

A conversation with Development Media International on August 11, 2014

Participants

- Dr. Jo Murray – Research Manager, Development Media International (DMI)
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Murray and Mr. Snell.

Summary

GiveWell spoke with DMI about its program monitoring and research process. DMI's monitoring methodology and the three phases of its research – formative research, pretesting, and feedback research – were discussed. DMI's broadcasting schedule was also discussed.

Program monitoring

DMI hires two independent "trackers" at each station to record whether the DMI spots are broadcast, and the broadcast times. The trackers are anonymous – the radio stations do not know their identity, and they do not know each other. This method has found that DMI stations have been broadcasting at least 10 times a day with good consistency between the trackers.

Data is collected from the trackers by telephone as well as each time a DMI team visits their station, roughly once a month. The frequency of these visits varies based on travel conditions and other context.

It takes a couple of months for DMI's spots to start being broadcast consistently at a station. DMI uses reports from its trackers to encourage laggard stations to broadcast spots more frequently.

RadioBOSS

At one station, DMI uses RadioBOSS software to record exactly what the station has broadcast. This data is stored at the station and must be retrieved periodically. Currently, DMI cannot rely on this software alone because broadcasters do not use it reliably.

DMI hopes to implement RadioBOSS monitoring in more stations in the future. It takes time to train broadcasters on the software and put the supporting infrastructure in place. The advantage of this software is its accuracy; human trackers would also be deployed to ensure compliance.

"Saturation plus" approach

DMI operates under a "saturation plus" approach: using a high level of broadcast intensity. Each radio spot should be broadcast at least 10 times a day; on average people hear each spot three times a day.

In the locations where DMI operates, there are not very many radio stations for listeners to choose from. In some cases, a station's audience share is 80% - 90%; the community radio station has no competitors. Other stations may be able to be picked up with poor reception, but most people listen to the community station by default.

When DMI operates in locations with multiple stations, it uses survey data to determine which stations are most popular, though this data is not always reliable or collected in a consistent way. In such instances DMI may need to conduct their own bespoke media survey to find out about audience share. DMI then distributes spots in a pattern estimated to have the highest coverage and intensity.

Democratic Republic of the Congo (DRC)

In the rural DRC, each village is like an island in a sea of forest. No radio signal is broadcast into the forest. Villages are likely to have a community radio station; towns may have two or three stations. Cities have several commercial stations.

Qualitative research

In Burkina Faso, the DMI qualitative research team consists of three Burkinabé researchers with backgrounds in social science. The researchers are full-time employees who continually travel between the seven intervention zones. For each campaign, DMI initially conducts formative research, then conducts pretesting and feedback research throughout the course of the campaign.

The research team speaks three of the six languages used in the intervention zones. In some cases the team uses interpreters. Formative research and pretesting are conducted mostly in zones where the research team speaks the language.

In Burkina Faso, DMI scriptwriters are based centrally, writing spots and long format programmes for the entire country. DMI employs 14 scriptwriters in Burkina Faso, a large number for this type of operation. In the DRC, DMI has budgeted for five to six scriptwriters, writing in four languages.

Formative research

Prior to beginning a new campaign, DMI's internal research team conducts detailed, one-on-one interviews with key stakeholders – village chiefs, religious leaders, midwives, and community health workers. The information from these interviews, along with data from the Ministry of Health and the World Health Organization (WHO), is distilled into a one-

page message brief for each target behavior. This brief is given to scriptwriters; it is the basis for the DMI spots.

The briefs are structured as follows:

1. One sentence summary of the key message/behavior change to promote.
2. Contextual information, perhaps from the Ministry of Health or WHO.
3. Detailed information on the barriers and drivers for the targeted behavior change.
4. List of the key decision-makers for the behavior (in the target household).
 - a. Usually the man of the household, often the mother-in-law and elders have influence as well.

The formative research process usually takes several weeks.

Pretesting

The second stage of DMI's research process is pretesting to ensure message clarity and acceptability. A team of researchers travels to a target village and plays spots for focus groups on a tape recorder. Focus group participants are asked if they like the spots and understand the health messages. At the end of pretesting, the research group generates a pretest report that is sent to the scriptwriters. Spots that are disliked or confusing are discarded.

For a given campaign, the researchers identify one zone for pretesting, and travel to two villages in that zone. In each village, each researcher conducts a focus group of 12-13 individuals, which previous research has identified as an ideal number for generating balanced feedback. Each pretest typically involves six focus groups with around 70 participants in total.

The research team coordinates with the village chief when recruiting for the focus groups. The team explains the purpose of the spots and how a focus group operates. The chief helps the team identify participants and schedule times for the groups.

The focus groups are divided by gender – the male researcher conducts a group with male participants, and the female researchers with female participants. This is more culturally acceptable in the areas where DMI operates, and it leads to more honest feedback from the groups. Women from these areas are often unwilling to speak openly or critically in the presence of men. DMI expects this to be the case for future campaigns as well, though norms vary from village to village.

During focus groups, the researchers are interested in seeing if participants identify the message of the spot correctly, as well as whether or not they are distracted by the storyline. For example, one spot used the premise of a baby in the womb talking to its mother – participants thought that this was sorcery, did not receive the spot well, and did not focus on the health message.

Burkina Faso is a relatively homogenous country, so pretest results from one zone can be applied well to another. This may not be the case in a larger country, such as the DRC.

Feedback research

The third stage of the research process is feedback research, wherein listeners are surveyed after a broadcast. Feedback research aims to discover if DMI messages were heard, if they were understood, and if they lead to behavior change. Feedback research also strives to identify the remaining barriers to behavior change. Research results are sent to the creative team as input for future spots.

Feedback research follows a structure similar to pretesting. Researchers survey single-sex focus groups of 12-13. The team then writes up feedback research reports, which are given to the scriptwriting team. Feedback research results are also used to refine the original message briefs.

Feedback research is focused on the entire campaign – questions are asked about each behavior, whether it changed, and what prevented it from changing if it did not. This research is more detailed than the formative or pretesting phases.

DMI radio spots are tagged with a clip of a laughing baby. Focus group members are told that the focus group is associated with the laughing baby radio spots. Focus groups are asked a wide variety of questions about their behavior and situation.

In Burkina Faso, the research team has been to all seven intervention zones twice to conduct feedback research over the past two years. Feedback research trips are conducted about once a month, and are separate from the pretesting trips.

Control zones

After the midline results were collected, DMI has focused on understanding its control zones. In the last four months, the DMI research team has visited three of the seven control zones. The team has conducted a mixture of focus group and individual interviews to understand what other interventions and activities are occurring in the control zones. The research team plans to visit the other four zones in the coming months.

One control zone had very good results in the midline survey. DMI was aware that the Bill & Melinda Gates Foundation had funded a community health worker project in the area, and it was likely that other public health interventions were occurring there as well. In most zones, there is a window of time when healthcare is available at the clinics. In this control zone, health workers would go out into the community and follow up with patients who had missed clinic appointments (e.g. for antenatal care).

By the end of the study, DMI is planning to have documentation of all other health interventions occurring in its treatment and control zones. DMI had a high-level picture of this from the Ministry of Health, but can only develop a detailed list from on the ground.

Broadcast calendar

DMI's campaign structure is divided into two-week sections:

- Each two-week section focuses on a single theme (e.g. breastfeeding).
 - Themes are weighted by importance (e.g. malaria themes are broadcast most frequently during the peak malaria season). Weightings are tweaked as DMI receives fresh data.
- Each theme consists of two to three messages (e.g. "start breastfeeding early" and "breastfeed exclusively for the first six months").
 - Over the course of the campaign, the more important messages are played more frequently (e.g. a ratio of 3 "exclusive breastfeeding" to 1 "early initiation breastfeeding").
- Two spots are recorded for each message; each spot is played 10 times a day for seven days.
 - After a spot is played for a week, it has not been used again.

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