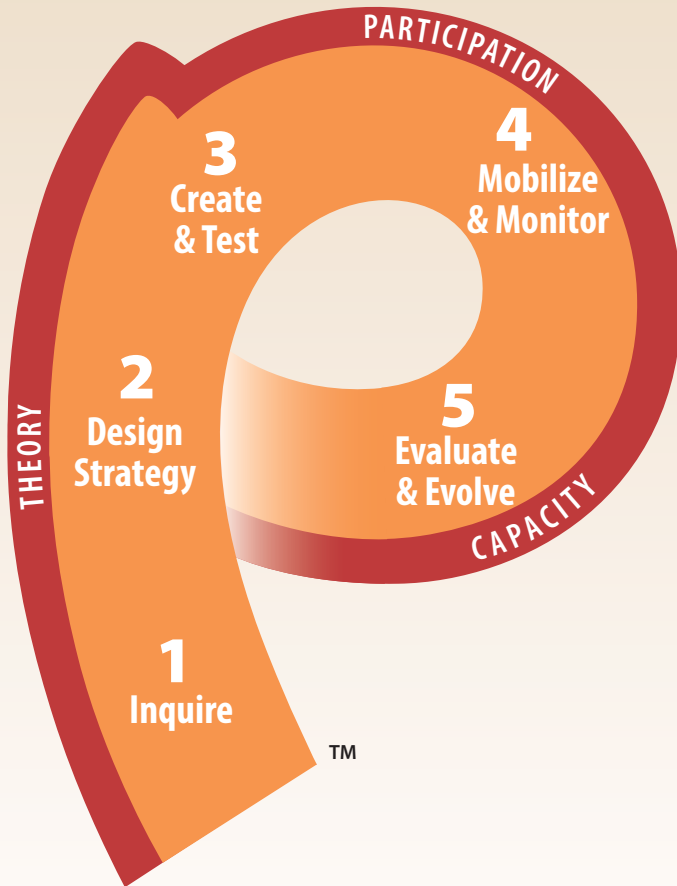


The P Process™

Five Steps to Strategic Communication



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Valerie Caldas (p. 7), Bonnie Gillespie (p. 11), Rajal Thaker (p. 13), Akintunde Akinleye/NURHI (p.15) Diana Mrazikova/ Networks (p. 16), Courtesy of Photoshare

One of the most respected tools used in designing SBCC programs is the P Process. Developed in 1982, the P Process is a tool for planning strategic, evidence-based health communication programs. More than thirty years later, communication professionals around the world are using the P Process to design, implement, monitor and evaluate communication strategies, materials and programs.

This update of the P Process incorporates lessons learned and acknowledges the real-time, dynamic nature of the strategic process as well as new technologies and the constantly changing nature of communication, social norms and individual behavior and decision making. It draws from many other disciplines, including design theory, behavioral economics, social psychology and anthropology.

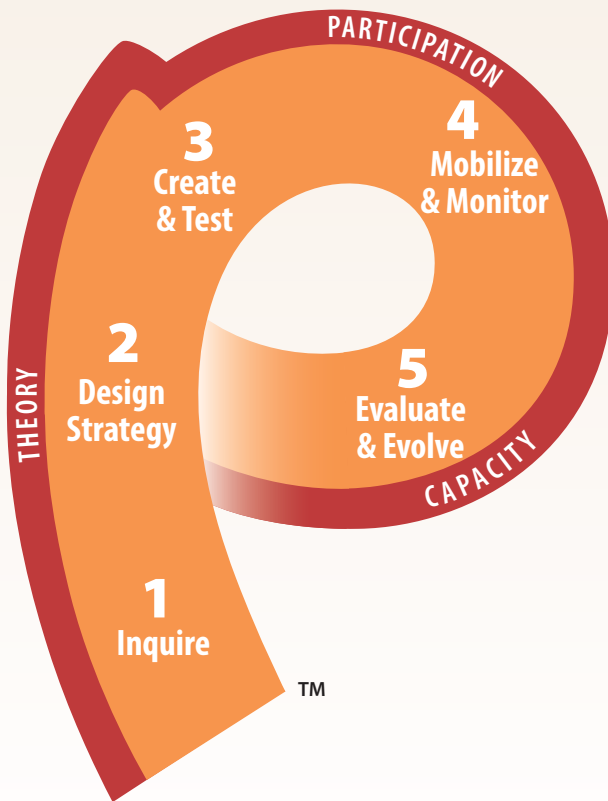
At its essence though, the P Process is a tool that is only as useful as the data and thinking that go into each step.

Introduction

The P Process is a step-by-step roadmap that can guide you from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact.

Every day the P Process is used to design, implement and evaluate innovative and creative behavior change programs to reduce HIV transmission, promote family planning/reproductive health, reduce maternal mortality, promote child survival, prevent infectious diseases and protect the environment.

It doesn't matter what health area you are working in or how big or small your budget, by following the P Process, you can help people make healthy changes.



The P Process has Five Steps

Step 1: Inquire

Step 2: Design your strategy

Step 3: Create and test

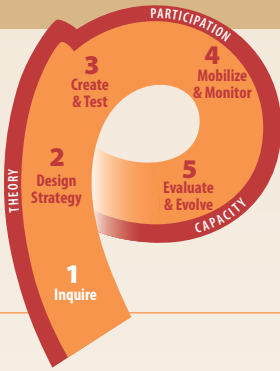
Step 4: Mobilize and monitor

Step 5: Evaluate and evolve

Three cross-cutting concepts are embedded in the P Process. Social and behavior change communication (SBCC) approaches work best when all three of these guide your strategic process.

1. SBCC **theory**
2. Stakeholder **participation**
3. Continuous **capacity strengthening**

A word about documentation: In order to learn from the P Process, it is very important that you document your process. This documentation need not be formal, but it is key to being able to review decisions, progress, and data and to share your experience with others who want to replicate your approach. A simple knowledge management (KM) system can provide a central area to store documents and data and share them with partners. As projects become larger and more complex, this KM system becomes even more crucial to project documentation and internal communication.



Step 1: Inquire

In this step, you will:

- Begin to understand the extent of the problem
- Identify your audiences
- Uncover your intended audiences' barriers to behavior change. These can be economic, social, structural, cultural or educational—or something else entirely
- Identify facilitating factors to behavior change, including potential messengers and media
- Develop a succinct problem statement

Inquire:

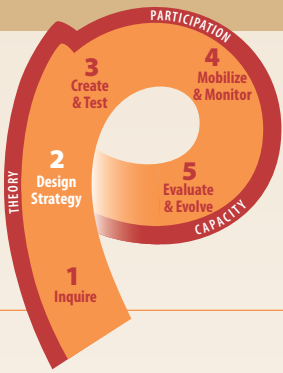
1. Conduct baseline and/or formative research with your audience. You want to assess their knowledge, attitudes, skills, behaviors, social networks, needs, aspirations and degree of self-efficacy as well as who influences their behavior. Often a research organization or university can assist with this research.
2. Conduct a review of demographic, epidemiological, sociological, economic and other relevant studies. Many times organizations have a great deal of existing information and know-how from previous projects. Also acknowledge what your partners and audience already know.
3. Assess existing policies and programs; review quantitative data that is available.

4. Learn about active and available communication channels— everything from cell phones to community communication channels to interpersonal influencers to radio and TV.
5. Identify partners and allies, both organizations and influential individuals, at the national and local levels and assessing their organizational capacities.
6. Be sensitive to possible gender differences and making sure all viewpoints are represented in the formative research.
7. Boil down your understanding of the problem into a problem statement that summarizes the goal of the project.

Output:

The output of Step 1 is a situation analysis that details the problem and your understanding of its causes, facilitators and possible remedies and a problem statement that articulates the goal of the forthcoming project.





Step 2: Design your Strategy

In this step, you will:

Create the plan that will get from where you are to where you want to be. The strategy will include communication objectives, audience segmentation, program approaches, channel recommendations, a workplan and a monitoring and evaluation plan.

Cross-cutting Concept: Health Communication Theory

Many theories are available to health communication planners. Each has a slightly different emphasis. The key to effective use of theory in program design is to identify a theory that matches your understanding of what influences the behavior you are trying to promote. Then you can use that theory to guide your program design. Different aspects of your program may use different theories depending if you are looking for individual vs. social or structural change.

Design your strategy:

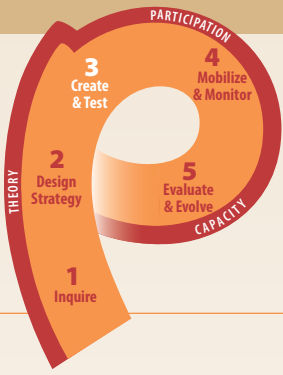
1. Bring together all the relevant players to participate in the strategy development process.
2. Agree on the scope of the program and discussing any limitations imposed by the budget, political situation, timeframe, etc.
3. Choose a behavior change model/theory and theoretical framework. See box of commonly used theories on page 9.

4. Decide, given budget, time and other constraints, on:
- Primary and secondary audiences
 - Structural and communication interventions that are needed to overcome identified barriers to change
 - Communication objectives—what do you want each audience to do? Make sure your objectives are measurable
 - Program approaches and positioning. Be able to explain how these choices will overcome the audience’s barriers to behavior change
 - Communication channels—choose these to maximize impact and achieve scale. A combination of mass media and community-level or individual approaches works best
 - Implementation plan and timeline, including roles and responsibilities
 - Monitoring and evaluation plan
 - Dissemination plan to share project results

Output:

The output of Step 2 is a strategic plan that all partners can use to map out their activities and refer to for direction as the project unfolds.

Theory	Emphasis	Type of change needed
Reasoned Action (Planned Behavior)	Cognition, rational decision-making	<p style="text-align: center;">More Individual</p> <p style="text-align: center;">↑</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">More Social & Structural</p>
Extended Parallel Process Model (Fear Management)	Interaction between cognition & emotion	
Observational learning (Social learning)	Social comparison & social influence	
Diffusion of innovations	Social structure; social networks	



Step 3: Create & Test

In this step you will:

Develop the program's communication products. These could include mass media and print materials, participatory processes, trainings and more. In this step you will combine art and science—the creative and artistic vision needed to move audiences and inspire them to change and the analysis, theory and strategic decisions of Steps 1 and 2. You will also test your ideas and designs with your intended audiences to ensure that messages are clear and actionable.

Cross-cutting Concept: Participation

Who should participate in strategic planning and program implementation? Just about everyone who has a stake in the outcome! The P Process works best when each step is informed by a robust group of program partners, decision-makers, audience members and technical experts. Not everyone needs to be at every meeting, but it is important to bring the entire team together at crucial points in the planning and implementation process—at the design strategy workshop, for example, and the project kickoff. It is also critical to have broad participation during implementation; this spreads project ownership and is the first step to on the road to sustainability.

Create & Test:

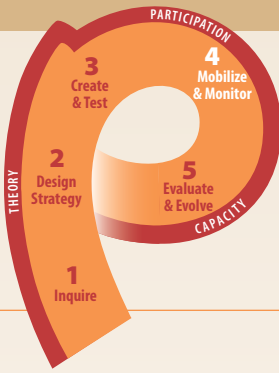
1. Choose your creative team—designers, artists, writers, producers, broadcasters—depending on your products.
2. Plan a design workshop that includes the creative team, key stakeholders and audience members.

3. Create draft concepts and materials for audience pretesting.
4. Test concepts and materials with intended audiences and key decision-makers. You can do this via focus group discussions or in-depth, one-on-one interviews.
5. Share the results of the pretesting with the creative team and your key stakeholders and, through a participatory process, agree on necessary revisions.
6. Revise the materials based on the feedback you received.
7. Retest the materials to make sure the revisions resolve key issues uncovered during pretesting.
8. Produce the final materials.

Output:

The output of Step 3 is a package of completed materials ready for distribution.





Step 4: Mobilize & Monitor

In this step you will:

Implement your program and monitor its progress. You and your partners will distribute your products and conduct activities as described by the strategic plan developed in Step 2. Designated players will monitor activities to make sure distribution and roll-out proceed as planned and potential problems are identified and addressed as quickly as possible.

Mobilize & Monitor:

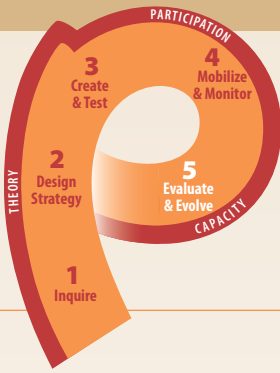
1. Make sure all partners understand their roles in the project and are ready and able to move ahead.
2. Conduct any needed training of field workers, health personnel and other project implementers.
3. Keep all partners updated on how implementation is proceeding. Share good news as well as problematic situations.
4. Share the credit for good work with partners, decision-makers and other stakeholders. This will motivate partners to stay involved and engaged.
5. Monitor your monitoring activities. Check your numbers--service statistics, mass media ratings, number of materials distributed, count the number of people reached or trained—on a regular basis.
6. Make sure monitoring activities are occurring as planned and that the information you get is useful and actionable.

7. Make mid-course corrections as needed. Use the lessons learned from monitoring activities to adjust and fine tune your implementation.
8. Prepare for further evaluation activities.

Output:

The output of Step 4 is an integrated set of program activities including any adjustments indicated by monitoring.





Step 5: Evaluate & Evolve

In this step you will:

Conduct activities to determine how well your program achieved its objectives and identify any unintended consequences. You want to know why your program was or was not effective and whether or not the program had its intended effects on the knowledge, attitudes or behaviors of its intended audiences. You will also use the lessons learned to influence future programming and funding allocations.

Evaluate & Evolve:

1. Measure outcomes and assessing impact through surveys and other evaluation techniques.
2. Disseminate results with donors, partners, key stakeholders and decision-makers, media and other interested individuals and organizations. You should do this even if your results are mixed or not entirely positive.
3. Look to the future: your final report should indicate future opportunities, how to apply lessons learned, where follow-up is needed and how results could be scaled up.

Output:

The output of Step 5 is dissemination event or series of events, publications and a discussion of next steps.

Cross-cutting Concept: Learning

Capacity strengthening is at the heart of HC3's mission. Generally, HC3 takes a blended learning approach to capacity strengthening at the individual, organizational and system levels. Blended learning includes a mix of on-the-job coaching and mentoring and formal training opportunities so that learning is happening all the time and at all levels. Program implementers get to practice at work what they have learned via virtual and face-to-face training programs. They can use what they learn to design, implement and evaluate programs and solve problems as they arise in real time.



When Designing an SBCC Program . . .

Remember

1. Don't let your current situation define your vision. Articulate a shared vision first, then ask yourself why there is a difference between where you want to go and where you are now.
2. In developing your shared vision, the “shared” is more important than the vision itself.
3. Put all your formative research to work! Use your findings to design a targeted program and materials that demonstrate a clear understanding of the issues and audiences.
4. Don't assume you know your audience. Engage stakeholders from the outset and invest in pre-testing to ensure your program resonates with your audience.
5. Communication is a process, not a product.



6. Make sure you create a monitoring and evaluation plan during the design phase before you begin implementation.
7. Pay special attention as you transition from one step of the process to the next to avoid confusion about roles and responsibilities among the team.
8. Look beyond the numbers to find the “so what” in your monitoring data. Monitoring should be used to improve your program along the way.
9. Focus demands sacrifice. When you emphasize everything, you emphasize nothing.
10. If you want professional quality, hire professionals. In the end, quality costs less.



The Health Communication Capacity Collaborative (HC3) strengthens the capacity of organizations to successfully implement their own social and behavior change communication (SBCC) programs.

Supported by the U.S. Agency for International Development (USAID), HC3 is led by Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR, Forum One and Internews. It is also linked to a network of organizations throughout Africa, Asia and Latin America.

Please visit HC3's website, www.healthcommcapacity.org, for more information. For additional resources that will help you with the detailed activities involved as you proceed through the P Process, please visit the Health COMpass at www.TheHealthCOMpass.org.



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