	Burkina Faso: RCT	Burkina Faso: scaled	6 West African countries	Guinea	Benin	Togo	Sierra Leone	Niger	notes
Total units of value from CYPs due to radio messaging campaigns									
Percent of women using modern contraception without radio-messaging campaigns [1]	29.5%	29.5% [2]	29.5% [3]	29.5% [4]	29.5% [5]	29.5% [6]	29.5% [7]	29.5% [8]	(not directly used in calculations, for reference only)
Increase in modern contraceptive use due to radio messaging campaigns (pp) [9]	5.9%	5.9% [10]	5.9% [11]	5.9% [12]	5.9% [13]	5.9% [14]	5.9% [15]	5.9% [16]	(not directly used in calculations, for reference only)
Number of additional women using contraception due to donation									
Program cost per additional woman using contraception	$85	$15	$21	$22	$18	$25	$31	$16	See "Sample costs and coverage" sheet
Government contraceptive provision cost per additional woman using contraception	$20	$20	$20	$20	$20	$20	$20	$20	See "Government costs and savings" sheet
Government savings from avoided pregnancies per additional woman using contraception	$7	$7	$7	$7	$7	$7	$7	$7	See "Government costs and savings" sheet
Net cost per additional couple-year of protection	$85	$19	$23	$24	$21	$26	$30	$19	Calc (not used in calculations, for interpretation only)
Arbitrary donation	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	Arbitrary
Number of additional women using contraception due to donation	1,179	5,324	4,704	4,298	5,603	3,967	3,192	6,333	Calc
Total government spending	$15,660	$86,738	$62,039	$56,744	$74,499	$52,744	$42,275	$84,194	Calc
Total spent by all contributors	$115,660	$186,738	$162,039	$156,744	$174,499	$152,744	$142,275	$184,194	Calc
Benefit - couple-year of protection (CYP) [17]									
CYPs per additional women using contraception [18]	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	Assumption
Total CYPs due to radio messaging campaigns	1767	9786	7056	6432	8403	5951	4770	9499	Calc
Value assigned to one CYP	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	Rough guess [19]
Total units of value from CYPs due to radio messaging	1,186	6,566	4,734	4,296	5,640	3,993	3,200	6,374	Calc
Initial results									
Initial cost per CYP	$85	$19	$23	$24	$21	$26	$30	$19	Calc (not used in calculations, for interpretation only)
Units of value generated per dollar spent	0.010	0.035	0.029	0.027	0.032	0.026	0.022	0.035	Calc
Initial cost-effectiveness estimate in multiples of cash transfers	**3.0**	**10.2**	**8.5**	**8.0**	**9.4**	**7.6**	**6.5**	**10.1**	Calc, cash transfer value based on GiveDirectly CEA
Adjustments									
Internal validity adjustment [20]	90%	90%	90%	90%	90%	90%	90%	90%	
External validity adjustment [21]	75%	75%	75%	75%	75%	75%	75%	75%	
Adjusted total CYPs due to radio messaging campaigns	663	3,670	2,646	2,411	3,152	2,232	1,789	3,562	Calc
Adjusted total units of value from CYPs due to radio messaging campaigns	445	2,462	1,775	1,611	2,115	1,497	1,200	2,390	Calc
Results after adjustments									
Adjusted increase in modern contraceptive use due to radio messaging campaigns (pp)	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	Calc (not directly used in calculations, for reference only)
Adjusted cost per CYP	$175	$51	$61	$60	$55	$68	$80	$52	Calc (not used in calculations, for interpretation only)
Adjusted units of value generated per dollar spent	0.004	0.013	0.011	0.010	0.012	0.010	0.008	0.013	Calc
Adjusted cost-effectiveness estimate in multiples of cash transfers	**1.1**	**3.8**	**3.2**	**3.0**	**3.5**	**2.8**	**2.5**	**3.8**	Calc, cash transfer value based on GiveDirectly CEA
Leverage/Funging adjustment									
Total expenditure attributable to different actors									
Sample charity	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	
Domestic government	$15,660	$86,738	$62,039	$56,744	$74,499	$52,744	$42,275	$84,194	
Total expenditure	$115,660	$186,738	$162,039	$156,744	$174,499	$152,744	$142,275	$184,194	
Counterfactual value of spending from domestic government (units of value per dollar)	0.003	0.003	0.035	0.035	0.003	0.005	0.035	0.005	Based on our CEA, using weighted average of 80% health, 10% education, 10% social security
Probability of scenarios in absence of charity spending									
Scenario 1: Government costs would replace charity's costs [22]	10%	10%	10%	10%	10%	10%	10%	10%	Best guess
Scenario 2: Government financial costs would stay the same [23]	0%	0%	0%	0%	0%	0%	0%	0%	Best guess
Scenario 3: Distributions would go unfunded [24]	90%	90%	90%	90%	90%	90%	90%	90%	Best guess
Expected change in government spending on the program in absence of charity's spending									
Scenario 1: Government costs would replace charity's costs	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	
Scenario 2: Government financial costs would stay the same	$0	$0	$0	$0	$0	$0	$0	$0	
Scenario 3: Distributions would go unfunded	-$15,660	-$86,738	-$62,039	-$56,744	-$74,499	-$52,744	-$42,275	-$84,194	
Units of value generated by changes in amount of government spending on the program in absence of charity's spending									
Scenario 1: Government costs would replace charity's costs	384	1,319	1,092	1,028	1,212	980	844	1,286	Calc
Scenario 2: Government financial costs would stay the same	0	0	0	0	0	0	0	0	Calc
Scenario 3: Distributions would go unfunded	-60	-1,144	-683	-583	-963	-517	-357	-1,093	Calc
Units of value generated by changes in amount of funding spent on counterfactual programs by government in absence of charity's spending									
Scenario 1: Government costs would replace charity's costs	-927	-927	-927	-927	-927	-927	-927	-927	Calc
Scenario 2: Government financial costs would stay the same	0	0	0	0	0	0	0	0	Calc
Scenario 3: Distributions would go unfunded	79	440	317	286	378	267	214	427	Calc
Net units of value created by changes in spending by government in absence of charity's spending									
Scenario 1: Government costs would replace charity's costs	-123	812	585	521	755	473	337	791	Calc
Scenario 2: Government financial costs would stay the same	0	0	0	0	0	0	0	0	Calc
Scenario 3: Distributions would go unfunded	19	-704	-366	-296	-525	-250	-142	-666	Calc
Net units of value created by charity's spending									
Scenario 1: Government costs would replace charity's costs	927	927	927	927	927	927	927	927	Calc
Scenario 2: Government financial costs would stay the same	384	1,319	1,092	1,028	1,212	980	844	1,286	Calc
Scenario 3: Distributions would go unfunded	365	2,023	1,458	1,323	1,727	1,235	986	1,963	Calc
Results after leverage/funging adjustment									
Total units of value generated, after accounting for leverage/funging	379	1,871	1,363	1,242	1,614	1,158	938	1,818	Calc
Units of value generated per dollar spent by charity	0.004	0.019	0.014	0.012	0.016	0.012	0.009	0.018	Calc
Cost-effectiveness estimate in multiples of cash transfers (adjusted, after accounting for	**1.1**	**5.4**	**4.0**	**3.6**	**4.7**	**3.4**	**2.7**	**5.3**	Calc, cash transfer value based on GiveDirectly CEA
Change in cost-effectiveness from leverage/funging (%)	-1%	42%	25%	21%	33%	18%	11%	40%	Calc

Example costs for 5 West African countries	**$13,500,000 [25]**								
Estimated fixed cost %	**89% [26]**								
Estimated variable cost %	**11% [27]**								
	Burkina Faso RCT	**Burkina Faso, scaled**	**5 West African countries**	**Guinea**	**Benin**	**Togo**	**Sierra Leone**	**Niger**	**Notes**
Fixed cost		$3,081,789 [28]	$12,043,842	$2,408,768	$2,408,768	$2,408,768	$2,408,768	$2,408,768	Calculation
Variable cost		$372,603 [29]	$1,456,158	$261,320	$355,133	$241,055	$189,445	$409,205	Calculation
Total cost	$3,132,883 [30]	$3,454,392 [31]	$13,500,000	$2,670,088	$2,763,901	$2,649,824	$2,598,213	$2,817,974	Calculation
Women of reproductive age	n/a	n/a	15,184,737	3,105,544 [32]	3,027,549 [33]	2,043,764 [34]	2,127,982 [35]	4,879,898 [36]	
Estimated % of women reached	n/a	n/a	71%	62% [37]	87% [38]	87% [39]	66% [40]	62% [41]	Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.
Women reached	625,437 [42]	3,819,749 [43]	10,763,131	1,931,532	2,624,950	1,781,751	1,400,273	3,024,624	Given for Burkina Faso, calculated for West African countries
Cost per woman reached	$5.01	$0.90	$1.25	$1.38	$1.05	$1.49	$1.86	$0.93	Calculation
Number of addtl women using contraception	36,901	225,365	635,025	113,960	154,872	105,123	82,616	178,453	Calculation
Cost per extra woman using contraception	$85	$15	$21	$23	$18	$25	$31	$16	Calculation

Government costs		Notes
Modern contraception costs (annualized)		
Direct cost per contraceptive user (Sully et al. 2020) [44]	$5.00 [45]	LMICs
Indirect cost per contraceptive user (Sully et al. 2020) [46]	$5.10 [47]	LMICs
Total cost per contraceptive user (Sully et al. 2020)	$10.10	Calc
Total cost per contraceptive user (Ballegooma et al. 2012)	$14.07 [48]	Uganda
Total cost per contraceptive user (Black et al. 2012)	$15.80 [49]	Low-income countries over 2013-2035 period, cost of eliminating unmet need for all women who desire to prevent a pregnancy
Average total cost per contraceptive user	**$15.22 [50]**	**Calc**
Savings from avoided pregnancies (annualized)		
Average fertility rate	4.5 [51]	Low-income countries
Years of reproductive age	35 [52]	
Percentage of births delivered in government facilities	75% [53]	LMICs
Average births in government facilities per year of reproductive age	0.10	Calc
Government cost per pregnancy	$97 [54]	Uganda 2012, proxy for LMIC cost
Government cost savings per couple-year of protection per woman with unmet need for contraception who wants to stop having children	$9.32	Calc
Of women of reproductive age with unmet need for contraception, % who want to stop having children	50% [55]	LMICs
Government annual cost savings per woman with unmet need for contraception receiving modern contraception	**$4.66**	**Calc**
Overall cost		
Annual net cost per woman with unmet need for contraception	**$8.86**	**Calc**

	Burkina Faso	5 West African countries	Guinea	Benin	Togo	Sierra Leone	Niger	Notes
Women reached	3,819,749	10,763,131	1,931,532	2,624,950	1,781,751	1,400,273	3,024,624	See "Sample costs and coverage" sheet
From 2020 WB data	5.0 [56]	5.1 [57]	4.6 [58]	4.7 [59]	4.2 [60]	4.1 [61]	6.7 [62]	From 2020 WB data
Modern contraceptive use (%)	31% [63]	14% [64]	10% [65]	12% [66]	22% [67]	21% [68]	11% [69]	From UN World Contraceptive Use 2020 dataset
Unmet need for family planning (%)	23% [70]	24% [71]	18% [72]	32% [73]	34% [74]	25% [75]	15% [76]	From UN World Contraceptive Use 2020 dataset
Radio ownership (% households), year varies by country	70% [77]	61% [78]	52% [79]	73% [80]	73% [81]	55% [82]	52% [83]	Year varies by country, see cell notes

C group mean (%) [	29.50%	
T group effect (pp) [	5.90%	
T group effect (%)	20%	Calc
T group SE [86]	0.03	
95% CI lower limit	0.02%	Calc
95% CI upper limit	11.78%	Calc

[1] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[2] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[3] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[4] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[5] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[6] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[7] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[8] Assumed same baseline/effect as Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[9] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[10] Glennerster, Murray, and Pouliquen 2021 Pg 3.

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[11] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[12] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[13] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[14] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[15] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[16] Glennerster, Murray, and Pouliquen 2021, Pg 3.

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[17] A couple-year of protection (CYP) represents a year during which a couple is protected against unintended pregnancies.

https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp

[18] Glennerster, Murray, and Pouliquen 2021 did not ask respondents about the duration of their contraceptive use, so we assume respondents currently using contraception is equivalent to 1.5 years of contraceptive use. This is a guess based loosely on ~6 months for the mass media campaign to result in initial contraceptive take-up and subsequent protection for an average of 1.5 years during and/or following the intervention. We are highly uncertain about this.

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[19] The estimated units of value assigned to one couple-year of protection are derived from preliminary work done by GiveWell staff members. This work is not currently public and is highly uncertain.

[20] We view the evidence's internal validity as medium and apply a 50% downward adjustment. The primary reason for this is that the current evidence base relies on one high-quality RCT. This RCT was pre-registered and appears to be adequately powered. However, the researchers redefined their primary outcome and their current analysis is limited to a working paper.

[21] We apply a 25% downward adjustment. We adjust downwards by 40 percentage points since our evidence is based on a one-country RCT, but adjust upwards by 15 percentage points with the expectation that this program would usually be replicated in secure areas in which the modern contraceptive prevalence rate would increase more than in insecure areas due to uninterrupted implementation, more reliable health services, and larger demand effects.

We are highly uncertain about our upward adjustment for replications in secure contexts, but believe this is a reasonable guess since 1 of 8 (i.e., 12.5%) treatment clusters stopped receiving treatment after six months (Glennerster, Murray, and Pouliquen 2021, Pg. 12). We have 80% confidence this adjustment should be between 5% and 50%, but this is not based on any analysis.

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[22] The government would provide additional funding to fully cover the intervention. The philanthropic donation therefore funges with the government and value of donating is equivalent to the marginal value of government funds.

We believe there is a small probability that government costs would replace philanthropic costs. However, we would guess there is some probability government costs would replace philanthropic costs.

[23] The government would continue funding the program at the same level as it currently does. Government financial costs are neither leveraged nor funged.

[24] The program would not happen without the donation. So a charity's funding leverages all other actors' funding.

[25] Estimates from similar programming, based on information internal to GiveWell, December 2020.

Exchange rate calculation using average of range: =average(1.5,2.5)*2.7

Uses Google exchange rate 2020-12-29

[26] Based on fixed vs variable costs for Burkina Faso, scaled.
Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

[27] Based on fixed vs variable costs for Burkina Faso, scaled
Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

[28] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[29] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[30] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[31] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[32] http://ghdx.healthdata.org/sites/default/files/record-attached-files/IHME_GBD_2019_POP_2010_2019_0.zip

[33] http://ghdx.healthdata.org/sites/default/files/record-attached-files/IHME_GBD_2019_POP_2010_2019_0.zip

[34] http://ghdx.healthdata.org/sites/default/files/record-attached-

files/IHME_GBD_2019_POP_2010_2019_0.zip

[35] http://ghdx.healthdata.org/sites/default/files/record-attached-files/IHME_GBD_2019_POP_2010_2019_0.zip

[36] http://ghdx.healthdata.org/sites/default/files/record-attached-files/IHME_GBD_2019_POP_2010_2019_0.zip

[37] Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.

"When the program was scaled-up nationally, the number of radio stations broadcasting the campaign increased from 8 to 39. We use data on each radio broadcasting area (computed by DMI) to calculate that approximately 83% of the population of Burkina Faso is reached by the national campaign." Glennerster, Murray, and Pouliquen 2021 Pg 29.

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[38] Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.

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[39] Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.

"When the program was scaled-up nationally, the number of radio stations broadcasting the campaign increased from 8 to 39. We use data on each radio broadcasting area (computed by DMI) to calculate that approximately 83% of the population of Burkina Faso is reached by the national campaign." Glennerster, Murray, and Pouliquen 2021 Pg 29.

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[40] Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.

"When the program was scaled-up nationally, the number of radio stations broadcasting the campaign increased from 8 to 39. We use data on each radio broadcasting area (computed by DMI) to calculate that approximately 83% of the population of Burkina Faso is reached by the national campaign." Glennerster, Murray, and Pouliquen 2021 Pg 29.

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[41] Based on estimate for Burkina Faso scale-up reaching 83% of the population, further adjusted for country radio ownership rates.

"When the program was scaled-up nationally, the number of radio stations broadcasting the campaign

increased from 8 to 39. We use data on each radio broadcasting area (computed by DMI) to calculate that approximately 83% of the population of Burkina Faso is reached by the national campaign." Glennerster, Murray, and Pouliquen 2021 Pg 29.

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[42] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[43] Glennerster, Murray, and Pouliquen 2021 Pg 49 Table 8.

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[44] "Direct costs are estimated using a bottom-up ingredients approach, meaning that the costs of resources required to provide a given service are added together to produce a total cost. These costs include personnel time; contraceptive commodities; medications, diagnostic tests and consumable supplies (referred to as drugs and supplies); and food costs during hospital stays. Personnel time includes the provision of information and counseling...Most of the sources we use to estimate direct costs for contraceptive commodities, drugs and supplies reflect public-sector prices." Sully et al 2020 Pg 9.

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[45] Sully et al. 2020 Pg 16 Table 2.1 (Annual costs of contraceptive services in LMICs, 2019)

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[46] "Indirect costs, referred to as programs and systems costs, are estimated by applying region-specific markup rates to direct costs. Programs and systems costs cover 10 categories: program management, staff supervision, monitoring and evaluation, human resources development, transport and telecommunications, health education and outreach, advocacy, infrastructure and equipment, commodity supply systems and health information systems." Sully et al 2020 Pg 9.

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[47] [Total costs minus direct costs] Sully et al. 2020 Pg 16 Table 2.1 (Annual costs of contraceptive services in LMICs, 2019)

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[48] Babigumira et al. 2012. "Potential Cost-Effectiveness of Universal Access to Modern Contraceptives in Uganda." Pg 4 Table 3.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0030735

[49] "we also estimated the cost of eliminating unmet need for all women who desire to prevent a pregnancy, but do not currently use effective contraceptive methods, by 2035 (Stenberg and others 2014). In this scenario, 208 million additional users are reached during this period at a total cost of US$2.9 billion or US$14.0 per additional user (US$15.8 per additional user for low-, US$10.0 for lower-middle-, and

US$24.4 for upper-middle-income countries)" Black et al. 2012 Table 1.5 (Average Additional Modern Contraceptive
Users, Cost per Additional User, and Incremental Costs
over the Period 2013–35 (2012 U.S. dollars))

https://www.ncbi.nlm.nih.gov/books/NBK361907/pdf/Bookshelf_NBK361907.pdf

[50] $14.67 cost from Babigumira et al. 2012 Pg 4 Table 3.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0030735

[51] World Bank data 2020 (most recent available) https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=XM

[52] "women of reproductive age (15–49)" Sully et al. 2020 Pg 4.

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[53] "Across LMICs, about three-fourths of women deliver their babies in a health facility." Sully et al. 2020 Pg 20.

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[54] Babigumira et al. 2012 Pg 4 Table 3

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0030735

[55] "In LMICs as a whole, women with an unmet need for modern contraception are divided nearly evenly between women who want to postpone (or space) births and those who want to stop having children or avoid childbearing altogether" Sully et al 2020 Pg 12.

https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

[56] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[57] Weighted average

[58] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[59] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[60] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[61] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[62] World Bank data: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[63] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[64] Weighted average

[65] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-

contraceptive-use

[66] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[67] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[68] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[69] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[70] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[71] Weighted average

[72] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[73] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[74] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[75] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[76] World Contraceptive Use 2020 dataset: https://www.un.org/development/desa/pd/data/world-contraceptive-use

[77] Data year: 2007
UN International Telecommunication Union World Telecommunication/ICT Database 2020. Data extraction: https://drive.google.com/open?id=1kII8wDzKAB2uehcnmG5l6jYPfXfD13l7

[78] Weighted average

[79] Data year: 2014
UN International Telecommunication Union World Telecommunication/ICT Database 2020. Data extraction: https://drive.google.com/open?id=1kII8wDzKAB2uehcnmG5l6jYPfXfD13l7

[80] Data year: 2006
UN International Telecommunication Union World Telecommunication/ICT Database 2020. Data extraction: https://drive.google.com/open?id=1kII8wDzKAB2uehcnmG5l6jYPfXfD13l7

[81] Data year: 2006
UN International Telecommunication Union World Telecommunication/ICT Database 2020. Data extraction: https://drive.google.com/open?id=1kII8wDzKAB2uehcnmG5l6jYPfXfD13l7

[82] Data year: 2019
"The second most common household
possession is a radio (55%)" Sierra Leone DHS survey
https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf

[83] Data year: 2012
"Tableau 2.4 Biens possédés par les ménages. Radio, ensemble, 51.9%" Niger 2012 DHS Report Pg 18 Table 2.4
https://dhsprogram.com/pubs/pdf/FR277/FR277.pdf

[84] "...modern contraceptive prevalence rate (mCPR)...relative to the control group prevalence rate of 29.5%." Glennerster, Murray, and Pouliquen 2021 Pg 3.

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[85] "The campaign led to a 5.9 percentage point increase (p-value=0.046) in modern contraceptive prevalence rate (mCPR), the primary pre-registered outcome of the study, a 20% increase relative to the control group rate of 29.5%"
Glennerster et al. 2021 Pg. 3 & Pg. 44 Table 3.

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[86] Glennerster et al. 2021 Pg 44 Table 3.

https://www.developmentmedia.net/app/uploads/2021/03/The-Media-or-the-Message-Experimental-Evidence-on-Mass-Media-and-Modern-Contraception-Uptake-in-Burkina-Faso.pdf