

A conversation with Roy Head and Will Snell, September 8, 2015

Participants

- Roy Head– CEO, DMI
- Will Snell – Director of Strategy & Development, DMI
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Roy Head and Mr. Will Snell.

Summary

GiveWell spoke with Mr. Head and Mr. Snell of Development Media International (DMI) as part of the process of reviewing DMI as a potential top charity. Conversation topics included DMI's past and upcoming campaigns, relationships with its local partners, plans for monitoring and evaluation, and funding needs.

Burkina Faso

DMI plans to keep developing and scaling up in Burkina Faso, and to continue doing RCTs. DMI currently has three expatriate staff members in its Burkina Faso office and has retained its full team of 30 Burkinabe staff. DMI's qualitative research team is also still operating.

Child survival campaign

Randomized controlled trial (RCT) results

DMI does not have endline results yet from its child survival RCT in Burkina Faso, but expects to have them by the end of November (or by early November at the earliest). Once DMI receives the results, an independent scientific advisory committee will review the data and offer suggestions. In the past, DMI has broadcast results that later had to be revised after the advisory committee's review, which it hopes to avoid doing this time.

Continuation of child survival campaign

DMI will continue to use essentially the same messaging and allocation of airtime for its child survival national campaign (which includes messaging on diarrhea, pneumonia, and malaria) as during the RCT. The child survival national campaign is being aired on 29 stations (including one in Ouagadougou), and covers about 75% of the population.

DMI's malaria messaging promotes malaria treatment and the usage of bednets, with more emphasis on treatment. DMI estimates that, for each 1% of behavior change, promoting malaria treatment is about ten times as effective in terms of lives saved as promoting bednet use. The treatment available in Burkina Faso (especially artemisinin-based combination therapy) is very effective. Even when used properly, bednets are not a perfect solution.

Funding

Funding from Comic Relief for the child survival campaign will last till the end of 2017. However, this only covers \$400,000 per year, and the annual cost of campaign is \$2.1m; so once other funding sources run out in mid-2016, there is a funding gap.

Family planning campaign and RCT

For its family planning campaign, DMI plans to run long-format programs at least three times a week in addition to spots. DMI plans to start production in early spring and to begin broadcasting around May.

The Abdul Latif Jameel Poverty Action Lab (J-PAL) will do the RCT evaluation, and Innovations for Poverty Action will perform in-country surveys. J-PAL will do a household listing in November before the baseline survey is performed.

Funding

DMI has about \$4.5 million in funding secured, with a remaining funding gap of about \$397,000.

Nutrition campaign

DMI has partnered with SPRING (Strengthening Partnerships, Results, and Innovations in Nutrition Globally) to run a maternal, infant, and young child nutrition campaign in seven clusters concentrated around the Sahel Region.

Process for deciding and creating messaging

To decide on its messaging in Burkina Faso, DMI:

1. Examined global health community materials (e.g., UNICEF data, the World Health Organization manual).
2. Determined major health issues for Burkina Faso in particular.
3. Conducted in-country research and focus groups through its qualitative research team in the field.

To create DMI's materials:

1. DMI's research team in the field produces message briefs and sends them to the research manager in DMI's London office, who runs the briefs by Mr. Head and gives final approval.
2. Approved message briefs are sent to the team of scriptwriters in Burkina Faso to be developed into scripts.
3. The best ten or so scripts (out of about 20 or 30) are sent to the London office for DMI's creative director to make sure that the message is clear and in line with the message brief.
4. DMI's London office selects the top four or five scripts to be pretested using focus groups in the field.

This process will be standard procedure for DMI campaigns whenever possible going forward.

Long-format modules vs. spots

DMI will not use long-format modules for its nationwide child survival campaign, mainly because they are expensive to produce, particularly in fragmented markets.

Ideally, DMI would have liked to test the effectiveness of various numbers of spots vs. long-format modules in its RCT, but the RCT did not have enough clusters (this would likely have required more than fifty clusters to be statistically robust).

DMI does not plan to eliminate long-format modules entirely (e.g., DMI's eight-region family planning RCT in Burkina Faso will use long-formats, and DMI is using long-formats for its nutrition campaign at the request of the campaign's funders).

Evidence favoring spots over long-formats

The dose-response relationship between the number of weeks spots were broadcast and impact on behavior change showed a regression coefficient of 0.9, i.e., almost a 1% increase in the difference in difference (i.e., in behavior change) for each additional week that spots were broadcast. This is strong evidence for the impact of spots. Similar statistical analysis has not shown clear evidence for the impact of long-formats.

DMI's qualitative research indicates that most listeners believe that spots affect their behavior more than long-formats.

DMI is also following the lead of the advertising industry, which is based primarily around spots.

Relationship with partner radio stations

DMI has good relationships with its 29 partner radio stations in Burkina Faso. These relationships have been easy to establish, especially as DMI's positive reputation has spread.

DMI has almost no competition from other advertisers in Burkina Faso, so there is a lot of available airtime and a significant opportunity to continue scaling up its messaging.

Compensation for radio stations

DMI has been making small airtime payments to its partner stations, and intends to increase the payments if more funding becomes available. For stations that broadcast under the family planning RCT, DMI plans to pay production costs and the salaries of the presenters for long-format modules in lieu of airtime payments. Some radio stations prefer DMI program support and production assistance instead of cash payments.

DMI hopes to provide solar panels to partner stations as a form of compensation in the future, but does not yet have the budget.

For now, DMI is continuing to make small airtime payments to the stations doing scale-up messaging for its child survival campaign (which will not use long-formats).

Monitoring and evaluation (M&E)

Time-series data collection system

DMI is currently designing a monitoring and evaluation (M&E) system that will use a mobile phone-based monitoring system to collect time-series data, which will significantly reduce the cost of evaluations. Because DMI works on many projects for many different funders, in the past it has needed to perform many separate baseline and endline surveys. DMI estimates that it can collect and analyze time-series data instead for about \$100,000 a year. The time-series monitoring will require seven full-time staff with motorbikes and mobile phones.

The time-series system could serve as a pilot program for using this system in other places. (According to Dr. Robert Hornik, this system is not currently being used elsewhere.)

Balancing M&E with program funding

Some M&E is necessary to determine a program's impact, but devoting a large fraction (e.g., 50%) of one's budget to M&E likely forgoes the opportunity to have a greater impact by funding more of the program. DMI follows a guideline of putting about 10% its budget toward M&E and the rest toward programs.

Democratic Republic of the Congo (DRC)

Message selection process

DMI follows the same message selection process in the DRC as in Burkina Faso, though with more severe limitations on its ability to do on-the-ground research. Staff mobility is much more limited, as DMI does not allow staff to take unsafe flights, roads are often bad or nonexistent, and the DRC is about ten times larger than Burkina Faso.

Relationship with partner radio stations

Because the DRC's size and the difficulty of travel make building individual relationships with local radio stations difficult, DMI currently partners with Search for Common Ground (SFCG), a media network with existing relationships with local radio stations, as its distributor. DMI considered building its own relationships with local radio stations, working with national radio or television, or setting up its own radio station, but none of these options proved viable.

Future work

DMI is still in early stages of planning for its upcoming DRC campaign. DMI has planned its next year of work in the DRC but has not yet finalized a longer-term plan.

DMI plans to rebroadcast the radio spots it ran this year on a larger number of community radio stations for a full twelve months (up from eight months in the past year). DMI has already produced spots in all the four major languages in the DRC, and will not need to produce any new spots for the DRC next year. DMI estimates that by increasing coverage to 51 stations, it will reach about 11-12 million people (up from 2.8 million), representing a 330% increase in audience reach (though these estimates are quite uncertain). Negotiating access to certain studios was somewhat difficult.

DMI's next steps are to:

1. Negotiate costs for broadcasting spots
2. Finalize M&E arrangements and costs
3. Present its plan to potential funders

If there is a small funding gap for the program, DMI may choose either to fill it using unrestricted funding or to go off the air for a few months. DMI is considering using GiveWell-directed funds for this program in the absence of funding from an external donor.

M&E

DMI plans to pay its distribution network a small amount to do rudimentary monitoring, in addition to setting up an external monitoring system (which would include spot checks of the distributor's monitoring). DMI has an in-country researcher as well as a relationship with the Kinshasa School of Public Health (KSPH), which has conducted an evaluation for DMI in one province.

DMI also uses local individuals as broadcast monitors who report how often they hear the spots. Finding these monitors via recommendation without strong local contacts is very difficult. DMI has considered partnering with other organizations (e.g., Caritas) for help finding monitors. DMI reaches potential monitors by phone.

In Burkina Faso, DMI uses its staffers' strong local connections to find broadcast monitors. DMI did not enter into the DRC with a strong network like this. This, coupled with the difficulty of travel, makes it challenging to recruit monitors.

Modeling health supply availability

In its modeling for the DRC, DMI used the lowest co-efficient for health supply availability (i.e., it assumed very low availability).

Mozambique

Child survival campaign

DMI is aiming to launch its Mozambique child survival campaign next year. The campaign in Mozambique will include essentially the same topics as the Burkina Faso campaign, though with slightly different emphases. DMI is also including messaging on family planning and reproductive health, based on conversations with the Ministry of Health (MoH) and funders in the country. DMI's monitoring system

in Mozambique will also be similar to Burkina Faso. The campaign will include a long-format interactive radio show.

DMI currently has one representative in Mozambique doing general planning and producing job descriptions for future hires.

DMI has received a letter of support from Mozambique's MoH, has signed a memorandum of understanding (MoU) with the country's main commercial television network, and is currently pursuing MoUs with the state-run television and radio networks.

Relationship with partner radio stations

DMI is currently negotiating with Mozambique's national radio network for a certain number of free spots per day. The national network is comprised of ten regional stations with additional stations in Maputo. The network broadcasts local content in local languages at certain times of day and national content from the capitol in Portuguese at other times. The national network is complicated but offers the advantage of being a single organization (as opposed to, e.g., DMI's 29 partner stations in Burkina Faso). DMI will only partner directly with community stations in areas where there are coverage gaps in the national network.

Mozambique's national radio network has been willing to work with DMI, and Mr. Head believes it has a genuine desire to engage with its audience in a positive way.

DMI faces more advertising competition in Mozambique than in Burkina Faso, mainly on television and to a lesser extent on radio.

Funding

DMI has raised a little over half of the funding it needs for the first two years of the Mozambique campaign, but still needs to raise another \$2m before it can launch. The program's third and fourth years will likely be funded by bilateral aid agencies.

Tuberculosis campaign

DMI's proposed tuberculosis campaign and RCT for Mozambique has not been funded. There has not been much funder interest in this proposal.

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