

## OVERVIEW

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The media project in Burkina Faso continues to run very much according to plan, notwithstanding the usual technical and logistical headaches. Producing fresh dramatic material on the same topics month after month is a challenge, but by re-using selected scripts alongside the new material we are able to keep up with demand. Further qualitative feedback research has reinforced the impression that our spots are widely heard and understood. Security remains benign, and we have resumed expat visits to Djibo. This quarter Gwladys (HR) and Ibrahim (finance) joined the Burkina team; both have settled in well and are already making a strong contribution.

The most significant event for the trial this quarter has been the delivery and analysis of the midline survey results. These have been covered in detail elsewhere; but in short, there have been substantial positive changes in a number of behaviours in our intervention zones, although in some cases there have also been significant changes in the control zones. More work is now under way to help us understand the underlying causes. The message calendar for the remainder of the trial has been adjusted to take into account what we have learnt so far.

DMI and the trial continue to attract interest from a range of potential partners and funders. The Gates Foundation's 'Grand Challenges' scheme has just confirmed a grant of \$100k for a pilot of viral videos in Burkina Faso, and we are in detailed discussions with several other potential funders who each might fund one element of a national programme.

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## QUANTITATIVE RESEARCH

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LSHTM and DMI have been busy this quarter on the midline survey – a summary of which was sent separately earlier this week. As a result of the midline results, we have revised the message calendar to ensure that we maximise the potential impact for the remainder of the intervention. The process used is explained below.

### Stage 1

For each message, the following information was compiled:

**Impact (baseline to midline):** (1) The absolute percentage increase in coverage of the intervention between the baseline and midline and (2) the Odds Ratio

**Predictions (midline to endline):** (1) Total number of deaths prevented by message and (2) deaths prevented as a percentage of total number of deaths prevented. These predictions were generated using the Lives Saved Tool (LiST) and were based on a national projection in which coverage for all key behaviours increased by 5% between midline and endline.

**Dose (baseline to midline):** Percentage of time that the message has been broadcast as a proportion of total broadcasting time at midline.

Based on: the above information; the midline results impact graphs (which illustrate baseline levels); factors regarding seasonality and campaign timing (e.g. likelihood of impact within final 43 weeks of campaign), a revision to the broadcast dose in the remainder of the campaign was proposed. A meeting was held to review the proposed revised 'doses' and some changes were made. Specifically: continued promotion of colostrum and ANC promotion (at a lower dose) during the remainder of the campaign.

**Stage 2**

A table was compiled that predicted the percentage number of lives that would be saved by each message (as a proportion of the total number of lives saved). These predictions were generated using LiST and were based on the assumption that each message would have a similar impact per ‘broadcast week’ in the final 43 weeks of the campaign as it did in the first 87 weeks of broadcasting (BL to MD). The prediction was based on the revised dose for each message that had been decided in stage 1.

Message	Broadcasting to date (up to end Oct 2013)			Proposed message weightings for remainder of campaign		Predicted impact (based on BC impact from BL to MD)			
	No. of weeks of spots	% BC increase (BL to MD)	% increase in behaviour per week broadcast	Approx. weeks of spots in final 43 weeks	As % of all remaining messaging	Predicted % increase in coverage	Midline % coverage	Predicted number of lives saved	Predicted no. lives saved (%)
Diarrhoea: ORS	12	5.0	0.42	7	16.3	2.9	21.8	292	3
Diarrhoea: increased liquids*	12	25.8	2.15	as above*					
Diarrhoea: Dysentery treatment	5	15.2	3.04	0					
MAL: Seek treatment (antimalarial)	10	15.9	1.59	14	32.6	22.3	32.8	5042	57
MAL: Bednet use	6	4.9	0.82	0			99.4		
BF: Exclusive breastfeeding	5	12.2	2.44	4	9.3	9.8	41.6	606	7
BF: Colostrum	6	10.4	1.73	2	4.7	3.5	49.4	-	-
WASH: Handwashing	8	0.4	0.05	3	7.0	0.2	44.2	41	0
WASH: Latrines	2.5	10.9	4.36	0					
WASH: Hygienic disposal	2.5	5.9	2.36	0					
Pneum: Seek treatment (antibiotic)	7	18.2	2.6%	6	14.0	15.6	45.2	1699*	19
Pneum: Treatment adherence	2	-		0					
LBW: Skin-skin; BF; avoid washing	3	0.9	0.30	0					
LBW: Take babies to be weighed	1	-		0					
CF: Enriched bouillie	4	8.7	2.18	0					
CF: Monthly weighings	4	7.0	1.75	0					
MH: ANC 4+	3	11.4	3.80	2	4.7	7.6	48.4	-	-
MH: Health centre delivery	5	9.3	1.86	5	11.6	9.3	65.3	891	10

\* The promotion of increased liquids for diarrhoea is promoted alongside ORS (within the same message), but the impact of increased liquids for diarrhoea as an intervention cannot be modelled in LiST.

A meeting was held to discuss this table and the final broadcast dose for each message was agreed (‘health centre delivery’ decreased to 4 weeks and ‘seek treatment for pneumonia’ increased to 7 weeks). Following further research regarding seasonal peaks in malaria and pneumonia deaths, the spot calendar was amended based on the revised weightings.

Given the emphasis and concentration of spots promoting treatment-seeking in the remainder of the campaign and in order to increase the variety of messaging from both a creative and listener-experience perspective, it was decided that we should maximise the variety of messages contained within the modules each week. It was decided that the 10 modules broadcast each week would include 1 module on each of the 8 main themes selected for spots, plus one module promoting bednet use and an additional module on seeking treatment for malaria.

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**COUNTRY DIRECTOR’S REPORT**

**Two Years Later**

On March 5 2014 we marked the campaign’s second anniversary. After two years of broadcasting we can make a few informed assessments of the DMI campaign model. First, our partnership model works. We

have created an incentive structure that has kept our radio partners invested in the campaign over the last two years. The simplest metric of this success is compliance with the spots broadcast schedule; on all seven of our partner stations the number of spots broadcast per day has increased over the last year, with several stations now broadcasting 12-16 spots per day. While labour and resource intensive (travel, high rate of creative outputs, contributions to production costs, etc...) our partnership model has allowed our broadcast partners to appropriate the campaign, they broadcast our content because it is in *their* interests. In particular, the evening programs we developed in each station—built around our interactive modules—have become the market leaders in our broadcast zones. On February 20, DMI was invited to preside at the ceremony inaugurating La Voix du Paysan’s new programming schedule; afterwards, the Fédération Nationale des Groupements NAAM (the radio station’s parent association), la Voix du Paysan’s staff, presidents of the station’s fan clubs, and local administrative authorities all identified ‘our’ program as the station’s anchor program, responsible for much of their audience share. The popularity of the program has kept the radio station committed to the DMI campaign.

Second, DMI’s *Saturation +* broadcast strategy is effective. The results of post-broadcast audience feedback research in our intervention zones indicate that audience retention of our health messages is high; over 90% of focus-group participants could recite taglines from our spots. This qualitative data is reinforced by the results of our midline evaluation, which showed a strong correlation between behaviour change and intensity of messaging (our best behaviour change results corresponded with the messages we broadcast most).

Third, we need to refine our partnership strategy to make it more sustainable over long campaigns. In designing radio campaigns for sub-Saharan Africa, community radios have strategic advantages over national broadcasters: they can build more intimate and stronger relationships with listeners than national broadcasters can. However, working with community radio stations presents greater operational problems: they often have crippling energy problems—frequent power outages, a chronic inability to pay for sufficient electricity; they are understaffed, they rely on untrained volunteers, and are often poorly managed. And while we have developed effective strategies to overcome many of these operational challenges, if we withdraw our support our partners may not be able to maintain the campaign. They don’t have the resources to sustain the evening programs and without the momentum the program generates it is difficult to maintain spots broadcast.

One promising approach for future partnerships would be to make community radios energy independent. An upfront investment in solar energy installations for partner stations will both remove the biggest existential challenge these radios face and simultaneously increase their cash flow (the money previously spent on electricity becomes available for other investments). This upfront investment would give DMI greater leverage with our partners. However we will also need to identify an equivalent strategy that will improve their programming capacity over the long-term without the direct support of a partner such as DMI.

### **Managing our Partnerships**

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In February, the solar energy system contracted in October 2013 was installed at Radio Lotamu, Solenzo. The station now has energy independence 8 hours a day, allowing them to broadcast during both the morning and evening primetime hours. Frustratingly, only weeks after the solar energy system was brought online the radio station’s amplifier overheated and was seriously damaged. The station is currently broadcasting without the amplifier, with a reduced range of 25 km. We are working with the station to replace their amplifier as quickly as possible—radio amplifiers, and their replacement components, are not available in Burkina Faso. On the other side of the country, Radio Tintaani in Kantchari continues to experience energy problems. As of the fourth quarter of 2013, Radio Tintaani was receiving 4-6 hours a day of energy from the regional electric cooperative and using DMI’s backup generator for an additional 4-5 hours of broadcasting. In mid-February the cooperative once again shut down and the town of Kantchari has

now been without power for close to two months. Radio Tintaani is now using their backup generator eight hours a day, which it is not really designed to do. We have scheduled regular maintenance and will monitor the situation closely.

## **Project Development**

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On 16 January we had our second stakeholders meeting with representatives of the ministries of health and communication. We presented DMI's *Saturation + methodology*, our current RCT, and the operational outline of how to take our current campaign to scale. Dr. Bocar Kouyaté, technical advisor to the Minister of Health and member of the RCT's ISAC committee, explained the Minister's strategic investment in 'health promotion' (encouraging healthy behaviours, reducing mortality through prevention rather than treatment) and his support for a national scale-up of the DMI campaign. This meeting was followed by a two-day workshop (18 & 19 March) to draft a project proposal outlining how the ministries of health and communications could support a national scale-up of our radio campaign (for example, the Centre Muraz would produce a national media survey to help DMI identify the most effective broadcast partners). Once finalised the proposal will be submitted to the Minister of Health with the intention that he submit the project to Burkina Faso's bilateral partners—mention has been made of the European Union, the World Bank, and the Republic of China (Taiwan). The proposal is currently waiting for the Direction Générale de la Santé and the Direction de la Promotion de la Santé to finish their budget analysis.

On March 27, his Excellency Shen Cheng-Hong, ambassador of the Republic of China (Taiwan) to Burkina Faso visited the DMI offices. Ambassador Shen spent two hours in the office, learning about our production process, listening to spots and discussing with the DMI team. During this visit we informed Ambassador Shen that we are finalizing a national scale-up proposal with the ministries of health and communications. We expressed our intention to submit the proposal to the embassy once it had been approved by the minister of health.

In February we met with Mr. Siaka Traoré, Health Communications coordinator at UNFPA-Burkina Faso. Mr. Traoré reiterated UNFPA's interest in working with DMI on a family planning campaign. Mr. Traoré has asked us to propose possible campaign strategies for the second half of 2014.

We had three meetings this quarter with representatives of Alive & Thrive, a Gates Foundation funded project that is managed by FHI360. Alive & Thrive focuses on improving nutrition by improving breastfeeding and child feeding practices. FHI's Alive and Thrive programme includes 4 elements; advocacy and policy (national and sub-national levels), interpersonal communication and social mobilization, mass communication, strategic use of data. Alive & Thrive is in the beginning phases of planning a national campaign in Burkina Faso. They were eager to learn about the RCT, about our broadcast strategy and lessons learned over the two years of the campaign. Roy will travel to Washington in mid-May to discuss a possible DMI nationwide breastfeeding campaign with them.

In late February we had a second meeting with Waverly Rennie, SBCC specialist consultant for the SPRING project. Waverly introduced us to the CLUSA management team that will be implementing the REGIS-ER project in Burkina Faso. SPRING continue to express interest in working with DMI to support the USAID funded REGIS-ER project in Burkina Faso. The last weekend of March, Pieter Remes and Matthew Lavoie travelled to Bolgatanga, Ghana to meet the SPRING Ghana team. They are in the process of developing a three-year project to reduce stunting in northern Ghana and they were eager to meet with DMI to discuss possible mass-media campaign ideas to support their project.

The Gates Foundation remain in contact and are still interested in funding a nationwide project, but we do not expect a decision in the short term.

## Outreach

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The last week of January Matthew, Bassirou, Cheick and Jeroen travelled to Bamako, Mali to present DMI to the government of Mali, major funders and potential NGO partners. We gave 30 presentations over the course of the week, including to the minister of communication, the minister of health, the World Bank representative, USAID director, UNICEF, UNFPA, Plan international, Save the Children, and CARE.

On 24 February we received a visit from PMC's senior management team. The visiting delegation consisted of Bill Ryerson, President; Kriss Barker, Vice-president; Stephanie Tholland, program development associate; Moussa Dadjouari, Burkina Faso country director. The PMC team were in Burkina Faso to meet with potential funders. Their two-year UNFPA funded campaign has not been renewed and the PMC team are looking for partners willing to fund a new campaign. Bill Ryerson wanted to visit DMI to get a better understanding of the RCT and our methods.

## Administrative Developments

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- Glwady Ouedraogo joined DMI on 7 January as our Human Resources specialist. She has reviewed all of DMI's HR policies and improved our HR management. Most recently, she organized the election of the *déléguées du personnel*, official staff representatives that we are legally obligated to have. The *déléguées* are Sylvain Kousse and Mireille Belem.
- On 3 February, Nicolas Ibrahim Paraiso started as DMI Burkina's finance director. He had six weeks of initiation/training with Jen.
- Jen spent three months in Burkina Faso working with Fati and Ibrahim.

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## RESEARCH REPORT

### Qualitative Research

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The first quarter of 2014, the research team has been very busy, carrying out three feedback research trips (Banfora, Djibo, Kantchari) and four pretesting trips, on low birth weight babies, hygiene, diarrhoea, and acute respiratory infections (in Banfora, Ouahigouya, and Solenzo).

With the tight workload, the Djibo and Kantchari reports were not ready for this report. For the Banfora feedback research, the team met caregivers, key resource persons, health officials, and NGO representatives. Villagers continue to hear our spots and listen to the evening interactive show in high numbers: a majority hears the spots from 3 to 7 times per day, half listens almost daily to the interactive show, the other half listens 1 to 3 times per week. All health themes that DMI promotes are spontaneously cited by participants, and people recall the storylines of spots and interactive modules. The recall follows the relative weight with which we prioritise themes (e.g., health-seeking for fever is a theme with high broadcast frequency and mentioned by a majority).

The team found positive developments on the major child health themes. They met many men who changed because of the radio messaging, and now support their wives' health-seeking behaviour. Although men knew in the past that antenatal care was important, many considered letting women attend ANC visits as a burden, as a delay in household labour. Now, "*I understood the contrary, I learned about the benefits of ANC*" (31-year-old man, Nianigara). More people also discuss the link between ANC visits and preventing (or better management of) complication during delivery. In case of child illness, more people now take early recourse to official health services. They refrain from plant- and home-based treatments, and see the

benefits of health centre visits: *“I found that one gets better quicker there”* (60-year-old man, Niankar). Many of the behavioural changes are ascribed to the radio messages, and some non-listeners said that they were encouraged to change by peers or other community members who do listen to the radio.

Not everything has improved. A woman is for many foremost a source of labour, in the household or in the fields, and a pregnancy does not alter this much; so women work until very late in the pregnancy, husbands and/or co-wives do not go out of their way to relieve a pregnant woman’s workload. Some hear our messages but misunderstand or reinterpret parts of them, e.g., claiming herbal concoctions are okay after a baby is 6 months or thinking exclusive breastfeeding should only be done until 3 months. Washing hands with soap is a practice that prevents illness: many believe it but admit it is hard to consistently put into practice. Finally, for some, financial concerns and distance to a health centre are barriers: some choose street medicines instead of transports costs, some women fail to go to a health centre because their husband (who controls resources) thinks he does not have enough funds.

Pretesting our spots continues to be a valuable exercise. All of our current production works well with village focus groups; people often make a choice for the top four spots (out of six) because we ask them to, not because they think two would not achieve their objective. The testing still helps to refine the messaging, for example, a spot that targets men may work better if the advice is given by a man, not by a woman. Sometimes participants show they have listened to our messages. A group of young mothers did not like one spot about diarrhoea treatment: it focused on increasing breastfeeding if the baby was younger than 6 months but it did not discuss what one should do with older babies.

Researching the social life of spots – what happens with a spot once it has been aired, who discusses it with whom, who hears about it in which situations, what actions are engendered by listening – is enlightening. We learn about the concrete, intermediate steps of behaviour change. After having listened to spot about ANC visits, a 28-year-old mother recalled with sadness her own experience of losing a pregnancy – she did not do ANC visits because she was ashamed of having another pregnancy when her lastborn was still very young, lost the pregnancy at 4 months. She discussed the spot, and the need to follow ANC visits, with both her sister and her co-wife; so that they do not experience the same situation. The majority of the interviews about the social life of spots follow similar trajectories: people see their own experience (or that of people close to them) reflected in the spots.

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## **CREATIVE REPORT**

### **Quarterly Funders Report Jan/March 2014**

The first months of the new year have been productive for the creative department. Over the past two and a half years the writers have grown from novice radio writers into a skilled and cohesive creative team. The volume of regular required outputs means the team work to a rigorous schedule week in week out. They still manage to come up with fresh and interesting angles on health themes that our listeners are already very familiar with. That’s our challenge now; to repeat the health messages without repeating our stories.

During this quarter we have broadcast spot cycles on hygiene, pneumonia, diarrhoea, malaria, breastfeeding and LBW. The number of good and useable sixty second spots written by our scénaristes now regularly exceeds the required number we need per broadcasting cycle, and we ‘bank’ these surplus spots for future cycles. The radio production process is now very well-established: after pre-testing is complete we translate the four chosen spots so that each language in our intervention zones is covered. Sometimes a literal translation is inadequate and more creative transliteration has to take place; it’s up to our writers to find the most appropriate cultural translation of the idea and where it’s particularly important that our writers have

strong links with the communities in which we broadcast. A 'one size fits all' approach to broadcasting would be significantly less effective.

We are still broadcasting a balanced mix of drama on all topics. The pressure of writing two original radio dramas for each weekday night has been alleviated by the re-production of archived modules. The regular feedback from our research team continues to be vital: it allows us to target very specific issues we hear about, such as the notion of shame about attending ANC while a lastborn is still very young (cited in Pieter's section in this report) which we've tackled subsequently. It also deepens our cumulative understanding of the social and cultural levers at our disposal. A recent example relates how a well-meaning but avaricious husband tries to avoid spending money on a mosquito net for his newly pregnant second wife on the basis that she'll be given one free of charge at her first ANC: a short-sighted attitude that might cost him dearly. The writer (DMI scenariste Kokovi Lawson) weaves a comic tale around his attempts to get a comfortable mosquito free night by flattering each wife in turn; and the way the wives combine to embarrass him into buying another net. The writer's precise cultural awareness of the likely transactions between husbands and co-wives is used to good effect when she's addressing the familiar obstacle of a husband's reluctance to part with his money.

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## **PUBLIC ENGAGEMENT REPORT**

DMI's Regional Representative for West & Central Africa, Jeroen Corduwener, has been in post since 6 January; he is funded by a grant from the Mulago foundation. He spent a week in the London office, two weeks in Burkina Faso and a week in Mali, and then moved to Kinshasa at the start of February. Since then he has been based in DRC, but with one return trip to Bamako in Mali.

So far Jeroen has made good progress in starting to bring together groups of funders to support DMI maternal and child health mass media campaigns in both countries as part of our *Media Million Lives* initiative. In the DRC, we are engaged in detailed discussions with UNICEF, who have committed to supporting us, about bringing in other funders to jointly support a larger project. So far we are talking to IMA World Health (who have the main DFID health contract in DRC and can request additional DFID funds), Save the Children, the Canadian government, and a range of other bilateral and multilateral funders as well as the main NGOs implementing the large Global Fund HIV, TB and malaria grants. In Mali we are examining the potential for running campaigns as sub-contractors to a consortium of NGOs who work on maternal and child health issues and who want to run media campaigns, including Save the Children, International Rescue Committee, CARE International, PLAN International and World Vision. We are also preparing a proposal for the Canadian government and are looking at the options for responding to a large USAID tender in southern Mali.

Roy and Will have arranged to visit Maputo, Mozambique in June in order to update government and media partners and to recruit additional bilateral and multilateral funders for a nationwide child and maternal health radio and TV campaign. Irish Aid has expressed interest in providing partial funding and is helping us to approach other funders.

We have just received confirmation that our proposal to Grand Challenges (a consortium of funders led by Gates) for a pilot mobile phone project in western Burkina Faso has been funded (\$100,000). We have been asked not to announce this publicly until the awards are publicised by the Gates Foundation (expected in mid-May). The pilot will test whether short health promotion videos, which are designed to be viewed and shared on basic mobile phones, will be sufficiently popular to be spread virally (peer-to-peer).

In March we signed a memorandum of understanding with Save the Children UK, outlining our intention to work together to integrate our mass media campaigns with their community-based approaches to demand creation and service provision, with a focus on sub-contracting and joint fundraising in countries like DRC, Kenya and Mozambique.

We are working with the Partnership for Maternal, Newborn & Child Health (PMNCH) and the MDG Health Alliance to recruit a number of international companies to fund DMI to implement its core campaigns (as above), in particular in DRC and Burkina Faso.

Roy and Will visited Geneva in February and held three days of meetings with various departments of the World Health Organisation, including maternal and child health, nutrition, hygiene and sanitation, malaria, tuberculosis, family planning, neglected tropical diseases and road safety. This led to the beginnings of a series of important partnerships that may lead to future funding (from third parties). For example, we have recently produced a concept note for a research study to examine the impact of mass media campaigns on case detection and treatment for tuberculosis, focusing on Mozambique, and we are working with WHO to secure funding from various sources including STOP TB.

### **Public engagement**

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We have written a draft public engagement strategy for the endline results of the Burkina Faso trial, preparing the ground for our outreach work in 2015. This outlines our key messages, priority audiences for those messages, the best channels and opportunities to reach those audiences (e.g. conferences, articles, DMI events and so on) and what we need to do in order to capitalise on those opportunities. This document will be updated continuously.

Cathryn is close to completing the first draft of the DMI handbook, which provides practical advice on how to run effective mass media behaviour change campaigns in developing countries, based on our experience in Burkina Faso and elsewhere. This will be published online in PDF and web formats (we have yet to decide on the publication date).

### **Working groups**

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We continued to take part in a number of working groups with a global health focus, in order to promote the potential for mass media to change behaviours and reduce child and maternal mortalities. These included the UN Commission on Life-Saving Commodities (demand creation sub-group), and the Private Sector and Innovation Working Groups of the Partnership for Maternal, Newborn and Child Health at the WHO.

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PHOTOS

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*Mouna with a focus group*



*Issa Nyampa of radio La Voix du Paysan presenting a live radio program introducing the station's new program schedule*



*Nafouré of Radio Djawoampo, Bogandé participating in a training exercise*