# DEVELOPMENT MEDIA INTERNATIONAL QUARTERLY REPORT (JANUARY TO MARCH 2015)



#### **OVERVIEW**

This quarter marked the end of broadcasting for the RCT in Burkina Faso. January was the last month of official broadcasting of both spots and long formats in all 7 stations. However, as covered in depth in the Country Director's report below, all of DMI's radio partners continue to broadcast DMI spots, and in most cases modules too, despite the stations receiving no further incentives from DMI. This is a very welcome unintended effect of the campaign and shows the creative quality of the outputs produced by the team.

The political situation in Burkina Faso is worsening and there was a kidnapping of a Romanian security worker in the far north of the country at the start of April (as previously reported). These events create risks for DMI's ongoing work in Burkina Faso but activities in the country for the RCT have now finished (other than Public Engagement work in the capital, Ouagadougou) and so there is little risk to this project. DMI is restricting travel to the areas affected and will continue to monitor the situation.

The DMI research team completed their visits to the control zones during the quarter and have collated some useful information about behaviours and health facilities in these areas. This information will be used to add context to the endline results.

During the quarter there was significant public engagement work with various proposals submitted and projects designed for the Sahel region and throughout Africa. The Public Engagement Director's report contains more information on this. Analysis of the endline results and public engagement work will now be the key focus of the campaign.

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### COUNTRY DIRECTOR'S REPORT

# Political developments

After the euphoria of the October Revolution and the departure of Blaise Compaore after 27 years in power, the challenges and uncertainties of organizing a transitional government came into focus over the first three months of 2015. Although the main institutions of the transitional government (ministers, transitional parliament, renewed high court, anti-corruption watchdog etc...) were put into place early in the New Year, the political situation remains tense. The tensions stem from a lack of clarity regarding the transitional government's mandate: is their primary responsibility to organize credible presidential and legislative elections by November 2015 or is the transitional government to honour the sacrifice of the martyrs of the October Revolution by righting the wrongs of the Compaore regime (arresting corrupt officials, reopening the legal enquiries into President Sankara's assassination, etc...). These competing visions have split the civil society organizations and political parties who organized the protests that ended the Compaore regime. Over the first three months of 2015 the political climate has become increasingly tense.

As the official campaign season approaches the political landscape is atomizing. The coalition of political parties that had united to oppose the Compaore regime's efforts to amend the constitution has split. There will be at least four credible 'opposition' candidates for president, and on the opposite side of the political field three ministers of Blaise Compaore's last government have declared their intention to run for president. The 'unregulated' political field has also brought formerly clandestine parties, such as the Revolutionary Communist Party out of the woodwork. Political tensions have been aggravated by a recent law voted by the transitional parliament and validated by the constitutional court, before being signed by



the president, which forbids any person who previously supported Blaise Compaore's attempt to revise the constitution from running for president. Many political observers worry that this exclusionary measure may lead to clandestine campaigns to disrupt the presidential elections.

This uncertain political climate, which has been aggravated by poor communication on the part of both the transitional prime minister and president, has helped create the conditions for increasingly disruptive labour and social protests. Over the last three months there have been strikes at the ministry of health, the ministry of education, one of the national cotton mills, and at the national brewery. The brewer's union shut down the factories for two weeks, asking for 100% salary increases. Their demand was based on the argument that the money the company paid in dividends to shareholders should all go to the workers. Another example, just last week the employees of a Ouagadougou call centre went on strike, vowing to stop work until their management agreed to a 200% salary increase. They are still on strike. The most disruptive labour protest was the two day strike by the long-haul drivers' union. Over two days in late March no trucks entered or left Ouagadougou. The first consequence was that the national electricity company ran out of fuel for their diesel generators, cutting Ouagadougou's electric supply for two days. The electric cuts in turn triggered water shortages. By the end of the first day of the strike all of the city's gas stations ran out of fuel. All of this coincided with the national brewery workers strike. For two days, during one of the hottest months of the year, Ouagadougou had no electricity, running water, fuel or beer! Throughout the strikes the government remained silent. It wasn't until a week later that the prime minister made a speech criticizing what he called the 'surreal expectations' of the strikers.

Not surprisingly these social and political tensions have affected the economy. Virtually all sectors of the economy have slowed and the World Bank's latest projections, publicized last week, confirm that the Burkinabe economy's growth rate will drop in 2015.

This gloomy tableau was further darkened on April 4 by the first kidnapping of an expatriate in Burkina Faso. On the afternoon of Saturday April 4 a Romanian security expert was kidnapped by five gunmen in far northern Burkina, close to the Nigerien border. The victim was the security chief for a manganese mine located outside of the town of Tambao. He was patrolling the perimeter of the mine when his convoy was attacked by five armed gunmen. His driver was wounded and he was kidnapped and it is believed immediately brought into Niger. No organization has taken responsibility for the kidnapping.

It is hard to understand what this kidnapping means. Are Burkina's borders less secure? Has the transitional government, in an attempt to weaken the military division generally considered President Compaore's power base (the RSP, Regiment de Sécurité Presidentiel) weakened the country's operational capacity? Is this kidnapping a politically motivated plot by Blaise Compaore loyalists to weaken the transitional government? Under Compaore, Burkina Faso was 'immunized' against the terror attacks spreading throughout the region, largely because of his regime's political and military ties with Saharan rebel groups. The most popular conspiracy theory has it that Moustapha Ould Limam Chafi—a Mauritanian advisor to Compaore who had previously negotiated for the release of a dozen different Western kidnapping victims at Compaore's bequest—orchestrated the kidnapping to destabilize the transitional regime.

It is hard to assess the situation and to gauge the risk to DMI. There have been no official security measures instituted as a response to the kidnapping. The embassies have repeated their previous warnings. We have suspended all DMI travel, expatriate and national, to the north-eastern quadrant of Burkina. This may have an impact on our ability to travel for subsequent projects but has had no impact on the RCT. The travel restriction will be reviewed if necessary.

## The end of the campaign



RCT spots and long-format broadcasts officially came to an end in January. We are pleased to report, however, that all of the seven RCT stations continue to broadcast spots. Furthermore, six of the seven stations have continued to broadcast long-format modules; some have continued to perform live modules (recycling old modules) others have been rebroadcasting previously recorded shows. While we encourage these continued broadcasts we did not ask the stations to extend the broadcasts beyond January. They continue to do so because they recognize the value of the programming for their audiences and their listenership numbers. Over the last two weeks of January we did a wrap up visit to all 7 stations. They uniformly expressed their appreciation of their three year collaboration with DMI. They are all eagerly awaiting new opportunities to collaborate. In late January we organized a one-day staff retreat to celebrate the end of the campaign.

To mark the end of the campaign, even at the risk of repeating elements discussed in previous reports, I thought it would be useful to highlight some of the core lessons—applicable outside of Burkina Faso—of the RCT campaign.

- The formats chosen for the campaign were effective. At times there were internal debates about
  the length of our spots; did they have to be a minute long, what about two-three minute spots?
   Feedback from the radio stations has convinced me that one-minute is the appropriate length for
  our spots, any longer and the radio stations will be less likely to repeat them as frequently and
  listeners will lose interest after several hearings.
- We were able, through the long-format modules, to increase the listenership of our partner stations.
   To not only increase listenership but to create flagship programs that cemented listeners to our partner stations. All of the radio stations have tried to maintain the long-format programs.
- Reliable energy is the most critical risk to long-term partnerships with rural radio stations in Burkina—and I would confidently extend this analysis to rural radio stations throughout much of Africa. DMI should strive to build future partnerships on upfront investments in solar energy.
- Regular oversight and site visits are necessary to build productive partnerships with rural radio stations in Burkina—I again think this conviction can be confidently extended to rural radio stations throughout much of Africa.
- The greatest operational risk to the DMI method—road accidents—is a function of the previous point. Our teams roughly averaged 100 field trips per year. This travel rhythm was too intense for the vehicles we had originally purchased. We should have purchased new vehicles at the beginning of the project.

## Outreach

We are happy to confirm that the Ebola spots that we produced for the Ministry of Health (see Q4 2014 report) have been broadcast throughout Burkina. The ministry distributed the spots and they were aired on both the national and community radio stations.

This quarter we had several planning meetings with SPRING to agree on the details of their nutrition campaign. Both SPRING and Alive and Thrive organized training seminars for the DMI scriptwriters on nutrition and exclusive breastfeeding. We also participated in an evaluation seminar organized by Alive and Thrive.

## Administrative details

Antonio Cabral, DMI country director in Mozambique, spent two weeks with the Burkina team. His two weeks were busy with meetings with the staff to help him get a sense of the methods and mechanics of a DMI campaign. He was able to participate in negotiations between DMI and the radio stations that will participate in the SPRING campaign.



- James Dowling, Public Engagement Manager in London, came to Burkina for two weeks in February.
- Joanna came out to Burkina in March to coordinate research activities with Pieter and the research team.
- On March 25 we sent two scriptwriters, Awa Traore and Andrea Banhoro, to Kinshasa to train the DRC scriptwriters and to help Helen Vesperini (DRC Country Director) launch the radio campaign in the DRC.
- On February 14, scriptwriter Solange Ouedraogo gave birth to a daughter, her fourth child. Mother and baby are doing well. Solange has returned to work.

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#### QUALITATIVE RESEARCH

In the first quarter of 2015, the research team finalized the reports for the last control zone areas, Gayeri, Po, and Pouytenga, documenting which interventions have occurred throughout the RCT period. On average, the team met 80-90 people in focus group discussions and interviewed 6-15 key informants in each zone.

Generally, in all three zones, women follow the required antenatal consultations and deliver in health centres. Health agents' sensitization, the fact that health centre delivery facilitates getting a birth certificate, plus the fear of getting a fine (if one delivers at home) have all contributed to this improvement. Most mothers give colostrum to new-borns, but exclusive breastfeeding is not yet routine: many start introducing other liquids – and complementary foods – early on in life, at 3-4 months of age. Older women continue to have great influence on these behaviours, even if health agents are able to convince some that herbal teas are dangerous for young infants.

When infants are ill (with diarrhoea, pneumonia, or malaria), the majority of participants first try home treatments with plants or medicate with drugs bought in the market. If these treatments fail, people seek help at health centres. Few mention taking a child to a community health worker. In Gayeri, the population benefits from international NGOs like Helen Keller International and Action Contre La Faim: their work focuses on reducing malnutrition in the zone, as well as improving sanitation practices. The additional benefit of the presence of such NGOs is that they strengthen sensitization efforts of the district and health agents.

Generally, the situation of community health workers (CHWs) in Burkina is in transition: in many areas, the program supplying CHWs with anti-malarials is no longer functional. The government is redefining the role and responsibilities of all CHWs: new guidelines have very recently been published which require every CHW to be literate. The process of implementing this will take time and the resources for this have not yet been fully secured. Under the new guidelines, CHWs will start receiving monthly stipends and village committees will have to convene and elect new CHWs (a man and a woman). The control zone research will all be shared with LSHTM and will be useful in adding context to the endline findings.

As part of stock-taking, as the project activities in Burkina end, the team calculated they spent 410 days in the field from September 2011 to December 2014, and drove 74,646 km.

Our Lancet Viewpoint paper was published online in February (see link in Public Engagement report). Our implementation paper titled, "Implementing a mass media campaign to reduce child mortality in Burkina Faso: the Saturation+ approach" was submitted to the *Global Health Science and Practice* journal in January and was sent for peer-review. We have now made minor revisions to the paper in response to the reviewers' comments and will re-submit in April.



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### **QUANTITATIVE RESEARCH**

Since the last quarterly report, the endline survey has continued and now, after 5 months, the fieldwork is complete. Pregnancy history and child mortality data have been collected from more than 100,000 women and behaviour data from 5,000 women. Data monitoring has continued throughout the course of the fieldwork to identify and correct errors and inconsistencies. When necessary, women have been reinterviewed. The midline results paper will be submitted to the Global Health Science and Practice journal shortly.

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#### PUBLIC ENGAGEMENT REPORT

## Project development

The successful fundraising of the last quarter of 2014 represented the culmination of several large pieces of work. The first quarter of 2015 therefore saw several new workstreams starting. These included several proposals in response to funder tenders, such as:

- An ORS/Zinc media campaign in Burkina Faso, due to be submitted to DFATD (Canada) in response to an
  open call for maternal and child health proposals, but abandoned because the Canadian co-funder (Teck
  Resources) pulled out the day before the application deadline
- A nutrition media campaign in Ethiopia, funded by Alive & Thrive (Gates/Canada/Ireland, implemented by FHI360, as per the ongoing project in Burkina Faso), which got through to the final selection stage but was then rejected
- A nutrition and stunting media campaign in Tanzania, funded by DFID, for which we have submitted an application as part of a consortium led by IMA World Health (decision expected in May or June)

We have also been proactively developing several projects and approaching potential donors, including:

- A second RCT in Burkina Faso, focused this time on the impact of a community radio campaign on family planning (increased modern contraceptive prevalence), costing \$4.3m for a 39-month project (so far we are talking to the Global Innovation Fund about funding 55% of the costs and to a private donor about covering some/all of the rest)
- A regional radio campaign on gender equality in the Sahel, encompassing family planning, girls' education and child marriage, and linking to other issues including agriculture, nutrition and climate change resilience, and focused on Burkina Faso, Niger, Mali, Chad and Cote d'Ivoire
- A national radio campaign on early childhood development in Tanzania and potentially other African countries, encouraging parents to talk to their babies to increase cognitive development, in partnership with two NGOs
- A national radio campaign to improve Ebola preparedness in Burkina Faso, focusing on improving communications between community radio stations, health authorities and local communities, as well as on radio messaging



Finally, the setup of our 'office' in Mozambique, funded by the Mulago Foundation, is going well; our Country Representative, Antonio Cabral, started with us in February and has been in Maputo since early March after a two-week induction in London and Ouagadougou. He has submitted documents for registering DMI as an NGO in Mozambique, is signing an MoU with the Ministry of Health, has met with potential media partners and is now setting up meetings with potential donors. We are initially focused on two media campaigns, one on child health and one on tuberculosis (with more of a research focus).

# **Public engagement**

The Lancet finally published our article on our approach to mass media, on the model and the RCT, which is available online at <a href="http://goo.gl/BS19eB">http://goo.gl/BS19eB</a>. It should appear in the print edition in early summer.

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