# RAPID FEEDBACK

## MONITORING, EVALUATION, RESEARCH, AND LEARNING FINDINGS BRIEF

Community Social and Behavior Change Campaign for
**FAMILY CARE FIRST CAMBODIA INITIATIVE**

## 1. Background

**Rapid Feedback MERL.** The United States Agency for International Development (USAID) signed a cooperative agreement with a consortium of four organizations including Results for Development (R4D) Institute, Abt Associates, Mathematica Policy Research, and the Notre Dame Initiative for Global Development in September 2015 to implement Rapid Feedback Monitoring, Evaluation, Research, and Learning (RF MERL). RF MERL is an innovative initiative under the Monitoring, Evaluation, Research, and Learning Innovations (MERLIN) Program through the U.S. Global Development Lab in partnership with the USAID Bureau for Policy, Planning, and Learning and the Bureau for Global Health.

RF MERL was designed to pilot an approach to apply proven evaluation methods to test the effectiveness of specific components of an activity against alternative intervention options. The approach uses proximal (or intermediate) outcomes that can be measured in shorter timeframes than intended impacts. RF MERL calls each of its evaluations "Feedback Experiments," which use the most rigorous methods feasible to test the effectiveness of two or more alternative intervention options that aim to achieve the same proximal or "RF outcomes" to iteratively improve program design, implementation success, and impact. This is done in rapid cycles, occurring in shorter time frames than typical impact evaluations to allow for timely feedback and course adjustment earlier than is typical with standard evaluation timelines. RF MERL's structure allows the RF MERL Consortium and USAID to work with partners collaboratively to identify, design, and test cutting-edge solutions so that USAID and partners can more effectively understand and measure the impacts of these innovative development activities before scaling them up.

**Family Care First Cambodia.** In this engagement, RF MERL has worked with implementing partners that are part of the Family Care First (FCF) Cambodia initiative. Working with the Royal Government of Cambodia, USAID launched the FCF Cambodia initiative in 2014. Guided by the collective impact model for structured, multi-sector collaboration, one of two cooperative agreements was issued to Save the Children in 2015 for the Cambodia Families are Stronger Together (FAST) project. The FAST project includes more than 25 implementing organizations and seeks to develop a comprehensive care system in Cambodia to prevent family-child separation and promote the reintegration of children from residential care institutions (RCIs) to families. RF MERL began working with the Cambodian Children's Trust (CCT), one of the FCF Cambodia partners, to identify ideas to test before scaling up its intervention model. CCT seeks to reduce unnecessary family-child separation through community-based family and child resource activities, family support services, and referral to services in Battambang, Cambodia.

In this brief, we present a summary of the findings from the Feedback Experiment that RF MERL conducted with CCT in 2017 and early 2018. We present an overview of the Feedback Experiment, summarize key findings for each research question, and conclude with recommendations for CCT. An annex includes additional information about the Feedback Experiment design; quantitative regression results; and resources to learn more about FCF Cambodia, CCT, RF MERL, and this Feedback Experiment.

### Key takeaways to inform adaptation before scale-up

- Respondents in SBCC villages were less likely to say there might be a situation in which they would send their own child to an RCI in the future.
- SBCC campaign positively influenced respondents' attitudes about whether RCIs can have a negative effect on children's emotional development and physical well-being.
- Violence in the household and if one or more parent lives outside of the household are risk factors for sending children to an RCI.
- There are opportunities for cost savings in the SBCC campaign and improving the content of the campaign.

## 2. Objectives

**The objective of this Feedback Experiment is to provide CCT, other FCF Cambodia implementing partners, Save the Children, and USAID with evidence on the effectiveness of adding a formal social and behavior change communication (SBCC) messaging campaign to a social work intervention in Cambodian villages to inform future projects and the potential scale-up of CCT's SBCC pilot.** Given the overall positive attitudes Cambodian community members hold toward RCIs, as evidenced through stakeholder interactions and formative research (Chiappetta et al. 2017a: 12–16), CCT, Save the Children, and other FCF Cambodia implementing partners expressed uncertainty around how to most effectively change knowledge and attitudes about RCIs to help prevent and reduce family-child separation. While stakeholders identified that both service delivery and SBCC are important, they were uncertain about the most effective combination of these activities. CCT was unsure whether a formal SBCC messaging campaign in addition to its social work model (which by its nature includes interpersonal communication—a form of SBCC) would have a significant impact on community members' knowledge and attitudes about RCIs, or if activities included in its social work model alone would prompt the desired shift in knowledge and attitudes.

[1] *CCT has been implementing its typical social work model for many years. It is a centralized model with provincial community centers and social workers. It just began implementing the HFP model in 11 villages after we conducted our baseline assessment. The HFP model is a decentralized, tiered "hub and spoke" model with social workers based in villages who provide case management in villages.*


**Figure 1.** CCT SBCC campaign fliers: "Families are the best place for children" (left) and "RCIs are not a good place for children."

## 3. Feedback Experiment Overview

In coordination with CCT and other key stakeholders, and based on our formative research, the RF MERL Consortium identified three research questions to be answered by the Feedback Experiment as shown in Table 1. **We hypothesized that providing a formal SBCC messaging campaign in addition to social work services would have a greater impact on households' knowledge and attitudes about RCIs than providing only social work services.** We answered each research question by measuring several RF outcomes as shown in Table 1 that assess change in knowledge and attitudes. CCT's theory of change and research on SBCC interventions shows that successful SBCC campaigns work to change knowledge and attitudes, which leads to changes in behavior (e.g., a reduced number of families placing their children in RCIs). The purpose of RF MERL is to measure proximal or intermediate outcomes, as these can be measured in "rapid" cycles that allow a project or activity to quickly adapt or make decisions about scale up before it is possible to expect changes in impacts. That is why we focused this evaluation on changes in knowledge and attitudes rather than the intended behavior change impact—a reduction in the number of children sent to RCIs and family-child separations. This behavior change was not only long-term and unlikely to change significantly within the evaluation timeframe, but it is also something that is difficult to get accurate numbers on since RCIs do not have an incentive to share this information.

*The Feedback Experiment compared households exposed to two different intervention options:*

- CCT's social work model plus an SBCC messaging campaign
- CCT's social work model alone

In designing the SBCC messaging campaign, CCT relied on RF MERL's formative research, which identified promising message themes and communication channels (Chiappetta et al. 2017a: 16–19). CCT decided to create both a positive message (incentive appeal) on the importance of keeping families together and a negative message (threat or fear appeal) on the harms of RCIs. To ensure that the messages were comprehensible and resonated with community members, CCT piloted the messages and visual materials and revised the materials based on community feedback. CCT then implemented the SBCC campaign, disseminating the message to households in the villages assigned to receive the social work model plus the SBCC campaign ("SBCC villages") via three channels:

1. community meetings held by village chiefs, who were educated about the issue by CCT
2. printed flyers that CCT attempted to distribute to all households within the SBCC villages (see Figure 1); and
3. key influencers in the community, whom we identified through baseline research and CCT then educated about the campaign.

To answer the research questions, we used a stratified random assignment design (or Randomized Controlled Trial design) in which we randomly assigned half of the 36 villages that CCT works in to receive the SBCC campaign plus social work services ("SBCC villages") and the other half to receive only the social work services ("Non-SBCC villages"). We conducted a household survey at baseline prior to the SBCC campaign and at endline after the three-month campaign was implemented. We also conducted qualitative interviews with a sub-sample of survey respondents at endline to further explore and understand the quantitative findings. We have included a detailed explanation of our methodology and limitations in the Annex.

"This message exposure makes me think deeply. It's very good. It reminds us immediately about what we have never thought about before. It can change my opinion that staying together is better than sending the kids to RCIs even though I cannot support them much."

*Male respondent, SBCC village*

| Research Question | RF Outcomes |
|---|---|
| A. Do community members exposed to a formal SBCC messaging campaign plus CCT's social work services have more knowledge about the potential dangers of RCIs than those exposed only to CCT's social work services? | Knowledge that RCI care could ever result in harms for families or children<br><br>Knowledge that RCIs are detrimental to the psychological development of children<br><br>Knowledge that RCIs are detrimental to the emotional development of children<br><br>Knowledge that RCIs are detrimental to the social development of children<br><br>Knowledge that RCIs are detrimental to the physical well-being of children |
| B. Do community members exposed to a formal SBCC messaging campaign plus CCT's social work services have a more negative attitude toward RCIs than those exposed only to CCT's social work services? | Belief that there is ever a situation in which they might send their child to an RCI<br><br>Attitude about the importance of children living with families<br><br>Attitude about the importance of families staying together regardless of the challenges they face<br><br>Attitude about whether families are better at raising children than RCI staff |
| C. How cost effective is it to add a formal SBCC messaging campaign to CCT's social work services? | Cost per change in RF Outcomes presented above |

**Table 1.** Feedback Experiment research questions and RF outcome

## 4. Rapid Feedback Experiment Findings and Conclusions

### A. Do community members exposed to a formal SBCC messaging campaign plus CCT's social work services have more knowledge about the potential harms of RCIs than those exposed only to CCT's social work services?

We defined "knowledge" in this case as the respondent's understanding of whether there are any potential harms that can accrue to children placed in an RCI or the families who place them there. **We found that while respondents in SBCC villages were not statistically significantly more likely to know that RCI care can result in harm to children or families, a small percentage of the SBCC-village respondents did report more knowledge about emotional and physical harms of RCIs than non-SBCC village respondents.** We found that 11.2 and 8.7 percent of respondents in SBCC and non-SBCC villages, respectively, believed that RCI care can result in harm, but the difference was not statistically significant (Figure 2).

While the SBCC campaign did not change overall knowledge about harms in RCIs, we did find that the campaign changed knowledge and attitudes about specific components of child development for children living in RCIs. **Respondents in SBCC villages were five percentage points more likely to believe that RCIs are detrimental to children's emotional development and four percentage points more likely to believe that RCIs are detrimental to children's physical well-being than respondents in non-SBCC villages (Figure 3).** We found these differences to be statistically significant. This aligns with the content of the community meetings, which specifically highlighted the emotional and physical harms of RCIs. We also did not find evidence that households in SBCC villages were more or less likely than households in non-SBCC villages to believe that RCIs are detrimental to the psychological or social development of children. This may be because the community meetings did not highlight psychological or social development issues.

Therefore, even though the SBCC campaign seems to have improved knowledge about the potential harms of RCIs on specific components of child development, we were unable to detect an impact on overall knowledge about the harms of RCIs. This could be due to issues of respondent believability of the messages, as highlighted by some of our qualitative respondents. In addition, the negative flyer simply stated "RCIs are not a good place for children," and did not reference harms.

During the qualitative interviews, most people reported that the image on the negative flyer communicated emotional harms of RCIs for children, such as loneliness, isolation, hopelessness, and a lack of warmth. However, even after exposure to the SBCC campaign, some respondents were not convinced that RCIs can cause any harms to children, while others recognized specific harms but still thought RCIs were beneficial overall. A few respondents said that the negative message prompted them to question whether RCIs are good and to want to learn more about RCIs. Some respondents said they did not believe the negative message regarding RCIs or thought it to be incorrect because it did not align with their knowledge about RCIs, what they had heard about RCIs, or their personal experiences with RCIs, most of which were largely positive. In interviews, some respondents suggested they might better understand the negative message if it was delivered more frequently and if they learned more about the harms, including specific examples of harms, to help clarify contradictory information they had received about RCIs.

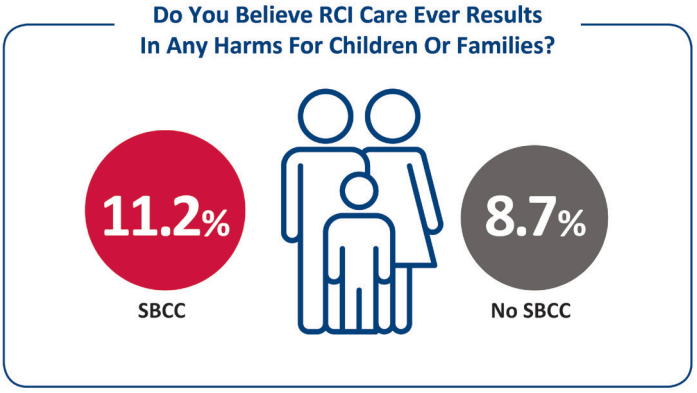


**Figure 2.** Percentage of Respondents who Believe that RCI are Ever Results in Harms

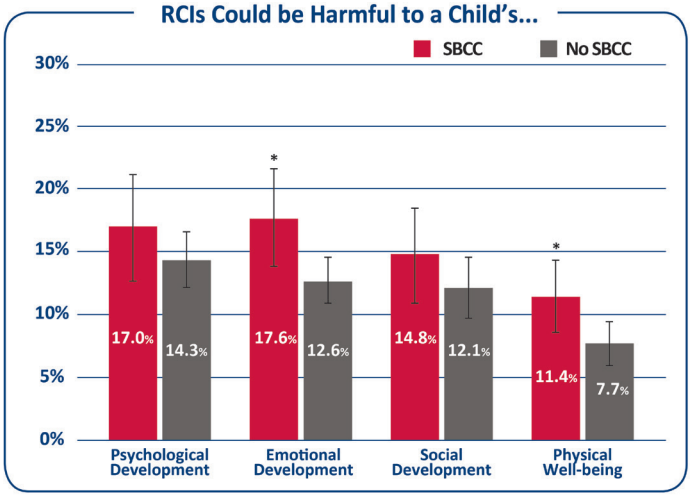


**Figure 3.** Percent of Respondents who had Knowledge about Specific Harms of RCIs *$p<0.1$*

## B. Do community members exposed to a formal SBCC messaging campaign plus CCT's social work services a have a more negative attitude toward RCIs than those exposed only to CCT's social work services?

**We found that while SBCC village members did not have a more negative opinion (as measured by their attitudes about the importance of families staying together, the importance of children living with their families, and whether families are better at raising children than RCIs) than respondents from non-SBCC villages, a small percentage of respondents from SBCC villages reported being less likely to send their children to an RCI (higher-level outcome) than non-SBCC village respondents.**

Figure 4, below, shows respondent attitudes about the importance of keeping families together. The likely reason we are unable to detect a difference in attitudes about the importance of families staying together and beliefs that families are better at raising children between SBCC and non-SBCC villages (e.g., as shown in the quote on page 3) is that the majority of people in the SBCC and non-SBCC villages already agreed with these statements at baseline, and, thus, there was not much room for movement. In interviews, most respondents reported that they thought it was best for children to stay with families even if they had positive attitudes towards RCIs, although this attitude was conditional on whether families can adequately support and care for their children.

Despite these findings, as mentioned above, respondents in SBCC villages were less likely than their counterparts to say they would ever send their child to an RCI. **Respondents in the SBCC villages were 5.3 percentage points less likely to say there could be a situation in which they would send their child to an RCI than respondents from non-SBCC villages (see Figure 5).** Several intervention factors may have limited the size of the effect. Specifically, we found that the community meetings were relatively small; many people reported that they did not see the flyer; and, on average, only one key influencer was engaged per village to share the message. In addition, the campaign presented RCIs as a last resort for families, which already aligns with many community members' views. Finally, the campaign did not discuss how families can address problems they face that could contribute to their likelihood of sending a child to an RCI.

For instance, our analysis showed that both reported household violence and one or more parents living out of the home were correlated with whether a family might send their child to an RCI. Indeed, in our qualitative interviews, those who reported that they may consider placing a child in an RCI said they would be most likely to do so if they faced challenges that prevented them from financially supporting (e.g., providing food, education, and clothing) or caring (e.g., providing love, advice, time, and discipline) for their child. Families faced a range of barriers that limited their ability to financially support and care for their children, including domestic violence, migration, divorce, drug and alcohol abuse, and serious illness or disability. However, even those families that face these challenges said that they would only consider sending their child to an RCI if they do not have other relatives who can care for their child.

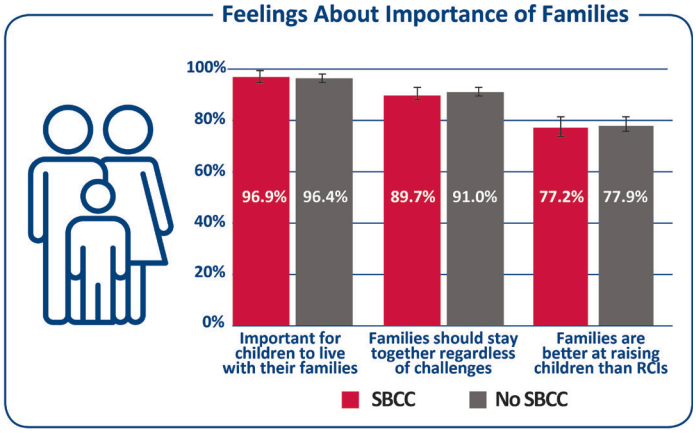


**Figure 4.** Percentage of Respondents who Believe that it is Important for Families to Stay Together

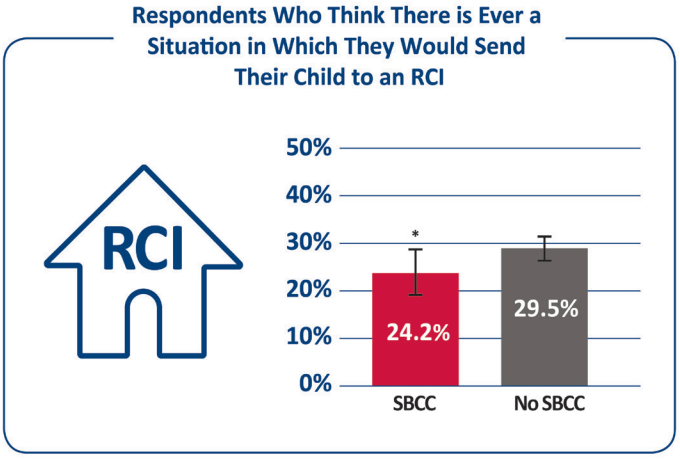


**Figure 5.** Percent Of Respondents Who Believe There Is Ever A Situation In Which They Would Send Their Child To An RCI

## C. How cost effective is it to add a formal SBCC messaging campaign to CCT's social work services?

We calculated the cost effectiveness of the SBCC campaign by dividing the impact estimates (for the RF outcomes that we found an impact for) from research questions A and B, by the cost for CCT to implement the SBCC campaign. **We found that it cost CCT $4.40 to change one person's mind about whether he/she thinks there is ever a situation in which he/she might send his/her child to an RCI.**

**It cost $4.66 to change a person's mind about whether he/she thinks RCIs could be detrimental to a child's emotional development and $6.30 to change a person's mind about whether he/she thinks RCIs are ever detrimental to the physical well-being of children[1].** Conversely, given that we found no detectable impact for the other outcomes assessed, we found that it was not cost effective to change opinions about those outcomes. Nonetheless, we did find evidence that cost effectiveness might be improved if CCT eliminated the door-to-door flyer campaign and focused its efforts on working very closely with village chiefs and key influencers to get their full buy in to the message and then encouraging them to share that message more frequently and widely. It also might be improved by changing the messages themselves, to include more details on harms, more information on services available to support families with the challenges they face, and more information on alternative family-based care options outside of RCIs.

[1] *The cost effectiveness analysis is based on the number of flyers distributed and does not include the costs to develop the original campaign or fixed costs. Thus, any future campaigns that do not include flyer distribution along with the village chief and key influencer meetings or that include any additional changes to the campaign itself cannot be expected to cost the same amount.*

# 5. Recommendations

It is important to note that RF MERL was designed to identify early lessons in activities that might lead to adaptations and/or the need to further test and refine intervention options in rapid cycles based on findings. In that light, we offer CCT two key recommendations.

1. **Determine if the cost of the SBCC campaign is worth the impact** by weighing the costs of investing further in SBCC versus augmenting other CCT services to address the challenges families face and alternative care options. If the SBCC campaign is worth the impact, consider scaling up the campaign to other villages while including some of the changes outlined below. More specifics follow:

   A. Consider testing the effectiveness of an SBCC campaign compared to the effectiveness of other intervention options, especially if implementation resources are limited. This could include comparing the cost effectiveness of the campaign with the cost effectiveness of CCT's two social work models, the Holistic Family Preservation (HFP) Model and the centralized social work model. This could also include comparing the cost effectiveness of new or augmented intervention options that seek to address key challenges families face, such as violence or parents living outside of the household.

   B. *Consider testing some changes to the SBCC campaign to see if they make it more effective, if resources permit:*

   - Include information in the campaign about the types of support available to families for key challenges as well as information on alternative family-based care options.
   - Spend more resources to ensure that the village chiefs and key community influencers understand the issues and support available to families and encourage them to share the campaign message more broadly and frequently.
   - Train social workers to disseminate the message through informal, one-on-one communication with community members.
   - Eliminate door-to-door flyer distribution.

2. When sharing SBCC messages and identifying at-risk households for social work services, consider **prioritizing the identification and targeting of households facing issues of violence or parent(s) living outside of the home,** as these factors are correlated with whether a household may consider sending a child to an RCI in the future.


"Some parents may think their child will be lonely [in an RCI], miss their parents, and have no warmth, as they do when living with their parents."

*Female respondent, SBCC village*

# RAPID FEEDBACK MERL BRIEF

COMMUNITY SOCIAL
AND BEHAVIOR CHANGE
CAMPAIGN FOR
**FAMILY CARE FIRST**
**CAMBODIA INITIATIVE**

## ANNEX

## A. Rapid Feedback Experiment Design

Here we present additional information about the Feedback Experiment design to supplement what is presented above. For the full design, see Chiappetta et al. (2017b).

**Methods.** *After conducting our baseline assessment, we randomly assigned the 36 villages from the sample frame to one of two intervention options:*

- CCT's social work model plus an SBCC messaging campaign
- CCT's social work model alone

*However, before doing so, we stratified the villages to account for the two different CCT social work models that CCT used (the HFP Model and its centralized social work model) and CCT's classification of the villages' access to services[1], as follows:*

- Full-service villages that receive the HFP Model
- Partial-service villages that receive the HFP Model
- No-service villages that receive the HFP Model
- Full-service villages that do not receive the HFP Model but do receive the centralized model
- Partial-service villages that do not receive the HFP Model but do receive the centralized model
- No-service villages that do not receive the HFP Model but do receive the centralized model

**Quantitative Data Collection.** We designed a survey to be administered in all 36 villages from the sample frame. We competitively selected and contracted a Cambodian data collection agency to collect two rounds of data, a baseline in June 2017 and an endline in October 2017. Enumerators were instructed to interview both the household head and primary care giver, if possible, though in many cases only one was available.

The survey instrument included questions about households' demographics, risk factors for family-child separation, history of family-child separation, and exposure to the SBCC messaging campaigns through the various channels. For instance, we collected information on the highest level of education within households, households' relative wealth (using an asset index), distance to key services, previous migration history, and whether both parents live in the household. We further posed questions to determine the RF outcomes—community members' knowledge about and attitudes toward RCIs. The endline survey instrument was a modification of the baseline, collecting data on any changes in household characteristics and endline values of key outcomes such as attitudes towards of RCIs.

**Quantitative Sample.** We randomly selected households within villages using the systematic random walk method, ultimately interviewing 1,565 households at baseline across the 36 villages. We tried to interview the same households at endline, but 11.4 percent refused to respond to our survey. At endline, our final sample size was 1,307 households (61 households short of our targeted sample size of 1,368, as specified in the design report). We compared the response rates between both intervention options and we found no difference between the level of attrition for both options.

During both baseline and endline data collection, we attempted to obtain responses from both the household head and the primary caregiver of the household. We were successful at getting two responses per household for a portion of our sample (189 households at baseline and 222 households at endline), but for most households, we have only one respondent at both baseline and endline. Also, it is important to note that in some cases we captured responses from other adults in the household (when the household head and primary caregiver were not available).

[1] *CCT classifies its villages into three types—villages with full-, partial-, and no-access to services—which it defines based on the distance from the village to health and education services. CCT works across all three types of villages because it wants to test, outside of our study, whether access to services reduces risk, which CCT hypothesizes it does.*

**Quantitative Data Analysis.** We used the linear regression model in Figure A1 to estimate the impact of the intervention, controlling for factors that either CCT or our formative research identified as risk factors for families to send children to RCIs. In addition, we control for the value of the outcome reported at baseline and account for household and village level correlation using cluster robust standard errors.

**Qualitative Data Collection.** We conducted semi-structured interviews with a sub-sample of household survey respondents after the quantitative endline in January 2018. We developed semi-structured interview guides (one for households and one for village chiefs) that addressed the questions that arose from the quantitative findings: Why did we find an impact on some RF outcomes and not others? What factors influenced effectiveness of the SBCC campaign in changing knowledge and attitudes? What is the importance of the factors that are correlated with the outcome that a household thinks there is a situation in which they might send their child to an RCI? An RF MERL Consortium staff member conducted each interview with translation from a local consultant.

**Qualitative Sample.** We conducted semi-structured household interviews with 26 survey respondents across five villages and with village chiefs in four of the villages. We purposively selected villages and then households within those with the highest and lowest levels of change on key RF outcomes as reported in the survey.

**Qualitative Data Analysis.** Following data collection, we imported verbatim notes and transcripts into NVivo 11, a qualitative data analysis software package, to organize, code, and analyze the data. Analysis of qualitative data began with coding data (i.e., flagging pieces of data) that relate to a theme or concept of interest (thematic codes) or to a specific research question, sub-question, or objective (structural codes). The codes were informed by a priori concepts (those identified prior to data analysis) that our formative research suggested would factor into the success of the SBCC campaign and by inductive thematic analysis to identify and code emergent themes. To ensure intercoder reliability, coders were trained on coding guidelines and regularly met to discuss questions. After coding the data, we performed structured, variable-oriented strategies such as unit-by-variable matrices in NVivo to determine if changes in households' RF outcomes fit the expected patterns and which factors impact knowledge and attitudes about child care and RCIs.

**Limitations.** There are several limitations to the Feedback Experiment. One, the Feedback Experiment design assesses the relative effectiveness of the two intervention options rather than the options' effectiveness on their own. Two, there was some variation in implementation fidelity, although there was no cause for concern about contamination. Few households reported receiving the flyers, there were variations in the message delivery and attendance at community meetings, and it was difficult for CCT to locate key influencers. Third, there was a chance of selection bias and response bias. Fourth, there is limited external validity of these results.

$$y_{(ijh)}=\alpha+D_h\delta+X_j\beta+M_h\gamma+\varepsilon_{(ijh)}$$

$y_{(ijh)}$=outcome for person i,in household j, in village h

$D_h$=treatment indicator for village h

$X_j$=household-level covariates

$M_h$=village-level covariates

$\varepsilon_{(ijh)}$=error term; estimated using cluster-robust methods to account for household- and village-level correlations

***Control Variables measured or reported at baseline:***

*In the equation above, the control variables $X_j$ include the following information collected at baseline:*

- The baseline value of outcome y (household average if there were two respondents at baseline)
- Household perception of the acceptability of child abuse (household average if there were two respondents at baseline)
- The value of the wealth index for the household
- Whether the highest level of education achieved in the household is below the median
- Whether any parents in the household are away from the home for a month or more at a time (due to migration or other reasons)
- The household's self-reported access to services such as social support
- Whether the household reports struggling with drug or alcohol abuse, food insecurity, violence, lack of money (unless the latter is collinear with the wealth index) (household average if there were two respondents at baseline). This was defined as the household reporting a 4 or 5 on a Likert scale for each of these variables, where 1 is no challenge and 5 is very challenging.
- Whether the household finds it difficult to discipline children
- Whether child has a disability
- Whether there are children or parents of the children who have been seriously ill
- Whether one or more of the children in household has one or more parents who are deceased

*$X_j$ includes the following information collected at endline:*

- Whether response is from household head or from primary caregiver
- Factor variable for whether a new person joined the household (considers both those who contribute to resources and those who drain resources)
- Factor variable for whether anyone has left the household
- Variable for whether anyone has become sick since baseline
- Factor variable for household shocks to income (considers both positive and negative shocks)
- Whether the household has received any services from CCT

*$M_h$ includes the following variables provided by CCT prior to baseline:*

- Whether the village is a HFP village
- The distance classification used by CCT to describe the village's access to services

**Figure A1** Regression Equation for Research Questions A and B

## B. Regression Tables

**Table B1** shows the impacts of treatment on the five outcomes relating to research question A and the harms of RCIs. Also included in the table are the two covariates whose relationships to the outcomes are mentioned in the memo itself: whether the household is facing violence and if one or more parent in the household sometimes lives outside the household.

**Table B2** shows the impacts of treatment on the four outcomes relating to research question B and attitudes about RCIs. Also included in the table are the two covariates whose relationships to the outcomes are mentioned in the memo itself: whether the household is facing violence and if one or more parent in the household sometimes lives outside the household.

### Action Plan Highlights

*The CCT team kicked off the process of action planning to redesign their campaign activities as a result of the evidence generated through the Feedback Experiment. The team brainstormed multiple options for modifying the campaign to improve effectiveness, including:*

- Strengthening referrals for families to available alternative care options
- Executing a network-based strategy for engaging community influencers
- Increasing the amount of informal engagement between social workers and community members

| | 1. Believe RCI care ever results in any harms for children or families | 2. RCIs are detrimental to psychological development | 3. RCIs are detrimental to emotional development | 4. RCIs are detrimental to social development | 5. RCIs are detrimental to physical well-being |
|---|---|---|---|---|---|
| SBCC Treatment | 0.0247<br>(0.0161) | 0.0275<br>(0.0208) | 0.0501**<br>(0.0213) | 0.0273<br>(0.0193) | 0.0368**<br>(0.0140) |
| Household is facing violence | - 0.0566<br>(0.0451) | - 0.166***<br>(0.0446) | - 0.0620<br>(.0632) | 0.00512<br>(0.0813) | 0.0167<br>(0.0598) |
| One or more parent in household sometimes lives outside the household | - 0.0246<br>(0.0149) | - 0.0299*<br>(0.0169) | - 0.0446**<br>(0.0179) | - 0.0404**<br>(0.0185) | - 0.0115<br>(0.0156) |
| Observations | 1408 | 1454 | 1438 | 1428 | 1441 |

**Table B1.** Research Question A (harms of RCIs): Linear model

***Notes:*** *All regressions included the set of covariates detailed in the annex.*

*Standard errors in parentheses:*
** p < 0.1, ** p < 0.05, *** p < 0.01*

| | 1. Think there is ever a situation in which you might send your child to an RCI | 2. Importance of children living with their families | 3. Families should stay together regardless of challenges | 4. Families are better at raising children |
|---|---|---|---|---|
| SBCC Treatment | 0.0531**<br>(0.0234) | 0.00498<br>(0.00970) | 0.0133<br>- (0.0133) | 0.00655<br>- (0.211) |
| Household is facing violence | 0.325***<br>(0.0870) | 0.0659***<br>- (0.0204) | 0.0578<br>- (0.0744) | .0364<br>- (0.110) |
| One or more parent in household sometimes lives outside the household | 0.0145<br>(0.0247) | 0.00236<br>(0.0108) | 0.0131<br>(0.0153) | 0.0582**<br>(0.0228) |
| Observations | 1485 | 1500 | 1502 | 1591 |

**Table B2.** Research Question B (attitudes about RCIs): Linear model

***Notes:*** *All regressions included the set of covariates detailed in the annex.*

*Standard errors in parentheses:*
** p < 0.1, ** p < 0.05, *** p < 0.01*

## References

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Chiappetta, Melissa, Gissele Gajate Garrido, Kate Hausdorff, and Abigail Conrad. 2017b. "Rapid Feedback MERL Experiment Design: Donor Social and Behavior Change Campaign for Family Care First Cambodia Initiative." Bethesda, MD: Abt Associates

## Further Reading

FCF Cambodia: http://www.familycarefirstcambodia.org/

CCT: https://cambodianchildrenstrust.org/

Rapid Feedback MERL: https://www.usaid.gov/GlobalDevLab/about/monitoring-evaluation-research-and-learning-innovations-program/rapid-feedback

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