**HEMOPHILIA ORGANIZATION DEVELOPMENT**

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ACTION PLANNING

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**Action Planning**

Gordon Clarke

# Foreword

The WFH is committed to providing skills training for **NMOs**. For this reason, we have produced a monograph to help hemophilia organizations in developing and developed countries plan and carry out their activities.

In this monograph an attempt has been made to use plain English and to avoid the use of management jargon. We hope it has been successful but, if further clarification of terminology is needed, please consult the publications listed in the bibliography.

# What is action planning?

One of the definitions given in the dictionary for the word “plan” is “a scheme for accomplishing a purpose”*.* **Action planning**, therefore, can be described as an agreed-upon set of intended actions to bring about desired outcomes.

An action plan can include single or multiple topics. Usually it covers a short period of time, most frequently one year. A strategic plan generally covers a three- to five-year period and is therefore a more abstract document.

# The need for planning

Today, most organizations carry out some form of planning. In smaller companies it may be as simple as a budget ― which is a financial representation of an action plan ― while at the other extreme, large corporations may try to look 25 years or more into the future in an effort to forecast shifts in lifestyle and stay ahead of the market.

Typically, a non-profit organization is created to address the needs of a group of people who want to see some improvement in their lives.

People in non-profits mean well and usually

work for good causes, but enthusiasm and good intentions alone are often not enough to succeed. With little thought they may decide on one large goal and then each person will go off and attempt to achieve it. What they have is a **vision**, but a vision without a supporting plan of how to achieve it will usually remain only a dream. As time goes on, there may be difficulties and upsets which, if not foreseen, will weaken the group. By learning from their mistakes, the group may become stronger, more sophisticated in its methods, and more skilful at avoiding the pitfalls. Those that succeed have usually, even in a simple way, started to plan how they will conduct their affairs. The groups that do not manage their affairs properly are likely to fail and may never be heard of again.

Planning has several roles within the organization. It helps organizations, and charitable organizations in particular, achieve results. It can be used to monitor progress, maintain control, give people responsibility, strengthen accountability, and build greater teamwork through a sense of involvement.

In the non-profit charitable sector there is much to be gained by preparing and publicizing an action plan. Making your plan available to those outside the organization can attract new support for your cause and financial aid from donors and other **stakeholders**, such as drug companies. The plan will also tell others of your goals and may provide opportunities for similar projects to be conducted in parallel with your own, thus enhancing the significance of your project.

There are, however, some things to watch out for. Before setting out to develop an intricate planning program, keep in mind that for voluntary organizations willing people are the key ingredient. Depending on their background, they may or may not know anything about planning. This should not be seen as a major obstacle. Planning is important but getting

things done is equally important. Therefore, only plan to the level of sophistication and detail that your committee is capable of. To do more may sour their view and you may lose good volunteer support!

Planning is a way to ensure that everyone works together towards the same goals. It has many uses and advantages including the potential to avert or overcome the negative effects of poor group dynamics by concentrating on tasks and responsibilities.

# Building an action plan

There are three key parts to action planning: analysis, choice, and implementation. If you work through each of these steps you will create a plan that is robust and achievable.

# Action Planning

**CHOICE**

**IMPLEMEN- TATION**

**ANALYSIS**

Source: *Johnson & Scholes*

## Step 1: Analysis

The aim here is to take a hard look at your organization’s capability and that of other interested parties in the hemophilia world. Once you have done this, you then need to identify other things that impact on hemophilia, such as government policy, for example. When conducting this exercise, it is important to actively involve your committee members.

Start by looking at the strengths and weaknesses of your organization.

### Analyse your organization’s capability in terms of:

**People**

How many staff, volunteers, and/or committee members do you have? How active are they?

What skills do they have? How well do they work together? What do they do well and what could they do better, both collectively and individually? Be honest and frank.

### Finances

Look at the financial status of your organization in terms of: income by source, expenditure by type, and reserves. Consider not only how much income you get annually, but where it comes from, how secure it is for future years, what alternative income sources there are, and how they can be tapped. There is no point in developing a robust plan if the resources needed to make it happen are not available.

For expenditure, examine what you currently spend money on, what expenditure items could be reduced, what new expenditure there might be in the future, and what control mechanisms are in place to avoid unnecessary costs.

If your organization is fortunate enough to have reserve funds in the bank, make sure that you are getting at least the average level of interest. Avoid investing in high-risk ventures ― in many countries today it is illegal to invest charitable money in high-risk stocks and shares.

After this financial analysis is done, you should be able to project with some accuracy future financial forecasts for your organization.

### Friends and supporters

It is always useful to be aware of your friends and supporters and how much you can rely on them for support. Friends are well-wishers or acquaintances and supporters can be suppliers or representatives. Examples here might include associates in the business world, people in the media, legislators or government staff, and those in the medical and allied fields who can advise you.

### Information technology

Technology plays an increasing role in the world today. Much of the business world relies on computers, faxes, and the Internet to conduct business. There are many benefits to new technologies. For example, e-mail is faster and can be less expensive than traditional postal services. Equally, computers are very useful for bookkeeping, banking, conference bookings,

and basic translation. They also make creating and maintaining a database of members much simpler.

### International community

Look beyond your borders at links with the international community, including patient groups in other countries and the WFH. For example, is your organization twinned with a hemophilia association in another country through the WFH twinning program? The WFH and NMOs can provide strong support, offering advice, expertise, and in some cases financial assistance.

### Other strengths and weaknesses

You should list any other factors that you consider to be a strength for your organization and, with equal frankness, also list those things that you consider to be weaknesses. Strengths might be, for example, committee members with medical, media, or business interests. An example of a weakness might be not having an office to work from.

**Examples of strengths:**

* Friends in politics
* Office in a good location
* Media interest in related topics, e.g. hepatitis C
* Forthcoming elections

**Example of weaknesses:**

* Personality clashes
* Lack of common agreement on issues
* Poor office location/high overheads
* Other media health priorities, e.g. cardiology, hip replacement

### Analyse other stakeholders in the field of hemophilia.

**Who are they?**

There are many other individuals and groups interested in hemophilia, including doctors, scientists, geneticists, pharmaceutical companies, government agencies (for example, drug regulators), and many more. Remember to include those who share an interest in just part of the hemophilia picture, for example organizations related to HIV infection or liver disease. Complementary therapies also play a part in the treatment of

hemophilia today. If such groups exist in your area, include them too.

### What do they want?

Remember that different organizations may have different aims. If you choose to work with another organization, make sure that you identify the differences between your groups as well as the common interests. By doing so you will see the extent to which you can work in harmony together and, equally, whether you might expect competition.

A good example of working together toward a common goal is the cooperation between the European Haemophilia Consortium (EHC) and the European Disability Forum (EDF). The EDF represents the needs of a wide variety of disabled people in Europe and has an extensive network of contacts, including in the European Parliament. The EHC and the EDF worked together to address the shortfalls of a piece of legislation concerning blood and blood products. Involving both parties maximized the potential effect.

### Analyse the general environment affecting your organization.

This might include looking at the economy, federal and regional politics, healthcare, employment, transport, etc. All of these can affect your organization’s progress toward its goals.

You can analyse your environment simply by reading the national newspapers and noting the topics that could have a bearing on your organization. For example, the projected rate of inflation might affect your ability to raise money and could likewise increase your organization’s costs.

Here are some examples of environmental factors:

* The hemophilia centre in your area is moving from one hospital to another. The local patient group has to deal with the effect of this move on its members.
* In the United Kingdom, as elsewhere, there is a shortage of trained nurses. This will likely impact hemophilia care and will need to be addressed.
* The U.K. government has declared it wants to get people off state benefits and back to work. This is a worthy cause but the security and well-being of people with hemophilia who genuinely cannot work will need to be protected.

There are many, many examples of environmental factors, which can and will affect your organization and that could divert attention and energy away from your declared objectives. Listing all of these factors in your strategic analysis gives you a complete picture of the environment, which you can take into account when your organization decides on its objectives.

## Step 2: Choice

Having conducted a full and frank analysis of your organization, the big picture should become clearer and you should now have a variety of issues to address. By analysing these issues and what you want to do about them, you will develop a list of possible goals.

If analysis is the foundation upon which you build your plan then the choices you make are the bricks. The term “choice” means the act of deciding upon preferences. Choosing which goals to include in the plan is difficult because there is often too much choice, insufficient time, and a level of uncertainty about what the future actually holds. Sometimes a choice is forced on us because of limited funding to do all that we identified in the analysis stage.

In the process of making a choice, you will identify the main **goals** that you want to achieve, and then separate the components of each issue and establish individual **objectives**. As was said for the analysis section, be sure to involve your committee in this process.

## Choosing a strategy

At this stage you need to consider your list of issues and choose which ones you will address in your plan. There are two possible **strategies**:

### The Grand Slam

With this strategy, you put all your energies into achieving one large and important goal. It is often useful if you are carrying out a major campaign. If you succeed, there is great glory.

However, large-scale successes of this type are often very difficult to achieve. The high level of commitment needed may weaken the organization. If you do not succeed, the organization will lose strength and credibility, and may even collapse.

An example of a Grand Slam approach might be where an NMO decides to use all or most of its energy in achieving compensation for those infected with hepatitis C (HCV) through its treatment for hemophilia. This is a worthy cause and no doubt would be welcomed by members if it succeeds. But such a goal could take years of hard work and resources and might never succeed.

You must decide whether it is a good idea to put all your resources into one project. The alternative is:

### Small Wins

This is a much more conservative strategy with less risk attached. Essentially, it divides the Grand Slam strategy into a series of smaller and therefore more achievable parts. The advantage of this approach is that small gains are easier to maintain and small losses are easier to bear. This strategy allows your organization to select small but achievable goals using whatever strengths it has.

Using the example given above, the Small Wins approach might be to:

* heighten public awareness of the effects of HCV;
* ask members to get the support of their government representative;
* gain support for the cause from all political parties;
* gain support from clinicians;
* get media coverage of campaign objectives;
* put the case for compensation to the Minister of Health.

## Choosing your objectives

There are a number of ways to choose which objectives to include in your plan. One way is to use the SMART method, which is simple and can be easily remembered (the first letter of each word together spells SMART). The objectives in your plan should be:

### Specific

Give a clear, easily understood description of the objective. For example, do not say, “improve the quality of the newsletter”. Instead, say “improve the quality of the newsletter by

1. adding more human interest articles,
2. including photographs, 3) inviting keynote commentators on specific topical matters, etc.”.

### Measurable

How can others know when the objective is achieved? If, for example, the objective is to raise

$100 then you will know when you have achieved it by counting the money collected and you can verify it with your bank statement.

Other examples of outcome measures are given in Template 2.

### Achievable

Be clear about who is responsible and make sure the person has the means to complete the task successfully. Ensure that the right person is given the right job. This is not a matter of seniority or rank, rather it has to do with who has the requisite skills and will to achieve the objective.

### Realistic

Do not set objectives that are too ambitious. Not reaching an objective can have a negative effect on the person responsible and the whole NMO. Therefore, it is sometimes better to set more conservative objectives, for example “increase revenue by 20 percent per year for five years” instead of “increase revenue by 100 percent this year.” Remember, things take time.

### Time-limited

Set a timeline for objectives. This helps you measure success and allows you to set later objectives that are dependent on the achievement of a previous goal.

Using the SMART method as a guide, you should be able to set out a series of objectives for your NMO.

Before doing a detailed plan, it is a good idea to do a preliminary outline first to make sure your NMO has the necessary resources to proceed (see Template 1).

After you have determined that you have the necessary resources, produce a more detailed plan that includes the main goal and the specific objectives to achieve it (see Template 2). Do this for each goal. Remember to include a “comments” section to note any variations from the plan since these will be useful for further planning.

## Step 3: Implementation

The implementation stage is the most difficult part of planning. This is because it is easier to talk about something than to actually do it. Also, because plans usually mean a change from how things are at present, there are always those who do not see the need and do not want to change. Therefore, implementing your plan will require strength, resilience, tact, and an absolute belief that what you are doing is right for your NMO.

There are many different ways to implement a plan. However, here are some basic tips for successful implementation. The list is far from exhaustive!

* As mentioned earlier, be sure to involve your committee and any other relevant parties in the early stages. This way they will have a greater sense of shared ownership of the finished plan. The plan should have something for everyone, even if it is not completely and universally accepted. Few plans are!
* Lead from the front. The chair or president of your NMO must take every opportunity to promote the benefits of the plan’s successful implementation. Equally, he or she should never speak badly about any part of the plan.
* Try to ensure that there is a role for all the members of your committee in implementing the plan. Equally, be sure that the president’s name appears on the list of those responsible. Remember, those who feel sidelined can become an obstacle to success, so go out of your way to ensure their active involvement.

## Template 1: Preliminary outline

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **People & skills required** | **Finances required** | **Infrastructure required** | **Other (specify)** |
| Produce newsletter | Editor with good communication skills | Postage, $100 Stationery, $200 Photocopier, $500 | Office space | Materials to publish |

**Template 2: Detailed plan**

|  |
| --- |
| **Main Goal: Produce quarterly newsletter for members** |
| **Objective** | **Responsible person** | **Timeline** | **How measured** | **Comments** |
| 1. Raise $500 for purchase of computer software | Tom | End Jan. | Bank statement / donors list |  |
| 2. Create up-to-date mailing list of members | Dick | End Feb. | Database |  |
| 3. Appoint editor | Committee | End Jan. | Committee minutes |  |
| 4. Edit material for 1st issue | Dependent on 3 above | End Feb. | Examples / contributions |  |
| 5. Produce draft newsletter | Editor | Mid March | Draft document |  |
| 6. Finalize & issue to members | Ed + Dick | End March | Finished product |  |

* Do not let the plan sit on a shelf gathering dust. For example, you can use individual actions as agenda items for your NMO’s committee meetings. In this way, it is much less likely that your organization will fail to achieve a single goal.
* Monitor all aspects of the plan’s imple- mentation regularly. With careful monitoring, it will become obvious where timetables are slipping or where actions are not having the desired results and actions can be taken to correct them. If, for example, the person responsible for an action has a bleed and cannot fulfill the task as required, you need to replace the person with someone who is capable of accomplishing the task or, if this is not possible, modify the timeline and perhaps bring forward other non-dependent actions.
* Where objectives are successfully achieved, be sure to congratulate those responsible. Similarly, be understanding and considerate of the reasons for any failure to fully achieve an objective.
* Where objectives are successfully achieved, be sure to congratulate those responsible. Similarly, be understanding and considerate of the reasons for any failure to fully achieve an objective.

Just as the triangle of actions on page 4 suggests, the planning process must constantly generate new or modified actions in order to sustain continued development. Each implementation step taken in the move toward achievement should therefore be monitored. This monitoring and evaluation helps your NMO know what it does well and what things it might do better in the future. In this way the same mistakes are not repeated.

Template 3 provides a model for monitoring and evaluating progress. You will note that it has two timeline columns. This is because objectives rarely fit neatly into a calendar or financial year. Therefore, this monitoring tool has a two-year timeline. In general, you should not circulate this information outside the NMO.

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**Template 3: Monitoring and evaluation**

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| **Strategy: Increase government purchase of factor concentrate** |
| **Main goal: minimum 25% increase per year** |
| **Objective** | **Timeline****< 12 months** | **Timeline 1 – 2 years** | **Responsible person** | **Control / feedback process** | **Achieved Yes / No** |
| Secure clinical support | 3/12 |  | Peter | Clinical meeting |  |
| Prepare case to present to Minister | 4/12 |  | Yuri | Preparation of business case |  |
| Get media coverage of effects of no factor | 5/12 |  | Jane | Interviews with PWH & doctors |  |
| Meet Minister & present case | 6/12 |  | NMO President hematologist,WFH President | Meeting date |  |
| Post-meeting media coverage | 6/12 |  | Jane | Interview with NMO President |  |
| Review campaign strategy | 7/12 onward |  | NMO Committee | Strategy review meeting |  |

# Conclusion

It is hoped that by reading this monograph you will have realized that action planning is manageable and, above all, well worth the effort. If properly conducted, it will help your organization conduct its business without putting too much strain on members or other volunteers.

For NMOs who wish to start regular action planning using this monograph, the WFH can offer some general guidance through its volunteer network. It also can provide you with sample action plans to use as models for creating your own action plan. 

# Appendix 1: Templates

## Sample Template 1: Preliminary outline

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **People & skills required** | **Finances required** | **Infrastructure required** | **Other (specify)** |
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**Template 2: Detailed plan**

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| **Goal:** |
| **Objective** | **Responsible person** | **Timeline** | **How measured** | **Comments** |
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| **Goal:** |
| **Objective** | **Responsible****person** | **Timeline** | **How measured** | **Comments** |
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| **Goal:** |
| **Objective** | **Responsible person** | **Timeline** | **How measured** | **Comments** |
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**Template 3: Monitoring and evaluation**

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| **Strategy:** |
| **Goal:** |
| **Objective** | **Timeline****< 12 months** | **Timesline 1 – 2 years** | **Responsible person** | **Control / Feedback process** | **Achieved Yes / No** |
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# Appendix 2: Glossary

**Action plan**: A record of the activities a group has agreed to do to reach its goals. It includes the specifics of who will do what, by when, and at what cost.

**Evaluation**: A comparison of what you expect to happen with what really happened during a project. Evaluation can also look at how you did things.

**Goal**: A general statement about the purpose of a project or activity.

**Monitoring**: Regular tracking of a project as it takes place.

**National Member Organization (NMO)**: A national hemophilia organization that is a member organization of the World Federation of Hemophilia.

**Objectives**: The specific steps taken to achieve a goal.

**Stakeholders**: People who care about a project or activity. Stakeholders can be people who benefit, people who influence, or supporters. Ask yourself “who cares about this activity?” and “what do they care about?” to find out the stakeholders of an activity or project.

**Strategy**: The approach taken to achieve an aim or goal.

**Vision**: A dream or idea about how things could be improved in the future.

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