# Project Planning and Evaluation in Five Easy Steps

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## 1. Defining the Problem

A **problem** is a situation or condition of people or an organization **that will exist in the future and that is considered undesirable by the members of the organization.**

Hint: Thinking of the problem as something that will happen in the future - if something isn’t done now - helps to state objectives that can be easily visualized and evaluated. This “something” could be either a bad consequence (high staff turnover, children getting into trouble with police) or just not as good as we would like (troubled children continue to not seek help, staff needing additional training continue to not have access to it.)

## 2. Setting the Objective

An **objective** is a situation or condition of people or an organization **that will exist in the future and that is considered desirable by the members of the organization.** Objectives are specific, measurable statements of what we want to accomplish by a given point in time. They are declarative statements which should include the what, who, when, where and how much elements of the problem statement.

Objectives may aim to solve a problem external to the organization, usually a problem of the community and/or target population, or they may some problems internal to the organization, such as staff training needs or motivation. Objectives may be directed at changing the skills, knowledge or attitudes of people (clients, staff, customers, the general public) or they may be aimed at maintaining or changing a condition of the community or organization.

Hint: Problems state the situation in negative, undesirable terms (what is wrong) while the objective states a positive, desirable situation. Since a problem can rarely be eliminated, the size of the situation or condition is usually smaller in the objective than in the problem statement. Limit the objective to a realistic level that is still considered desirable by your organization.
3. Choosing Among Alternative Strategies

A strategy is a series or group of activities that are carried out by the members of the organization to reach the desired objective.

To determine the appropriate strategy to employ:
1. list all possible ways of reaching the objective; and
2. analyze each alternative from several aspects – usually including available resources, forces within the environment that may help/hinder implementation, and evaluation criteria – ie, appropriateness, adequacy, effectiveness, efficiency and potential side effects, both positive and negative.

4. Preparing for Implementation

Preparing for implementation includes several steps:
1. figuring out what major activities will be needed and in what order they should occur
2. determining a schedule for completing these activities
3. calculate what resources will be needed to complete these activities
4. assign responsibility to someone for each activity
5. plan what specific tasks will be done, who needs to be involved, when the tasks will occur, and what specific resources will be needed and how to obtain them, if necessary.

An activity is a specific procedure or process completed at a certain point in time that is carried out by organization personnel as part of a strategy for reaching the desired objective. A task is a specific procedure or process, including what will be done, when, and by whom, that is part of a larger “activity.” (A task can be thought of as a “little” or “sub” activity.

5. Designing the Evaluation

There are two main types of evaluation: process and outcome. Process evaluation is intended to measure the effectiveness of the organization to implement the plan as designed. Outcome Evaluation is intended to measure the degree to which the objective has been met (and therefore the problem impacted) at the result of the implementation of selected strategies and activities.

Process and outcome evaluations are often used together. A process evaluation may indicate that the plan is being well-implemented but it will not determine if the strategies and activities implemented are effective in addressing the problem. Similarly, an outcome evaluation may indicate that the objective had been met, but without confirmation that the process was effectively implemented it may not be possible to attribute the impact on the problem to the actual intervention in question.

There are five basic steps to preparing an evaluation design:
1. anticipate what decisions might have to be made about the plan along the way;
2. look at each part of the plan and anticipate where a comparison of actual performance against planned performance might yield information that will help make key decisions;
3. design measures of appropriateness, adequacy, effectiveness, efficiency and side effects in order to compare actual and planned performance;
4. figure out how to obtain the data for these measurements;
5. determine who will analyze the data, how and when.

Hint: A completed evaluation plan should include
1. a review of the decisions that might need to be made during implementation;
2. description of possible breakdowns between actual and planned performance;
3. set of measures to be used in comparing actual and planned performance;
4. list of sources from which data will be gathered;
5. plan for how the data will be analyzed and who will do it; and
6. plan for how the evaluation information will be used by the organization.

Sample Plan Using the Five Basic Steps to Program Planning

Problem Statement

The state prematurity rate is higher than the national average and is continuing to grow at a steeper rate than the national average.

Background information:
Based on 2002 data, Hawaii ranks 6th nationally in premature births, at 13.7% of live births, following Mississippi (17.2%), Alabama (15.7%), Louisiana (15.1%), South Carolina (14.2%) and Tennessee (13.8%). The national average for 2002 is 12.1%. Comparing rates of increase between 1992 and 2002 data nationally and for the 6 highest states determined a national rate of increase of 13.1%. Among the five states with 2002 rates above that of Hawaii, the rate of increase between 1992 and 2002 ranged from 10% to 19%. Hawaii’s rate of increase was found to be 33%, indicating a much more rapidly developing problem with premature birth in Hawaii, than nationally.

Objective

Slow the annual rate of increase in preterm births in Hawaii to no more than 2% by 2006.

Background Information:
Between 2000 and 2001 the rate of preterm births in Hawaii rose by 13.3% (from 11.3% of all live births to 12.8%) and between 2001 and 2002 the rate of preterm births in Hawaii rose an additional 7% (from 12.8% to 13.7%). While it may not be feasible to actually reduce the rate of preterm births in Hawaii within a relatively short period of time, it may be possible to continue to reduce the rate of increase that has been seen between 2000 and 2002.

Strategy(s)

Provide smoking cessation classes for pregnant women who smoke cigarettes.

Background information:
Currently, approximately 50% of all preterm births have no identifiable cause. In addition, many of the known factors that may put women at risk of preterm labor and delivery are not easily impacted. These include such factors as maternal age (teens and women over 35 are known to be at highest risk for preterm birth), maternal ethnicity (African-American women are known to be at higher risk of preterm birth than are white women, regardless of socio-economic factors), previous preterm birth, multiple pregnancy (twins, triplets, etc.) among others. Among other factors known to influence preterm birth are certain maternal behaviors, such as maternal smoking or illicit drug use during pregnancy, and certain maternal health conditions, such as gestational diabetes, high blood pressure and urinary or genital infections, including sexually transmitted diseases. Of these, smoking cessation is a behavior that has been shown to be amenable to intervention. Pregnant women are more highly motivated to quit smoking than non-pregnant women and it has been shown that even quitting smoking as late as week 30 of a pregnancy may lessen the risk of preterm birth.

Activities

Identify counselor to provide smoking cessation sessions and target audience.
Arrange smoking cessation session logistics, advertise, recruit, enroll women.
Develop/implement means to track smoking cessation behaviors post sessions.
Conduct evaluation activities

Evaluation

Process evaluation – collect and analyze data on numbers of smoking cessation session attendees, satisfaction with session quality/content, number of women who report smoking cessation (or decrease in number of cigarettes smoked daily) as a result of attending the sessions.

Outcome evaluation – compare preterm birth rates for the community in which the intervention occurred prior to and after the intervention to determine any difference in preterm birth rates post intervention, i.e. has the rate of increase in preterm birth slowed as a result of the intervention. Additional elements of an outcome evaluation could include a survey of women who attended the sessions to determine preterm birth rates among those who quit smoking as a result of attending the sessions and those who did not quit smoking.