Activity Module 1 ▶ Project Charter

project CHARTER

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Version: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

TABLE OF CONTENTS

[1 Stakeholders 3](#_Toc302414533)

[2 Background 6](#_Toc302414534)

[3 PURPOSE 8](#_Toc302414535)

[4 Objective 10](#_Toc302414536)

[5 DELIVERABLES 12](#_Toc302414537)

[6 oUT-oF-SCOPE 14](#_Toc302414538)

[7 Constraints 16](#_Toc302414539)

[8 Approvals 18](#_Toc302414540)

# 

|  |
| --- |
| 1 Stakeholders |

|  |  |
| --- | --- |
| **Summary of Key Concepts** | |
| **Stakeholders**  Identifies all the groups (internal / external) that need to be on the project team or need to be consulted with to ensure the project’s success (i.e.“Who will make a contribution?”)  **Sponsor**  Person with formal authority ultimately responsible for the project. Primary task is to help the project team be successful. Responsibilities of the sponsor include:   * + Signing off on the project charter and announcing the start of the project   + Assisting in identifying stakeholders and their responsibilities   + Advising the project manager, regularly discussing the status of the project   + Monitoring and maintaining the priority of the project relative to other projects   + Assisting the project manager in overcoming organizational obstacles   + Reviewing and approving the project plan   + Signing off on project close-out   **Project Manager**   * Orchestrates the project team to achieve successful completion of the project.   **Project Team**   * Designer: Coordinates the production of the design. * Client/Owner Representative: Represents the interests of the client and/or owner and ensures project outcomes meet the needs of the clients/owners. * Implementer: Executes project plan at the frontlines.   **Clients**  The immediate people the project aims serve though there may be tangible and intangible benefits to secondary groups.  **Owners**  Individuals responsible for the frontline work (also known as “functional management”). Responsible for providing frontline resources to get the project done and integrating the outcome of the project into day-to-day work. Should have a vested interest in the project.  **Others**  It is important to make an exhaustive list of stakeholders as missing a key stakeholder is a recipe for project failure. Once an individual or group does not feel included in the process from the beginning it will become very difficult to make them feel integrated later on. | |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** | |
| **Sponsor** | Chief Medical Officer |
| **Project Manager** | You |
| **Project Team** | * Designer * Client/owner representative * Implementer |
| **Clients** | One year-old children and their mothers |
| **Owners** | Clinic managers |
| **Others** | Leads of other programs i.e. National Malaria Control Program |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Stakeholders section of your project charter:**  Members of your group will form the project team. |

|  |  |  |
| --- | --- | --- |
| **Sponsor** |  | |
| **Project Manager** |  | |
| **Project Team** | * Designer: * Client/owner representative: * Implementer: | |
| **Clients** |  | |
| **Owners** |  | |
| **Others** | (continue on back if needed) | |
| 2 Background | |

|  |
| --- |
| **Summary of Key Concepts** |
| **Background**  Sets the scene for describing the opportunity by describing the problem. Includes only what is relevant to the project opportunity. |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** |
| Measles, also known as Rubeola, is an acute, highly communicable viral disease with prodromal fever, conjunctivitis, coryza, and cough. A characteristic red blotchy rash appears on the third to seventh day beginning on the face then moving to the trunk and becoming generalized. Measles is a more severe disease in the very young and in malnourished children in whom it may be associated with hemorrhagic rash, protein-losing enteropathy, otitis, media, oral sores, dehydration, diarrhoea, blindness, and severe skin infections. Measles often does not cause death directly, but weakens the immune system and can cause secondary health problems and long-term disability.  The case-fatality rate is estimated to be 3-5% but may reach 10-30% in some localities. In the pre-vaccine era there were an estimated 100 million cases and 6 million deaths from measles each year. Prior to 2001 when the Measles Initiative was formed, more than 750,000 children worldwide died from measles each year. Unfortunately, measles is still estimated to kill an estimated 164,000 people per year, mostly children less than five years of age. That means approximately 450 people die from measles related complications each day. Locally we have observed an increase in measles cases in children less than five years of age. Many of these cases appear when unvaccinated children are exposed to infected children or adults.  Measles is a highly contagious virus spread by contact with an infected person through coughing and sneezing. When one person has measles, 90% of the people they come into close contact with will become infected if they not already immune. For less than 1 USD, a child can be vaccinated, making it one of the most cost effective interventions available.  At the Millennium Summit in September 2000 world leaders adopted the UN Millennium Declaration, committing to a new global partnership to reduce extreme poverty and set out a series of time-bound targets (deadline of 2015), known as the Millennium Development Goals. Goal 4: Reduce Child Mortality has an indicator to “increase the proportion of 1 year-old children immunized against measles” (UNICEF-WHO). The Measles Initiative is led by the American Red Cross, United Nations Foundation, U.S. Centers for Disease Control & Prevention, UNICEF and WHO. It is unofficially aligned with the MDGs and supports the United Nations’ goal of reducing global measles mortality by 90% (2000-2010)  Despite this, we have recently observed a local decrease in measles immunization coverage for 1 year-old children. Proportion of 1 year-old children immunized against measles dropped from 88% in 2008 to 80% in 2009 and now 65% to date in 2010 (Nov. and Dec left). |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Background section of your project charter:** |

|  |
| --- |
| **Background:**  (continue on back if needed) |
| 3 PURPOSE |

|  |
| --- |
| **Summary of Key Concepts** |
| **Purpose**  Explains the idea that will fix the problem. Highlights what is currently not working, why the idea is needed and what it promises to provide (high-level only). If applicable, highlights how the purpose aligns with other organizational strategic initiatives. |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** |
| **Purpose**   * There are currently several immunization providers in our local community who have access to vaccines and can provide measles vaccination to one year old children. These immunization providers are mostly small primary care clinics. Initial discussions with the managers of these clinics have identified several problems which may be contributing to decreased immunization trends:   + Vaccines occasionally out of stock   + Health care providers not available to give vaccine; lack of volunteers to cover   + Vaccine cold-chain supply breaks   + Belief of particular religious groups around vaccination   + Lack of social marketing   + Parents unaware of vaccine availability and effects of measles disease * There is an opportunity to capture these ideas, combine them with a literature research of the best ways to increase immunization coverage rates, and apply the resulting strategies to the clinics of the local immunization providers. * As part of the Measles Initiative, UNICEF has expressed interest in providing funding to this project. In addition, support from the office of the Chief Medical Officer from the Ministry of Health and Social Welfare has been offered. Access to funding along with managerial and front-line support makes this a timely opportunity. |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Purpose section of your project charter:** |

|  |
| --- |
| **Purpose:**  (continue on back if needed) |
| 4 Objective |

|  |  |
| --- | --- |
| **Summary of Key Concepts** | |
| **Objective**  Defines the high-level objective. The high level objective is then further explained with operational definitions. Operational definitions should use specific, quantitative language (i.e. describe how terms are used in day-to-day life). | |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** | |
| **High Level Objective:** | “To minimize the risk of measles for children under five years of age by increasing immunization rates for one-year old children using bottom-up and top-down principles applied to clinical operations of local immunization providers” |
| **Operational Definitions:**   |  |  | | --- | --- | | Descriptive Term | Operational Definition | | * Risk of measles | * Incidence of measles (# new cases / individuals at risk / year) | | * Increasing immunization rates | * From 2010 coverage rate to date (65%). Target is 2008 rate of 88%. | | * One-year old children | * < 13 months of age | | * Bottom-up and top-down strategic principles | * Bottom-up clinic-driven and top-down evidence based strategies | | * Clinical operations | * One-on-one patient contact | | * Local immunization providers | * 8 existing clinics providing measles vaccine with a clinic manager | | |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Objective section of your project charter:** |

|  |  |
| --- | --- |
| **Objective:** |  |

|  |  |
| --- | --- |
| **Descriptive Term** | **Operational Definition** |
|  |  |
|  |  |
|  |  |
|  |  |
|  | (continue on back if needed) |

|  |
| --- |
| 5 DELIVERABLES |

|  |
| --- |
| **Summary of Key Concepts** |
| **Deliverables**  Describes the tangible outcomes that will be produced from the project. Tangible products include reports, specific changes to procedures or practices, redesigned services, new attitudes or relationships, etc. This may be hard to describe this early in the project but we can try. When unsure, describe the deliverables in a general form. Be careful not to over-commit to deliverables that you haven’t yet confirmed. |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** |
| **Deliverables**   1. Identification of key opportunities to improve measles immunization coverage in children 2. Policies and practices to enhance immunization coverage 3. Strengthened partnerships between public health, immunization providers and the community |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Deliverables section of your project charter:** |

|  |
| --- |
| **Deliverables:**  (continue on back if needed) |
| 6 oUT-oF-SCOPE |

|  |
| --- |
| **Summary of Key Concepts** |
| **Out-of-Scope**  What will the project NOT accomplish? Out-of-scope for this project is anything associated with a different Objective and Operational Definitions than what has already been defined. There are many things you could put down in the out-of-scope section of the Project Charter. However, what is most useful is to list additional deliverables that are close to the real deliverables but that are not going to be included in the project. That is, try to predict what additional work the Sponsor and Stakeholders would want to achieve and then make it clear that the project does not include this work. |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** |
| **Out-of-Scope**   * Improving measles immunization coverage for children > 12 months * Developing ways to improve reporting of measles immunization * Addressing measles immunization coverage for providers external to the 8 identified clinics * Evaluation of ways to reduce complications of measles (tertiary prevention) |

|  |
| --- |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpgComplete the Out-of-Scope section of your project charter:** |

|  |
| --- |
| **Out-of-Scope:**  (continue on back if needed) |

|  |
| --- |
| 7 Constraints |

|  |  |
| --- | --- |
| **Summary of Key Concepts** | |
| **Constraints**  Defines the time (schedule) constraint and resource (budget, staffing, etc.) constraints.  Recall the Triple Constraint:   * Increased Scope / Quality of outcomes = increased time + increased resources * Tight on Time = increased resources + reduced scope / quality * Tight on Resources = increased time + reduced scope / quality | |
| **C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\031.JPGMIP Case Study** | |
| **Constraints:** | **Time**   * 6 months   **Resources**   * Budget = 46,000,000 TZS (50,000 USD) * Staffing – Project team, clinic managers * No other staff have been assigned to the project |

|  |
| --- |
| *C:\Dave\Personal\Individual\Social-Emotional\Pictures\2011\201102 - Miscellaneous\IMG_0132 (no logo).jpg***Complete the Constraints section of your project charter.** |

|  |  |
| --- | --- |
| **Constraints:** | **Time:**  **Resources:**  (continue on back if needed) |

|  |
| --- |
| 8 Approvals |

**Obtain Approvals for your Project Charter:**

Signatures on the project charter is a custom that indicates approval and gives the project team the right to begin work on the project. Decide in your local cultural context if signatures would be appropriate. If appropriate, then the instructor will sign as Project Sponsor and the team Project Manager will also sign. If not appropriate, discuss why and explain how you will be assured that the Project Stakeholders are committed to undertake the project.

The undersigned acknowledge they have reviewed and agree with the Project Charter for *[Project Name]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor:**

Name:

Title:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:**

Name:

Title:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client:**

Name:

Title:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner:**

Name:

Title:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_