep options open for the other's constructive power. Don't ask who is more powerful; be optimistic about outcomes.
20. Work as a team, realizing you need each other's positive power to act effectively. Be unconditionally supportive of the relationship.

F. Focus on the FUTURE first, then learn from the past.

21. Forgive (which does not mean you approve). Acknowledge all fall short. Move beyond negative past; look to positive potential. Be hard on the problem and soft on the people.
22. Focus on the current issue. Don't pick old wounds. Learn from the past; recall good resolutions.
23. Remember the importance of the long-term relationship. Create images of an improved relationship resulting from effective resolution of the conflict.
24. Work as partners for mutually beneficial agreements which will nurture your relationship.

O. Open up OPTIONS for Mutual Gain.

25. Listen with an open mind to alternative options. Ask for the other's options first; learn from them.
26. Prepare for discussions by inventing several specific new options that meet shared needs. Don't view these as final goals, but as starting points. Together, brainstorm new possibilities. Separate inventing from deciding. Postpone critical discussion.
27. Beware preconceived answers. Look for common ground behind seeming oppositions. Avoid stereotypes.
28. Listen actively and acknowledge what is being said (which does not mean agreeing with it).

D. Develop "DOABLES," Stepping-stones to Action.

29. Develop small steps that lead you closer to a mutually healthy decision on larger issues. Chose ones that meet shared needs and that you have shared power to implement.

30. Do not rest with temporary fixes which are not sufficient to meet the long-term problem. As the three little pigs learned, solid construction will last.
31. View this as a cooperative process whose best outcome cannot be foreseen alone at the beginning.
32. You will have a more satisfactory outcome if all factions participate as equals. Understand that the others have interests and needs too.

M. Make MUTUAL-BENEFIT AGREEMENTS.

33. Avoid win-lose solutions, which damage the long-term relationship. Consider the needs of your partner, you, and your relationship, and you both will win. Avoid a contest of wills. Yield to reason, not pressure. Do not be a "**door-mat.**"
34. Ask the other to clarify his/her interests; clarify your own.
35. Avoid bargaining, posturing, demands, and threats, which kill cooperative problem-solving. Acknowledge non-negotiable elements. Focus on interests, not positions, but do build large agreements on small prior doables.
36. Be caretaker of the other's welfare as well as your own. Make agreements that meet objective, reasonable standards of fairness. Make agreements that meet the needs of both, and that build the relationship.

X. EXTRA Considerations.

37. Express anger constructively. Emotions are legitimate and communicate. Channel anger's energy. Focus on the angering behavior, not the person.
38. Define your best alternative to a negotiated agreement. Seek a third party facilitator when you and the other lack needed skills or when there seem to be intractable differences.
39. Listen, but don't react to emotional outbursts. Explore underlying interests and options together.
40. Agree to disagree on specific value differences. Don't feel you have to agree on everything.

Annex 4-B

Self-Inventory Worksheet

Before committing to any negotiation process, carefully answer the questions below. Review your answers and use them to gain perspective on the conflict and proposed negotiation from your personal and professional point of view.

What specifically concerns me about this conflict?

What are my interests and underlying needs contained in this issue? What is at stake for the reforms I am trying to implement?

What personal risks are involved for me if I am not successful?
Leadership position? Professional standing? Self-esteem? Job security? Other?
(Be specific and thorough so you are clearly aware of your strengths and/or vulnerability)

a) Am I sufficiently informed of the interests and needs of the group I represent? Have I adequately discussed any underlying assumptions with my colleagues/constituents?

b) Do I have sufficient power and authority (or does my negotiating team) to make and carry out agreements?

If not, who else needs to be at the table? How can I get them there?

What assumptions am I making about the opposition? Are they based on knowledge of current interests, past negative experiences; preconceived notions based on what I have heard?
(Be specific and clear with yourself on this issue.)

What would be the best possible solution both parties could agree on?

What would be a solution I could live with?

What is the best situation I can expect if I do not negotiate?

Annex 4-C

Negotiation Preparation Worksheet¹

INSTRUCTIONS: To complete the worksheet, follow the steps listed below in sequential order.

(1) Develop a concise working definition of the issue, as you see it.

(2) Identify your interests at stake in the issue

In order to be able to focus on those interests of most importance to you during the negotiations, you need to first be clear about all of the interests you have at stake in the issue. Develop a complete and detailed list of your interests in the problem. Each interest should reflect a specific underlying need, desire, or fear. Once the list is complete, be sure to double check it and clarify any position or value statements.

(3) Rank your interests

Naturally, some interests will be more important to you than others. To ensure that you focus on your key interests during the negotiation process rather than get caught up in secondary issues, it is critical that you assess the relative importance of each interest beforehand. A simple method to use in ranking each interest in terms of its relative importance is to assign each a weight of 0 to 100 percent, based on its overall importance. *Enter a rank next to each interest listed in left-hand column.*

(4) Identify possible interests at stake for your counterpart(s)

Because negotiation is a process of collaboration and compromise, it is important to also make a best estimate of the other parties' interests in the problem. Accurate information about the other side's interests is often-times difficult to obtain, but try to develop as accurate an estimate as possible of what is at stake for your counterpart(s). Empathy is the most important resource you have for inferring what these interests might be. Consider the situation from the other parties' perspective; identify the issues they might be concerned about. What personal interests might be at stake for them (e.g., their leadership position, professional standing, job security, financial wellbeing)? What business-related interests might they be concerned about? What is at stake for the programs, projects, or reforms they are trying to implement? What are the interests of other individuals and/or groups affected by the issue that you might take into account?

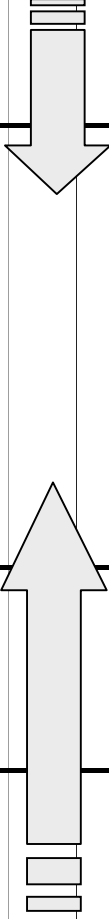


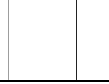



Depending on the quantity of information and other resources at your disposal, you can research any publicized statements they have made on the issue as well as information about their organization and/or projects. (If you have conducted a *stakeholder analysis* or developed an *advocacy strategy* for the policy beforehand, you can obtain information about your counterparts' interests by referring to the Stakeholder Analysis Table and Tool 3: Audience Identification Worksheet, respectfully).

(5) Invent options for mutual gain

You can draw upon both your interests and those of the other side to brainstorm possible options for mutual gain (i.e., those that incorporate one or more interests from each side).

1. Adapted with permission from *Getting Ready to Negotiate, a Step by Step Guide to Preparing for Any Negotiation*.

Finally, you will want to test these options by reviewing each individually and questioning whether you would find the option to be a tolerable and acceptable solution. If you cannot answer “yes” to any of these options, it signals the need to recheck your initial assumptions. You might have overlooked a key interest or inaccurately measured the relative importance of an interest(s).

<p>(1) Issue:</p>	<p>(2) My Interests Ask yourself: "What do I care about?" "Why?" and "For what purpose?"</p>	<p>(3) Relative Importance Assign a weight of 0-100%</p>	<p>(5) Possible Options for Mutual Gain List ways to meet interests on both sides</p>	<p>(4) Their Interests Ask yourself: "What might they care or worry about?" "Why," and "For what purpose?"</p>
				
				
				
				
				
				
				

Sample completed negotiation preparation worksheet

Issue: Proposed Ministry of Health policy to establish results-based contracts with NGOs for the provision of health services, which have been historically financed via subsidies.			
My Interests (NGO's)	Relative Importance	Possible Options for Mutual Gain	Their Interests (Ministry of Health)
Information: find out the purpose of the MOH policy to contract out to NGOs	10%	Allow NGOs to participate in the definition of the terms of the contract, and ensure that they are provided with sufficient resources to be able to comply with its requirements	Implement the reform
Participate in the development of contracting policies	30%		Exercise MOH oversight role
Ensure that clear rules for contracting are established	10%		Develop better information systems for documenting health service delivery activities and results;
Secure sufficient financial resources from the MOH to be able to comply with the contract requirements, i.e., for contract administration	40%		Be able to report these results to supervisors, other public sector representatives, and international donors
Government recognition of our NGOs	10%		Define clear contract terms
Financial sustainability of our NGOs			Encourage competition amongst NGOs
Maintain the institutional vision of our NGOs			Formalize the relationship between MOH and NGOs
Stable relationship with the Ministry of Health			Foster new forms of partnership between the MOH and NGOs
Achieve positive results/impact			Strengthen the health sector
Strengthen the health sector			Ensure that health services provision is equitable, efficient, and high-quality

Section 5

Introduction to Strategic Management

Susan Scribner

Introduction to Strategic Management

Table of Contents

Figure 5.1. Facets of Strategic Management	5-2
Figure 5.2. Strategic Management of One Stage of the Policy Process	5-4
Table 5.1. Five Facets of Strategic Management	5-3
Bibliography.....	5-5
Annex 5-A. Strategic Planning and Strategic Management	5-6

Introduction to Strategic Management

Health policy reforms, even ones that have been approved, decreed, or signed into law, will not necessarily be implemented as intended without the impetus and guidance of policy champions. The policy process, as explained and diagrammed in the introduction to this toolkit (Section 1, especially Figure 1.1), includes the following stages: policy formulation and legitimation, constituency-building, resource mobilization, implementation design and organizational structuring, and progress and impact monitoring. However, proposed reforms are not likely to progress through these stages without someone managing or shepherding them.

For those who want to participate in and further the process of health sector reform, strategic management provides an effective approach. Strategic management is a process for developing and enacting plans to reach a long-term goal that takes into account internal variables and external factors. Strategic management encompasses an integrated, future-oriented managerial perspective that is

- ▶ outwardly focused
- ▶ forward-thinking
- ▶ performance-based (see Kiggundu 1996).

Strategic managers identify long-range targets, scan their operating environments, evaluate their organization's structures and resources, match these to the challenges they face, identify stakeholders and build alliances, prioritize and plan actions, and make adjustments to fulfill performance objectives over time.

Brinkerhoff (1991 and 1994) characterizes strategic management as looking out, looking in, and looking ahead. "Looking out" means exploring beyond the boundaries of your organization to set feasible objectives, identify key stakeholders, and build constituencies for change. "Looking in" implies critically assessing and strengthening your systems and structures for managing personnel, finances, and other essential resources. Finally, "looking ahead" entails melding your strategy with structures and resources to reach your policy goals, while monitoring your progress and adjusting your approach as needed.

Balancing strategic management's outward-, inward-, and forward-looking functions helps you develop a vision and a strategy for where and how to move health sector reform forward. Balancing these different perspectives is the essence of managing strategically (Brinkerhoff 1991).

Strategic management comprises five key facets: goal-setting, analysis, strategy formation, strategy implementation, and strategy monitoring (see Figure 5.1). These are the integral elements that, when applied together, distinguish strategic management from less comprehensive approaches, such as operational management or long-term planning. Strategic management is an iterative, continuous process that involves important interactions and feedback among the five key facets, which are explained in more detail in Table 5.1.

Figure 5.1. Facets of Strategic Management

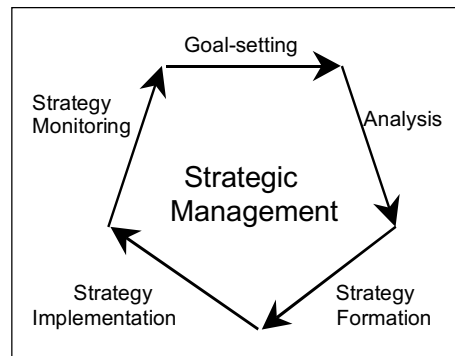
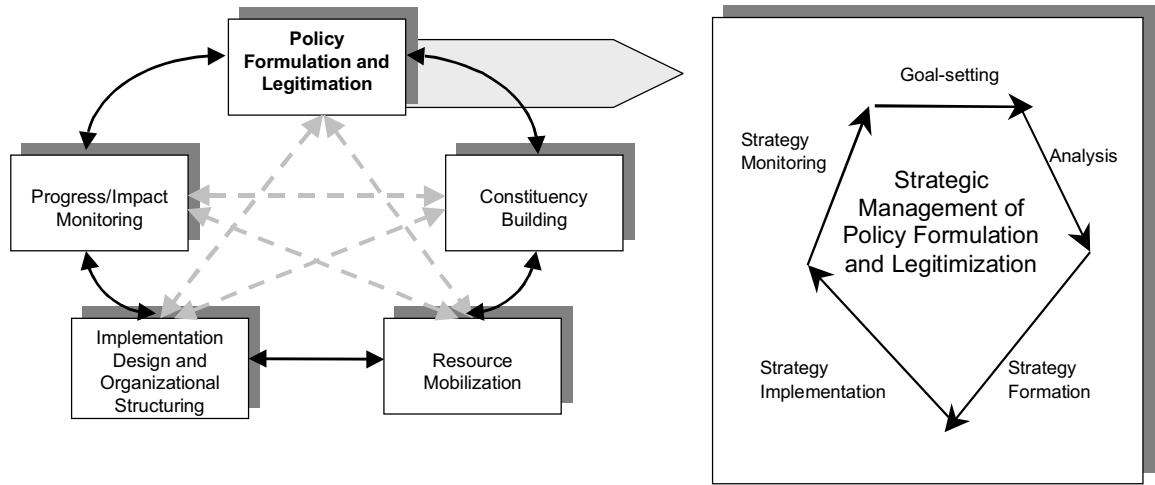


Table 5.1. Five Facets of Strategic Management

Goal-Setting	Goal-setting enables you to articulate your vision: identify what needs to be accomplished, define short- and long-term objectives, and relate them to what your organization needs to do. A “mission statement” summarizes your purpose and goals in terms easily understood by both staff and external stakeholders.
Analysis	Analysis guides you to collect and consider information so that you fully understand your situation. Assess external environments and internal situations to identify the strengths and weaknesses of your organization and the opportunities and threats you face as you seek to reach your goals.
Strategy Formation	To determine a strategy, you reflect, prioritize, develop options, and make decisions. Review the results of the analyses, identify the issues that you and your implementing partners need to address, and prioritize them in terms of their urgency and magnitude. Use these results to design alternative strategies and plans that address the key strategic issues.
Strategy Implementation	To implement your strategy, assemble the necessary resources and apply them. Put the chosen plans into practice, marshal the resources and commitments necessary for moving ahead, tap existing capacity and/or build new capacity, and seek to achieve results.
Strategy Monitoring	Monitoring allows you to check your progress toward achieving your goals and assess whether any changes in the environment necessitate alterations to your strategy. Modify plans and actions to adjust to the impact of changes in the operating environment. Effective monitoring allows you to react and anticipate. Monitoring also feeds back into analysis, strategy design, and implementation in the immediate term and into goal-setting over the longer term.

As mentioned, you can use strategic management to help move health sector reforms through the various stages in the policy process. The framework of the policy stages can help you determine your location in the policy process and identify tasks to be done. By applying a strategic management approach to each subsequent stage of the policy process, you can further implementation of health sector reforms. Consider each stage of the policy cycle from a strategic perspective, balancing the looking-out, looking-in, and looking-ahead issues. In so doing, you can effectively integrate a strategic management approach into the policy cycle. As an example, Figure 5.2 illustrates how you might strategically manage your reforms through the policy formulation and legitimation stage.

Figure 5.2. Strategic Management of One Stage of the Policy Process



Strategic Management of Policy Formulation and Legitimation

Goal-Setting: Your goals might be to 1) have a community leader speak publicly on behalf of the policy to create legitimacy, and 2) have someone from the health sector reform team list the resources and actions that will be necessary to implement the policy.

Analysis: You might evaluate your stakeholders to see who is likely to favor the policy and, of those supporters, who has the respect of the community.

Strategy Formation: You could identify 1) a supportive community leader and ask him or her to speak for the policy and 2) additional information and resources needed to develop the policy details.

Strategy Implementation: You could 1) arrange for a presentation or media interview with the community leader and 2) attempt to collect information and other resources.

Strategy Monitoring: You should assess whether your efforts at legitimation and policy definition were successful enough to allow you to focus most of your time and energy on constituency-building tasks, or whether you need to continue with policy formulation and legitimation.

↔ = primary linkage
 - - - ↔ = secondary linkage

Bibliography

- Brinkerhoff, Derick W. 1994. "Looking Out, Looking In, Looking Ahead." *PA Times*. vol. 17, no. 12, 11.
- _____. October 1991. "Looking Out, Looking In, Looking Ahead: Guidelines for Managing Development Programs." Working Paper No. 1. Washington, DC: Implementing Policy Change Project, for US Agency for International Development.
- Kiggundu, Moses N. 1996. "Integrating Strategic Management Tasks into Implementing Agencies: From Firefighting to Prevention." *World Development* vol. 24, no. 9: 1417-1430.

Annex 5-A

Strategic Planning and Strategic Management

By Benjamin L. Crosby¹

The following is an excerpt from Crosby, Benjamin L. 1991. "Strategic Planning and Strategic Management: What Are They and How Are They Different?" Technical Note No. 1. Published by the Implementing Policy Change Project, Management Systems International, Inc., for the US Agency for International Development.

Why Strategic Management?

Strategic planning and management are more than a set of managerial tools. They constitute a mind-set, an approach to looking at the changes in the internal and external environment that confront the manager. Using planning and management tools strategically, then, involves essentially a way of thinking, a mental framework or approach, as well as a set of analytic tools. For strategic management to be effectively used the manager must develop a strategic mentality or outlook. The problem for the consultant is how to help the manager acquire that mentality.

The Strategic Approach

The strategic approach or mentality consists of four main elements:

- ▶ First, the strategic approach is oriented toward the future. It recognizes that the environment will change. It is a long range orientation, one that tries to anticipate events rather than simply react as they occur. The approach leads the manager to ask where his/her organization wants to be after a certain period, what it will need to get to where it wants, and how to develop strategies and the means to get there, and finally, how to manage those strategies to achieve the organization's goals and objectives. It is recognized that the future cannot be

1. Benjamin L. Crosby is a Director of MSI; he holds a Ph.D. from Washington University in St. Louis, Missouri, and manages the Implementing Policy Change project.

controlled, but the argument can be made that by anticipating the future, organizations can help to shape and modify the impact of environmental change.

- ▶ Second, the strategic approach has an external emphasis. It takes into account several components of the external environment, including technology, politics, economics and the social dimension. Strategic thinking recognizes that each of these can either constrain or facilitate an organization as it seeks to implement policy. Politics will determine the policies that are to be implemented, economics will determine the organization's level of resources, and social factors might well determine who the organization's beneficiaries will be. In particular, strategic thinking recognizes and emphatically takes into account politics and the exercise of political authority. Managers are not free to do anything they decide. Managers must be sensitive to the needs and respond to demands of constituents over whom they have little or no control. Among those constituents, political actors are perhaps the most important.
- ▶ Third, the strategic approach concentrates on assuring a good fit between the environment and the organization (including its mission and objectives, strategies, structures, and resources) and attempts to anticipate what will be required to assure continued fit. Under conditions of rapid political, economic and social change, strategies can quickly become outmoded or no longer serve useful purposes; or the resources traditionally required by the organization to produce its goods and services may suddenly become unavailable. The strategic approach recognizes that to maintain a close fit with the environment, the different elements of the organization will need to be continuously re-assessed and modified as the environment evolves.
- ▶ Finally, the strategic approach is a process. It is continuous and recognizes the need to be open to changing goals and activities in light of shifting circumstances within the environment. It is a process that requires monitoring and review mechanisms capable of feeding information to managers continuously. Strategic management or planning are not one-shot approaches, they are ongoing.

When all taken together, these attitudes and behaviors are really a way of approaching or thinking about how to manage or how to implement policy change. Strategic management (or planning) is not something that can be applied only once and then forgotten about or ignored. In that sense it is more than a tool; it is a mental framework.

The Strategic Management Process

What does a strategic management process look like? The approach described below is suggested as a guide:

1. Agreement on and initiation of the strategic management process.
2. Identification and clarification of the organization's mission, objectives, and current strategies.
3. Identification of the organization's internal strengths and weaknesses.

4. Assessment of the threats and opportunities from the external environment.
5. Identification of key constituents/ stakeholders and their expectations.
6. Identification of the key strategic issues confronting the organization.
7. Design/analysis/selection of strategy alternatives and options to manage issues identified in step 6.
8. Implementation of strategy.
9. Monitoring and review of the strategy's performance.

There is much similarity in the approach described here and that of others (see Appendix One for a description of three). If one were to stop after Step number 7, the process would be simply a strategic planning exercise. Frequently, this is exactly where the process does stop, especially when management and the strategic planning functions have been de-linked. This occurs when there is no attempt to develop a strategic mentality among line management; instead, the organization attempts to set up a special department, division, or “guru” for strategic planning rather than integrate the functions into normal line management. Without the expressed linkage it is often difficult for the line manager to see the value of the strategic plan, and there will therefore be less interest and incentive in strategically managing. In contrast, if the strategic approach is employed, or the organization is imbued with a strategic mentality, then strategic planning will be done as part of the course of normal (strategic) management functions.

Step One: Agreement on the process.

The first step in the strategic management process is to get agreement—not only to carry out the process but also to get agreement on how and when and by whom it will be carried out. Since the strategic management process is not a one-shot exercise, commitment to the long-haul is vital; without commitment, the exercise will be sterile and likely regarded as a waste of time.

Who should be included in the strategic management process? At least three different types of individuals should be considered for inclusion: the organization's top decision-makers and those officials who will have direct responsibility in implementation of policy; those who have a major stake in the outcome of the policy, whether from within or outside the organization, whether supportive or oppositional, clients or resource suppliers; and those with specialized knowledge that can add to the analysis of the policy to be decided or implemented. Although relatively broad involvement in the process should be encouraged, care must be taken that such groups not be expanded to the point of incapacity to make agile decisions.

How should the process be initiated? First, agreement to carry out and commitment to the process of strategic management must be obtained from one or more of the organization's key decision makers. Once such agreement and commitment is accomplished, then decisions about what should be considered and who should be involved can be addressed. If issues are complex and there is a need to involve a relatively wide spectrum of actors and stakeholders, then work-

shops might be considered. If the issues are less complex or fewer actors need to be involved, then direct consultations or small group arrangements might prove more efficient.

Step Two: Identification and clarification of the organization's mission, objectives and current strategies.

Once an organization has agreed to engage in a strategic process, the first task is to determine what and where the organization is. What are the needs that the organization attempts to satisfy, whose needs are they, and what is the value of satisfying those needs? All too often organizations develop a service or a product and then fail to periodically examine whether or not that product actually satisfies a demand or whether satisfaction of that demand actually matters. Who are the people that compose the organization, what are their values, and what needs does the organization satisfy for them? (In resource-poor environments, agencies that satisfy only marginal or peripheral demands are vulnerable to budget cuts, abolishment, or absorption by other organizations.) What are the objectives of the organization and how well do they mesh with the needs and demands of clients, stakeholders and constituents? What strategies does the organization employ to achieve the objectives it has set for itself? Is the organization being asked to make fundamental changes in what it does, or in the kinds of clients it benefits? If so, what are those changes?

At this point, Louise White, whose framework is incorporated in the IPC [Implementing Policy Change] project paper, argues that the policy in question should be examined with respect to its compatibility with the organization's mission, objectives and strategy. To accomplish this it is necessary to state the objectives of the policy, the nature of the service or activity intended, the benefits to be produced and the beneficiaries, and describe the complexity of the policy. (White 1989)

Clarification of the mission, objectives, and strategies is fundamental to initiation of the strategic process. It amounts to a statement of where the organization is, what it does and how it goes about its business. It should also help clarify which policies or demands can be facilitated by the organization and which will be impeded.

Step Three: Identification of the organization's internal strengths and weaknesses.

One way to examine these is to look at the organization's resource base (skill base, capital or financial resources, etc.) Does the organization have the wherewithal to achieve its stated objectives or to put into motion its strategies? What are the levels of internal resources possessed by the organization? How available are they?

Analysis of resources by itself is not sufficient, the organization must also look at its task performance. What tasks does it do well, which does it not? This will give a better idea of how the organization's resources are organized and how effectively those resources are put to use. An organization may well have excellent research skills, but if its primary tasks are in service delivery, then such skills may be more a weakness than a strength. However, one should not auto-

matically make the assumption that since idle capacity exists, it should be dispensed with. Such skills may well be quite useful if the organization should need to make changes in order to be more compatible with its environment.

In addition to skills and resources, other elements of the internal organization need to be examined: what is the nature of the organizational climate (are there cleavages, are they conflictive?), how adaptable are the participants (would they readily take on new tasks, how long have they been doing the same thing?), what is the nature and flexibility of the organizational structure (is it rigid, have significant changes been made in the past, and what has been the reaction?), is there an informal structure (how does it work and is it more cogent than the formal structure?), what is the nature of the incentive structure (is it designed to encourage innovative behavior, can it recruit and maintain a sufficiently high level of personnel?)? Which elements facilitate and which impede performance of the organization's tasks and which might facilitate or impede organizational change?

Step Four: Assessment of threats and opportunities in the external environment.

While there is frequently a tendency on the part of managers to focus on the internal dimensions of the organization, policy change and the often volatile nature of politics in countries undergoing major policy changes requires conscious exploration of the environment outside the organization.

Political, economic, social, and technological changes will influence the direction and shape of an organization's policies and objectives. What are the major trends that can be detected in each of these areas that will have some bearing on the activities of the organization? How might macro-economic measures being instituted affect the financial resources of the organization? What is the nature of political support for the policy under consideration? How politically stable is the current regime? Is policy leadership about to change? Will key officials within the cabinet be changed and what will that mean to the development and implementation of the proposed policy change? To what extent have the government's primary political coalitions begun to change? Does this signify impending changes in policy priorities? How effective is the political opposition? What role do international forces or actors play in the determination of policy? To what extent has the social composition of the organization's primary clientele group changed? Has it outgrown the resources of the organization? Have its needs changed over the years?

An important factor in the organization's external environment is its bureaucratic and institutional setting. Is the organization autonomous? Or is it linked to a ministry, or must it coordinate its actions with other entities and what is the nature of those mechanisms? Are other organizations involved in the same activity, what are their roles? Are there incentives for cooperation?

Step Five: Identification of key constituents and stakeholders, their expectations and resources.

The expectations and demands of constituents are key ingredients for decisions about what an organization will do and how it goes about carrying out its tasks. Stakeholders or constituents are those who have a direct interest in and are capable of influencing in some measure the outcomes or actions of the organization. Stakeholders provide the primary base of political support for the organization, and in a significant way are its *raison d'être*. A rather wide range of actors might be included: competitors, beneficiaries, directors, employees, political parties, consumers, international donors, etc. What do these particular groups want from the organization? Are they satisfied with the current array of services and level of performance? Are their interests shifting? In which direction? And if so, will the organization be able to react favorably?

In examining the interests of stakeholders, a cautionary note is in order. There can be a temptation to try to consider every actor who might have some interest or influence in the organization. That temptation ought to be avoided and the analyst should take care to assure that only those that can have a realistic and reasonably significant impact are considered in the stakeholder analysis.

Step Six: Identification of key strategic issues.

The information generated by the preceding steps should identify a set of fundamental questions or key problems regarding the fit of the organization with its environment. These problems might concern the organization's mission, its products or services, its clients, financing mechanisms, management, or relationship to certain stakeholders. Strategic issues are the principal problems that must be dealt with effectively or the organization can expect undesirable results. The effective treatment of strategic issues can signify fundamental change in how the organization goes about its business. Such issues may generate conflict within the organization since their resolution will produce winners and losers both internally and externally. The organization must be prepared to deal with that conflict.

In identifying strategic issues or problems, care must be taken in specifying exactly what the problem or issue is, why it is a problem for the organization, and the organizational consequences of inaction. All too often insufficient attention is given to problem identification resulting in misallocated resources and lost opportunities. It is also important to determine whether or not the organization can do anything about the problem—if not, it is not an issue. Managers must also recognize that it will be impossible to tackle all issues at once; therefore, problems should be identified according to short-, medium- or long-run importance and the urgency of action needed. Managers will find that energy expended in problem and issue identification and clarification will have payoffs in the development of strategies for their treatment.

Step Seven: Design, analysis, and selection of strategy alternatives and options to manage issues identified in Step 6.

Once issues and problems have been identified, strategies to solve those problems need to be identified. Generally, more than one option for dealing with the problem will be identified; then options must be examined for their comparative viability, feasibility, and desirability. Can the strategy work from a practical as well as theoretical stance? Is the organization capable of carrying out the strategy? Is the strategy acceptable to those carrying it out and to those to whom it is directed? Does the organization have the human and material resources, does it have the know-how necessary, and is the appropriate organizational structure available for implementing the strategy? Will the strategy accomplish what the manager wants and benefit those intended? Can the strategy be sustained, and can it adapt to the projected changes in the environment? Is flexibility built into the strategy? Can the necessary resource base be sustained over the life of the strategy?

Desirability has to do with the fit of organizational and environmental values and objectives with the strategy. Is the strategy compatible with the implementing institution's mission or its fundamental objectives, and/or with the mission and objectives of collaborating organizations? Is the strategy targeted to the most appropriate beneficiaries? Is it compatible with the legal and bureaucratic setting? How well will the strategy adjust to forecast trends in the medium and in the long term? How will key stakeholders be affected, how compatible is the strategy with their values and expectations?

Step Eight: Implementation of the strategy.

Implementation of a strategy is not an automatic process; there are two major parts to the process. The first step is the development of an action plan, which is a statement of what, who, when, and how the actions necessary to carry out the strategy will be done. Performance goals and objectives will also be specified. Much of the information needed to develop the action plan will have been generated in Step Seven.

The second part of implementation consists of actions aimed at marshaling and applying resources. In the context of policy change these actions may consist of (but are not limited to), changes in organizational structures, shifts and reclassification of personnel, the establishment of new routines, tasks, and procedures; installation of new incentive systems; retooling production for new products or services; marketing of new services or creation of demand among new beneficiaries or consumers; development of new financing mechanisms; organizing coalitions to maintain political, budgetary, and beneficiary support; and developing collaborative mechanisms with cooperating organizations. It should be noted that the managers' task is more than just the internal operation of his organization, they must also manage its fit with the environment.

Step Nine: Monitoring and review of performance.

Strategic management assumes continual change. Therefore mechanisms must be developed for monitoring and analyzing the performance of the organization with respect to achieving the

goals and objectives set in the action plan. As the environment undergoes changes, as ministers change, elections occur, or budgets go up or down, priorities will also change. Resource flows may be uneven. All of these elements can alter performance, priorities, and the desirability of certain policies. If the organization wants to maintain a good “fit” with the environment, it must first be able to track these changes in order to adjust.

The monitoring process should be continuous, regular, and capable of feeding into the decision-making process. The manager should develop control mechanisms to gauge the efficiency of resources used and impact mechanisms to gauge the effectiveness of its actions. Finally, it is vital that the monitoring process be timely and usable.

Appendix One: Different Approaches to Strategic Planning and Management

Much attention in the literature has been devoted to strategic management and strategic planning—but with most emphasis on the private sector. Nevertheless, in the last several years, there has been a growing interest and literature (eg., Ring and Perry, 1985, and Samuel Paul, 1983) on applications in the public sector. Three recent approaches are briefly described in this appendix.

Two recent books on strategic planning and strategic public management illustrate the overlap between the two concepts. Each develops a strategic “process” consisting of several steps. Drawing on Nutt and Backoff (1987), Bozeman and Straussman (1990) outline six steps for putting strategic management to work. These steps amount to a basic framework for strategic management:

1. Dealing with history: an analysis of the history of the organization, its mission and its mandate.
2. Stock Taking: an evaluation of the organization’s current internal financial, organizational, and human resources.
3. Evaluating Issues: identification of the significant issues that will affect the performance or capacity of the organization.
4. Developing Strategies: development of strategic alternatives to respond to and manage the issues identified.
5. Assessing Feasibility: evaluation of the capacity of the organization to carry out the strategic alternative within the context.
6. Implementation: the actual carrying out of the strategy selected.

It is easy to recognize several parallels between Bozeman and Straussman and the eight-step process for strategic planning laid out by John Bryson (1988):

1. Initiating and agreeing on a strategic planning process.
2. Identifying organizational mandates.

3. Clarifying organization mission and values.
4. Assessing the external environment opportunities and threats.
5. Assessing the internal environment: strengths and weaknesses.
6. Identifying the strategic issues facing an organization.
7. Formulating strategies to manage the issues.
8. Establishing an effective organizational vision for the future.

Louise White (1989) establishes a slightly shorter but similar strategic process:

Step 1. Agree on a process for developing an implementation strategy.

Step 2. Map or assess the situation (this includes analysis of the external and internal environments, the content of the policy, and stakeholder expectations and resources).

Step 3. Identify the strategic issues.

Step 4. Design an implementation strategy.

Step 5. Design a process for monitoring results and making ongoing adjustments.

Where do these “processes” differ? Is it really only at the ends of each process? Bryson concludes with the formulation of strategies and the establishment of an effective organizational vision for the future; Bozeman and Straussman conclude the process with implementation of the strategies formulated. Planners in Bryson’s model, are not directly responsible for the implementation of what they have planned, except insofar as those same persons also will be tasked with implementation (not all organizations can readily separate the planning and management functions). But in all fairness, Bryson is adamant in insisting that the alternatives developed to cope with strategic issues be both workable and acceptable. Assuring that could well be considered tantamount to implementation.

White, on the other hand, goes further than either of the other two. Whereas Bozeman and Straussman end with “implementations,” White concludes her model of strategic management with suggestions for the development of mechanisms for monitoring to feed the ongoing process of adjustment and corrections. This last step is a vital one, and deserves emphasis. The LDCs undergoing adjustment tend to be characterized by environmental volatility—to assume that a single strategy is not subject to either revision or modification (and often rather extreme revision or modification) would be short[-sighted]. Therefore, mechanisms to monitor the organization’s continuing fit with the environment as well as progress toward objectives are critical.

Another difference lies in each’s treatment of the external environment. White and Bryson put considerable specific emphasis on the environment in the steps they describe as part of the strategic process. Bozeman and Straussman certainly recognize the importance of the external environment as can be seen in the following excerpts from their work:

One purpose of strategic management is to mediate between the organization and the environment.

Public management necessarily requires attention to the organization's environment because the influence of external political authority emanates from the environment [for this reason, effective public management requires attention to strategy.

...an external perspective emphasizing not adapting to the environment] but anticipating and shaping of environmental change. Strategic public management adds an additional ingredient: strategic thinking must be cognizant of the exercise of political authority.

However, unlike either White or Bryson, Bozeman and Straussman do not describe a specific step for analysis of the external environment within their recommended framework. Analysis of the environment is left as an implicit task. The danger of this approach is that such analysis might simply be overlooked as being too hard to do or as being too tenuous to add anything. Given the impact of the environment on public organizations, explicit and direct analysis is imperative.

Not surprisingly, the fact that both approaches employ the term "strategic" gives the two a great deal in common. Strategy, or the strategic outlook signifies a forward looking mentality. Strategy does not concern the past except for the lessons and input that can be extracted from past experience. Strategy concerns the future, and to the extent that the future is unknown, the greater its uncertainty. Tasks that concern the very short run are generally not grist for the strategic mill. The further the horizon of time involved in the task, the greater the level of uncertainty. Inasmuch as strategy involves the future, and particularly the mid- to long-run future, uncertainty then becomes a part of the strategic problem. The strategy mounts to a bet that the future will evolve in a particular way and that the manager's particular vision of the future implied in the selection of a strategy will be the correct one.

References

- Barry Bozeman and Jeffrey D. Straussman, *Public Management Strategies: Guidelines for Managerial Effectiveness*. Oxford: Jossey-Bass Publishers, 1990.
- John M. Bryson, *Strategic Planning for Public and Nonprofit Organizations*. Oxford: Jossey-Bass Publishers, 1988.
- Hayes, Robert H., "Why Strategic Planning Goes Awry," *The New York Times*, April 20, 1986.
- Nutt, P.C., and Backoff, R.W. "A Strategic Management Process for Public and Third-Sector Organizations." *Journal of the American Planning Association*, 1987, 53, pp.44-57.
- Paul, Samuel, *Strategic Management of Development Programmes: Guidelines for Action*. Geneva: International Labor Office, Management Development Series, No. 19, 1983.
- Ring, P.S., and Perry, J.L., "Strategic Management in Public and Private Organizations: Implications of Distinctive Contexts and Constraints." *Academy of Management Review*, 1985, 10, pp.276-86.
- Louise G. White, *Managing Policy Reform in the LDCs*. Boulder, Colorado: Lynne Rienner Publishers, 1990.
- _____, "Implementing Policy Changes" (unpublished paper attached to USAID Project Paper for Implementing Policy Change Project.) September, 1989.

IPC Technical Notes is a publication of the U.S. Agency for International Development (USAID) Implementing Policy Change Project (#936-5470, Contract #AEP-5470-I-00-5034-00), which is managed by the Agency's Global Bureau, Center for Democracy and Governance. The Center for Democracy and Governance is USAID's focal point for democracy and governance programming. The Center's role is to provide USAID and other development practitioners with the technical and intellectual expertise needed to support democratic development. It provides this expertise in the following areas:

- Rule of Law
- Elections and Political Processes
- Civil Society
- Governance

The Center publishes a number of technical documents designed to indicate best practices, lessons learned, and guidelines for practitioner consideration. They are also intended to stimulate debate and discussion. For further information regarding these Center-specific publications, please contact the Center's Information Unit at (202) 661-5847.

The IPC project's contract team consists of Management Systems International (prime contractor); Abt Associates Inc.; and Development Alternatives. The IPC Project Office is located at MSI, 600 Water Street, S.W., Washington, D.C., 20024. Telephone: (202) 484-7170; Fax: (202) 488-0754.

The Latin America and Caribbean Regional Health Sector Reform Initiative is a joint effort of the following organizations:



US Agency for International Development
1300 Pennsylvania Avenue, NW, Washington, DC 20523-5900
Tel.:202.712.5859 ^ Fax: 202.216.3262



Pan American Health Organization
525 23rd Street, NW, Washington, DC 20037-2895
Tel.:202.974.3832 ^ Fax: 202.974.3613



Partnerships for Health Reform
Abt Associates Inc.
4800 Montgomery Lane, Suite 600, Bethesda, MD 20814-5341
Tel.:301.913.0500 ^ Fax: 301.652.3916



Family Planning Management Development
Management Sciences for Health, Inc.
165 Allandale Road, Boston, MA 02130-3400
Tel.:617.524.7799 ^ Fax: 617.524.2825



Data for Decision Making
Harvard School of Public Health
665 Huntington Avenue, Boston, MA 02115
Tel.:617.432.4610 ^ Fax: 617.432.2181



Latin America and Caribbean Regional Health Sector Reform Initiative website:
<http://www.americas.health-sector-reform.org>