

## **A conversation with Dr. Kriss Barker of Population Media Center on October 31, 2014**

### **Participants**

- Dr. Kriss Barker – Vice President for International Programs, Population Media Center (PMC)
- Timothy Telleen-Lawton – Research Analyst, GiveWell

Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Dr. Barker.

### **Summary**

GiveWell spoke with Dr. Barker about PMC's mass media campaign in Burkina Faso. Conversation topics included details about the campaign as well as PMC's interactions with Development Media International (DMI).

### **Previous PMC campaigns**

In Population Media Center's (PMC's) first campaign working with community radio, (from 2004 to 2006 in Mali, Burkina Faso, and Côte d'Ivoire), it learned from site visits that contracts, funding, and equipment are not enough to ensure that community radio stations will broadcast content as agreed. Since then, PMC has implemented numerous projects around the world, and has developed mechanisms for working with, and building the capacity of, community radio stations to improve professional standards and to promote community radio as one of the most effective (and cost effective) mass media channels of behavior-change communication.

### **PMC's campaign in Burkina Faso**

With funding from UNFPA (the United Nations Population Fund), PMC developed, produced and broadcast two radio serial dramas of 156 episodes each (in Mooré and Dioula) from September 2012 to March 2014. The programs were broadcast on 22 community radio stations in addition to the national radio network. The primary theme of both shows was reproductive health/family planning and adolescent reproductive health, but the shows touched on many health themes, including maternal and child health, gender equity, universal education, gender-based violence and entrepreneurship.

Other organizations also use mass media to affect health behavior in Burkina Faso (including child mortality themes), and many broadcast communication campaigns while the PMC dramas were being aired. These organizations include the Ministry of Health, UNICEF, Plan International, and Save the Children.

PMC conducted two rounds of monitoring in health and reproductive health clinics to determine if the shows were motivating new clients to use health services. In the second round of monitoring health clinics in the listening area, 78 percent of those surveyed said they were listening to one of PMC's two programs (estimated listenership of 6 million people) and 25 percent of those surveyed credited one of PMC's programs with inspiring them to visit the health clinic and seek services.

During broadcast, PMC used listener groups to track whether broadcasts were happening per the program schedule, and to gather feedback about the programs. PMC also conducted site visits to the radio stations to check in with the station management. One of the biggest barriers to broadcasting reliably is power outages, which are difficult for community radio stations to avoid.

PMC also worked with radio DJs to run contests; listeners could call in to identify plot points and health messages from PMC's shows. In the first two months of the broadcast, 3,797 listeners called into the radio shows, demonstrating incredibly high audience engagement.

Although the dramas achieved their intended behavior change results, PMC has not yet been able to find funding for a follow-up project.

### *Campaign results*

Research on the impact of *Yam Yankré* and *Here S'ra* revealed that the cost per regular listener (listened at least once per week) was \$2 US. A multi-variate analysis of the endline data showed that listeners were 1.8 times more likely than non-listeners to say they have been tested, voluntarily, for HIV. Listeners were 1.6 times more likely than non-listeners to say they would use a modern method of family planning to avoid pregnancy in the next 12 months. Similarly, PMC found that listeners were 1.6 times as likely to be give their children oral rehydration therapy in response to diarrhea as non-listeners.

PMC notes that some health differences between listeners and non-listeners may be the result of factors that also affect their likelihood of listening to PMC's shows, which is a source of bias the regression analysis is intended to counteract.

### **PMC's interactions with Development Media International**

PMC was approached by Development Media International (DMI) and the London School of Hygiene & Tropical Medicine (LSHTM) before broadcasts started with a request to avoid broadcasts in the control zones in DMI's randomized controlled trial. PMC ultimately agreed to not broadcast from any community radio stations in DMI's seven control zones (there were no DMI broadcasts in these zones either), although PMC's dramas were broadcast in DMI's test zones, which may actually

increase any behavioral change effect noted in the test zones. However, since PMC's dramas were also broadcast over the national government channel, the programs could be accessed via this channel in both DMI test and control zones. Also, communication campaigns implemented by other organizations would also have occurred in both DMI test and control zones.

Although both use mass media, Dr. Barker believes that the PMC and DMI approaches to behavior change communication campaigns are very different and have the potential to complement each other. PMC's approach uses long-running serial drama (with role modeling by transitional characters) to address health-related themes, whereas DMI uses message-based (and very catchy) "tag lines" which are broadcast numerous times per day, to increase message retention. Dr. Barker said the two approaches would work very well together in a comprehensive communication campaign.

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