A conversation with Development Media International, August 15, 2014

Participants

- Will Snell — Director of Development, Development Media International
- Jo Murray — Research Manager, Development Media International
- Timothy Telleen-Lawton — Research Analyst, GiveWell

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

Summary

GiveWell spoke with Mr. Snell and Dr. Murray of Development Media International (DMI) as part of its investigation into DMI as a potential 2014 top charity. Conversation topics included how DMI gathers information about the availability of health supplies in Burkina Faso and DMI's plans to scale up in other countries.

Health Supplies

DMI promotes a wide variety of health-improving behaviors. Some behaviors that DMI promotes do not require specific health supplies. For example, DMI encourages exclusive breastfeeding and the safe disposal of feces. Individuals do not need to buy a treatment or go to a clinic in order to follow these recommendations.

Other behaviors do require specific health supplies. For example, DMI encourages its listeners to practice good hygiene and to buy treatments for fevers, pneumonia, diarrhea, and malaria. It also encourages women to seek out antenatal care and to give birth in health clinics. These activities require that there is a readily available supply of soap, medicine, vitamins, and equipped health clinics.

DMI does not have a formalized approach for tracking the availability of health goods and services. However, in Burkina Faso it gathers information on this topic from:

- The Ministry of Health
- Public health organizations working in Burkina Faso
- The World Health Organization
- Its qualitative researcher team
- Its RCT survey responses

DMI has not had any major concerns about the availability of health goods and services in Burkina Faso. DMI focuses on targeting diarrhea, pneumonia, and

malaria. Because these are the three main causes of death for children under five, governments tend to be invested in ensuring that treatments for these illnesses are available. If DMI were to start focusing on rarer, harder-to-treat conditions, like trachoma or neglected tropical diseases, it would have to be more careful about ensuring that treatments for these diseases were available.

The Ministry of Health

DMI attempts to track the availability of health supplies at CSPSs (Centre de Santé et de Promotion Sociale), which are local health clinics. DMI receives some information on CSPSs from the Ministry of Health. The Ministry of Health collects quantitative data on the health supplies in Burkina Faso and publishes a yearly report with the data. Data comes from monthly reports that each region sends to the Ministry of Health. However, DMI believes that the regions do not always send their data in real-time. For example, the report for 2013 was published approximately halfway through the year 2014 (it is available online).

The Technical Advisor to the Minister of Health is one of DMI's independent scientific advisors, part of the RCT's Independent Scientific Advisory Committee (ISAC) who meet once a year to monitor progress with the RCT. DMI regularly update the advisors on the trial's progress. The Ministry of Health does not share the monthly regional reports with DMI, but it can notify DMI of any significant changes to the availability of health supplies and services. DMI does not believe that the Ministry of Health would choose not to inform it about a change because the Ministry of Health has an interest in seeing DMI succeed. So far there have been no cases of the Ministry of Health notifying DMI of a possible stock-out in health supplies.

Public health organizations working in Burkina Faso

DMI also gets information about the supply of health goods from other organizations. For example, the Micronutrient Initiative told DMI about a distribution of zinc and oral rehydration supplements (ORS) sachets that it was planning. DMI then created new radio messages that encouraged people to buy ORS so that they could receive the additional zinc. The messaging is still waiting to be released because DMI's research teams have found that zinc is still not available in most local clinics.

The World Health Organization (WHO)

DMI also makes use of the WHO's resources. DMI has reviewed the Service Availability and Readiness Assessment (SARA), which gathers information from randomly selected health facilities. Surveyors visit these facilities and check whether or not specified health supplies are in stock. Last year, SARA showed that supplies like ORS and antibiotics were readily available in Burkina Faso.

DMI's researchers

DMI's researchers visit one zone every few weeks and check in with the local and regional health facilities of that zone. They have contacts at each district health office, and in some health facilities, where they ask questions about the availability of anti-malarial treatments and ORS. They report their findings to DMI.

Sometimes the information that DMI receives from public health workers at the regional level conflicts with what the researchers find on a local level. For example, DMI was informed at the regional level that all ORS packets were being distributed with zinc, but its researchers found on a local level that this was not true (see above).

Stock-outs

The researchers have also discovered occasional stock-outs in local health clinics. When this happens, DMI notifies the regional public health office. The longest that DMI has heard of a stock-out occurring is several weeks. Stock-outs do not necessarily mean that a facility has no way to treat certain health issues. Rather, stock-outs often occur when a preferred prescription runs out, and a back-up treatment must be used. DMI has never encountered stock-outs at the regional level.

DMI has a close enough relationship with the radio stations that broadcast its messages that, if DMI were to find out that a stock-out was serious enough to prevent a behavior that DMI encourages, DMI could change its broadcasts until the issue was resolved.

RCT survey responses

The midline survey for DMI's RCT included questions about whether or not a respondent sought treatment for their child, and whether or not the respondent's child received treatment.

The frequency with which DMI would complete quantitative surveys in other countries would depend on how long DMI expected to be campaigning in that country. For some countries, DMI only has funding for a one-year campaign. However, DMI is hoping to develop a time-series survey system for countries where it does not have control groups.

Other barriers to behavior change

Costs of health supplies

Even if appropriate health goods are available, people may still be reluctant to pay for them. For example, DMI encourages people to wash their hands with soap. Soap

is widely available in Burkina Faso; many households own soap in order to wash clothes. However, people do not want to pay for the extra soap needed to wash their hands. DMI also tells women to be in a health clinic when giving birth. It is expensive to stay in a clinic, and many husbands are reluctant to pay for this service. DMI tries to work around this reluctance by suggesting that people save up for this cost during the pregnancy.

Accessibility of clinics

DMI's London Team has data on the median distance that people in Burkina Faso must travel to get to a health clinic. DMI has not collected information on how often clinics are open when people go to them or how accessible people believe the clinics to be.

Scaling up to other countries

Modeling DMI's program for other countries

DMI has modeled how effective its program would be in a number of other countries that DMI is interested in entering. When creating these models, DMI conservatively adjusts for differences in the availability of health goods and services, with a different adjustment for each type of service or treatment.

DMI uses data from Demographic and Health Surveys (DHS surveys) to estimate its adjustments. DHS surveys provide health services coverage information. For example, DHS surveys measure the number of children who had diarrhea during a two-week period, the percentage of those children who were taken to a health facility, and the percentage of children who received ORS at the health facility. This information allows DMI to estimate the availability of ORS in a country. DHS gathers similar information for malaria and pneumonia.

Specifically, DMI uses "the number of children with diarrhea that received ORS" divided by "the number of children with diarrhea whose families sought treatment for it" as an approximation of "the portion of families who have access to ORS". For example, if that ratio is low, it implies that few families are using ORS despite seeking treatment, whereas a high ratio implies that generally the children of families that seek treatment do in fact receive ORS.

DMI notes a couple possible issues with this approximation:

1) Some families stock ORS or other health supplies in their home (as recommended by some health organizations), allowing their children to "receive treatment" without necessarily "seeking treatment". This is expected to inflate the ratio above, but it is unclear by how much.
2) It is possible that families that know there are not accessible health facilities or professionals may not seek treatment for their children's symptoms. If this were

true, it would also inflate the ratio above, since there would be families that wanted treatment and did not have access to it, but were not counted in the ratio since they didn't technically "seek treatment".

DHS surveys happen every 3-5 years. Burkina Faso was most recently surveyed in 2010. The Democratic Republic of the Congo was surveyed in 2013 and the results from this survey should be released sometime in 2014.

Occasionally there are other sources of data that DMI can use, like the UNICEF Multiple Indicator Cluster Surveys. However, it is preferable to use the DHS survey results, because DHS surveys are done in all countries, so DMI can get more standardized comparisons.

Bias in DHS surveys

There is necessarily bias in DHS surveys because the surveys are carried out at different times of the year. Some countries may be surveyed during malaria season. During malaria season, all health clinics will likely be well stocked with antimalarial treatments. Additionally, during malaria season, health workers tend not to bother testing children for malaria; instead, they just give all children with fevers antimalarial treatment. These factors may skew the results of the DHS surveys.

Choosing which countries to enter

Before entering a new country for a campaign, DMI not only models its potential impact, but also considers:

- The radio competition it will face in the country
- Political issues and potential conflicts
- The supply of health goods and services
- The level of existing NGO aid activity in the country

The number of other NGOs in a country will impact how much funding DMI can attract. For example, DMI has decided not to enter Zambia because there are many NGOs already working there, which makes it challenging for DMI to find funding.

In Burkina Faso, DMI has decided not to message about building latrines, because people do not have the supplies or knowledge to build latrines. This is an example of how knowing about the supply of health goods and services can impact DMI's decisions.

Working with Ministries of Health

Although working continuously with the Ministry of Health in Burkina Faso has been valuable, this is not something that DMI requires for all of its programs. DMI

believes that Ministries of Health can be particularly useful when DMI is first setting up a campaign. The Ministry of Health can provide valuable information on the supply of and demand for health goods and services and can advise DMI on its radio messages. DMI did not make any significant changes to its proposed campaign based on information from Burkina Faso's Ministry of Health.

DMI is currently building a relationship with the Ministry of Health in the Democratic Republic of the Congo (DRC). DMI believes the partnership will ultimately be productive. If DMI is unable to get the information it needs from the DRC's Ministry of Health, there are other sources of information it can use, like UNICEF, the WHO, and other NGOs.

Scaling up in Burkina Faso

DMI's RCT reached approximately 3.5 million people through 7 different radio stations. DMI would like to scale up to 29 stations that would reach 15.8 million people. This scale up would cost about $2.1 million per year.

DMI's randomized controlled trial

The results from DMI's RCT will be submitted to the Lancet by the end of 2015 (and hopefully published in early 2016). DMI believes the Lancet will allow the endline results to be shared with GiveWell a few months before publication, but GiveWell may have to wait to write about the results until after publication.

Maintaining radio stations

In the past, DMI has invested in anti-lightning strike renovations and improvements in the energy supply for its radio stations. In the future, DMI would like to invest more in solar panels, installing them at the beginning of an intervention to ensure consistent, sustainable broadcasts. Although solar panels are expensive to install, DMI would no longer have to rely on generators, which often break down and need costly repairs. Thus, DMI does not believe that installing solar panels would increase the cost of its programs. In fact, because solar panels would allow for more airtime, they may end up decreasing DMI's cost per life-saved.

DMI includes both the costs of airtime and the costs of upkeep for its radio stations in its budgets. So far, the costs of upkeep have not exceeded what DMI originally predicted.

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