A conversation with Development Media International, May 29, 2019

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Head.

Summary

GiveWell spoke with Mr. Head of Development Media International (DMI) to learn about DMI's progress and future plans. DMI is a GiveWell standout charity. Conversation topics included an overview of DMI's content development process, updates on its research in Burkina Faso, programmatic updates, operational updates, DMI's future plans, and its room for more funding.

Content development process

Extraction and testing of ideas from script bank

DMI has accumulated a bank of over 1,000 scripts, which are used to develop broadcasts for mass media campaigns. The scripts were costly to develop (for each script included, 10 were excluded), and DMI estimates the value of the script bank at $2 million, based on the labor invested in them. However, it is now able to operate projects with smaller teams and lower costs because scripts can be easily extracted and tested in-country, instead of being generated by a large team of writers.

Editorial model

DMI's scripts adhere to the basic editorial model followed by most broadcasters, in which a high-level editor controls quality by determining whether or not messaging is clear and appropriate for a particular audience.

Importance of in-country testing

DMI does not attempt to transpose ideas to different contexts without testing and adjustment—as cultures vary significantly across countries. For example, one of DMI's past ideas for a film involved a mother speaking to her unborn child about the need to refrain from bathing the infant after birth. While the film was highly successful in India, a focus group in Burkina Faso responded very negatively to the film—believing that the unborn child was demonic.

Creative team composition

DMI's creative team—which is responsible for content development—is composed of a creative director, two executive producers, and an assistant.

Success with methodology

DMI has experienced significant success utilizing the same basic methodology (i.e. generating creative ideas, formative research and focus group testing, and saturation levels of broadcasting) for all of its campaigns. According to DMI's analysis of before-and-after data, only one of its campaigns over the past 13 years has been unsuccessful (largely due to insufficient airtime being allocated per message).

Updates on research in Burkina Faso

New analysis of child survival randomized controlled trial (RCT)

Additional analysis of data from DMI's child survival RCT in Burkina Faso found that its mass media intervention resulted in:

- a significant increase in health facility visits for malaria, pneumonia, and diarrhea. The effects were largest in year 1 (a 56% increase for malaria, 39% for pneumonia, and 73% for diarrhea). In years 2 and 3 the effect was smaller, with the exception of diarrhea treatment, which increased by 107% in year 3.
- smaller increases in health facility births and antenatal care, ranging from 6-9% in years 1-3.
- no effect on health facility visits for upper respiratory infections, for which no campaigning was conducted. This supports the case that it was the radio campaign that caused the impacts on other indicators, for which there was extensive campaigning.
- a mortality reduction of 9.7% in year one and 5% in both years two and three (calculated using the Lives Saved Tool).

Prior to this new analysis, DMI knew that its intervention had resulted in increased health facility visits but did not know for which diseases.

Cost-effectiveness estimate

Based on its new analysis, DMI estimates that a scaled-up version of its child survival program would be one of the most cost-effective interventions for saving lives: approximately $7-27—depending on the particular country—per disability-adjusted life year averted.

Completion of family planning RCT

With funding from the Global Innovation Fund, DMI undertook a cluster RCT (eight treatment and eight control clusters) of its family planning campaign in Burkina Faso. Rachel Glennerster, the Chief Economist of the UK Department for International Development (DFID) and previously Executive Director of the Abdul Latif Jameel Poverty Action Lab (J-PAL), served as the principal investigator for the RCT—which was completed in January 2019. DMI estimates that it will be able to share preliminary papers on the RCT by the end of 2019, although results may not be published in economic journals for another 18 months.

Results

The RCT's core findings include:

- **Impact among all women** – The RCT's primary, pre-specified outcome measure was modern contraceptive prevalence rates (mCPR) among all women, which increased by 17.3% (p=0.07) in treatment clusters.
- **Impact among women who owned radios at baseline** – Among women who owned radios at baseline, mCPR was 23.2% higher in treatment clusters. The marginally higher mCPR among this group, relative to impact among all women, was expected.
- **Impact among women provided with radios at baseline** – Through individual-level randomization in both treatment and control clusters, a portion of women who did not own radios at baseline were provided with radios. In treatment clusters, mCPR among women provided with radios was 18.4% higher relative to women not provided with radios. In control clusters, however, mCPR among women provided with radios decreased relative to women not provided with radios. DMI is continuing to investigate the cause of this result, though it may be possible that women provided with radios in control clusters were exposed to other radio stations with negative messaging on family planning.
- **Impact on distribution of contraceptives** – The RCT analyzed administrative data on distribution of contraceptives, which corroborated the results of increased mCPR among women in treatment clusters.
- **Impact on beliefs about family planning** – The RCT measured a large reduction in false beliefs that modern contraceptives cause sterility or sickness.

The RCT demonstrated a larger impact among women already using contraceptives at baseline as well as women aged 29-37 (no impact on young women was detected).

Challenges

Challenges DMI encountered during its family planning RCT in Burkina Faso included:

- **Difficulty of intervention** – DMI has found that increasing uptake of family planning is a more difficult behavior change to accomplish than, for example, increasing health facility visits to improve child survival.
- **Cluster group exclusion** – One treatment cluster was excluded due to terrorism threats in the intervention area.

Background on population crisis in Burkina Faso

The population of Burkina Faso is projected to rise from 19 million to 76 million over the next 80 years, as fertility rates in the nation remain very high. Due to the

lack of fertile land in the nation, the population increase would likely result in significant death or migration.

Publication of qualitative study on childcare practices

DMI recently published, in the British Medical Journal Global Health, a qualitative study of current childcare practices in Burkina Faso—which found that children could likely benefit significantly from increased exposure to early childhood development (ECD) practices.

Publication of pilot study on local language mobile videos

Approximately 2,000 languages are spoken in Africa, and DMI estimates that films will not be made in around 1,700 of these languages for the next 30-40 years. It views this lack of video content in locally spoken languages as an opportunity for health promotion.

DMI recently published a study funded by the Bill & Melinda Gates Foundation (BMGF), in which DMI distributed memory cards containing health promotion videos (produced in the local language) to multiple villages in Burkina Faso. The study found that 32% of women and 31% of men in the intervention areas had viewed the films after one year, compared to 0.5% in the control group.

Programmatic updates

Malaria-specific child survival campaign in Burkina Faso

DMI's large child survival trial in Burkina Faso has ended. However, it has recently received a grant from the Light Foundation to conduct a similar campaign at a national level in Burkina Faso for two years. The campaign will focus on malaria (according to DMI's modeling, malaria messaging was responsible for saving the most lives during its RCT), as well as pneumonia, diarrhea and neonatal issues. DMI originally used GiveWell funds to begin a more limited campaign focused solely on malaria before the Light Foundation agreed to provide funding to take it to scale.

DFID-funded family planning project in seven countries

DMI, as part of a consortium led by the International Planned Parenthood Federation, has received a $15 million grant from DFID to conduct 2.5-year family planning campaigns in seven countries across East and Southern Africa.

Extension of child survival campaign in Mozambique

DMI has been conducting a national-scale child survival campaign (focused on malaria, pneumonia and diarrhea) in Mozambique since early 2018, with support from Unorthodox Philanthropy and others (see below). It has now received a grant from the Light Foundation to extend this campaign until March 2022.

Mozambique is also one of the countries where DFID is funding a DMI family planning campaign.

DMI and the World Food Programme (WFP) formerly conducted a relatively small project broadcasting nutritional messaging on radio stations in Mozambique. However, WFP ultimately decided not to extend the project.

Nutritional messaging project in Tanzania

DMI is continuing to operate a large-scale nutritional messaging campaign in Tanzania as part of a five-year, DFID-funded project. Core messages include the value of breastfeeding and nutritious foods for children. Many consumers in Africa believe industrially-produced foods are superior, which may actually result in decreased consumption of micronutrients as consumers build wealth and are able to afford processed foods.

DMI has completed a midline survey of its nutritional messaging project in Tanzania, although results have not yet been compiled.

Additional funding from the Elizabeth Glaser Pediatric AIDS Foundation

DMI has received funding from the Elizabeth Glaser Pediatric AIDS Foundation for work on nutrition messaging and ECD promotion in areas of Tanzania not encompassed by the DFID-funded project.

Creation of animated films for project in Burundi

DMI is currently receiving funding from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) to create animated films for a small sanitation project in Burundi. DMI is not operating locally, as it has not been able to receive government permission (foreigners generally experience difficulty in requesting permission to work in Burundi). In addition to funding the project, GIZ is also a core implementer.

Operational updates

Reduction in country-level program staff

DMI's child survival and family planning campaigns in Burkina Faso initially required 35 staff (including five internationally-based staff), which comprised the majority of costs. (Now that capacity has been built, DMI has reduced its Burkina Faso staff to 22 members, all of whom are national staff.) However, for the DFID-funded family planning projects, it is using a new, lower-cost “DMI Reach” model, employing only two staff (one international and one local) for each of the seven countries in which it is operating. Due to the leaner country-level teams, programs will rely on significant support from staff at London headquarters as well as the large script bank DMI has accumulated.

Difficulties with recruitment

DMI's recent job posting for a Research Manager based in London received 60 applications from candidates with PhDs, although only two or three candidates were near DMI's standard. It has found it even more difficult to hire qualified in-country program staff.

Overall expansion

Over the past year, DMI has expanded from 14 to 22 staff in London and from 50 to 70 staff worldwide. It has transitioned from operating in three countries to ten.

Future plans

Evaluation of child survival campaign scale-up in Mozambique

DMI has achieved a national scale-up of its child survival campaign in Mozambique (leaving one province untreated as a control area). Although it will not conduct an RCT of this campaign, it plans to compare clinic data from treatment areas and the control area on health facility visits for malaria, diarrhea, and pneumonia. DMI also hopes to confirm its understanding of the operational efficiency with which its program was able to scale (it currently believes that the scale-up process was achieved with relative ease).

Evaluation of DMI's national scale-up in Mozambique will occur in early 2020.

ECD RCT in Burkina Faso

Background on ECD

Over the past 20-30 years, researchers such as Professor Sally Grantham-McGregor and Professor Betty Kirkwood have accumulated evidence demonstrating that one-on-one ECD counseling results in stronger parenting behaviors (e.g. child stimulation) and ultimately stronger cognitive scores for children. However, ECD interventions have not yet been successfully implemented at scale.

DMI could potentially play a major role in scaling up such interventions. ECD messages play to mass media's strengths: messages about improving your child's brain apply to all parents (as opposed to, e.g., the relatively small number whose children may be affected by malaria or pneumonia at any one time). Behavior changes related to ECD are also relatively straightforward for parents to adopt.

RCT in Burkina Faso

DMI and a team from the The London School of Hygiene & Tropical Medicine and University College London, led by Professor Kirkwood, have recently been awarded a $5 million grant from the Wellcome Trust, with additional funding provided by the Light Foundation, to conduct a large RCT of a mass media campaign on ECD in Burkina Faso. The campaign would have three core messages: talking with children, playing with children, and disciplining children through praise rather than through physical means.

DMI would measure cognitive outcomes using the Bayley Scales of Infant and Toddler Development, which are difficult to apply but are generally regarded by experts as the gold standard for measuring childhood development.

"Miniature RCT" on ECD in Côte d'Ivoire

DMI will soon be conducting a "miniature RCT" in Côte d'Ivoire that tests the impact of local-language mobile videos related to ECD on parenting behaviors.

Room for more funding

Budget

DMI's budget has nearly doubled from an annual average of £2-3 million to £5-6 million.

Funding for child survival campaign in Mozambique

DMI raised $2.75 million for its child survival campaign in Mozambique, with donors including:

- **Unorthodox Philanthropy** – Unorthodox Philanthropy provided $1.75 million for the campaign. Although it initially required a 1:1 match in funds raised by DMI, it loosened its restrictions due to DMI's difficulties in fundraising.
- **The Swiss government** – $300,000 was provided by the Swiss government.
- **Fondation Botnar** – Fondation Botnar provided $150,000.
- **GiveWell** – Unallocated funds from GiveWell comprised approximately $400,000 of funding.
- **Mulago Foundation** – Unallocated funds from the Mulago Foundation accounted for $23,000 of the program's funding.
- **Members of Founders Pledge** – DMI received a bundle of donations from seven Founders Pledge members, totalling $127,000.

DMI's child survival program in Mozambique has since been extended for two more years (until March 2022) by the Light Foundation.

Use of additional funding

Child survival and family planning programs in Burkina Faso and Mozambique

DMI has found fundraising for work on child survival particularly difficult, despite the significant evidence of effectiveness for its child survival campaigns and its ability to immediately direct funding to campaign activities without incurring setup costs. It is currently directing the majority of funding it receives from GiveWell to its child survival programs. It has been recently successful in obtaining funds to scale up in Burkina Faso and Mozambique for two years but has not been able to do this anywhere else. By contrast, it has been able to scale up its family planning work in 8 countries.

Expansion to new countries

DMI would use additional funding to expand its work to West African countries near Burkina Faso (e.g. Niger, Chad, Guinea, Benin, Togo). DMI's analysis found that these countries exhibit very high mortality rates and very little existing institutional capacity to put towards spreading knowledge or facilitating behavior change. They do not receive extensive funding from DFID or USAID for behavior change programs

(these countries largely receive funding from the French government, which is uninterested in funding behavior change). DMI calculates that it could save lives very cost-effectively by focusing on these high-mortality countries where DMI-style campaigns could be transformative.

All GiveWell conversations are available at
http://www.givewell.org/research/conversations