

Completion Assessment Executive Summary

Development Media International

May 2024

Investee	Development Media International (DMI)
Main implementation country	Burkina Faso
Date of contract signature	1 October 2015
Date concluded or exited	2022
Additional implementation countries	None (under GIF financing)
Funding amount agreed	£1,500,000
Funding amount disbursed	£1,500,000
Co-funding	USAID/Development Innovation Ventures (DIV) (\$397,000) and an anonymous donor (\$1,340,295)
Expected PYI range at year 10 (ex ante)	63K-151K
Achieved cumulative PYI at year 10 (ex post)	1.8M

Innovation

The use of a radio-based saturation mass media campaign to encourage the use of modern contraceptives.

Goal of investment

The investment supported a randomized experiment covering five million people in Burkina Faso to examine the impact on family planning knowledge and behaviour of a radio-based campaign. This was one of GIF's first investments and it did not explicitly set out objectives or KPIs.

The imputed objectives were to:

- Demonstrate the effectiveness of the innovation, with an expected increase of 100,000 couples using modern contraception due to the campaign.
- Demonstrate the cost-effectiveness of the innovation.
- Allow DMI to develop the capacity to implement family planning campaigns in Burkina Faso. This would position DMI to adapt mass media family planning behaviour change campaigns to additional countries.

Type of investment

Grant

Original investment rationale

- The innovation has significant potential to be a cost-effective way to promote modern contraceptive usage, and to work across multiple geographies.
- The investment supports the development of an organisation with high mission alignment with GIF and with strong potential to scale.

- The RCT will substantially contribute to the evidence base regarding behavioural health campaigns.

Use of funds

GFT's grant enabled DMI to produce radio content that promoted the use of modern contraceptives and to work with radio stations to integrate family planning messages into their programming.

Other co-funding included:

- \$400,000 from USAID's [Development Innovation Ventures Initiative](#) for baseline survey
- **\$1,340,295** from an anonymous donor for the radio implementation
- Support for researchers' time from their home institutions
- Government's supply of contraceptives

Implementation

DMI developed a radio-based saturation mass media campaign to encourage the use of modern contraceptives in Burkina Faso. This was implemented as a Randomised Controlled Trial. Radio station catchment areas were the basis for randomization. In eight 'treatment' areas of the country, for 30 months, 30- and 60-second spots were broadcast 10 times per day, every day, on eight radio stations, in six languages. In addition, DMI worked with the eight community radio stations to produce 2-hour live interactive phone-in shows, 3 nights per week, 52 weeks a year on each station. Audiences phoned in to discuss their fears, beliefs, and questions and received accurate information and reassurance from health experts. In eight 'control' areas, generic public health messages were aired. In both areas, households without radios were identified in the baseline survey, and half of them were randomly allocated a radio. This provided additional information on the impact of communication on behaviour.

The campaign lasted 2.5 years. Researchers analysed routine health centre data from 461 clinics as well as the survey data collected by Innovations for Poverty Action (IPA) with support from the Abdul Latif Jameel Poverty Action Lab (J-PAL) through its affiliates. IPA surveyed 7,500 women of reproductive age in 252 villages before and after the campaign. They collected information about their age, education, wealth, radio listening habits, access to health centres and use of modern contraceptives. Eight intervention areas and eight control areas were enrolled in the study. In one area selected for the intervention (Djibo), the campaign was could not be broadcast due to threats of violence from terrorist groups.

The Principal Investigators had considerable experience in these fields and the study design was guided by a scientific advisory committee composed of eminent academics together with monitoring and evaluation specialists and other technical experts.

Collaboration with government and local partners

Although the project had good relations with the Direction de la Promotion de l'Éducation pour la Santé and the Ministry of Communication, engagement with the Ministry of Health and with the Direction de Santé de la Famille (DSF) (which manages and budgets for reproductive health and family planning activities), it was not included in DSF's national family campaigns. These engage national and international NGOs, community leaders and stakeholders, such as religious leaders and, importantly, the written press and mass media (Castle 2021). Parallel supply chain activities occur to ensure supplies can meet the demand created. Currently, DMI's impact (for example, around number of new users) is not counted in national government statistics despite it dovetailing well with the aims of the National Family Planning Acceleration Plan which includes the annual campaigns.

Content of the radio messages was extensively tested. The Union of Religious and Customary leaders in Burkina was consulted during message development. DMI reports that all 78 spots were pretested in 114 focus groups with more than 1200 participants, in a range of communities. Testing included women and men of reproductive age, married and unmarried, and elders. During the broadcast period, 398 women, young women, and men were interviewed in focus groups or individually to understand uptake of the messages, with feedback to production.

In 2019, DMI hosted an event in Ouagadougou to disseminate the results of the family planning RCT with local stakeholders, including representatives from the government of Burkina Faso. In 2021, DMI, USAID, GIF, J-PAL, and IPA jointly hosted a webinar to disseminate results - *Accelerating progress in family planning: How can we double the uptake of modern contraceptives by 2030?*

The authors have also published a [working paper](#)¹(Glennerster *et al.* 2023) outlining the results of the evaluation.

Results

Table 1 compares expected and actual outcomes of the media campaign.

Table 1: Expected and actual results of the media campaign

Objective	Outcomes
100,000 additional couples will begin using modern contraceptives.	It is estimated that at least 37,000 additional women were using modern contraception because of the pilot mass media campaign. The scale up lead to around 225,000 additional women using modern contraception in Burkina Faso and roughly 10,000 fewer births a year.

¹ Rachel Glennerster, Joanna Murray, and Victor Pouliquen, 'Media, Social Pressure, and Combating Misinformation: Experimental Evidence on Mass Media and Contraception Use in Burkina Faso', 23 February 2023.

	The campaign also shifted knowledge and attitudes about family planning. Women in intervention areas were 35% less likely to believe that modern contraceptives cause side effects such as illness or infertility than those in control areas. They were also 14% more likely to say that “women should control the number of children they have during their lifetime”.
Allow DMI to develop the capacity to implement family planning campaigns in Burkina Faso. This would position DMI to adapt mass media family planning behaviour change campaigns to additional countries.	Through WISH2ACTION (FCDO), DMI worked on demand creation for SRHR through mass media campaigns in Ethiopia, Tanzania, Zambia, Madagascar, Mozambique, Malawi, and Uganda. UNFPA funded DMI to give technical assistance to Burkina Faso, Chad, Cote d’Ivoire, Mali, Mauritania, and Niger as part of the Sahel Women’s Empowerment and Demographic Dividend (SWEDD) project. Family Empowerment Media is adopting DMI’s model to improve uptake in Nigeria.
Demonstrate that saturation mass media campaigns can provide a cost-effective way to increase use of family planning.	The DMI campaign is more cost-effective than these alternatives when done at nationwide scale under the preferred assumption (US\$7.7 per additional user).

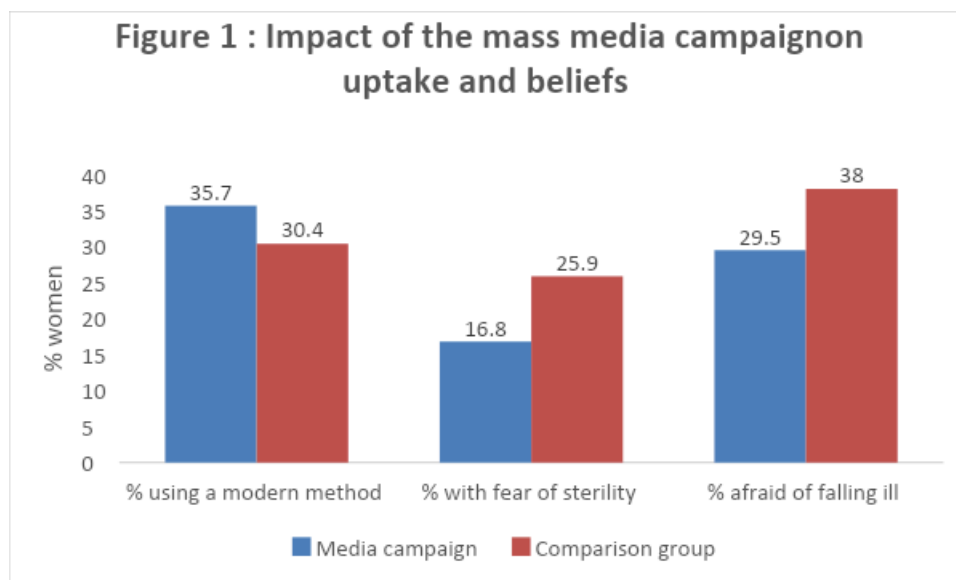
Effectiveness

Although extensive other (non-RCT and RCT) research around mass media and family planning existed at the start of the study, the DMI study filled an important gap in terms of proving robust evidence from an RCT on the impact of ‘saturation-based’ mass media interventions on family planning uptake.

Glennerster *et al.* 2023 found that the mass media campaign led to a 20% increase in FP uptake during the 2.5 years duration of the project. Modern contraceptive prevalence was 35.7% in the campaign group vs 30.4% in the control. Triangulation with health service data and qualitative interviews with providers indicated that since the campaign had been in place, the demand for family planning, and especially for injectable contraceptives had increased.

The study concluded that the campaign worked by providing better information, resulting in enhance agency for women. Women in intervention areas were less likely to believe that modern contraceptives cause side-effects such as illness or infertility compared to control areas. (Figure 1). On the other hand, changes in fertility norms and attitudes toward contraception were small and not significant including on questions such as “it’s embarrassing to buy a contraceptive”, “using a contraceptive is a sign of not trusting your partner”, as well as on women’s or husbands’ ideal number of children and time between two births.

The study authors argued that the campaign better enabled women to realize their desired fertility. Women in the treatment areas were 14% more likely to say that “women should control the number of children they have during their lifetime”. An index of attitudes toward family planning improved. The campaign’s impact was higher in women who had expressed unmet need for contraception versus those who didn’t. And it was particularly effective on maintaining use by women who were already using modern contraception at baseline. The authors conclude that the program improved welfare by helping women to achieve their preferences, rather than changing their preferences. So even though there was no impact on a general index of women’s empowerment, the authors argue that the overall result can be viewed as enhancing a specific dimension of agency.



Cost-effectiveness

Modelling (by authors) suggests a similar national ‘saturation’ radio campaign would lead to an additional 225,000 women using modern contraceptives in Burkina Faso at a cost of just \$7.70 USD per woman per year, plus \$3.50 for the cost of the contraceptives. The implication is that this is a cost-effective intervention that is relatively easy to both take to scale and to replicate elsewhere. Glennerster et al. write:

Finally, we benchmark the cost-effectiveness of this intervention against the cost of other (primarily supply side) family planning spending in Burkina Faso. The Guttmacher Institute (2017) estimates that US\$ 18 million is spent on family planning services in Burkina Faso annually, or approximately US\$ 45 million over the 2.5 years of the campaign with an average cost per woman using modern contraception of US\$ 14.22 per year. In comparison, the campaign increased contraception use (under our preferred assumption) at a cost of US\$11.2 per year including the cost of contraceptives.

Route to scale and impact

National scale up

After GIF's funding came to an end, a nationwide scale-up in Burkina Faso to 40 radio stations was funded by the anonymous donor who had supported the pilot. It should be noted that, as materials had already been developed and impact assessed, scale-up costs were relatively minimal and included the funding of solar panels to ensure radio station capacity and viability. The decision to fund scale-up via a donor was attributed to DMI's perception that the Government of Burkina Faso still hesitates to allocate limited funds to demand-side activities.

International scale up

International scale-up occurred through two main mechanisms:

Scale-up via additional fundraising and donor support: The programme was scaled up internationally as part of the Women's Integrated Sexual Health (WISH) programme. This is an FCDO-funded flagship programme to support integrated SRHR. The programme is divided into two Lots, and DMI succeeded in securing a place on Lot 2, the WISH2ACTION consortium, which is led by IPPF. DMI's experience working on the GIF-funded RCT in Burkina Faso was perceived to be key to their success in winning a place on this consortium.

As part of the WISH2ACTION consortium DMI has run successful campaigns diffusing family planning and SRH messages in Ethiopia, Madagascar, Malawi, Mozambique, Tanzania, Uganda, and Zambia. Most of the campaign is over radio, according to DMI's *Saturation+* methodology, and this has been complemented by TV spots, mobile video content and social mobilisation. DMI has reached approximately 114 million women, men, and youth through the campaigns across all national settings. DMI did not have local staff capacity in all these countries before the WISH programme commenced and therefore opened offices in Ethiopia, Madagascar, Malawi, Uganda, and Zambia and built on existing capacity in Mozambique and Tanzania. In all countries DMI has strong relationships with Governments. They work with them to ensure content is aligned with national priorities and secure approval from them on outputs before broadcasting. DMI also coordinates with consortium partners – IPPF, MSI, Options, Humanity and Inclusion and the International Rescue Committee.

In addition, UNFPA funded DMI to give technical assistance to Burkina Faso, Chad, Cote d'Ivoire, Mali, Mauritania, and Niger as part of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project.

Scale-up through other providers/NGOs: Family Empowerment Media is adopting DMI's model to improve uptake in Nigeria. Family Empowerment Media cited a brief published by IPA that outlined the

results of the trial. The organisation that incubated FEM, Charity Entrepreneurship, contacted DMI's CEO and interviewed him about DMI's work. FEM was then launched to replicate DMI's family planning intervention in other geographies.

Key learnings

Learnings at the level of the innovation

Effectiveness of 'saturation' approach to radio messaging: Uniquely, the experimental design simultaneously varied exposure to mass media at a macro (radio station) level and a micro (individual) level. Testing mass media impact in a causal study adds to the larger literature where previously successful RCT designs have not shown causation in the way this study did. Thus, the innovative design as well as intervention approach (saturation) have contributed important new learning to the field.

Learnings for key stakeholders, funders, replicators, scalers up

Immersion and partnerships: The mass media initiative messages were based on substantive research and experiences gained from the script writers' participation in daily village life and immersion in the cultural settings of the beneficiaries. The radio stations were largely community-owned and run and affiliated with development projects thus potentially anchoring the messages in listeners' cultural realities. Interviews with field office staff carried out for this assessment revealed that lessons learned from the similar MCH initiative in Burkina Faso were capitalised upon for the intervention around family planning – namely, 1) to consolidate partnerships with the local radio stations and 2) to develop strategic collaboration with public offices and to reinforce relations with the Ministry of Health and Ministry of Communication. It is possible that impact could have been even greater had there been greater involvement with local community stakeholders. Of course, there are costs associated with outreach so finding the optimal balance is an area for future attention. In DMI's view, community engagement was accomplished both through the extensive testing noted above, and by the broadcasters themselves. In their view, greater investment in community engagement would not have been cost-effective or conducive to scaling.

This review noted that the government did not include DMI in its national family planning campaigns. This suggests that more emphasis on government engagement could have amplified effectiveness. DMI notes that national level support would not have been possible during the test period, which was restricted to the intervention areas.

Working with partners to meet demand: The study underscores the importance of ensuring the availability of contraceptive commodities whilst broadcasting messages which seek to improve uptake. For example, the project worked closely with MSI Reproductive Choices who provide mobile services in

Burkina Faso. This ensured that when the providers were in the vicinity that broadcasts coincided with their presence.

Learnings for GIF

In terms of the collaboration with GIF, DMI perceived that there had been a good level of engagement and that DMI was *'thoughtful and gave just the right amount of attention'* after a rigorous vetting process. They felt free to implement the project without too much intervention from GIF who demonstrated a high level of trust in them. DMI found the reporting procedures relatively straight forward. As the initiative was one of GIF's first investments, it was perceived by DMI that the organisation had not yet clarified its priorities around scale-up and if or how DMI might position themselves with GIF in that regard.

GIF's investment allowed DMI to demonstrate the cost-effectiveness of the intervention and consequently, one of the RCT's co-funders was sufficiently convinced by this evidence that they immediately funded a national scale-up of the programme across Burkina Faso. DMI perceives that, not only in Burkina but elsewhere, governments may be unable or reluctant to directly fund these national initiatives themselves due to resource constraints. This, even though the Ministries of Health with whom DMI has shared the results (including in Burkina Faso) have been very excited by the findings and supportive of the need for large-scale demand generation efforts to supplement their investments in family planning supplies. Therefore, whilst it continues to be the long-term aim to develop a sustainable model of investment in and delivery of such campaigns, external donor money remains important to ensure such campaigns can be supported and prioritised among government policymakers.

GIF may also want to reflect on its stylized theory of change for test and transition investments that include a rigorous test, such as this one. The stylized theory of change envisions that rigorous proof of an innovation's effectiveness is necessary to trigger scale-up and replication by funders and implementers. In this case, scale-up outside Burkina Faso occurred before the final results were published. However, evidence from qualitative research and mid-point findings were available to the decision process and in the view of DMI were taken into account. This has implications both for the timetable to encourage replication/scale-up and the need for feedback if final results do not reinforce preliminary conclusions about effectiveness.