

OVERVIEW

The last quarter of 2014 was an interesting time in Burkina Faso as we saw significant political instability for the first time since 2011. Thankfully the disruption only continued for a week and caused only very minor problems for the campaign. More details on this in the Country Director's report.

Quarter 4 was also the last full quarter of broadcasting on the RCT and both the Country Director and Creative Director's reports comment on the sheer scale of the outputs created over the last three years. With over 800 spots and 900 modules created during the course of the campaign the Creative Team have done an outstanding job. They can now enjoy a very brief moment of respite before the intensive work of rolling out a national campaign begins.

We were also gratified to receive a nomination as "Stand Out Charity" from GiveWell. The nomination is due to the persistence of our development team (who have been chasing a nomination for a number of years) and the responses of our Burkina team to an extraordinarily detailed series of questions during GiveWell's visit to Burkina in October.

The research team have been busy visiting control areas to gather data for the RCT analysis. And, of course, data collection for the endline has begun and is going well. 2015 will be a busy time for the research teams as we all await the results of the RCT.

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COUNTRY DIRECTOR'S REPORT

Political change comes to Burkina Faso

The biggest event of this quarter/year in Burkina Faso was the dramatic downfall, after 27 years in power, of President Blaise Compaore. For the first ten months of 2014 the driving mystery of Burkina politics had been whether or not President Compaore would stand for re-election in 2015.

Blaise Compaore stepped down and left Burkina on Friday October 31st and the next day his government was dissolved.

How have these political changes affected DMI and the RCT? The protests and political upheavals in Ouagadougou closed much of the city for the last week of October. Our office was closed, as a precautionary measure, on October 28, 30, and 31. With Ouagadougou the main locus of the political upheavals the political changes had little impact on our broadcasts.

La Voix du Paysan in Ouahigouya was the only one of our partner stations to suspend long-format programming.

The last week of December we finished our last production cycle of the RCT. During 39 months of production for the RCT we produced over 800 radio spots (144 scripts in 6 languages) and over 900 modules. We are confident that this is the most production intense media campaign that has ever been.

Interestingly, more spots were also broadcast during this final quarter of 2014 than in all previous quarters of the RCT. Across our seven partner stations the daily average for this quarter is 13 broadcasts per day. This increase is due to the pressure that Bassirou put on them. He took the time to help them understand that broadcasts during this final quarter, and the first month of 2015, coinciding with the endline evaluation are particularly important.

As mentioned in the quarter 3 report one of the challenges of the last half of 2014 has been managing the anxieties and progressive demotivation of the long-format teams. To boost the long-format programs we sent the entire scriptwriting team, in teams of 2/3, to visit all seven partner stations in the month of December. The teams spent a week in each station, working with the actors to reinforce the module broadcasts. This effort will be continued in January.

Outreach

In October we welcomed a team from the GiveWell foundation to Burkina Faso. The four member team spent several days in Ouagadougou discussing the project with the DMI team and two days in Bogande, with the staff of Radio Djawoampo. In the course of their week in Burkina they were able to get a more detailed sense of the RCT, how it is organized, our creative process, our formative research, of the media and public health context in Burkina and of the potential for additional DMI campaigns to change lives in Burkina Faso.

In November and December we held coordination meetings with SPRING to discuss the architecture of the SPRING nutrition campaign that we will undertake in 2015.

This quarter we also deepened our relationship with the Embassy of Taiwan. The ambassador held a dinner in honour of DMI and we had some very encouraging discussions that suggest that the Taiwanese may be willing to become a more important supporter of our campaigns in the near future.

In late October we gave a series of Ebola radio spots that we produced pro-bono to the ministry of Health. Using a message brief informed by the Ministry of Health we produced four spots in three languages. The ministry has distributed the spots to all 13 of the regional health directors and was planning on having them broadcast on the national radio and on local radios. We do not think the spots have been broadcast yet.

Administrative Details

- Roy came out in late November to meet with the staff. We also met with Dr. Kanté, the Resident Representative of the UNFPA.
- DMI DRC Country Director Helen Vesperini came out to Burkina for two weeks in December. Her two weeks were busy with meetings with the Burkina staff to help her get a sense of the methods and mechanics of a DI campaign. She also travelled to la Voix du Paysan in Ouahigouya to understand the mechanics of the long-format programs

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QUALITATIVE RESEARCH

The paper describing the design and implementation of DMI's mass media intervention has just been submitted to the *Global Health Science and Practice* journal. This sets out the "Saturation+" principles that underpin our approach, our theory of change, the creative process, lessons learnt and our recommendations for implementing this intervention at scale. Our Viewpoint paper, which has been accepted for publication in *The Lancet*, should be published and available with open access in the first quarter of 2015.

This quarter our scriptwriters have also written and produced four spots about the Ebola virus (in Mooré, Dioula, and French). In light of the Ebola situation, we approached the Ministry of Health to produce preventative messages which focus on raising awareness about the signs and symptoms of Ebola infection and promoting a free-phone number that can be called to obtain further information or notify authorities of suspected cases. The Disease Control Director and General Health Director at the MoH welcomed our spots, which will be broadcast on the national radio station (the Ministry has negotiated free airtime for Ebola awareness).

In the last quarter of 2014 the research team also visited two control zones, Gayeri (November) and Pouytenga (December), to collect information on maternal and child health interventions that were (or are) occurring since 2012, and on health-seeking behaviours. Initial results show that health-seeking routines prioritise home medication, with market-bought medicines and/or herbal medicines. Only when home treatments fail do people make recourse to health centres. Exclusive breastfeeding is not widespread: many women declare giving water or herbal decoctions soon after birth. Most women follow their antenatal care visits and deliver in health centres, except in Gayeri where the remoteness of health centres is such that women still deliver at home or en route to a health centre. One more trip is being planned to visit Po in January 2015. The team is currently finalizing these reports and will compile a summary of all control areas in 2015.

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QUANTITATIVE RESEARCH

In October LSHTM and Centre Muraz completed preparations for the endline survey. 108 Fieldworkers, 14 supervisors and 7 data managers were trained over three weeks, including pilot surveys at the end of the training. The data collection started in the second week of November, with a slight delay due to the unrest in October in Burkina Faso. Data managers regularly back up data collected by fieldworkers and regular monitoring of the quality of the interviews is performed. The survey should be completed by mid-April 2015.

A first version of the paper for publication of the midline results has also been written, with the intention of submitting this to the same journal as the implementation paper, early in 2015. In addition to self-reported data, routine health facility data were provided by the Direction Generale des Statistiques Sectorielles of the Ministry of Health of Burkina

Faso. Routine health facility data are consistent with self-reported care seeking for childhood illnesses, with a greater increase in all under-five child consultations in the intervention arm compared to the control arm, although the strength of the statistical evidence is weak, meaning this could be a chance finding.

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CREATIVE REPORT

This quarter we've changed our usual single-themed broadcasting pattern and have been broadcasting spots on a variety of health themes (malaria, diarrhoea, maternal health and pneumonia) in the same cycle to ensure we achieve maximum impact as this phase of the Burkina project draws to a close. With the final broadcast scheduled to take place at the end of January, it's a good opportunity to take stock of how we've implemented our strategy of maximum message saturation across the seven intervention zones.

The writing team in Ouagadougou created 750 unique spots across all 9 health message and 8 sub-messages. Of these, 210 spots were translated, performed, recorded and pre-tested in 2 languages. Following pre-testing 144 original spots were performed, translated, and produced in six languages. During the 32 months we've been on air in Burkina the creative team were also responsible for the writing, rehearsing, performing and recording of 950 unique long format radio dramas. If we include the re-broadcasts of existing long-format dramas from DMI's archive the total is higher with total outputs of 1350 dramas. To maintain the required (and relentless) level of production to achieve saturation without compromising quality has been our stated ambition and our greatest challenge throughout.

As this period of activity comes to an end I'd like to thank my colleagues in Ouagadougou and London for their commitment, skill and enthusiasm and hand back the reins to Radha Chakraborty who has returned from maternity leave to oversee the national roll-out of broadcasting in Burkina in 2015. I wish her, and the team, all the very best.

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PUBLIC ENGAGEMENT REPORT

Project development (in Burkina Faso)

Project development (outside Burkina Faso)

The two media campaigns in DRC (a child health community radio campaign in 8 provinces of the country, funded by UNICEF, IMA World Health and Save the Children, and a family planning TV/radio campaign in Kinshasa, funded by the Packard Foundation) were delayed by a month, and are now starting in January. This was due to a delay in signing the MoU for the first campaign. Once this was achieved we were able to start work with our DRC Country Director, Helen Vesperini, who spent two weeks in Burkina Faso and a week in London in December before flying to Kinshasa in early January. Both projects are beginning in January.

DMI achieved a 'standout charity' recommendation from GiveWell, and was one of only eight organisations in the world to be recommended by them. The recommendation was based on our health impact, evidence base and cost-effectiveness. We expect to receive a 'top charity' recommendation from GiveWell next year, contingent on strong RCT results. The full review of DMI is at <http://www.givewell.org/international/top-charities/DMI>. We will know in February how much money was donated to us as a result of this recommendation (90% of private donations in the US are made in December and January, because of the timing of the tax year). We have also been selected as a 'top charity' by *The Life You Can Save*, which was founded by the philosopher Peter Singer (see <http://www.thelifeyoucansave.org/Where->

[to-Donate/Development-Media-International](#)). We intend to decide how to allocate the funding resulting from the GiveWell recommendation once we have a better idea of the total amount.

Public engagement

The Faculty of Public Health published an article about DMI and the RCT in its quarterly magazine, *Public Health Today*, which can be downloaded at <http://www.fph.org.uk/uploads/PHT%20Sept%202014.pdf> (see page 14).

DMI's handbook on running *Saturation+* media campaigns was published at the end of December on our website, and can be viewed at <http://www.developmentmedia.net/saturation-handbook>. A PDF version of the handbook is available at <http://www.developmentmedia.net/sites/developmentmedia.net/files/saturationhandbook.pdf>.

DMI has drafted a dissemination strategy for the RCT results. This will be tabled at the next funders' meeting.

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