

DMI CAPABILITY STATEMENT



Introduction to DMI

Development Media International (DMI) runs evidence-based radio, TV and mobile campaigns to change behaviours and save lives in low-income countries. It is a non-profit organisation headquartered in London, with regional offices in Burkina Faso, Côte d'Ivoire, Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia. DMI's focus areas include child survival, early childhood development (ECD), nutrition, hygiene and sanitation and family planning. DMI's methodology can be applied to a wide range of issues, provided they are relevant to the majority of the population reached, the behaviour change is feasible and, if required, there is adequate supply side provision.

Evidence base

DMI was founded to bring the rigour of epidemiology to media campaigns. We are committed to testing the impact of our campaigns using rigorous evaluation methods, and then taking our most effective campaigns to scale to maximise impact and cost-effectiveness. DMI is the first organisation to demonstrate through a randomised controlled trial (RCT), carried out in Burkina Faso from 2012-2015, that mass media interventions can change behaviours. The RCT showed that DMI's radio campaign led to dramatic increases in parental treatment-seeking behaviours in intervention zones compared to controls, which corresponded to 3,000 children's lives saved (Murray et al., 2018).

Value for money

DMI prides itself on providing high value for money for donors. Economic analysis conducted by the London School of Hygiene and Tropical Medicine suggests that DMI's child survival intervention is among the most cost-effective methods of saving children's lives available (Kasteng et al., 2018).

GiveWell, an independent evaluator of not-for-profits, has rated DMI as a "standout charity" based on its health impact, evidence base and cost-effectiveness. According to GiveWell, DMI "offers donors an outstanding opportunity to accomplish good with their donations".

Funders and partners

DMI has worked with a wide range of institutional and foundation donors and has a breadth of experience with a varied and complex donor base. DMI has strong relationships with FCDO, the World Health Organisation, Wellcome, GIZ, the Mulago Foundation and GiveWell, among others.

For each project, DMI partners with local radio stations and governments. In addition, DMI often partners with other NGOs to accelerate impact. For example, DMI has worked on projects in partnership with IPPF, IMA World Health, Innovations for Poverty Action and the Red Cross.

DMI's core competencies

Media campaign strategy and design	Qualitative and quantitative research	Content creation and production	Distribution and partner management
Broadcasting analysis, channel and partner selection	Formative research to understand barriers to behaviour change	Scriptwriting for range of radio and video formats	Negotiation of broadcast deals with partner stations
Message selection and weighting, impact and cost predictions	Pre- and post-broadcast audience feedback testing and broadcast monitoring	Translation of materials into multiple languages or regional versions	Distribution of recorded content and management of live broadcasts
Format selection and concept development	Impact evaluation design and/or implementation	Production of radio and video materials	Management of government relationships and approvals

Methodology

Saturation

Broadcast spots 8-12 times per day (radio), or 3 times (TV), and daily longer formats

Broadcast in languages that the majority of the target population can understand well

Broadcast on stations viewed or heard at least weekly by the majority of the target population

Science

Use mathematical modelling to estimate impact of messages

Allocate airtime to each message based primarily on predicted impact

Measure and attribute impacts using robust evaluations

Stories

Integrate formative research findings into the creative process

Ensure emotional climax of dramas reflect barriers to behaviour change

Test all materials before and after broadcast with the target audience

DMI's projects

DMI has run over 40 campaigns in 25 countries. A selection of examples are outlined below. Further examples are available in our [2019-2020 Annual Report](#).

Child survival randomised controlled trial, 2012-2015: Burkina Faso

Funders: Wellcome and the Planet Wheeler Foundation

DMI budget: \$6.4 million

Between March 2012 and January 2015, DMI ran a child survival radio campaign in Burkina Faso consisting of a 35-month intensive radio campaign, delivered in seven rural areas through community FM radio stations. Caregivers of children less than 5 years old were the primary target audience. The campaign encouraged treatment-seeking for three of the biggest killers of children under 5 in Burkina Faso: malaria, diarrhoea and pneumonia. Sixty-second radio spots in local languages were broadcast approximately 10 times per day, and two-hour interactive (long-format) programmes were broadcast 5 days per week.

The campaign was independently evaluated by the London School of Hygiene and Tropical Medicine (LSHTM) through a cluster-randomised controlled trial (RCT). The RCT involved 14 geographical areas, randomly divided into seven intervention areas - where the local FM radio station delivered the *Saturation+* child survival campaign - and seven control zones where the local radio stations did not broadcast this campaign.

Findings showed that the radio campaign dramatically increased primary care consultations for children under 5 years. In the first year of the campaign, results showed the following increases:

- Consultations for children presenting with **malaria** symptoms increased by **56%** ($p < 0.001$).
- Consultations for children presenting with **pneumonia** increased by **39%** ($p < 0.001$).
- Consultations for children presenting with **diarrhoea** increased by **73%** ($p < 0.001$).

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

Modelling using the [Lives Saved Tool \(LiST\)](#) indicated that the increased under-five consultations at primary health centres for malaria, diarrhoea and pneumonia (the leading causes of post neonatal child mortality in Burkina Faso) resulted in an estimated 7.1% average reduction in under-five mortality per year, corresponding to approximately 3,000 lives saved over the course of the campaign. This indicates that the campaign is among the most cost-effective methods of saving children's lives available.

The study represents the first time that mass media has been scientifically shown to change health-seeking behaviours. Results of the campaign's [impact on behaviours and mortality](#), and a [cost-effectiveness analysis](#) were published in *BMJ Global Health* in 2018. These results generated significant interest in the [press](#), and were featured in over 150 news outlets, including [BBC World News](#), [Reuters](#) and [CNN](#). A short animation explaining the results of the trial can be viewed [here](#), and a short case study of a girl whose life was saved by the campaign can be viewed [here](#).

Randomised controlled trial on effects of a family planning radio campaign, 2015-2018: Burkina Faso
Funder: The Global Innovation Fund, Development Innovation Ventures, and an individual philanthropist
DMI budget: \$3.2 million

DMI conducted a cluster randomised controlled trial to test whether mass media can increase the modern contraceptive prevalence rate in Burkina Faso, where nearly one third of pregnancies are unintended (Guttmacher Institute, 2011). The project evaluation was led by Rachel Glennerster, formerly Executive Director of the Abdul Latif Jameel Poverty Action Lab (J-PAL). The fieldwork, based on interviews at baseline and endline with 7,000 women in 16 clusters, was conducted by Innovations for Poverty Action (IPA).

DMI's radio campaign included 60-second radio spots that were broadcast 10 times per day, each in five local languages. All spots were based on extensive formative research that investigated social norms and barriers to uptake, and reactions to the spots were tested before and after broadcast. Additionally, interactive radio programmes were broadcast three times per week, allowing audiences to phone in and discuss their fears, beliefs and uncertainties with peers, and to hear accurate answers directly from health experts.

The primary outcome measure for this trial was modern contraceptive rate (mCPR), that is, the percentage of women aged 15-49 using, or whose partner is using, a modern contraceptive at the time of survey. DMI's 2.5-year campaign led to a 5.9 percentage point increase in mCPR in intervention zones compared to control zones, corresponding to a 20.0% relative increase ($p=0.046$). There was a larger impact among women who had access to a radio at baseline ($n=3,877$), with an increase in mCPR of 7.7 percentage points, a 26.4% relative increase in intervention zones compared to controls ($p<0.01$).

Full results will be published later this year.

SUNRISE, 2019-2025: Burkina Faso
Funders: Wellcome and The Light Foundation
Overall budget: £5.8 million
DMI budget: £3.2 million

DMI is preparing to conduct the first ever randomised controlled trial on the effects of mass media on early childhood development, in partnership with the London School of Hygiene and Tropical Medicine (LSHTM) and University College London (UCL). The co-principle investigator for this study is Professor Betty Kirkwood.

The five-year Scaling Up Nurturing care, a Radio Intervention to Stimulate Early child development (SUNRISE) trial will work with localised FM radio stations across Burkina Faso. Comparable geographic areas or 'clusters' will be identified, each served by a localised FM radio station. Following restricted randomisation to ensure comparability with respect to key baseline characteristics, half of these clusters will be assigned to an intervention group and half will be assigned to a control group. The radio campaign will be broadcast in the intervention group only. We will survey 125 children in each cluster to be assessed at 30-35 months during the last 6 months of the campaign, ensuring maximum exposure since their birth. The outcomes will be evaluated using the Bayley Scales of Infant development (BSID-III) to measure cognitive, language and motor skills. We expect the radio campaign to reach approximately 3.5 million people during the trial (around 18.3% of the 19.1 million population). Following the trial, the intervention will be ready for immediate expansion throughout Burkina Faso.

The Women's Integrated Sexual Health (WISH) Programme, 2018-2021: Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia
Funder: the UK Department for International Development (DFID)
DMI budget: £12 million

DMI is a delivery partner in the DFID-funded Women's Integrated Sexual Health (WISH) programme. This £200 million investment in 27 countries aims to improve the lives of millions of women and girls through integrated and holistic sexual health care. This will empower women in some of the world's poorest countries to plan when to have children, to stay in education, and to get better jobs, enabling them to contribute to their country's economic development.

DMI is part of the WISH2ACTION consortium, managed by the International Planned Parenthood Federation (IPPF), and is working in seven countries in East Africa: Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda and Zambia. DMI aims to improve sexual health by increasing demand for sexual health services and modern contraceptive uptake.

Radio is the primary channel for the campaign, following to DMI's [Saturation+ methodology](#), and this will be complemented by TV spots, mobile video content and social mobilisation.

ASTUTE Project, 2015-2020: Tanzania

Funder: DFID

Overall budget: £31.5 million

DMI budget: £2.75 million

DMI was a strategic consortium partner contributing to the DFID-funded Addressing Stunting in Tanzania Early (ASTUTE) project in Tanzania which was led by IMA World Health. DMI broadcast one-minute radio dramas 10 times a day across the Lake Zone (Kagera, Kigoma, Mwanza, Geita and Shinyanga) and the Southern Highlands (Mbeya, Iringa, Songwe and Njombe), and nationally via Radio Free Africa. 145 radio spots were complemented by 4 TV spots that were broadcast on national stations. The spots gave listeners practical advice on how to make their children smarter, healthier and more successful, with a particular focus on nutritional advice. Spots were short, realistic dramas that use emotion, humour and suspense to convince target audiences to adopt healthy behaviours. The spots tapped into Tanzania's strong oral culture and addressed the underlying gender dynamics that affect stunting.

The campaign achieved important improvements across multiple breastfeeding, maternal nutrition, and early childhood development indicators. Some examples are given below, drawn from before-and-after surveys of 5,000 households showing changes over a period of 30 months:

Indicators measured	Impact	p-value
Child exclusively breastfed	Increase from 79% to 92% (13 percentage points)	<0.001
Mother ate more types of food during last pregnancy	Increase from 7% to 20% (13 percentage points)	<0.001
Partner helped with chores frequently during pregnancy	Increase from 41% to 50% (9 percentage points)	<0.001
Mother's engagement with young child's learning	Increase from 47% to 79% (32 percentage points)	<0.001

For many of these indicators we also saw strong evidence of an association with reported exposure to the campaign at endline, providing evidence that some of this change can be attributed to the intervention. The results of this analysis provide exciting evidence that habitual, potentially difficult household behaviours such as nutrition, husband helping with chores, or cognitively stimulating young children on a daily basis can be substantially impacted by DMI's campaigns. DMI plans to publish the full evaluation results in late 2020.

An example of a TV spot for this project can be viewed [here](#).