

## **A conversation with Dr. Jo Murray and Will Snell, September 15, 2015**

### **Participants**

- Dr. Jo Murray – Research Manager, DMI
- Will Snell – Director of Strategy & Development, DMI
- Milan Griffes – Research Analyst, GiveWell
- Natalie Crispin – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Jo Murray and Mr. Will Snell.

### **Summary**

GiveWell spoke with Dr. Murray and Mr. Snell of Development Media International (DMI) as part of its review of DMI as a potential top charity. Conversation focused on monitoring and evaluation (M&E) for DMI's Democratic Republic of the Congo (DRC) and Burkina Faso campaigns, as well as DMI's budget and room for more funding.

### **The Democratic Republic of the Congo (DRC)**

#### **Current campaigns**

DMI is currently running two campaigns in the DRC:

- A family planning campaign in Kinshasa
- A child health campaign in eight provinces

DMI is working with the Kinshasa School of Public Health (KSPH) to oversee surveying for both of these campaigns. The principal investigators for the evaluation are Dr. Murray and a professor at KSPH, who leads a team of supervisors that recruit local field workers to do the data collection. These surveys measure self-reported behavior change and are done using paper-based questionnaires, resulting in a longer process than in, e.g., Burkina Faso, because of the time needed for data entry, etc.

DMI has also done some qualitative research and hopes to do three or four more qualitative research trips. DMI uses one qualitative researcher, who is based in Kinshasa but travels extensively for fieldwork.

#### *Kinshasa family planning campaign*

DMI performed a baseline survey in May before the campaign launched, and will perform an endline survey in December. These surveys collect knowledge, attitude, and behavioral data. Because the campaign is Kinshasa-wide, there is no control population for this survey.

#### *Child survival campaign*

DMI performed a baseline survey in May and will perform an endline in December in two regions (an intervention area and a control area) in Bandundu province. DMI expects to receive data from its child survival campaign survey by February and to have results a couple of months after that (DMI is due to report on these results to its funders in June).

### **Partnership with KSPH**

DMI is partnered with KSPH in part because there are limited other research agencies in the area available to subcontract. Prior to its work in the DRC, DMI spoke to Tulane University (which has a large presence in the DRC) and found Tulane generally positive about its experience with KSPH. After its initial meeting with KSPH, DMI had some concerns about how it would ensure the quality of KSPH's data collection (e.g., its ability to spot-check KSPH's work would be limited, especially with the use of paper-based questionnaires).

During surveying, DMI's team performed some informal quality control checks in the field by, e.g., speaking with locals to ensure that KSPH had surveyed the correct villages. DMI did not identify any villages that had not been surveyed that were supposed to be. DMI did find that transportation difficulties had delayed some surveying (and that there had been some miscommunication within KSPH about this).

There are some limitations on KSPH's work due to the DRC's large size (budget and transport issues mean research in the provinces nearest to Kinshasa is most feasible). DMI plans to continue partnering with KSPH to some extent but is also considering additional partner organizations, e.g., another school of public health in Lubumbashi for DMI's work in the eastern DRC.

### **Broadcast monitors**

In the DRC, DMI identifies, trains, and receives reports from its broadcast monitors by phone (in contrast to Burkina Faso, where DMI is able to actively meet and recruit monitors in the field).

DMI initially identified its DRC broadcast monitors through networking (e.g., through DMI staff contacts or funders' contacts). DMI then briefed monitors on how to record whether DMI spots were played (including playing spots over the phone to teach monitors the "baby laugh" sound that indicates DMI's spots). This system has taken some time to establish, especially in finding reliable trackers. DMI has had some instances of contradictory reports from monitors, which required follow-up calls to resolve. DMI recruited more monitors than it needed so that it was able to dismiss monitors that provided unreliable data.

DMI's Kinshasa office calls the monitors to collect weekly reports. Some monitors have submitted reports by text message.

### **Monitoring software**

DMI is not currently using monitoring software for its DRC campaigns.

DMI may potentially partner with a different network of stations next year, and may consider using that network's software for monitoring. Some of DMI's partner stations do have Internet access, and it might be possible for DMI to use monitoring software more widely in the future. However, it is unlikely that all fifty of DMI's partner stations will use DMI's preferred software, or use the same software from station to station.

### **Health supply availability**

Dr. Murray believes that the Demographic and Health Surveys (DHS) Program has the best available data on supply-side availability of health supplies in the DRC. DHS data suggests that DRC health supply availability is broadly similar to Burkina Faso.

During endline surveying for its child survival campaign, DMI intends to have two qualitative researchers perform small-scale surveys on health supply availability in both the intervention and control region. (This is the only data on health supply availability that DMI intends to collect itself.)

Health supply availability in the DRC has not caused DMI to significantly alter its messaging (DMI has done treatment-seeking messaging about malaria, pneumonia and diarrhea, as well as messaging on antenatal care and clinic birth delivery, all of which require a certain level of health supply availability). DMI has tailored its messaging to some extent based on the priorities of funders (e.g., UNICEF). For example, DMI has done more messaging on birth registration and water purification (by boiling) in the DRC, neither of which DMI has messaged on in Burkina Faso.

### **Burkina Faso**

DMI has scaled up monitoring and now has broadcast monitors for all 29 of its partner radio stations. DMI is transitioning to a more automated system in which its monitors will submit information via text message, which will be collected in a single central database.

### **Time series data collection**

DMI is developing internal capacity to collect time series data on a monthly basis. This will include data on maternal, neonatal and child health through surveying knowledge and reported behavior, as well as some observed behaviors where possible (e.g., the availability of clean water). An important benefit of this system will be DMI's ability to use this information to improve its campaign design and implementation on an ongoing basis.

The time series system will employ seven or eight regional, locally-recruited data collectors equipped with a smartphone and a motorcycle to continuously collect data and submit it to a data manager based in Ouagadougou each month. This data will be stored centrally in Ouagadougou and also shared with DMI's London office. DMI also plans to use its data collectors to spot-check its broadcast monitors and (depending on the collector's capacity and skill level) to do some qualitative

research and conduct checks of health facilities. (DMI also plans to maintain its current qualitative research team.)

DMI is developing a data collection tool for this system using the software SurveyCTO.

Dr. Murray will be in Burkina Faso next week to help design a plan for the recruitment of regional data collectors. DMI hopes to have these collectors in place by the end of October and to begin using its software tool and smartphones for data collection in November. Ideally, the full system will be in place by end of the year. DMI had hoped to implement this system sooner but experienced some delays.

### *Quality control*

DMI is also developing a system of independent verification for its time series data. It is currently finalizing cost estimates with two other research organizations based in Ouagadougou to conduct spot checks on DMI data collectors by re-interviewing women interviewed by the data collectors.

DMI's data collection software also allows DMI to do "audio auditing" of its data collectors, i.e., record audio from the interviewer's phone without the interviewer's knowledge to check their work, and collect this file along with the rest of the data. The ease of doing internal and external evaluation is an important benefit of this software. Because DMI's data collection relies on distant workers, it is important to be able to verify their work.

## **Upcoming programs**

Assuming DMI's Mozambique and Tanzania programs are funded, DMI will be operating in four countries next year. DMI believes it could manage operations well in six countries total. DMI also has room for more funding in its current countries.

In general, DMI is currently prioritizing scale-ups over performing more randomized controlled trials (RCTs). DMI does plan to conduct more RCTs in Burkina Faso but has not yet completed a cost analysis (in particular as regards the viability of running multiple RCTs in parallel and the effect on cost).

## **De-prioritizing Cameroon and prioritizing the Sahel Region**

Cameroon was initially attractive to DMI as a program area because of a high level of government buy-in, but it has been difficult for DMI to raise funds for this program. DMI has also decided to prioritize Mali and Niger over Cameroon because DMI is aiming to build a regional presence around Burkina Faso.

DMI believes it is more likely to successfully raise long-term funding for Mali and Niger because of the Sahel Region's increasing strategic importance. The Sahel Region's geopolitical impact, especially on European nations, has increased as instability due to poverty and population growth in the region contributes to terrorism and migration issues. For these reasons, European nations might be incentivized to increase aid to the region.

## Funding

### Current budget

DMI's projected budget for the fiscal year of March 2015-2016 is \$3.9 million. This does not include its Burkina Faso family planning RCT or its Tanzania child survival campaign (which have not yet been officially signed off on, but which DMI expects to do). With these projects included, DMI's budget will be \$4.9 million.

DMI has essentially achieved its goal of building up some unrestricted funding in reserve as a safety net. Any new unrestricted funding probably would not be directed towards reserves.

### Current funding gaps

DMI's funding gaps for next year include:

- \$1 million in Mozambique
- \$500,000 in Burkina Faso
- \$850,000 in the DRC
- Funding for a scale-up in Tanzania from a regional to a national campaign

#### *Potential gap on Burkina Faso family planning RCT*

DMI may need additional funding for its family planning RCT in Burkina Faso. The cost of evaluation by the Abdul Latif Jameel Poverty Action Lab (J-PAL) and Innovations for Poverty Action has increased slightly because J-PAL decided to do an additional survey. DMI may need to underwrite \$100,000 of the increase from its own budget (DMI plans to keep \$100,000 on hold internally in case it does not raise this funding elsewhere).

#### *DRC*

DMI needs \$850,000 of funding for the DRC, mostly for scaled-up broadcasting and M&E. DMI will try to raise this funding in-country first. Mr. Snell believes DMI is likely to find interested funders because the amount is relatively small and the potential return-on-investment is six times greater (now about \$2.30 per DALY) than during the first campaign, due to DMI's expanded reach (by broadcasting on more stations, including stations in more populous areas) and lower costs (because DMI is reusing the spots already produced for the first campaign). The timeline for raising this funding is not yet set. Ideally, DMI would like to raise it by the end of the year, but this is not an essential deadline.

For this campaign, the delay between receiving funding and going on-air could be as short as a couple of weeks.

#### *Likelihood of filling current funding gaps*

- **DRC:** DMI believes it is most likely to fill this funding gap soon because the amount is relatively small and there are more available potential funders.

- **Burkina Faso:** DMI is likely to fill this gap because of its existing relationships and track record in the country.
- **Mozambique:** Mr. Snell estimates a 50/50 chance of closing the funding gap for next year by the end of this year.
- **Tanzania, Mali, and Niger:** DMI is less likely to find this funding soon because these programs are newer.

### **Hypothetical budget with increased funding**

If DMI were to receive \$12 million to use over two years, Mr. Snell would prioritize spending in the following order:

1. **\$2 million:** to fill the funding gap for the Mozambique campaign for 2016 and 2017.
2. **\$850,000:** one year of the DRC program.
3. **\$1.5 million:** national scale-up in Burkina Faso over two years. (This is an estimate because DMI will not know the exact funding gap in Burkina Faso until it finalizes the budget for its family planning RCT.)
4. **\$4.5 million:** two-year national child survival campaign in Tanzania
5. **\$3.5 million:** maternal and neonatal child health campaign in either Mali or Niger over two years, or in each country for one year (the latter could be beneficial because one year's worth of funding might enable DMI to leverage follow-up funding in-country).

If DMI received \$1 million now, it would likely use it to close half of the funding gap in Mozambique. However, if \$1 million comes in later (e.g., three or four months from now), that funding gap may already be closed.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*