



dmi ^{((•))} **ANNUAL REPORT**
APRIL 2021 - MARCH 2022



A letter from our CEO	4
Our vision	6
Our methodology	7
2021-2022 projects	8-9
Test	10-19
SUNRISE	11
Ukusala	12
National Numeracy Programme	14
Menstrual Hygiene Management	15
TB Reach	16-19
Scale	20-30
Imarisha Afya	21
Tunza Afya	22
Scaling up Lives Saved in Mozambique	24-25
Linda Afya	26
M-VACC	27
Protege-se	28
Stop Peste	28
Zaka	31
WISH2ACTION	32-33
Pour une famille saine et prospère	34
Preservativo	34
Sustainability	36-39
SBCC capacity building, Uganda	36
Relationship strengthening, Mozambique	37
Celebrating 10 years in Burkina Faso	38
This year by numbers	40-41
Reach	40
Finance	41

A LETTER FROM OUR CEO

April 2022

Dear colleagues and partners,

DMI was founded, fifteen years ago, to bring the worlds of media, health and science together. We set out to demonstrate that creative messaging, informed by research, and delivered through intensive broadcasting, is a highly cost-effective way to change behaviours and save lives. DMI has since delivered three randomised controlled trials showing just that.

Over the past few years, we have fundraised to support these trials and to take proven strategies to scale. This year, more donors than ever have responded to our evidence of impact by providing unrestricted funding. This financing – untied to a specific country or health theme – has enabled us not only to deliver our core programmes, but to launch campaigns in new countries, test new themes, and explore innovative ways of delivering messages to our ever-broadening audiences. Simply put, unrestricted funding puts us in the strongest position to do our best work.

After going back to first principles to assess where we could save the most children's lives, we identified four countries where a scale-up of our child survival campaign could have the most significant impact: Burkina Faso, Madagascar, Mozambique, and Tanzania. Our goal is to launch campaigns in all four countries as soon as possible, starting in Tanzania, where there is the potential to reach 32 million people. According to our evidence and mathematical modelling, Tanzania is the most cost-effective country for us to work in, at a cost per life saved of just \$213.

In Mozambique, we plan to continue our child survival campaign – estimated to have saved 6,225 lives so far.

We have begun a major randomised controlled trial to measure our impact on early child development. Previous trials have shown long-term cognitive benefits for children who are nurtured and stimulated before the age of 3, but it's been difficult to take these programmes to scale. Our hope is that mass media will provide the solution.

We've also been able to delve into other new areas: plague and vaccine hesitancy in Madagascar, menstrual hygiene in Mauritania and two-way digital technologies which we're deploying in Tanzania to help the government enhance people's experience of health services.

Needless to say, it's an exciting time for DMI and we can't wait to see where things take us. We're ever thankful for your support along the way.

Roy

A radio listener in Madagascar ►



Vision: A world where people have the knowledge and motivation to lead healthier lives.

Mission: DMI creates evidence-based behaviour change campaigns to improve health and save lives. We deliver campaigns at scale to maximise impact and cost-effectiveness.

Approach: We use storytelling to motivate change. We use science to test the impact of our interventions, scaling up those with the greatest impact. We partner with governments, broadcasters, creative producers, academics, and highly effective NGOs to multiply and leverage the impact of our work.

SATURATION

Intensity is key to any commercial advertising strategy, but it has been an underrated element of public health campaigning. Our evidence indicates there is a strong correlation between broadcast frequency, campaign duration and the impact of the messages. For each radio campaign, we broadcast our 60-second spots 6-10 times a day, each in multiple languages and broadcasting up to 365 days per year. We also ensure that we are using stations with the greatest possible audience reach.

SCIENCE

We rely on scientific research to ensure we target the most important behaviours. We conduct in-depth formative research to understand the barriers to behaviour change amongst our target audience. We use modelling to estimate the impact of messages, allocating airtime accordingly. We test messages before and after broadcast to iterate and improve them. We evaluate the impact of our campaigns as robustly as possible, using randomised controlled trials or quasi-experimental designs where possible.

STORIES

The human brain responds to emotion more strongly than it responds to simple information. Drama utilises emotion to influence behaviours and decisions. We broadcast stories that reflect the lives of our audiences. We embed key messages at the moment of greatest emotional drama, so that audiences remember these messages as the most powerful takeaway. All of our content is performed in local languages, by local actors and pre-tested with our target groups, ensuring that our messages resonate.

2021-2022 PROJECTS

COVID-19 Rapid Response Fund

Burkina Faso, Côte d'Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda, and Zambia

A response to the need for coordinated and effective information and behaviour change messaging on COVID-19 with funding from various donors

Imarisha Afya

Tanzania

Maternal and child health radio campaign funded by the Saul Foundation, a private charitable trust, and individual philanthropists

Jitazame Afya

Tanzania

COVID-19, early childhood development (ECD) and child health radio and TV campaign in partnership with the Elizabeth Glazer Pediatric Aids Foundation (EGPAF), funded by the Hilton Foundation

Linda Afya

Tanzania

Staying healthy in the time of COVID-19 radio campaign funded by UNICEF

Menstrual Hygiene Management

Mauritania

A Sahel Women's Empowerment and Demographic Dividend (SWEDD) funded menstrual hygiene campaign using audio-visual cards

M-VACC

Madagascar

Radio campaign addressing vaccine hesitancy funded by the UK's Foreign, Commonwealth and Development Office (FCDO)

National Numeracy Programme

Malawi

An FCDO funded research project aiming to understand barriers underlying poor maths performance in classrooms

Pour une famille saine et prospère

Côte d'Ivoire

Family planning radio campaign funded by the Saul Foundation

Preservativo

Mozambique

Radio and social media campaign promoting condom use with funding from UNFPA via AMODEFA

Protege-se

Mozambique and Zambia

COVID-19 vaccine hesitancy social media campaign funded by The Waterloo Foundation

Saving Lives Burkina Faso

Burkina Faso

Child health radio campaign funded by The Light Foundation

Scaling Up Lives Saved in Mozambique

Mozambique

An extension of the Intensaúde child health radio campaign funded by The Light Foundation

Stop Peste

Madagascar

Radio campaign promoting treatment seeking for plague in Madagascar funded by our COVID-19 Rapid Response Fund

Scaling Up Nurturing care, a Radio Intervention to Stimulate Early childhood development (SUNRISE)

Burkina Faso

A trial testing the impact of mass media on ECD outcomes in partnership with the London School of Hygiene and Tropical Medicine, funded by Wellcome Trust and The Light Foundation

TB Reach

Mozambique

Tuberculosis radio campaign funded by Stop TB Partnership

Tunza Afya

Tanzania

Child survival radio campaign funded by Cartier Philanthropy and several individual donors

Ukusala

Zambia

A family planning radio campaign, funded by FCDO and Bill & Melinda Gates Foundation as part of the Catalytic Opportunity Fund and administered by CHAI

Women's Integrated Sexual Health (Lot) 2 Access, Choice, Together, Innovation and Ownership, Now (WISH2ACTION)

Ethiopia, Madagascar, Malawi, Mozambique, Sudan, South Sudan, Tanzania, Uganda and Zambia

Family planning TV, radio and mobile video campaign conducted by DMI as part of the WISH2ACTION consortium, led by the International Planned Parenthood Federation (IPPF) and funded by FCDO



Zaka

Burkina Faso

Family planning radio campaign funded by an individual philanthropist



EARLY CHILDHOOD DEVELOPMENT
IN BURKINA FASO

In low-and-middle-income countries, an estimated 250 million under-fives are at risk of not reaching their developmental potential, which affects their health, performance at school, and economic wellbeing into adulthood (Lancet, 2016). Intervening in the first three years of life is a highly effective way to help children develop to their full potential. Simple parent-focused interventions encouraging cognitive stimulation can compensate for delays in children’s development caused by malnutrition, disease and poverty. However, most proof-of-principle trials have tested labour-intensive interventions that are challenging to deliver at scale. Mass media is a promising approach for nurturing care interventions and have the potential to be highly cost-effective. This will be tested by DMI’s early child development (ECD) randomised controlled trial (RCT) in rural Burkina Faso.

TESTING SATURATION+ CAMPAIGNS ON
EARLY CHILDHOOD DEVELOPMENT (ECD)

In October 2021, the first radio spots went on air for our SUNRISE project, which stands for Scaling Up Nurturing care, a Radio Intervention to Stimulate Early child development. It is the first RCT on the effects of mass media on ECD and is run in partnership with the London School of Hygiene and Tropical Medicine and University College London.

The RCT studies a three year radio campaign, taking place in Burkina Faso, which centres on responsive caregiving, play, child-directed speech, and praise. Our spots and interactive shows will be broadcast 10 times a day, every day, for 3 years.

Control and treatment zones have been carefully matched before randomisation, so that the presence of our broadcast messages is the only difference, allowing us to compare outcomes and attribute differences to our campaign.

We are collecting quantitative data on children’s cognitive, language, and motor skills, as well as responsive parenting practices and the child’s home environment. We will use surveys to measure coverage of our campaign, recall of messages and knowledge, attitudes, and ECD practices. The outcomes will be evaluated using the Global Scale for Early Development (GSED) to measure cognitive, language and motor skills

If the trial shows positive results, the intervention could be rapidly scaled to reach the entire population of Burkina Faso as well as many other countries.



◀ A participant of our ECD RCT playing with her child

4
provinces

15
radio spots

9
months

2
languages

2.3M
people reached
every month

PROMOTING FAMILY PLANNING IN ZAMBIA

Despite progress in recent years, the unmet need for family planning in Zambia remains high, at 20.9% in 2022. Evidence suggests that access to a wider range of methods improves uptake. Yet availability and uptake of some popular long-acting methods is low, for example intrauterine devices (IUDs) only make up 1.5% of all contraceptive methods used in Zambia (FP2030, 2022).

To tackle the low uptake of long-active reversible contraception, DMI received funding from the Catalytic Opportunity Fund for Hormonal IUD Scale-up for a radio campaign to promote all forms of modern contraceptives, including the hormonal IUD which is becoming increasingly available and affordable following support from international donors and the Zambian government. DMI conducted and analysed research to understand misconceptions about the hormonal IUD and barriers to accessing contraception.

WHAT IS LONG-ACTING REVERSIBLE CONTRACEPTION?

Long-acting reversible contraceptives (LARC) provide contraception for an extended period without requiring user action. There are several methods: the non-hormonal IUD, the hormonal IUD, the contraceptive injection and the hormonal implant.

The hormonal IUD has been available in Zambia for several years, but uptake has been low largely due to the relative high cost. It is a small, T-shaped device placed in the uterus. Once installed, it is immediately effective. Each IUD contains 52 mg of the hormone levonorgestrel and releases 20 micrograms every 24 hours in the uterus, offering up to 5 years of protection from pregnancy. It is highly effective when in use and offers rapid return to fertility after removal (USAID, 2019).



IMPROVING MATHS LEARNING IN MALAWI SCHOOLS

Teachers' and parents' mindsets have a large impact on children's perception of maths and their attitude towards learning it in classrooms. In Malawi, the National Numeracy Programme (NNP) tackles poor maths performance among early grade learners. Led by the Ministry of Education (MOE) and funded by the UK's Foreign, Commonwealth and Development Office (FCDO), it seeks to improve learning outcomes in maths for young children in the first four years of school. The project addresses attitudes about the relevance, utility, and possibility of success in maths for all children.

DMI is working with the MOE and a representative sample of schools in the Northern, Central and Southern regions of Malawi to understand the barriers underlying poor maths performance in classrooms. We are using a human-centred design approach to put parents' and teachers' lived experiences at the heart of our intervention, co-creating messages and innovative prototype formats. Parents' and teachers' feedback will identify which messages and formats have the most potential to shift attitudes and perceptions towards maths, and which should be taken to scale across schools and homes throughout the country.

WHAT IS OUR RESEARCH SAYING SO FAR?

In February 2022, DMI Malawi conducted 18 focus group discussions with parents and teachers across nine districts. They found that alongside perceptions of maths being a difficult subject, there are significant gendered differences affecting performance among young children:

- Teachers perceive girls to be lazy and slow in learning maths compared to boys
- Girls are usually overburdened with household chores, so come to school without practicing maths, and are too tired to concentrate
- Girls, especially later in school, are less likely to perform well in maths. This negatively influences their perceptions about their ability to succeed in the subject and makes them think that boys are superior in maths
- Girls are more likely to drop-out of school and get married at a young age and receive less financial support for fees from their caregivers than boys



MANAGING MENSTRUAL HYGIENE IN MAURITANIA

Poor menstrual hygiene management can lead to poor health outcomes and low school attendance for adolescent girls. We have received funding from the World Bank's Sahel Women's Empowerment and Demographic Dividend (SWEDD) project to design an intervention in Mauritania that addresses social, behavioural, and information-related barriers about menstrual hygiene.

Using formative research conducted by our SWEDD partners, we are creating four films aimed at reducing period stigma and promoting positive hygiene practices. The films will be uploaded onto 500 audio-visual cards. Once we have conducted workshops with SWEDD partners to train the safe space leaders in how to use them, the cards will be distributed in specially created safe spaces within the intervention zones. An independent evaluation will be conducted following the campaign to measure our impact on menstrual hygiene management and school attendance.



DMI'S EXPERIENCE WITH SWEDD

Between 2017 and 2018, DMI participated in the World Bank-funded SWEDD project in Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania, and Niger. We worked alongside the United Nations Population Fund (UNFPA) to reduce gender inequalities and promote family planning through a radio, TV, and social media campaign across the region. Our films reached over 270 million African television viewers and 8 million people via social media, receiving 125,000 likes and 5,000 comments on Facebook.

RAISING AWARENESS ABOUT TUBERCULOSIS IN MOZAMBIQUE

Mozambique has the seventh highest incidence rate of tuberculosis (TB) in Africa. With funding from the STOP TB Partnership, DMI delivered a radio campaign to increase testing for TB in Zambezia, Mozambique's second most populous province with a high TB notification rate of 353 per 100,000 people. The campaign reached an estimated 2 million people, roughly 72% of the population in Zambezia.

Our campaign sought to:

- Increase awareness of symptoms of TB
- Reduce stigma and misconceptions about treatment-seeking
- Encourage people with symptoms to seek prompt treatment for TB from a healthcare setting

RESULTS

Analysis of routine health centre data showed a 57% increase in TB testing in Zambezia - the treatment province where DMI's radio broadcasts were aired - compared to only a 48% increase in the control province (Tete). This increase in testing was matched with an increase in lab-confirmed TB diagnoses. We saw a 38% increase in confirmed TB cases in the treatment province versus a 22% increase in the control province. This is significant as it suggests we were encouraging those with genuine cases of TB to be tested, and not just encouraging the "worried well" to seek help, which could take-up precious medical resources.

DMI's qualitative research provided additional indications that our campaign worked by increasing TB related knowledge, shifting attitudes, and ultimately changing behaviours. Radio listeners could recite our radio spots and had shared the campaign messages with family and friends. Most crucially, those exposed to the campaign reported that they had stopped using traditional healers and self-medicating for TB symptoms.



A GENDER LENS

As part of our preparations for this campaign, and to inform our understanding of challenges that marginalised women might face in accessing treatment for TB, we consulted women's associations in Zambia. We found that women were often not in control of their access to health services and were regularly perceived as responsible for the spread of TB in the community, which created barriers to TB testing. Our messages included positive examples of men supporting their wives to get access to TB services and featured strong female characters.

**THE RADIO SAVED MY LIFE**

My name is Laura João, I am 49 years old and I like to listen to the radio. It was this habit that saved my life.

A while ago I had health problems and I was unable to understand what it was about. I had about three weeks with body pains mainly when I coughed and I had a fever. I was very thin, I coughed all the time, I couldn't stay a minute without coughing.

Luckily, one time when I was listening to the radio, I heard about the symptoms of tuberculosis. The first time I heard [the message] I didn't give it much thought, but after hearing it repeatedly I concluded that I should go to the health unit. I took tests and was diagnosed with tuberculosis.

I started with treatment and this is the fourth month, I feel better.

While I was seriously ill the radio messages were of extreme importance not only to guide but also to encourage me.

Thanks to my experience, today I help other people who are experiencing the same problem to identify the symptoms of the disease until they reach the treatment stage. I have already managed to help four people in my family to start treatment.

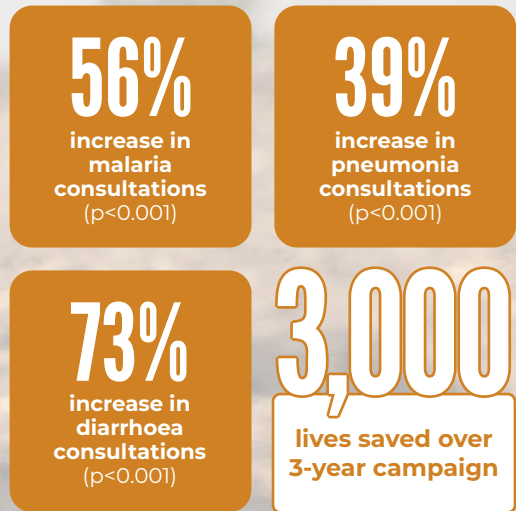
I appeal to everyone to take the advice that the radio gives us, we learned a lot from the symptoms to the cure. For me, following the advice on the radio was an asset in my life.

◀ Celia, our Senior Campaign Manager in Mozambique, talking with Laura João about her experience with tuberculosis



2011-2015 CHILD SURVIVAL RCT RESULTS

Our 2011-2015 child survival randomised controlled trial (RCT) in Burkina Faso showed that our radio intervention increased antenatal care attendance, health facility deliveries and primary care consultations for children under-5. In the first year of the campaign:



This constitutes the most rigorous evidence to date that a radio campaign alone can increase health facility utilisation for maternal and child health in a low-income setting.

Independent modelling using the Lives Saved Tool (LiST) suggested that these increases in under-5 consultations resulted in a 7.1% reduction in under-5 mortality over the course of the three year campaign, corresponding to 3,000 children’s lives saved. Economic analysis indicates that campaigns like this are among the most cost-effective ways of saving children’s lives, with the cost per life saved ranging from \$200 to \$600 in many countries.

In Tanzania, maternal deaths represent 18% of all deaths of women aged 15-49. Half of all births occur at home, and only 46% of pregnant women are assisted during childbirth by a health care professional. Meanwhile, largely preventable and treatable diseases such as malaria, pneumonia and diarrhoea cause the death of 270 Tanzanian under-5s every day.

Since November 2021, DMI has been conducting a maternal and child health pilot in Tanzania’s Lake Zone, which has the highest child mortality rate in the country.

‘Imarisha Afya’ meaning ‘promote health’ in Kiswahili, broadcast messages on the importance of antenatal care attendance and delivering at a health facility for pregnant women, care-seeking for pneumonia and diarrhoea, and care-seeking and prevention for malaria.

Over the six month project, our scriptwriting team in Tanzania produced radio scripts inspired by our child survival RCT in Burkina Faso, relating them to the Tanzanian context. These spots were created through extensive focus group discussions with families to understand the barriers to care-seeking for malaria, pneumonia, and diarrhoea, as well as maternal health behaviours.

Learning from this campaign will feed into our national-scale child survival and maternal mortality project, Tunza Afya, beginning in Spring 2022.

SAVING LIVES OF UNDER FIVES IN TANZANIA

Tunza Afya will build on learnings from Imarisha Afya and harness our existing relationships with a large network of broadcasters, and regional and national Ministry of Health (MOH) officials. Through a three year national scale radio and TV campaign, we will deliver our objectives:

- Empowering mothers to be agents of their own, and their children's health
- Promoting social norm change around health treatment-seeking
- Minimising preventable deaths of children under-5 in Tanzania

WORKING WITHIN THE SYSTEM

The Tanzanian Ministry of Health (MOH) has confirmed that a national child survival campaign aligns with the priorities in its strategy, One Plan III, which sets targets for reducing the still-birth rate, and maternal, neonatal, and under-5 mortality rates in the country by 2025. A service availability and readiness assessment in 2020 also reported that malaria, pneumonia, and diarrhoea treatment was available for children in 85%, 91% and 75% of facilities respectively. This is important; it only makes sense for DMI to increase demand if the supply of services is available.

DMI Tanzania will harness this commitment from the Tanzanian MOH, not only by involving the MOH in the design and approval of the campaign messaging strategy, but also by hosting regular workshops with regional health promotion coordinators. These sessions will focus on building district-level capacity for campaign design, scriptwriting, and production of live radio and interactive shows. It will also seek to connect district officers with radio broadcasters to encourage co-creation of radio outputs. These skills and connections can be used beyond the scope of the project to help drive future campaigns and changes in social norms in the long term.



SCALE: SCALING UP LIVES SAVED IN MOZAMBIQUE

A CHILD SURVIVAL CAMPAIGN

Over half of the deaths of children under-5 in Mozambique are attributable to malaria (42%), pneumonia (6%), and diarrhoeal disease (6%) (Sitoe et al., 2018).

Endline findings from our first national scale child survival project in Mozambique, Intensaúde showed:

- 72.7% of radio listeners were exposed to our messaging
- Those who had listened were 12.1 percentage points more likely to seek treatment for a child with fever within 24 hours, than those not exposed
- 3,500 children under-5 were saved as a direct result of the campaign modelling

WHAT ARE WE LEARNING

Scaling Up Lives Saved in Mozambique is a 2-year expansion and extension of Intensaúde, integrating key learnings to ensure greater reach and impact. Our modelling indicated that the campaign could save more lives by adding malaria prevention messages, encouraging the use of bednets, and messages relating to neonatal care.

We are also broadening the reach of the radio campaign by broadcasting on an additional 30 community radio stations throughout the country and complementing it with video content distributed via community health workers, national television, and social media.

AN EMBEDDED APPROACH

Our relationship with the Mozambican MOH has been integral to the project's ongoing success. The Ministry have been active participants in the creative development of this campaign, sharing their expertise with the scriptwriters and learning from DMI's approach. At their request, DMI will train staff from DEPROS (Department for Health Promotion) on how to produce and manage high-impact behaviour change campaigns.

During Spring 2021, we leveraged this partnership by collaborating with the National APE Program, a department that manages the health system's network of health workers to complement our mass media approach with inter-personal communication.

The health workers have been equipped with engaging SBC materials to enhance their community-based work and boost the reach of DMI's campaign. In some provinces, they will distribute memory cards loaded with campaign videos to their communities. In others, our videos will be uploaded onto a mobile app called UpScale, created by the Malaria Consortium and managed by the MOH, which health workers use to assist them in their work. The Ministry is eager to scale these approaches if the pilots are successful.

INTENSAÚDE RESULTS

72.8%

of radio listeners heard Intensaúde spots

12.1 pp

People exposed to the campaign were 12.1 percentage points more likely to seek treatment within 24 hrs than those not exposed

4,000

Lives saved over 2-year campaign

OUTPUTS

6

videos produced

240

radio spots produced

20M

people reached

66

radio stations

12

languages

PROTECTING HEALTH IN THE TIME OF COVID-19

During the COVID-19 pandemic, the World Health Organisation (WHO) encouraged people to continue to access essential health services. Fear of exposure to the virus, miscommunication about service accessibility, and misconceptions about COVID-19 had steered many away from seeking treatment for other health related issues.

For our UNICEF-funded project, Linda Afya, meaning 'Protect Yourself' in Kiswahili, we mobilised our network of local scriptwriters and radio stations to produce a national scale radio campaign in mainland Tanzania and Zanzibar. The campaign promoted healthy behaviours and treatment-seeking for essential services during the pandemic.

We produced new radio spots on delivery at health centres, blood donation, child vaccination, positive discipline, childhood check-ups, antenatal care, and maternal nutrition. We also created spots to promote COVID-19 preventative behaviours such as social distancing and

handwashing. We broadcast these spots on 37 regional radio stations and a national station, Radio Free Africa, 10 times a day, 7 days a week, for 5 months. We also produced six, one-hour interactive sessions on Radio Free Africa's morning programme. Following a 10 minute pre-recorded drama, listeners were able to call in and ask questions, which were answered by Ministry of Health representatives who co-hosted the programme.

Post-broadcast feedback research conducted with representatives from communities found that most participants had heard our radio spots and could recite key messages. They said the spots had influenced them to adopt new behaviours, and that information on COVID-19 vaccinations should continue to be shared through media and in community groups, so that people could ask questions and be reassured of any doubts.

We estimate this campaign reached 20 million people.

20 MILLION PEOPLE

“

THE SPOTS HAVE MOTIVATED ME

My wife was pregnant in February. I have attended the clinic from the beginning to the end when she gave birth. And even today I have just told her to go with a child to the clinic. For sure the spots have motivated me, and they will still be motivating me.

Father, Iganzo

”

COMBATTING COVID-19 VACCINATION HESITANCY AND MISINFORMATION

In Madagascar, vaccine hesitancy and misinformation are a major barrier to the uptake of the COVID-19 vaccine. We worked with the Foreign, Commonwealth and Development Office (FCDO) to produce new radio content promoting uptake of the vaccine and dispelling common myths and misconceptions. We conducted a small formative research exercise in the Atsinanana region, which suggested the most common barriers to COVID-19 vaccination were concerns about serious side effects.

We produced 14 radio spots which each told a short story that countered myths and rumours about the vaccine's potential side effects, while also providing the most current and accurate information about the vaccine and the protection it offered. This campaign reached approximately 12.7 million people across 21 of Madagascar's 23 regions.

RESULTS

We conducted an exposure survey to measure reach and focus groups to explore listener perceptions of the radio spots. Significant proportions of respondents had heard our spots on the radio in both urban and rural areas and our spots were typically accepted and appreciated by the audiences, particularly where they reflected participants' lived realities. Our focus groups found that older women in Analamanga had high vaccine hesitancy but indicated a willingness to change after hearing DMI's spots.

Between 6 December 2021 and 22 March 2022, the number of people in Madagascar who received at least one vaccine dose almost doubled, to a total of 1.1 million (Our World in Data, 2022). Whilst this is no doubt due to the efforts of a range of actors within Madagascar, we are happy to have contributed to these efforts.



SCALE: PROTEGE-SE

COMBATting VACCINE HESITANCY AND MISINFORMATION IN SOUTHERN AFRICA

Uptake of COVID-19 vaccination in sub-Saharan Africa is limited by misinformation, mistrust in governments, and skewed perceptions of the magnitude of the threat posed by COVID-19 (World Bank, 2021). We aim to combat vaccine hesitancy and challenge misinformation in Mozambique and Zambia using short live-action films that address barriers to vaccine uptake. The films will be promoted on Facebook in Mozambique and Zambia. In Zambia, the films will also be shown to users of free public Wi-Fi hotspots in universities across the country.

EVALUATING OUR IMPACT

We will conduct a digital survey with Wi-Fi users. The distribution network allows us to design a cluster randomised controlled trial (RCT), aimed at exploring how different video styles affect COVID-19 vaccination attitudes and intentions.

We will analyse the audience's reactions and engagement with the videos on social media in both countries, to help understand how the videos influence audience attitudes towards COVID-19 vaccination.

SCALE: STOP PESTE

PROMOTING TREATMENT SEEKING FOR PLAGUE IN MADAGASCAR

Plague is endemic in Madagascar and outbreaks occur annually. While the disease can be cured if properly diagnosed and treated, it can be severe and almost always fatal if not treated promptly. Following a resurgence in the number of plague cases in August 2021, the Malagasy Ministry of Public Health asked DMI to produce radio spots on how to avoid the plague, recognise symptoms, and seek treatment for free at a health centre. Spots will be broadcast on the Ministry of Public Health's partner radio stations throughout 2022.

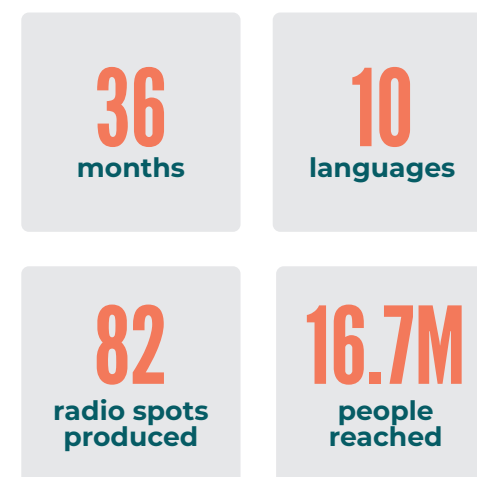




SCALING UP PROGRESS ON FAMILY PLANNING IN BURKINA FASO

Between 2015 and 2018, DMI conducted a randomised controlled trial (RCT) in partnership with J-PAL and IPA, measuring the effects of a DMI family planning radio campaign in Burkina Faso. Radio spots and interactive phone-in programmes addressed barriers to modern contraceptive uptake, including common myths and misconceptions. Results show that the campaign increased modern contraceptive prevalence rate (mCPR) by 20% ($p=0.046$), approximately doubling the rate of increase of modern contraceptive uptake. Modelling from our family planning RCT suggested that a nationwide campaign scale-up would lead to 225,000 additional women using modern contraception, at a cost of only US\$7.7 per additional user.

Zaka, which means “family” or “home” in Mooré, is DMI’s national family planning campaign which builds on the knowledge we gained during our first family planning radio campaign in Burkina Faso. The aim of this campaign is to help the government of Burkina Faso meet its family planning targets and increase the uptake of modern contraceptives in a cost-effective manner. We will track progress through analysis of health facility data. It is being funded by an individual philanthropist.



225K
expected
additional women
using modern
contraception

GENERATING DEMAND FOR FAMILY PLANNING IN SEVEN COUNTRIES

Since 2018, we have been a delivery partner on the WISH2ACTION project, a Foreign, Commonwealth and Development Office (FCDO)-funded and International Planned Parenthood Federation (IPPF)-led flagship family planning programme. The project aimed to increase the overall demand for sexual and reproductive health (SRH) services in the target countries, with a particular focus on increasing uptake amongst youth, people living in the most severe poverty, and those living with a disability. Alongside radio and TV campaigning, we worked with our consortium partners to reach audiences through community-level interpersonal activities.

Following the success of the first phase, the programme has been extended by two years and will now close in March 2023. We will continue delivering campaigns in Madagascar, Uganda, and Tanzania and provide additional technical support in Sudan and South Sudan.

OUR REACH
APR 2021 - MAR 2022

68M

TV

82M

social media

84M

radio



A still from an episode of our animated family planning series produced for the WISH2ACTION project

CASE STUDY

In Ethiopia, we worked with the Family Guidance Association (FGAE) to generate demand for their SRH service enhancement efforts in Hawassa Industrial Park, the largest specialised garment and textile production park in Africa. Using an internal broadcasting system, we broadcast SRH messages for two hours daily in two languages. The campaign reached approximately 30,000 individuals in the industrial park, increasing service provision by more than 15 times compared to the previous year. Table 1 shows a full list of services provided in years 1, 2 and 3.

SRH service provided	Before	After WISH2ACTION		
	2019	2020	2021	
Oral contraceptive pills	5	40	170	
Injectable	13	129	170	
Long term family planning	0	0	4	
Implant removal	0	1	25	
Medication abortion	7	13	31	
Post-abortion family planning	7	13	31	
Total	32	196	473	

SCALE: POUR UNE FAMILLE SAINE ET PROSPÈRE

TAKING FAMILY PLANNING TO CÔTE D'IVOIRE

In March 2022, we began scaling up our first family planning campaign in Côte d'Ivoire, with support from the Saul Foundation. We have adapted the family planning campaign methodology that was tested with a randomised controlled trial in Burkina Faso to the context and audiences in Côte d'Ivoire. The goal of this campaign is to encourage uptake of modern contraception, to increase birth spacing, and to avoid unintended pregnancies. We aim to reach 2 million people over six months, through broadcasting on 27 radio stations across five districts in the cocoa-growing belt.

SCALE: PRESERVATIVO

PROMOTING CONDOM USE IN MOZAMBIQUE

In July 2021, we received funding from UNFPA via the sexual and reproductive health national NGO, Associação Moçambicana para Desenvolvimento da Família (AMODEFA), to run a radio and social media campaign promoting condom use in Nampula province. The aim of the campaign was to highlight the triple protection that condoms offer against HIV, other sexually transmitted diseases, and unintended pregnancy, in concurrence with a mass distribution of condoms in the province by AMODEFA.

We produced radio spots in Portuguese and Makhuwa, broadcasting on 11 radio stations with a focus on districts that have a high risk of HIV transmission. We also used social media platforms to share an animation about condom use in both languages.

A still from our animated film which promotes the use of condoms



BUILDING SBCC CAPACITY WITHIN THE MINISTRY OF HEALTH, UGANDA

Our *Saturation+* methodology is at the core of every campaign we design and produce. This approach to message creation, which requires formative research and thorough pretesting of messaging in local languages at a community level, gives us the best shot at changing behaviours and saving lives and is backed by rigorous scientific evidence.

In Uganda, DMI has worked closely with the Ministry of Health's department for Health Promotion, Education and Communication on the WISH2ACTION campaign. In 2021, the department began integrating our methodology into their standard approach, requiring other actors working in SBCC to adopt key elements. For health promotion materials to be approved in Uganda, they now must be rigorously pre-tested and based on solid formative research. This approach is being drafted into Ministry guidelines which will be cascaded to partners upon finalisation. Given the urgency of the need for family planning SBCC during the pandemic, the Ministry has also committed to a 30% increase in the SBCC budget at both national and district level.



STRENGTHENING RELATIONSHIPS WITH RADIO STATIONS IN MOZAMBIQUE

In Mozambique, we have deepened our investment in our relationships with partner radio stations. DMI conducts regular site visits, awards certificates for achievements, and distributes a monthly newsletter containing success stories and project updates, to ensure stations feel part of the campaign. Recently, we have also started a competition to win basic studio equipment for the top performing stations. Our team also monitors radio stations electronically and provides detailed feedback on their performance each month. Taken together, these activities have kept radio stations motivated, engaged, and broadcasting intensively throughout the campaign.

We collected feedback from radio stations to gauge their opinions on the partnership with DMI and the impact of our projects in Mozambique. ▶



“ When DMI came to Radio Miralagos it was something new, but a new thing that came to bring change. In our district, the radio station needed the messages that we have been getting from DMI. By itself, the radio station couldn't produce it as we didn't even have any idea that these diseases existed, and that with a few words it's possible to make people aware. But, when DMI came along we broadcast and people said, 'Radio Miralagos now sounds like a different radio station.' We would ask, why? 'The messages we are hearing now are different.' And we would think ah, the messages from DMI are reaching our community.

Since partnering with DMI, the radio station has been making improvements – both in organisational terms and technical. Until recently, we didn't have a suitable microphone and our antenna was not working. Thanks to the partnership with DMI, we were able to acquire new microphones as well as a new antenna.

The dynamic with DMI is different to most partnerships. It encourages the radio to be more committed in carrying out its responsibilities. We aspire to similar partnerships to this in future to continue to galvanise the growth of the radio.”

Chabwera, Administrator at Catandica Radio

SUSTAINABILITY: BURKINA FASO

CELEBRATING 10 YEARS IN BURKINA FASO

This year, DMI celebrated 10 years in Burkina Faso and along with it, 10 years of successful campaigns saving thousands of lives and shifting social norms throughout the nation.

OUR TEAM

Over the past decade, we have built an incredible, all-local team of expert researchers, producers, scriptwriters, and operations personnel, many of whom have been with us since the very beginning. We're proud that we have created a flourishing environment where our talented team feel committed to and driven by our campaigns.

SUPPORTING RADIO STATIONS

Radio stations often act as pillars of communities in Burkina Faso. We have established excellent partnerships with a substantial network of radio stations throughout the region and regularly invest in the sustainability of these stations. Since 2012, DMI has purchased and supported the maintenance of technical equipment, software, and staff so as to ensure the longevity of our partner stations, as they deliver our campaign messages to those in need.

“ DMI is the best partner there is - a partner concerned about the quality of the work, as evidenced by the various trainings that we have received.

We have seen our content improved thanks to the capacity building we have benefited from, [including] technical training, training on several maternal health topics, family planning, and COVID-19, and the quality content produced by DMI (the spots are of very high quality both technically and creatively). This has increased our audience considerably. Without DMI as a partner, we would not have lasted.

We also benefited from equipment that made us independent: solar panels, transmitters, earthing pits, studio equipment, etc.”

Jérôme Tindano, Radio Presenter at Radio
Télévision du Burkina

We would like to thank our team, and our government and funding partners in Burkina Faso for these successful 10 years, as we look forward to many more.



15
campaigns

31
films

15
languages

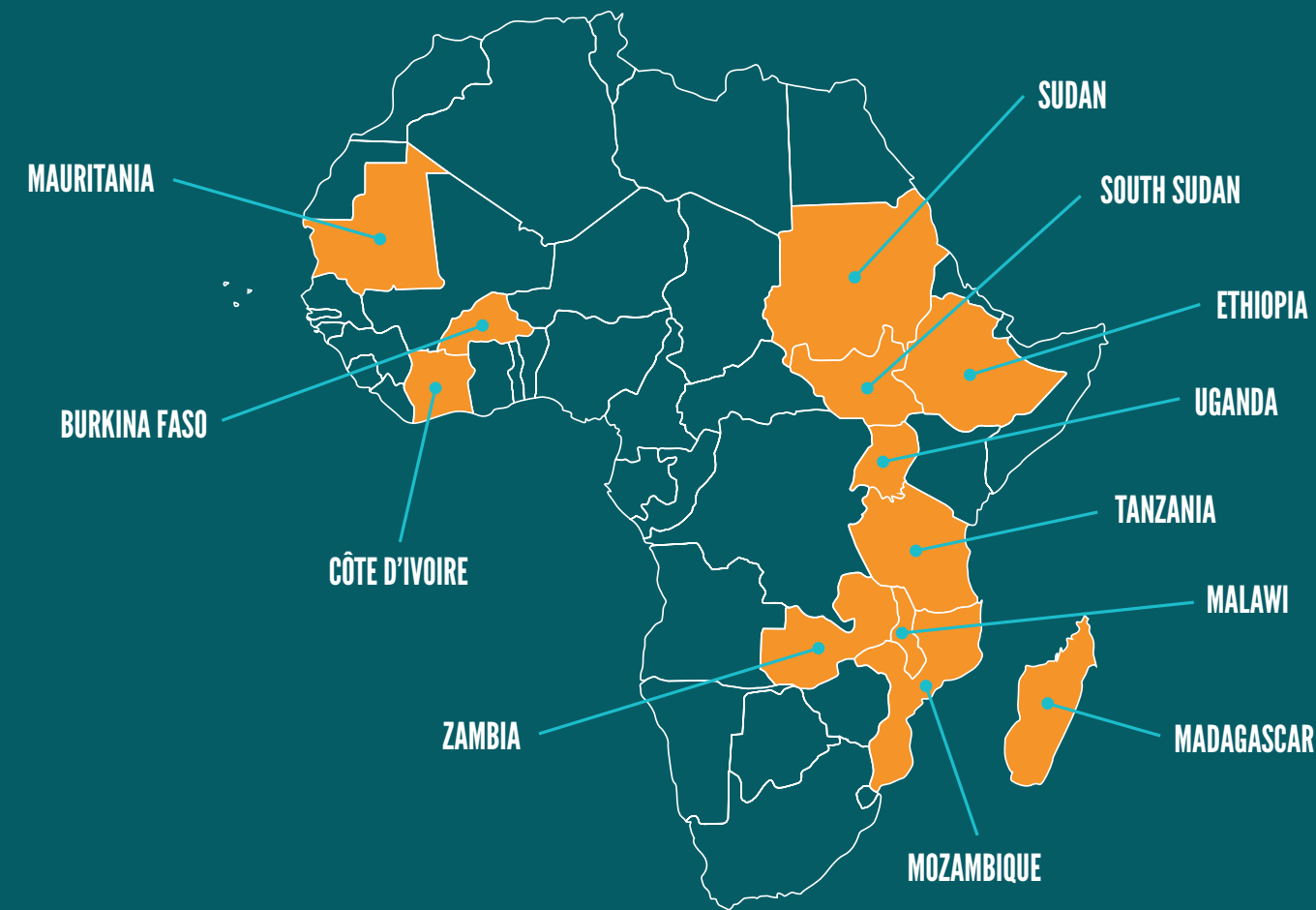
43
partner radio
stations

869
radio spots

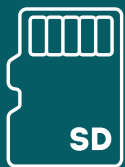
3,000
people reached
over 10 years

Théophile Nebie, Radio
Presenter at Radio Loudon ▶

THIS YEAR BY NUMBERS: REACH



241
RADIO STATIONS
BROADCASTING DMI MATERIAL



9,200
VIDEO, AUDIO AND MEMORY
CARDS DISTRIBUTED



685
RADIO AND TV
SPOTS PRODUCED



27 MILLION
VIDEO VIEWS ON
SOCIAL MEDIA



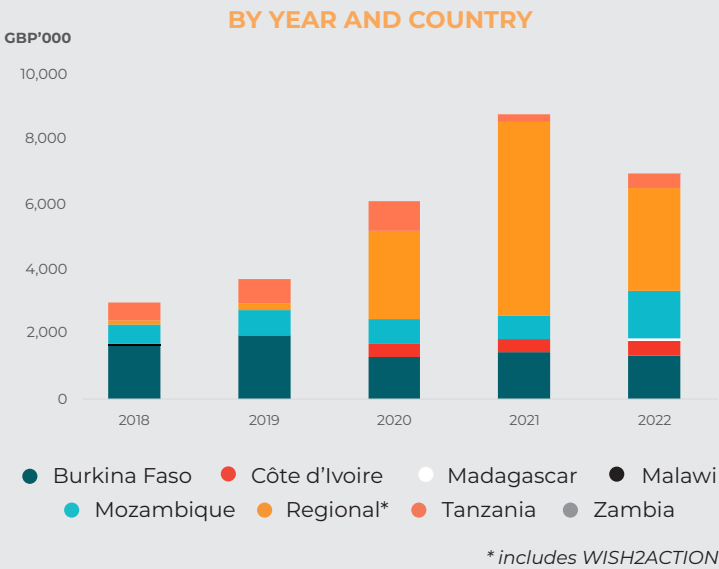
879,500
MINUTES ON AIR



74 MILLION
PEOPLE REACHED

THIS YEAR BY NUMBERS: FINANCE

INCOME: £6.9M

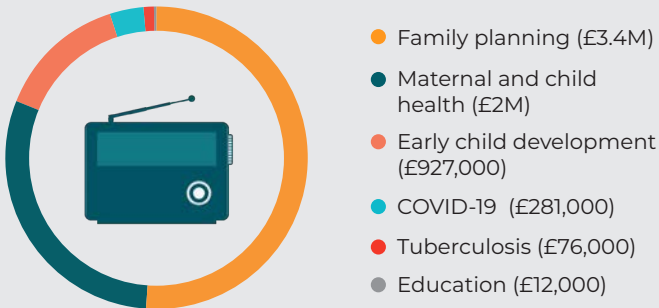


BY FUNDER TYPE

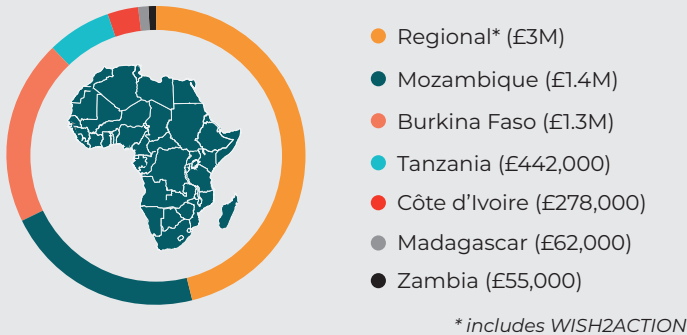


EXPENDITURE: £6.7M

BY PROJECT THEME



BY COUNTRY



All financial figures for financial year April 2021 - March 2022 are draft as the accounts have not been finalised.

Income during FY21-22 decreased slightly in comparison to the previous year, but still represented DMI's second highest annual turnover in its history. The reduction in income was mainly driven by the UK government's decision to reduce the scope of the WISH2ACTION project which led to the cessation of project activities in Ethiopia, Mozambique, and Zambia. DMI continues to invest more financial resources in family planning projects compared to other themes. This is because of the value of the WISH2ACTION project as a proportion of DMI's portfolio. Expenditure on maternal and child health projects has increased compared to the previous financial year whilst investment in COVID-19 activities has reduced considerably.

TOP 5 FUNDERS

- FCDO**
We received £3.4 million for the WISH2ACTION programme this year, enabling us to reach over 84 million people across seven countries in a 12 month period.
- THE LIGHT FOUNDATION**
Over £2 million was donated by the Light Foundation and has been used towards scaling up of our child survival intervention in Mozambique and Burkina Faso, as well as, SUNRISE, our early childhood development ECD RCT in Burkina Faso.
- ANONYMOUS DONOR**
We received £360,000 in unrestricted funds from a donor who wishes to remain anonymous. A proportion of these funds have been allocated to support child survival and maternal health projects in Madagascar, Mozambique, and Tanzania.
- INDIVIDUAL PHILANTHROPIST**
An anonymous individual philanthropist donated in excess of £271,000 which will be used to support the scale up of our child survival campaign in Madagascar.
- WELLCOME TRUST**
£235,000, donated by Wellcome Trust, contributes to the funding of SUNRISE, the first ever RCT to test the effects of an ECD radio campaign on cognitive development.

THANK YOU TO ALL THE FUNDERS OF OUR 2021-2022 CAMPAIGNS





Cover photo taken in Madagascar by Onja Be



@followdmi



+44 20 3058 1630



www.developmentmedia.net



info@developmentmedia.net