
UNDERSTANDING STAKEHOLDER ENGAGEMENT

BRIEFING PAPER

Stakeholder engagement has become central in managing evaluation. The SEU collaborates with various individuals to increase contextualization, relevance and utility of an evaluation.

The SEU has observed that evaluation participants tend to be quite homogenous, and efforts to involve a more diverse group brings several challenges. To better understand which groups were more or less represented at the different steps of the evaluation process, we conducted an internal retrospective stakeholder analysis of all SEU-managed evaluations completed between 2021 and 2023 (N=23).

THE STAKEHOLDER ANALYSIS

The main questions were twofold: (1) Which roles do stakeholders take on predominantly? and (2) Which stakeholder groups are less represented in the specific steps of the evaluation process? Stakeholders were defined as “individuals, groups or organisations that will be affected in some significant way by the outcome of the evaluation process or that are affected by the performance of the intervention, or both” and categorized into four groups: (1) Service users, (2) External actors (e.g. (I)NGOs, CBOs, others), (3) Ministry of Health, and (4) MSF. These groups were then matched to the specific roles they took on during the evaluation process: Commissioner, Consultation group member, Informant. This was understood as a proxy indicator for their level of engagement in the 6 steps of the evaluation process (see table 1). The analysis was conducted based on the number of evaluations and individuals.

Table 1: Assumed engagement of the three roles in the evaluation process throughout the six steps process.

Roles	Scoping	Preparatory	Inception	Data collection & Analysis	Report Writing	D&U
Commissioner	x	x	x	x	x	x
Consultation group members	x	x	x	x	x	x
Informants				x		

THE FINDINGS

The findings showed that MSF stakeholders were the most engaged group across all considered evaluations by taking on all predefined roles, meaning they had the most influence throughout the entire evaluation process (see table 2).

Table 2: Evaluation based analysis

Total number (%) of evaluations in which the four stakeholder groups took over a predefined role (N=23)				
	Commissioner (%)	Consultation group (%)	Informants (%)	missing info (%)
Service user	0 (0)	0 (0)	11 (47,8)	12 (52,2)
External actor	0 (0)	2 (8,7)	19 (82,6)	5 (21,7)
Ministry of Health	0 (0)	1 (4,3)	13 (56,5)	11 (47,8)
MSF staff	23 (100)	23 (100)	23 (100)	0 (0)

External actors were included as informants in 83% of all considered evaluations, yet only two evaluations involved them as members of the Consultation Group. Around half of the evaluations included the Ministry of Health (57%) and service users (48%) as informants during data collection. However, only one evaluation involved a MoH representative in the CG, and no service users were included in the CG at all.

A segregated analysis comparing project-focused and organizational-focused evaluations revealed that in the latter, no service users were involved at all, and only two organizational-focused evaluations included external actors as informants.

Table 3: Evaluation based analysis, by evaluation focus

Total number (%) of project focused evaluations in which the four stakeholder groups took over a predefined role (N=19)				
	Commissioner (%)	Consultation group (%)	Informants (%)	missing info (%)
Service user	0 (0)	0 (0)	11 (57,9)	8 (42,1)
External actor	0 (0)	2 (10,5)	17 (89,5)	3 (15,8)
Ministry of Health	0 (0)	1 (5,3)	13 (68,4)	7 (36,8)
MSF staff	19 (100)	19 (100)	19 (100)	0 (0)
Total number (%) of organizational focused evaluations in which the four stakeholder groups took over a predefined role (N=4)				
	Commissioner (%)	Consultation group (%)	Informants (%)	missing info (%)
Service user	0 (0)	0 (0)	0 (0)	4 (100)
External actor	0 (0)	0 (0)	2 (50,0)	2 (50,0)
Ministry of Health	0 (0)	0 (0)	0 (0)	4 (100)
MSF staff	4 (100)	4 (100)	4 (100)	0 (0)

The individual based analysis (N=2255) revealed a similar pattern. It showed that service users constitute the largest stakeholder group engaged (36%), yet only as informant, the role that holds the least power in the evaluation process (see table 4).

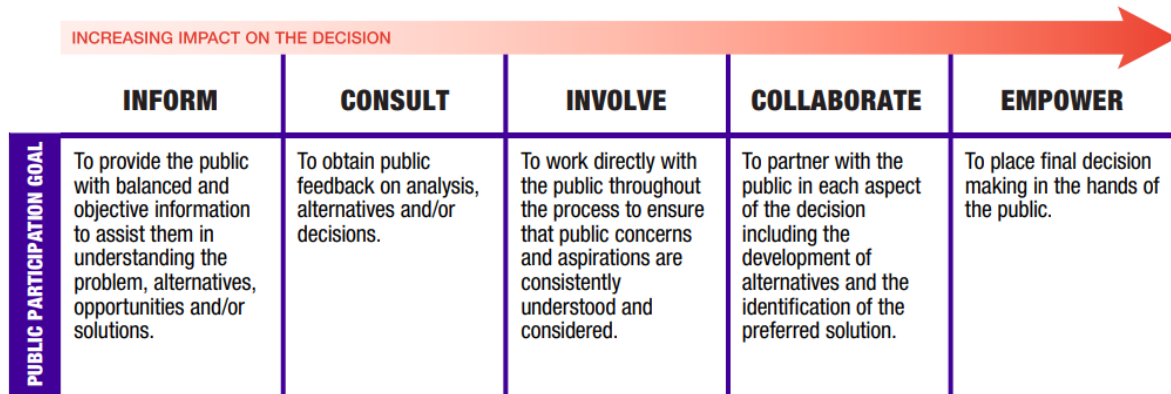
Table 4: Individual based analysis

Total number (%) of individuals that took over a predefined role in an evaluations, per stakeholder group (N=2255)				
	Commissioner (%)	Consultation group (%)	Informants (%)	Totals (%)
Service users	0 (0)	0 (0)	815 (36,1)	815 (36,1)
External actors	0 (0)	4 (0,2)	139 (6,2)	143 (6,3)
Ministry of Health	0 (0)	1 (0)	256 (11,4)	257 (11,4)
MSF staff	26 (1,2)	117 (5,2)	744 (33,0)	887 (39,3)
Missing info	0 (0)	0 (0)	153 (6,8)	153 (6,8)
Totals	26 (1,2)	122 (5,4)	2107 (93,4)	2255 (100)

This analysis was based on a limited number of evaluations, with gaps in the documentation of stakeholders and their characteristics, and a potential simplification in assuming that only predefined stakeholder groups were involved. Despite these limitations, addressing them would likely not have altered the main findings: (1) service users, external actors, and the MoH are the least represented groups in SEU-managed evaluations, and (2) when involved, they are typically engaged as informants, a role traditionally associated with less influence over the evaluation process.

THE WAY FORWARD

These insights informed discussions on how to motivate engagement of less represented stakeholder groups. By acknowledging the analysis's limitations, we identified the need to better understand engagement across different levels, drawing on the International Association for Public Participation (IAP2) concept of engagement spectrum:



(c) International Association for Public Participation www.iap2.org

As a next step, the SEU aims to define the appropriate level of engagement for each stakeholder group and role at the various stages of the evaluation process.