



HEALTH COMMUNICATION
PARTNERSHIP

The new
P-Process

*Steps in Strategic
Communication*

THE HEALTH COMMUNICATION PARTNERSHIP

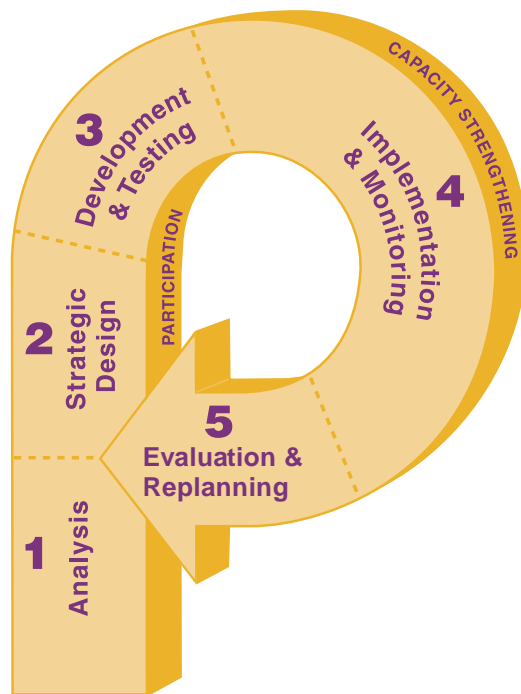
The Health Communication Partnership (HCP) links five leading institutions together to accomplish its goal of strengthening public health in the developing world through strategic communication programs. HCP and its partners work to create an environment that encourages individuals, families, and communities to act positively for their health and to access and advocate quality services.

This integrated approach to improving health is based on growing evidence that strategic health communication can influence behavior. In addition to the five main partners, HCP works with many Southern-based partners worldwide as well as global programming partners, especially from the corporate, education, and faith-based sectors. For a complete list of HCP partners, see www.hcpartnership.org.

Supported by the U.S. Agency for International Development (USAID), HCP includes Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine

December 2003

STEPS IN STRATEGIC COMMUNICATION



Step 1 ANALYSIS

Step 2 STRATEGIC DESIGN

Step 3 DEVELOPMENT & TESTING

Step 4 IMPLEMENTATION & MONITORING

Step 5 EVALUATION & REPLANNING



STRATEGIC COMMUNICATION

Communicating strategically requires a clearly defined strategy with specific goals established in advance. The P-Process is a framework designed to guide communication professionals as they develop strategic communication programs. This step-by-step road map leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

The P-Process is used to develop communication programs addressing a wide range of topics such as encouraging safer sexual behavior to prevent HIV transmission, promoting child survival, reducing maternal mortality, increasing contraceptive prevalence, preventing infectious diseases, or promoting environmental health.

The Health Communication Partnership (HCP) addresses family planning, maternal health, child survival, HIV/AIDS, and other infectious diseases such as malaria and tuberculosis. HCP's programs are designed to initiate positive change across three broad domains: within social-political environments, in health service delivery systems, and among communities and individuals. The P-Process is key to designing successful communication strategies to strengthen public health worldwide.

Used successfully around the world to design health communication programs since 1982, the original P-Process has now been revised to reflect better both the goals of HCP and the overall evolution in the field of strategic communication in the past decade.

Major changes include the following:

AND THE P-PROCESS

Participation and Capacity Strengthening

These two concepts appear throughout this revision because they are considered essential to building strong partnerships and coalitions from the international and national level to the local and community level. Both concepts are also crucial to increase the sustainability of program efforts and outcomes.

Expanded Analysis

Although the first step remains “analysis,” this revised P-Process divides Step One into a situation analysis and a communication and audience analysis.

Emphasis on Community and Processes

In Step Three, this revised P-Process underscores the need for participatory processes and the facilitation of group action to address health issues.

Implementation and Monitoring

Step Four of the “P” is larger to indicate the relative significance of this step in any program.

Management and Feedback

The original P-Process linked management to implementation and monitoring in Step Four. In this revised version, management is no longer exclusively presented as part of the fourth step because it is central to and inferred in all steps of the communication programming process.

Return to Analysis or Strategic Design

The original P-Process completed the circle of the “P” by bringing Step Five—impact evaluation—back to the design stage. This revision allows communication professionals to use impact evaluation results to return to either the design stage, if expanding or revising existing programs, or to the analysis stage, if developing new programs.



STEP 1 ANALYSIS

Analysis is the first step in developing effective communication programs, but this step does not need to be long and detailed if the program is built upon well-documented past experiences. Program staff need to understand the problem, the people, their culture, existing policies and programs, active organizations, and available communication channels. Usually much of the situation analysis is available from demographic, epidemiological, sociological, and economic studies and accessing such data will speed up the steps below.

SITUATION ANALYSIS

Conduct a situation analysis resulting in an in-depth description of the major health and development problems being addressed:

Determine severity and causes of problems

Review existing health and demographic data, survey results, study findings, and any other information available on the problem.

Identify factors inhibiting or facilitating desired changes

Consider the basic social, cultural, and economic challenges facing the people the program would like to reach.

Develop a problem statement

Develop a clear statement that sums up the problems to be addressed.

Carry out formative research

Listen to understand the audiences' needs and priorities. Conduct baseline research, both quantitative and qualitative, to establish the current status and accurately measure the program's progress and final impact.

ANALYSIS *(continued)*

AUDIENCE/COMMUNICATION ANALYSIS

From the overall situation analysis, carry out a detailed audience and communication analysis.

Conduct a participation analysis

At the national and international level, identify partners and allies to help initiate policy change and strengthen communication interventions. At the community level, segment the primary, secondary, and tertiary audiences. Identify field workers/change agents.

Carry out a social and behavioral analysis

Assess knowledge, attitudes, skills, and behaviors of participants at the individual level using data from formative research and additional in-depth studies, if required. Identify social networks, socio-cultural norms, collective efficacy, and community dynamics (including leadership patterns) at the community level.

Assess communication and training needs

Analyze audiences' media access and use; the capacity strengthening needs of local media, traditional media, NGOs, and communication agencies; the organizational capacity of partners and allies; and other resource needs. Determine the availability of communication materials and skills development needed for interpersonal communication and counseling.

In many cases programs will be built on existing initiatives and the process of analysis need not be long and arduous if program staff access all available resources and listen to all participants.



STEP 2

STRATEGIC DESIGN

Every communication program or project needs a strategic design. Follow these steps:

Establish communication objectives

Set objectives that are Specific, Measurable, Appropriate, Realistic, and Time-bound (SMART). Select key audience segments and quantify the changes in knowledge, attitudes, skills, behaviors, policies, or process changes expected within a specific time.

Develop program approaches & positioning

Select a behavior change model upon which to base the program. Explicitly state the assumptions underlying the basic strategy and approach. Explain why and how the program is expected to change health behavior. Position the program clearly to benefit the audience.

Determine channels

Consider a coordinated, multimedia approach for a synergistic impact. Where possible, achieve scale by including mass media tied to community mobilization and interpersonal communication among family, friends, community, social networks, and service providers.

Draw up an implementation plan

Develop a work schedule with regular benchmarks to monitor progress. Prepare a line-item budget. Complete a management plan, including partners' roles and responsibilities. Make sure all involved know what is expected.

Develop a monitoring and evaluation plan

Identify indicators and data sources to monitor program implementation as well as audience reaction to it. Select the study design to measure process outcomes and assess impact.



STEP 3

DEVELOPMENT & TESTING

Developing concepts, materials, messages, stories, and participatory processes combines science and art. These not only must be guided by the analysis and strategic design in Steps One and Two, but also must be creative to evoke emotion that motivates audiences.

Develop

This step may involve the development of guidelines, tools, toolkits, possibly including facilitation manuals for group interaction or training manuals for counseling, job aids for service providers, an interactive Internet process, TV or radio scripts, educational comic books, or any number of other interventions. Involve key stakeholders — managers, field workers, and members of the audience — in design workshops to ensure that the end products meet their needs.

Test

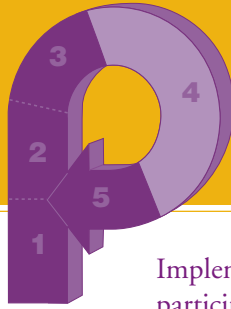
Test concept with stakeholders and representatives of the audiences to be reached. Follow concept testing with in-depth pretesting of materials, messages, and processes with primary, secondary, and tertiary audiences. Feed back results to partners and allies to ensure maximum ownership and use.

Revise

Make changes based on pretest results for messages, stories, or participatory processes that are not understood correctly, not remembered, or are not socially or culturally acceptable.

Retest

Retest materials to ensure revisions are done well and make final adjustments before replication, printing, or final productions.



STEP 4

IMPLEMENTATION & MONITORING

Implementation emphasizes maximum participation, flexibility, and training. Monitoring involves tracking outputs to be sure that all activities take place as planned and potential problems are promptly addressed.

Produce and disseminate

Develop and implement a dissemination plan that may include local government, NGOs, the private sector, as appropriate, and the media for maximum coverage.

Train trainers and field workers

Plan for training at all levels. Begin with training of trainers (TOT). Provide continuing opportunities for more training. Concentrate on building institutional capacity and teamwork as well as individual skills.

Mobilize key participants

Share information, results, and credit with partners, allies, and communities. Keep everyone involved motivated towards the strategic goal.

Manage and monitor program

Check program outputs to ensure quality and consistency, while maximizing participation. Track existing service statistics and conduct special studies using surveys, focus groups, observation, and other techniques to measure outputs as well as audience reaction.

Adjust program based on monitoring

Use data from monitoring to make mid-course corrections or adjustments in activities, materials, and procedures and to finetune program components.



STEP 5

EVALUATION & REPLANNING

Evaluation measures how well a program achieves its objectives. It can explain why a program is effective (or not), including the effects of different activities on different audiences. Sound program evaluation stimulates program improvements and redesign, guides cost-effective future funding allocations, and supports advocacy and fundraising.

Measure outcomes and assess impact

Many evaluations measure outcomes to determine if the desired change has occurred in knowledge, attitudes, or behavior among the intended audience, or in a given policy relevant to the program. More rigorous study designs assess impact, which links the change in outcome to one or more intervention activities.

Disseminate results

It is important that everyone involved be aware of the program's impact, whether it is positive or not. Share impact results widely with partners, allies, key stakeholders, the media, and funding agencies.

Determine future needs

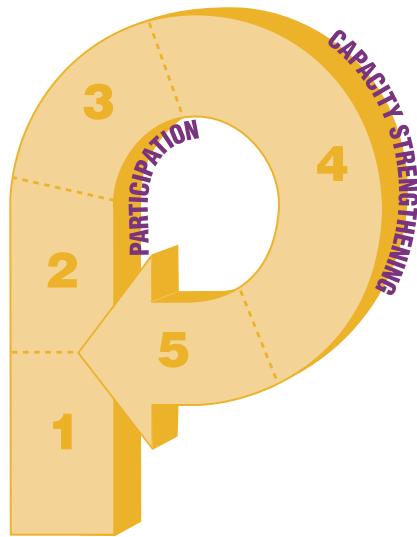
Results demonstrate where follow-up is needed and where program activities can be extended.

Revise/redesign program

A good evaluation will show if the program is weak and where it needs revision in design processes, materials, or overall strategies and activities. Alternatively, and sometimes simultaneously, it will show what works and how to replicate positive impact. Program staff may have to return to the analysis stage if the situation changes markedly or if new causes are found for problems being addressed.

PARTICIPATION & CAPACITY STRENGTHENING

Throughout the process, keep in mind . . .



PARTICIPATION

A strong communication program should fully engage multiple stakeholders at the national, district, and community level.

CAPACITY STRENGTHENING

A successful plan always considers ways to build capacity at the institutional and community level.

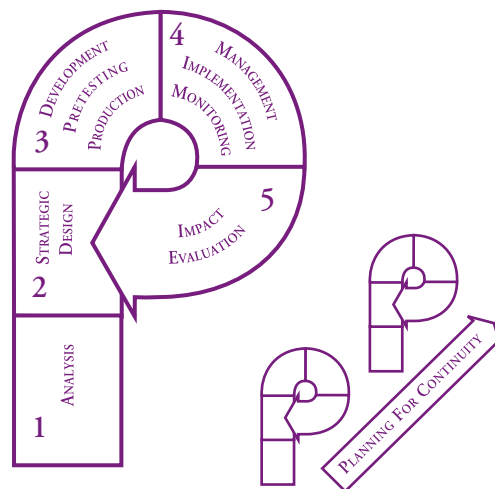
Remember that . . .

Monitoring and feedback are essential elements of good management.

- Well-managed and facilitated strategic communication programs can have a measurable impact.
- A well-managed program tracks outputs to ensure quality and timely delivery throughout the program period.
- Program effectiveness and sustainability are enhanced by involving stakeholders whenever possible.
- Involving stakeholders ensures that programs match their needs, and it builds their capacity to design and manage their own health communication program in the future.

THE ORIGINAL P-PROCESS

The Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and its partners in the USAID-supported Population Communication Services (PCS) project developed the P-Process in 1982 as a tool for planning strategic, evidence-based communication programs. Two decades later, the P-Process continues to influence the development, implementation, monitoring, and evaluation of numerous communication strategies, projects, and programs — as well as communication materials and tools for mass and community-based media, interpersonal communication and counseling (IPC/C), and training and capacity strengthening in strategic communication. Through numerous communication interventions, the impact of the P-Process spans the globe.



Suggested Citation:

Health Communication Partnership (December 2003).
The new P-Process, steps in strategic communication.
Baltimore: Johns Hopkins Bloomberg School of Public
Health / Center for Communication Programs / Health
Communication Partnership.

The Health Communication Partnership

based at:

Johns Hopkins Bloomberg School of Public Health
Center for Communication Programs
111 Market Place, Suite 310
Baltimore, Maryland 21202
Phone: 410-659-6300 Fax: 410-659-6266
Website: www.hcpartnership.org
E-mail: hcpinfo@jhucpp.org

Kim S. Martin, Editor

Rita C. Meyer, Graphic Designer, Multimedia Services



The Health Communication Partnership



JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH

Center for Communication Programs

In partnership with:



Academy for Educational Development



Save the Children



*Tulane University's School of Public Health
and Tropical Medicine*



*Supported by a five-year cooperative agreement from
the U.S. Agency for International Development
(#GPH-A-00-02-00008-00)*