

## Annex E

### Stakeholder analysis <sup>1</sup>

---

A stakeholder analysis should be undertaken at the **onset** of a crisis, in the context of the first cluster/sector coordination group meeting but should then be **up-dated continuously** during the early stages and at regular intervals once the situation has stabilized.

“Stakeholders” include all agencies, organizations, groups or individuals who have a direct or indirect interest in a health, health services and the activities of the health cluster, and whose attitudes and actions could have an influence on health and the outcomes of humanitarian health activities.

A stakeholder analysis can help the CLA, HCC and health cluster partners to identify:

- The interests of all stakeholders that may affect or be affected by health response actions;
- Potential conflicts or risks that could limit the feasibility of particular response strategies (and any possible strategies for overcoming such factors).
- Opportunities and relationships that can be built on during implementation of the response;
- Groups that should be encouraged to participate in different stages of the process;
- Appropriate strategies and approaches for stakeholder engagement; and
- Ways to reduce negative impacts on vulnerable and disadvantaged population.

The full participation of stakeholders in both project design and implementation of is a key to – but not a guarantee of – success. Stakeholder participation:

- Gives stakeholders some say over how their interventions may affect the response;
- Is essential for sustainability;
- Generates a sense of ownership if initiated early in the process;
- Provides opportunities for learning for the stakeholders themselves; and
- Builds capacity and enhances responsibility.

N.B. Stakeholder analysis is distinctly different from, and covers a larger range of interested parties than, a Who-What-Where-When analysis of health service providers.

---

*For further guidance, see:*

- 📖 Ruairi Brugha and Zsuzsa Varvasovszky, *Stakeholder analysis: a review*, Health Policy and Planning; 15(3): 239-246, Oxford University Press 2000  
<http://heapol.oxfordjournals.org/cgi/content/abstract/15/3/239>
- 📖 Kammi Schmeer, *Stakeholder Analysis Guidelines*, Policy Toolkit for Strengthening Health Sector Reform, section 2, *Latin America and Caribbean Regional Health Sector Reform Initiative*,  
<http://www.lachsr.org/documents/policytoolkitforstrengtheninghealthsectorreformpartii-EN.pdf>
- 📖 Resources for Implementing the WWF Standards, *Cross-Cutting Tool, Stakeholder Analysis*, October 2005  
[http://assets.panda.org/downloads/1\\_1\\_stakeholder\\_analysis\\_11\\_01\\_05.pdf](http://assets.panda.org/downloads/1_1_stakeholder_analysis_11_01_05.pdf)
- 📖 World Bank - *Social Analysis, Stakeholder Analysis and Stakeholder Analysis pagebrief*  
<http://www1.worldbank.org/publicsector/politicaleconomy/November3Seminar/Stakeholder%20Readings/WB%20Stakeholders%20Analysis%201-page%20brief.pdf>
- 📖 DFID, 1995. *Guidance Note on how to do Stakeholder Analysis of Aid Projects and Programmes*, London
- 📖 DFID, 1993. *Note on Enhancing Stakeholder Participation in Aid Activities*, London, DFID

---

<sup>1</sup> Adapted from WWF, *Cross-Cutting Tool, Stakeholder Analysis*, October 2005,