The Life You Can Save

Organizational quality assessment form

Date: June 9th, 2025

Organization: Development Media International

https://www.developmentmedia.net/

1. Relevant documentation

Please list all documents considered for this appraisal (title and link). Create a folder 'Organizational quality sources' in the prospective RNP evaluation folder and save a copy of each document. Include a link for each document next to the title in the field below. Interview notes should also be saved in the same folder and can be linked below once available.

DMI Monitoring Form 2024 (internal TLYCS document).

DMI 2024 Annual report.
https://www.canva.com/design/DAGWiSo23CM/CWwGsgBAGDxli83xaVAT1Q/view?utm_content=DAGWiSo23CM&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utlId=h7b5842aefc#1

Give et al., 2022. Sociocultural understanding of Tuberculosis and implications for care-seeking among adults in the province of Zambezia, Mozambique: Qualitative research.
https://drive.google.com/file/d/1vMu5wPJ5-Jjv56nJISQw-K2d5z_8RMbw/view?usp=drive_link

2. Criteria assessment

2.1 Problem Space (Understanding of the problem)

Objective: Evaluate how well the organization understands the problem it seeks to address.

Select the elements for which there is available information. In the text box provide details.

- ☑ **Thorough Needs and Risks Assessment**: Evidence of a comprehensive analysis of the issue, identifying key needs and potential risks.
- ☑ **Root Cause Analysis**: Demonstrates understanding of economic, political, and normative causes, as well as consequences like poor well-being and mental health challenges.

- ☑ **Incorporation of Local Context**: Awareness of cultural norms, beliefs, and socio-political dynamics affecting the problem.
- ☑ **Stakeholder Engagement**: Evidence of consultation with local communities, governments, and beneficiaries to validate their understanding of the problem.
- ☑ **Data-Driven Problem Definition**: Use of quantitative and qualitative data to define the problem and track its evolution over time.

Provide details to justify your above selection. Provide as much detail as possible to justify your assessment. Specify whether the information source to corroborate an element is 'desk review' or 'interview'.

DMI demonstrates a strong and multifaceted understanding of the problems it addresses. This is evident in its thorough needs and risks assessment, which identifies the core issue as a lack of essential health knowledge. This is knowledge that is often inaccessible, poorly understood, or not utilized. This gap contributes to millions of preventable deaths and directly impacts the Health dimension of the MPI, particularly Nutrition and Child Mortality.

This understanding is further deepened by their root cause analyses on the contexts in which their work, which pinpoints gaps in awareness, harmful social norms, low uptake of proven health practices, and acknowledges consequences like stigma associated with TB and HIV/AIDS, and gender dynamics limiting healthcare access, as revealed in their own research in Mozambique.

DMI rigorously incorporates local context by employing human-centred design techniques, utilizing local writers and actors, and performing extensive formative research including scriptwriters living in villages to grasp subtle cultural nuances and pre-testing content for cultural resonance (DMI 2023-24 annual report).

Their commitment to stakeholder engagement is evident through partnerships with national governments, systematic collection of audience feedback, and a localisation strategy that empowers country teams and involves community health workers in shaping and validating their understanding of the problem (DMI 2023-24 annual report).

Finally, DMI's problem definition is highly data-driven, utilizing quantitative and qualitative formative research, validating impact through randomized controlled trials (RCTs), employing monitoring and evaluation systems to track evolution, and using tools like the Lives Saved Tool (LiST) for cost-effectiveness modelling and identifying areas of greatest need (DMI Monitoring form, 2024).

2.2 Identity Space (Organizational identity)

Objective: Examine the alignment between the organization's mission, the problem it addresses, and its solutions. Look at evidence showing that the organization has a track record of effectiveness, gauged by looking at achievements of milestones.

Select the elements for which there is available information. In the text box provide details.

- ☑ **Mission and Vision Statements**: Clarity and relevance of the organization's stated purpose.
- ☑ **Alignment with Target Problem and Solutions**: Evidence that the organization's goals and approaches are directly tied to addressing the problem.
- ☑ **Cohesion Across Teams**: Alignment in understanding and commitment to the organization's mission across leadership, staff, and field teams.
- ☑ **Resilience and Adaptability**: Demonstrated ability to navigate challenges while maintaining focus on long-term goals.
- ☑ **Transparency and Accountability**: Evidence of openness in decision-making, reporting, and stakeholder communication.

Provide details to justify your above selection. Provide as much detail as possible to justify your assessment. Specify whether the information source to corroborate an element is 'desk review' or 'interview'.

DMI presents a clear and compelling mission and vision, centered on addressing the critical yet often overlooked issue of limited access to life-saving health information in low-income settings. The organization focuses on improving maternal, newborn, and child health (MNCH), family planning, and early childhood development (ECD), aiming to reduce preventable deaths and improve health outcomes by making essential knowledge more accessible through evidence-based mass media campaigns. The only doubt is the plurality of their programmes beyond MNCH, which sometimes seem to be donor and funding-driven.

There is strong alignment between DMI's stated purpose and its strategic approach. Their theory of change—rooted in "Science, Stories, and Saturation"—guides the way they generate evidence, design culturally resonant media content, and broadcast messages frequently to maximize reach and behavior change. The link between their media interventions and measurable health outcomes is well documented, with impacts including increased breastfeeding, contraceptive use, improved early childhood development practices, and reductions in child mortality.

Cohesion across teams is particularly notable. During two days spent engaging with DMI's

various teams in their London offices—from media production to research and fundraising—it became clear that a shared commitment to the organization's mission permeates across functions, even when teams operate under distinct mandates. This coherence is reinforced by DMI's ongoing localization strategy. Decision-making and project leadership are increasingly being shifted to country teams, supported by the creation of the Africa Leadership Group composed of national leads. This structure fosters inter-country collaboration and embeds strategic thinking at local levels. The involvement of local writers, actors, and stakeholders in campaign design, alongside expanded recruitment of technical staff in country offices, further demonstrates a commitment to locally driven, mission-aligned implementation. DMI also displays strong adaptability and resilience. Their iterative campaign design process includes extensive formative research, pre-testing, and post-broadcast feedback, allowing for continuous adjustment in response to changing audience needs. The organization explicitly accounts for contextual constraints—such as the health system capacity to respond to increased demand—and adapts its strategies accordingly. DMI has also demonstrated innovation by exploring digital tools like a WhatsApp chatbot in Tanzania, testing mental health messaging, and piloting mobile outreach in response to shifts in media consumption and access.

Radio remains a core channel, particularly in settings where insecurity limits physical access to communities. For example, in conflict-affected areas of Burkina Faso, radio has proven to be one of the few viable platforms for reaching large audiences. DMI's long-term thinking is reflected in its proactive review of organizational strategy in anticipation of changes in bilateral funding, ensuring sustained impact under evolving conditions. DMI shows a strong commitment to transparency and accountability. Their impact has been validated through numerous rigorous studies, including randomized controlled trials evaluated by external institutions. DMI openly shares results—including challenges and failures—through publications, conference presentations, and internal learning processes. Regular monitoring and evaluation are integral to their work, with systematic collection of audience feedback and internal 'lessons learned' sessions after each project cycle. This emphasis on learning and continuous improvement is central to their data-driven approach, ensuring that both successes and setbacks inform future programming.

2.3 Solution Space (Solution adaptability and effectiveness)

Objective: Assess whether the organization's solutions are effective, contextually appropriate, and adaptable.

Select the elements for which there is available information. In the text box provide details.

- ☑ **Context-Specific Adaptation**: Evidence of tailoring solutions to local barriers and enablers, including economic, cultural, and logistical factors.

- ☑ **Iterative Approach**: Use of pilot projects, prototypes, or phased rollouts to test and refine solutions.
- ☑ **Beneficiary Feedback Mechanisms**: Systems for collecting and integrating feedback from those impacted by the intervention.
- ☑ **Monitoring and Evaluation (M&E) Systems**: Clear metrics and processes for assessing the impact and effectiveness of solutions.
- ☐ **Mitigation of Unintended Consequences**: Proactive strategies to identify and address any negative side effects.
- ☑ **Achieving Milestones**: Has the organization set clear milestones that outline its progress toward achieving its mission and consistently meets these milestones year after year?

Provide details to justify your above selection. Provide as much detail as possible to justify your assessment. Specify whether the information source to corroborate an element is 'desk review' or 'interview'.

DMI takes a highly localized and participatory approach to campaign design, employing human-centred design methods and extensive formative research to ensure cultural appropriateness. Campaigns are crafted with input from local writers and actors and undergo rigorous pre-testing to align with community norms and language. In Burkina Faso, for instance, scriptwriters lived in villages for extended periods to understand subtle cultural nuances. Similarly, in Mozambique, research into tuberculosis (TB) revealed that local beliefs—such as associating TB symptoms with witchcraft or adultery—and gender dynamics—like women's limited autonomy and men's marginalization from health services—deeply shaped care-seeking behavior. This qualitative evidence directly informed a mass media campaign on TB awareness and testing in Zambezia province. DMI's strategy for reusing and adapting content is intentionally designed to reflect locally identified barriers to behavior change, ensuring each campaign resonates with its intended audience. DMI follows a dynamic, iterative process in developing its media interventions. Campaigns are created in batches, allowing for regular review and adjustment in response to audience feedback and research insights. Formative research plays a central role, and DMI is now incorporating quantitative tools to complement its qualitative approach—enhancing their ability to map motivations and barriers more precisely. This dual-method strategy strengthens both campaign design and outcome evaluation. The organization also tests variations in content delivery, such as comparing interactive radio programs with standard broadcast spots, and experimenting with broadcast frequency. DMI continues to innovate with emerging platforms and content areas, such as piloting a WhatsApp chatbot in Tanzania and exploring messaging related to mental health.

Community feedback is built into DMI's entire campaign cycle. Audiences engage before, during, and after broadcasts to ensure content is relevant and effective. Pre-broadcast testing allows for tailoring based on cultural resonance, while post-broadcast feedback provides insights into reception and understanding. Interactive formats, such as radio talk

shows, offer real-time engagement opportunities, while listener surveys capture detailed reflections on campaign content. Partner organizations also contribute feedback to assess broader programmatic influence. DMI plans to integrate in-chat surveys within its WhatsApp chatbot to track users' behavioral intentions and self-reported actions, further enriching their understanding of audience response. DMI operates robust monitoring and evaluation systems anchored in a well-defined theory of change. The organization tracks both reach and outcomes to assess campaign effectiveness. Reach metrics include total estimated audience size—based on media coverage and demographic data—and the number of countries and projects engaged. Outcome metrics span changes in behavior and health status, such as increases in contraceptive use, improvements in early childhood development, and estimated reductions in under-five mortality. Cost-effectiveness is also closely monitored, with metrics such as cost per person reached and cost per life saved informing funding decisions. DMI's impact has been confirmed through randomized controlled trials and independent evaluations by respected institutions, demonstrating a strong commitment to evidence-based programming. The organization is also working on a centralized reach estimation tool and expanding radio broadcast monitoring across countries with new software to track campaign airtime.
DMI shows a clear awareness of the potential risks associated with increased demand for services that may exceed health system capacity. This recognition informs program design and strategic adaptation. For example, the research conducted in Mozambique, co-authored by DMI staff, underscored the importance of addressing stigma associated with TB and HIV/AIDS, which often delays care-seeking. DMI uses these insights to mitigate unintended consequences by ensuring messaging is sensitive, inclusive, and avoids reinforcing harmful norms. Their use of human-centred design, local content creators, and pre-testing also helps prevent negative social or cultural impacts, reinforcing the dignity of the populations they serve.

Since its founding, DMI has demonstrated consistent progress toward ambitious goals. In the current strategic period, the organization aims to significantly expand its reach, including through national-scale maternal and child health campaigns in new countries. Other priorities include strengthening in-country staffing and launching trials to evaluate the impact of campaigns on mental health outcomes such as depression and anxiety. In the past year alone, DMI reached an estimated 54 million people daily and has set its sights on reaching over 90 million within the next year. Progress indicators also show behavioral change impacts—for instance, significant increases in modern contraceptive use and early childhood development practices—highlighting the effectiveness of DMI's integrated, evidence-informed strategy. Their allocation of unrestricted funding is guided by tools like LiST to ensure resources are directed where they can have the greatest life-saving potential.

2.4 Team and Leadership Stability

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Objective: Evaluate the stability, experience, and depth of the team and leadership to ensure operational capacity and sustainability.

Select the elements for which there is available information. In the text box provide details.

- ☑ **Leadership Stability**: Low turnover among senior leaders and a clear organizational structure with defined roles.
- ☐ **Staff Turnover Rates**: Data on average turnover rates and reasons for staff departures.
- ☐ **Succession Planning**: Existence of a formal plan for leadership transitions to ensure continuity.
- ☑ **Core Team Industry Experience**: Demonstrated expertise of core team members in relevant fields.
- ☑ **Team Member Experience Managing Similar Organizations**: Evidence that team members have successfully managed organizations of comparable size, scope, or complexity.
- ☑ **Team Depth**: A robust team structure with sufficient expertise across key functions (e.g., program design, M&E, operations, finance).
- ☐ **Training and Capacity Building**: Opportunities for professional development and internal skill-building to enhance team capabilities.

Provide details to justify your above selection. Provide as much detail as possible to justify your assessment. Specify whether the information source to corroborate an element is 'desk review' or 'interview'.

TLYCS has been consistently impressed by the depth of expertise and strong internal culture across DMI's team. Founded in 2005 by Roy Head, who continues to serve as CEO, DMI is structured around three core areas: research, media production, and strategy/fundraising. Each area is led by seasoned professionals with relevant technical and sectoral backgrounds. Team members bring a solid blend of academic, operational, and creative expertise, which has contributed to the quality and consistency of DMI's work over time. Staff retention has been high in the years TLYCS has partnered with DMI, reflecting strong alignment with the organisation's mission and values. DMI's strategic leadership is underpinned by its internal research and evaluation team, which plays a key role in guiding evidence-informed decision-making. The organisation has consistently demonstrated a commitment to continuous learning and improvement—both through rigorous testing of campaign impact and a willingness to share lessons publicly, including from projects that have not delivered expected results. This openness has been evident in conference presentations and peer-reviewed publications. A noteworthy recent development is the creation of DMI's Africa Leadership Group, launched in 2024. Composed of national country leads, this group plays a key role in strategic planning and implementation across regions, strengthening inter-country collaboration and operational leadership. It reflects DMI's broader localisation strategy, which seeks to shift decision-making and project management responsibilities to country teams. This strategic shift is already underway,

with efforts to reduce reliance on the UK headquarters while increasing staffing and leadership within country offices.

DMI currently employs a team of approximately 80 people, with 25 based in London and operations spanning ten countries—primarily across Sub-Saharan Africa. In 2024, the organisation expanded its Malawi team significantly by hiring senior leadership and technical staff, including a Country Manager, Senior Research Manager, and Senior Campaign Manager. Similar expansions have taken place in Zambia, where research, operations, and production staff were added. In 2025, DMI plans to hire technical staff in Madagascar, Malawi, and Uganda to further localise research and creative functions.

Capacity building is another area where DMI shows strong organisational intent. Strengthening in-country staff capacity is a strategic priority, with goals to enable more locally led research and creative processes. For example, the Tanzania team has received training in QGIS mapping, enabling them to independently manage location mapping for feedback research. This skill-building effort is being extended to a broader group through follow-up workshops. DMI is also investing in systems to support this decentralisation. Learning management platforms are being rolled out across country offices, while financial systems like QuickBooks are being adopted locally to facilitate more autonomous financial management. Beyond internal staff, DMI is active in training and providing technical assistance to local partners and government institutions. In Mozambique, DMI collaborated with the Institute of Social Communication to deliver a curriculum on evidence-based approaches and social behaviour change (SBC) strategies to community radio stations. The organisation has also partnered with Ministries of Health in Mozambique and Tanzania to build the capacity of health promotion staff in designing and delivering effective SBC campaigns.

While DMI demonstrates strong leadership and technical depth, there is limited public information available about formal succession planning. The same is true for structured training pathways or leadership development initiatives for staff. That said, DMI's ongoing investments in localisation, capacity building, and internal systems suggest a strong foundation for future leadership development and organisational sustainability.

2.5 Commitment to Learning and Improvement

Objective: Prioritize organizations that actively strive to improve their impact through reflection, adaptation, and innovation.

Select the elements for which there is available information. In the text box provide details.

- ☑ **Constant Improvement**: Use of impact data to drive improvements in performance and set higher goals.

- ☑ **Self-Assessment**: Evidence of a culture of critical self-assessment, including identifying blind spots and addressing areas of dissatisfaction.
- ☑ **Feedback Systems**: Mechanisms to gather insights from beneficiaries, staff, and stakeholders, and integrate these into operations.
- ☑ **Learning Processes**: Processes for documenting lessons learned and applying them across teams and contexts.
- ☑ **Monitoring, Evaluation, and Learning (MEL)**: Comprehensive MEL frameworks that go beyond compliance to drive strategic learning.
- ☑ **Collaboration and Knowledge Sharing**: Active participation in sector-wide learning initiatives or partnerships to improve outcomes.

Provide details to justify your above selection. Provide as much detail as possible to justify your assessment. Specify whether the information source to corroborate an element is 'desk review' or 'interview'.

DMI places a strong emphasis on organisational learning, actively seeking to improve its strategies, tools, and campaign effectiveness. The organisation conducts rigorous impact evaluations—including Randomised Controlled Trials (RCTs) and observational studies—to generate evidence on what works and how to increase programme reach and behavioural change. After each project, DMI systematically identifies challenges, lessons, and recommendations, which are then shared with the wider organisation to inform future campaign design. This iterative approach is evident in their refinement of formative research methods: by combining qualitative insights with a new quantitative component, DMI is improving its understanding of behavioural motivations and barriers. These insights are used to design more strategic, precisely targeted campaigns and to enhance the specificity of outcome measurement.

Looking ahead, DMI plans to introduce a centralised tool for estimating the reach of new campaigns, which will streamline project design processes and improve planning efficiency.

Self-assessment and transparency are embedded in DMI's operating model. The organisation maintains robust monitoring and evaluation systems, which inform real-time decisions and longer-term strategic shifts. DMI's model is grounded in testing the impact of campaigns and openly publishing results—including those from campaigns that did not achieve expected results. This openness is also reflected in the organisation's presentations at sector conferences, where staff share lessons learned from both successes and setbacks. At the close of every project, DMI holds internal "lessons learned" sessions to review what worked, what didn't, and how to improve going forward. While long-term follow-up data is limited for some campaigns, DMI acknowledges this as a constraint and maintains a pragmatic focus on population-level behavioural shifts and life-saving interventions that can be delivered at scale.

DMI's MEL framework is both rigorous and multidimensional. The organisation combines qualitative and quantitative methods to assess campaign effectiveness, using both internal

and external evaluations. Independent research partners—including the London School of Hygiene and Tropical Medicine and Innovations for Poverty Action—are engaged to evaluate DMI's work in countries such as Burkina Faso (SUNRISE RCT) and Mauritania (video-card intervention evaluation).
In addition to these large-scale evaluations, DMI conducts internal studies across its programme countries—including Malawi, Mozambique, Burkina Faso, Zambia, Madagascar, and Tanzania—to track behavioural outcomes and social norm changes. These evaluations often measure both direct outcomes and broader social diffusion of messages.

DMI also applies established modelling tools like the Lives Saved Tool (LiST) to estimate the impact of child health interventions on mortality. Their use of LiST has undergone peer review and is considered best practice in global health modelling.

DMI is actively engaged in producing and sharing knowledge to inform sector-wide learning and policy development. Staff contribute to peer-reviewed publications and research outputs, which in turn inform campaign design. Examples include formative research and studies associated with programmes such as SUNRISE, ASTUTE, Malezi, and TB Reach.
DMI also works in close partnership with national governments and local media. In Mozambique, for instance, the organisation co-developed a training curriculum on evidence-based social behaviour change techniques for community radio stations in collaboration with the Institute of Social Communication. DMI has also trained staff from the Ministry of Health in both Mozambique and Tanzania in the campaign development methodologies it uses. The organisation continues to explore digital innovations, including a WhatsApp chatbot that is being integrated with national health helplines. The long-term goal is for this chatbot to be managed by national Ministries of Health as part of broader health system strengthening efforts.

3. Interview content

Based on the assessment using the documentary review specify the areas with knowledge gaps to be filled through interviews. Specify questions to be discussed.

Deemed not necessary.

List staff you have identified to interview.

NA.

4. Overall appraisal

Please award the prospective RNP a final *organizational quality score*:

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Level	Description
☑ High	Staff show a deep understanding of the problem and its root causes. There is strong alignment between the organization's mission and its actions. The organization's implementation of the intervention is effective, adaptable, and contextually appropriate. The leadership and key teams are stable, experienced, and well-structured. There is an overall organizational commitment to continuous learning and improvement.
☐ Medium	Staff show some understanding of the problem and its root causes. There is some alignment between the organization's mission and its actions. The organization's implementation of the intervention is sometimes but not always effective, adaptable, and contextually appropriate. There is some turnover across leadership and key teams. Some leadership or key staff lack relevant experience. There is room for improving the clarity of team structures. While there are intentions for continuous learning and improvement, a stronger commitment to it is needed at the organizational level.
☐ Low	Staff lack a deep understanding of the problem and its root causes. There is no alignment between the organization's mission and its actions. The organization's implementation of the intervention is ineffective, difficult to adapt, and contextually inappropriate. There is high turnover across leadership and key teams, lack of relevant experience, and teams are not well-structured. There is no commitment to continuous learning and improvement at the organizational level.