DEVELOPMENT MEDIA INTERNATIONAL

QUARTERLY REPORT (JULY TO SEPTEMBER 2013)

DMI

OVERVIEW

This has been another busy but productive three months. Whilst there were no major problems for the project, we faced the usual minor technical issues in our partner stations - once again, power supply and internal management/staff problems in the radio stations have been at the top of the list; but as before, the team have been able to deal with the challenges as they occur, and our spots and interactive programmes continue to be broadcast with only very minor interruptions. Meanwhile the qualitative research team has made a detailed synthesis of all their feedback research to date; and there are encouraging indications that significant numbers of people are hearing our messages, and changing their behaviour as a result - indications which we hope will be confirmed and quantified by the midline survey, which starts shortly. Matthew's and Pieter's reports below provide some interesting detail on both aspects.

It now seems clear that the situation in Mali has largely stabilised, and that any threat of an overspill affecting Burkina has receded. The decision to suspend expat visits to Ouahigouya in January was certainly prudent, but it was good to be able to resume them in September; and fortunately the impact on programming does not seem to have been significant.

It is evident that key players in the Burkinabe ministry of health are very interested in the trial, and that they would like to see it scaled up to national level once the endline survey is complete. We have had encouraging meetings with several potential funders, and we hope to be able to confirm plans and funding in the next few months.

Richard Grindle | Director of Operations | richard.grindle@developmentmedia.net

COUNTRY DIRECTOR'S REPORT

Managing our Partnerships

While the political and management challenges at Radio Munyu, described in the Q2 report, have abated, energy shortages remain a problem for several of our partner stations.

We continue to work with the management team of Radio Munyu to ensure, three months into the staff furlough, that our spots and interactive program are broadcast as planned. Bamba, DMI's zone producer in Banfora, has worked hard to grow our audience in spite of the radio's disrupted program schedule. (Not all of Radio Munyu's partners have been able to preserve their programming. Gryphon mining—their partnership with Munyu is described in a previous quarterly report—has ended their sponsorship of a popular weekly program.) Bassirou, Cheick and Salim have made extra efforts this quarter to liaise with the top management of the Association Munyu. And although Radio Munyu continues to suffer from poor management decisions we remain confident that our campaign will not be negatively affected.

More time this quarter was devoted to resolving interpersonal management struggles at Radio Tintaani in Kantchari. After several discussions with the radio team and the radio station's owner we brought Radio Tintaani's station manager and programming director to Ouagadougou in late July for three days of individualized training. In September, with DMI's support, the station's owner suspended one of 'our' radio actresses for indiscipline and issued a formal letter of reprimand to the programming director. These measures seem to have 'refocused' the efforts of the Radio Tintaani team. Cheick and Salim are closely monitoring the situation.

In September, Cheick returned, after a 10 month absence due to concerns about security, to Radio la Voix du Paysan in Ouahigouya. He was reassured that the interactive program remains popular with the listeners, in spite of what he perceived to be a slight fatigue on the part of the team. Much of the IRPs' efforts in September were devoted to reenergizing the actors and presenters of la Voix du Paysan.

In Sapoui, one of the star actors' of Radio Loudon's interactive show was suspended indefinitely for insubordination. Over the last 18 months Mr Neya has earned a reputation as one of the most eccentric and talented comedians in our intervention zones. He was suspended for a week in May after arriving for work inebriated; then in July, he disappeared for a week without informing his programming director. With DMI's support, the station director docked Mr Neya two weeks' pay; in response, he threatened to boycott the program until his docked earnings were paid. Mr Neya was fired and Salim has recruited his replacement.

Radio Djawoampo in Bogandé continues to rely on DMI's backup generator to get their program on the air, while, as feared/anticipated Radio Lotamu in Solenzo has started to suffer serious energy shortages. From sixteen hours of broadcasting a day Radio Lotamu has been reduced to 4 hours on most days. The power shortages have started to reduce the number of spots they broadcast per day and have disrupted the interactive program. We have rented a backup generator in Solenzo—the station pays the fuel—to get the station back on-air immediately and have contracted with a supplier to install a solar energy system at Radio Lotamu (the station is the only one of our partner stations who has saved some of DMI's monthly production stipend in order to make capital investments).

In spite of these challenges were are pleased to report that, with the exception of Radio Lotamu, our partner stations have all broadcast DMI spots 10-16 times per day throughout the entire quarter; and that Lotamu is now back up to the same level. Audience interest in our interactive programs, throughout our intervention zones, remains high—Pieter discusses the conclusions of our monitoring research below.

Capacity Building

After having securely earthed (grounded) all seven transmitters of our partner stations in late June, in Q3 we sent an electrician to each radio station to earth all of the studio equipment. The electricians travelled with DMI's contract engineers who verified the quality of the installations.

The first week of September, the IRPs organized three days of staff training for the entire DMI team. The training was held in the studios of the national radio. The team was divided into four groups, each with an executive producer (IRP). The four teams were given two days to prepare and produce a half-hour radio program. The programs were recorded live in the studio. Over the three days the entire staff gained a detailed sense of the different tasks and challenges that need to be met to produce a live radio program.

Outreach

On July 8, Minister of Health Lené Sebgo visited the DMI office. The visit was organized by Dr. Bocar Kouyaté. Minister Sebgo spent an hour with DMI, learning about our campaign and answering questions. He was accompanied by Dr. Kouyaté and Mr Neré, his chief of staff. Minister Sebgo expressed his interest in and enthusiasm for our methods. He repeated that prevention is his first priority and believes the government of Burkina should invest more in projects like DMI's.

On July 23, Roy and the DMI Burkina team met with Ambassador Shen Cheng-Hong, ambassador of the Republic of China (Taiwan) in Burkina Faso. This was a courtesy visit to introduce Roy to the ambassador. The ambassador and Mr Wang, the ambassador's principal advisor, expressed their interest in DMI's campaign and their desire to identify viable development actors in Burkina Faso. Later the same day we

took Roy to meet Minister Sebgo at the Ministry of Health. Minister Sebgo and Dr. Bocar expressed an interest in accompanying/supporting the national scale-up of DMI's campaign.

On July 25, we received an unannounced visit by three representatives of SPRING. They were sent to us by the USAID malaria specialist in Ouagadougou. SPRING (Strengthening Partnerships, Results and Innovation in Nutrition Globally) is a 5-year USAID funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes.

On September 20, we paid a visit to Mme. Bineta Ba-Diagne, Economist in charge of health initiatives at the regional office of the African Development Bank. We introduced DMI and our campaign to Mme. Ba-Diagne.

On September 26, we received a visit from the Dr. Saul Morris, Shelby Wilson, and Papa Amadou Sarr of the Gates Foundation. This was the second time the foundation has come to visit DMI. We discussed our plans for a national scale-up of our radio campaign and the possibility that the Gates Foundation fund the scale – up.

We took advantage of Roy's September visit to Burkina to meet with Dr. Guigemde, the recently appointed Secretary General of the Ministry of Health. We presented the senior management team to Dr. Guigemde, and walked him through the campaign and RCT design. We also discussed our plans for a national scale-up with Dr. Guigemde. He asked if DMI would be interested in participating in the drafting of the ministry's strategic planning for 'la Promotion de la Santé'—this is the division responsible for organizing the ministry's public health media campaigns. The following morning we met with Dr. Naré Narcisse, the Directeur Promotion de la Santé, to discuss how DMI could collaborate with the ministry on a national campaign.

Administrative Developments

- Scenariste Ramatou Thiombiano has returned from maternity leave.
- The wife of Abderahman Bamba, our Banfora zone producer, gave birth to their third child.
- In late September, our Director of Operations and our Finance Director gave their three month notice. We are sad to see them leave but pleased that they are moving on for bigger opportunities. Palingwinde has been asked to lead a Turkish-Burkinabe investment fund. Wendkouni has won the US green card lottery and will be moving to the United States at the end of the year. We have initiated the recruitment process for a new Finance Director and for a Human Resources Specialist. Palingwindé's responsibilities will be divided between two positions: our operations administrative assistant, Adele Madiega has been promoted to 'logisticienne'—she will inherit the responsibility of making 'the trains run on time'; whilst the HR specialist will help us better organize our human resources management for the national scale-up.
- This year we closed the office in August and the entire staff took their annual leave at the same time. This 'plant shutdown' was done to avoid inefficiencies in the production process—the error we made last year.

Matthew Lavoie | Country Director Burkina Faso | matthew.lavoie@developmentmedia.net

RESEARCH REPORT

Qualitative Research

In this third quarter the research team took stock of all feedback research trips, continued regular pretesting of spots (maternal health in July; diarrhoea in September), and all enjoyed a well-deserved rest during the August vacation break.

In our pre-testing trips, the team increasingly finds unanimous praise for the spots that are tested. It is rare that we produce a spot that is not understood and, more and more, focus group participants find it difficult to reject a spot. Still, the pre-testing continues to serve its purpose, as it is another validation step in the entire production process. We see participants rejecting spots portraying situations that are reportedly becoming obsolete in the field. One example: one spot features a man who quarrels with his pregnant wife; he wants her to help him with agricultural work instead of going to an antenatal care visit. Another spot focuses on a pregnant woman who feels ashamed to go for an ANC visit early in her pregnancy. People prefer the latter spot because it covers a current attitude among women that was easily recognised; they also like the fact that the husband encourages, rather than disparages, the ANC visit. For the former spot, people think such situations were less common nowadays. We tried another spot where a character had a dream about a home birth resulting in complications. People like the spot's health content but not its format; they concluded that "*dreams should not affect daily life*." Overall, the pre-testing helps us to firmly ground our spots (and interactive modules) in the lived reality of rural life, and to prioritise stories that feature positive reinforcement.

The research team completed a synthesis report on their feedback trips in all 7 intervention zones, conducted between February and July 2013. This synthesis provides us with a qualitative review of the listenership of our spots and interactive modules, the appropriation of health messages by our target audience, and barriers to behavioural change. Overall, the team met 468 people in 14 villages: 264 women, 204 men, all with children below 5 years.

The great majority of the feedback participants, both women and men, (435/468) catch the health messages produced by DMI. People heard our spots on average 3 times per day and listen to the nightly interactive show 3.5 times per week. Key listening times for spots are in the evening; when there is more free time, but people also report hearing the spots in the morning, before work, and over the midday break. Some of our zones rebroadcast the nightly show during the morning, offering another listening opportunity, in Kantchari, Banfora, Solenzo (Ouahigouya only repeats the Friday show on Monday morning).

Listeners retain the key health information in our spots and interactive modules: one key element people frequently repeat is "*the need to quickly take a sick child to a health centre*" whether it concerns a child with fever, bloody/severe diarrhoea, or rapid/difficult breathing (though the last symptom is mentioned less in comparison, probably related to the lower frequency of broadcasted spots on Acute Respiratory Infection). Most people correctly retell the health message but the team also heard some errors, mostly on the number of recommended antenatal care visits, the age when complementary feeding should begin, and the upper age limit for child weighing (the latter may be due to health workers prioritising children under 2 years, amidst a heavy work load). When it comes to actual retelling of scripts/storylines, people can much more likely recount the scripts of spots. Malaria and diarrhoea are the most easily remembered scripts, followed by ANC visits, exclusive breastfeeding, hygienic disposal of stools, and colostrum. Messages on family planning (only featured in interactive modules) and low birth weight have been introduced more recently in 2013, and hence are less reproduced by listeners.

In the spots vs. interactive modules debate, people in all zones, excepting Djibo, let us know that they consider the spots more effective in changing behaviour because of the following reasons:

- spots are clear, concise, short, and easy to understand
- they are frequently broadcast (so if you miss one, you can catch it again later)
- the baby's laughter/giggle at the end is testimony that the child is in good health, that its mother followed the health advice, and it creates a happy mood
- they portray real-life situations and allow audiences to identify
- multilingual
- catchy, captivating stories.

In Djibo, people express a preference for the interactive modules; they find the modules very true to life (so much so that some think we are talking about their own life). Other reasons: the modules provide more explanations that are helpful for people without education. One reason noted by the research team is that the Djibo actors and radio hosts are very famous and well respected in the region. The Djibo case is not alone; even when people in other zones express their preference for spots, they also highly appreciate the interactive modules, which are broadcast at night, when people are free from household chores and are relaxing. The actors and hosts in these zones have also become very popular stars;

People report positive behavioural changes in a variety of health areas, from ANC visits, health centre births, exclusive breastfeeding; diarrhoea treatment, complementary feeding, weighing, and hygiene. DMI's messages reinforce the information that is already given by health agents, and in some cases NGOs and CBOs, but DMI's spots and modules target the whole population, highlight behaviours from multiple angles, and do so with the highest frequency. When health agents do health promotion, it is often within the context of a health centre, for mothers who have taken a sick child. DMI's spots cover the mothers and their entourage who are crucial in supporting the correct health behaviours. For colostrum, many mothers have heard about its benefits at a health centre; now, the radio messages help to convince husbands and elder women, who have not yet heard about colostrum's benefits and/or were reluctant believers, to encourage their wives and daughters-in-law to give the first, highly protective breast milk.

For some themes (ARI, low birth weight, and diarrhoea), DMI's spots fill a gap. In most zones, mothers report to have taken up the advice on diarrhoea treatment, especially the need to increase liquids during diarrhoea episodes to rehydrate the child's body. While we preconize the use of ORS, we also include the possibility of using other, clean liquids (rice water, diluted *tô*/porridge, soup, increased breastfeeding for infants younger than 6 months) when one does not have ORS. Men and women state that this is something new for them. Similarly, for complementary feeding after 6 months of age, our messages give concrete examples of preparations and nutritious foods; this leads to new practices. In Djibo, parents now declare they understand that "*a child needs to eat fruits, soup, and even eggs,*" even when some of these foods were not sanctioned by cultural tradition.

The feedback research also reveals where our messages succeed in convincing people to adopt healthy behaviours. For example, our ANC messages tap into real concerns about delivery complications, which create high risk situations with home births but are managed at a health centre. In many instances, our messages seem geared to reduce delays in bringing sick children to a health centre: trust in traditional/herbal treatments or street-bought drugs diminishes, when our spots confirm the failure of such treatments, which most listeners have experienced in their villages. That correct, timely treatment of child illnesses reduces household costs, is another key nudge for positive behaviour change. Our messages on hygiene focus on reduced costs and reduced illness episodes, and strengthen beliefs in the link between dirt and illness, which translates into increased hand washing, especially before meals and after defecation.

Despite generally strong indications that many behaviours are changing, the research team is still learning about persistent barriers of change. Exclusive breastfeeding up to 6 months is difficult to change, because of tenacious ideas about the need to supplement because of the hot climate, traditional beliefs about fortifying herbal treatments, and the practical care of young infants. Financial concerns about the cost of soap or

latrines remain a hurdle for hygiene behaviour. Living in a village far from a health centre still prevents health centre deliveries. Whenever the research team comes across these barriers, the context and specifics are shared with the scriptwriting team so that they can incorporate these into new storylines of spots and scripts. We are now working on another batch of breastfeeding scripts: some of these will target the entourage who occasionally take care of older infants (those closer to 6 months of age) when a mother may absent herself for a short while. In such situations, someone in the entourage may be tempted to feed liquids (other than breast milk) to soothe or strengthen the child. For each health theme, the research team's feedback research helps us to refine our messages and pinpoint actual barriers.

People talk about our spots and modules with many others, within their immediate family as well as neighbours; friends, and even confront others – in the village, in the market, at a health centre – when they fail to practice healthy behaviours. Both men and women, and daughters-in-law with mothers-in-law, use the spots/modules to encourage each other to take up their respective responsibility for the sake of a healthy family.

The feedback research also provides a check on the whole broadcast schedule of our partner stations and the radio partner production performance. As mentioned above, some organise regular re-broadcasts of the evening interactive shows; one station only does it on Monday morning (or by listener request). Some stations broadcast spots during the interactive evening shows, others have programmed the spots around the evening broadcast. The team also heard reactions from audience members that some our evening modules are too protracted, surpassing 10 minutes, which does not favour listening: some participants stated that the stories then lose momentum and focus; making it increasingly difficult to remember the key storyline and health messages.

In summary, the feedback synthesis gives a strong qualitative indication that there is active behavioural change and a shift in normative behaviour, making certain practices socially unacceptable, which is key in sustained change. The midline survey, scheduled for November, will provide us with quantitative indicators that can validate what the researchers hear and see time after time.

Pieter Remes | Radio Executive Producer and Trainer | pieter.remes@developmentmedia.net

Quantitative Research

The Independent Scientific Advisory Committee (ISAC) meeting was held at the Wellcome Trust in July. The committee were pleased with the responses to questions raised at the last ISAC and with the progress of the trial to date. It was decided that for the endline survey it would not be worthwhile to carry out verbal autopsies. Full birth histories in all 444 villages in control and intervention zones will be conducted at endline, and the data used to estimate pre-intervention mortality rates. The committee advised that monthly reports compiled from health facility records could be used to investigate any impact of the campaign on care-seeking behaviours. The team at LSHTM will prepare a plan of analysis for the endline survey, to be discussed at the next ISAC meeting in 2014. The support provided by the Ministry of Health in Burkina Faso was gratefully acknowledged by the committee and Dr Bocar Kouyaté advised that DMI should work with the Ministry on plans for a national scale-up of the campaign.

The team have been planning and designing possible evaluation studies that could be carried out as part of the proposed scale-up. Any scaling up to a national level will need to be launched in stages, with the current control zones and surrounding zones that may present a contamination risk, being the last to begin broadcasting, after completion of the endline survey. It may be possible during the preliminary phase of the scale-up to compare the impact of broadcasting spots alone versus broadcasting spots and modules, on behaviour change.

Staff at both the London and Ouagadougou offices have been continuing to complete time sheets. These will be used by Jo Borghi and Frida Kasteng from the LSHTM for the economic evaluation of the trial, to allocate time and associated costs to different aspects of the project.

Staff at Centre Muraz and the LSHTM have been planning and preparing for the forthcoming midline behavioural survey of 5,000 mothers of a child less than 5 years old, which will take place during November.

Joanna Murray | Research Manager| joanna.murray @developmentmedia.net
Simon Cousens| Professor of Epidemiology and Medical Statistics, LSHTM | simon.cousens@lshtm.ac.uk
Sophie Sarrassat| Epidemiologist, LSHTM| sophie.sarrassat@lshtm.ac.uk

CREATIVE REPORT

During this quarter we have been broadcasting spots on hygiene, pneumonia, maternal health, diarrhoea and malaria. The feedback provided by our research team continues to be a vital tool when it comes to refining and updating our creative outputs. As we receive new and more nuanced information about positive triggers as well as obstacles to behaviour change we incorporate these in subsequent messaging cycles. In this way our spots and modules respond accurately to the real life predicaments of our listeners and help to keep our content fresh and relevant. One specific example of this is that we know that although more women are attending ante-natal check-ups, recent field research told us that some women are ashamed to go for a first trimester check-up if the pregnancy is not already visible or if they have a baby who is not yet walking - we were able to respond quickly to this information and covered the issue in our most recent spot cycle on maternal health.

Our scenaristes in Burkina are currently producing as many as thirty spots per message cycle, many of which reach a high standard so that we have a great deal of choice when it comes to the final selection of six spots to take to Pre-Test. We are now able to hold over the very best of the surplus spots for future cycles.
Since we have gone on-air we have produced over 440 long format radio dramas. Using each one only once during the course of the project doesn't maximize their impact or make most efficient use of the growing library of dramas. We decided that we would recycle 110 of them from the beginning of June. We chose not to replay the original recordings but to re-produce the scripts with the actors in each region for the live show. In addition to this we have started to archive 2 new modules every week to build up a reserve of dramas. This has relieved pressure on our writing team and allows us to be confident we can continue broadcasting during rare periods of lowered productivity due to seasonal illness (ie malaria) and during the annual summer break in August.

Nicole Cauverien | Creative Director | nicole.cauverien@developmentmedia.net

PUBLIC ENGAGEMENT REPORT

Trips

Roy and Will visited Paris in July to meet with senior health staff at the *Agence Française de Développement* (AFD), including the Director for Maternal and Child Health and the regional lead for much of West Africa. We had a fruitful discussion about the ways in which DMI might be able to collaborate with AFD in many of our target countries, including Chad, Mali, Benin, Mauritania, Senegal and Niger. A series of conversations followed with health leads in those country offices, and we hope that these will bear fruit over time. AFD is potentially an important funder, given our strategic focus on francophone Africa, although historically they have not funded media work to the same extent as funders such as USAID.

Proposals

We have recently launched a fundraising initiative, *Media Million Lives*, to help us to attract funding and partners for our core objective of scaling up nationwide maternal and child health mass media campaigns to 10 African countries over the next 10 years. See www.mediamillionlives.org for more details.

The Mulago Foundation have indicated that they are still intending to provide funding to DMI in late 2013 to enable the first stage of our expansion into West Africa through Media Million Lives. We expect that their initial funding will enable us to hire a DMI regional representative, based in Kinshasa and with a particular focus on DRC, but also travelling to other countries in West and Central Africa to talk to potential funders. We hope to have this person in Kinshasa by January.

We have been developing a proposal for a nationwide child and maternal health radio campaign in DRC for UNICEF Kinshasa, which would be our first project in that country, with co-funding to be sought from other funders in-country. We also submitted a proposal to USAID for a radio child health project in Ghana, and updated our existing proposals for Cameroon, Cote d'Ivoire and Sierra Leone in collaboration with the Ministries of Health and national broadcasters in those countries.

Meetings

Will, Roy and Anna met with a number of potential partners from the public, private and voluntary sectors including Tony Blair Faith Foundation, Global Alliance for Improved Nutrition, LifeSaver, Nike Foundation, Novartis and Sightsavers. Will also met with London Business School, who will be providing a team of MBA students from October to help us to develop a strategy for engaging with large companies as potential funding partners in our priority countries.

Films

We have developed scripts for and organised the production of a series of short films about DMI and the trial in Burkina Faso. These will be filmed later this year and will be published on our website and shown at conferences and events.

Working groups

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.

Website and social media

Our website continues to develop and to attract visitors. 1,720 unique visitors browsed our website during Q2 2013; 63% were new visitors. We sent out our third email newsletter in July to 917 people on our contact management system and to a further 68 people who have subscribed to updates on our website.

Will Snell | Director of Public Engagement & Development | will.snell@developmentmedia.net

PHOTOS

Shots from the capacity building workshop led by the IRPs in September.

Kantchari actors rehearsing for and then performing module on evening interactive show.