# RAPID FEEDBACK

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

Donor 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 of the Monitoring, Evvaluation, Research, and Learning Innovations (MERLIN) Program through the U.S. Global Development Lab in partnership with the 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 time frames than intended impacts. RF MERL calls each of its evaluations "Feedback Experiments," defined as tests of multiple intervention options using 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 timeframes than typical impact evaluations to allow for timely feedback and course adjustment earlier than is typical with standard program evaluation timelines. RF MERL's structure allows the RF MERL Consortium and USAID to work with partners to collaboratively identify, design, and test cutting-edge solutions so that USAID and partners can more effectively understand and measure the impacts of development programs before scaling them up.

**Family Care First Cambodia.** In this engagement, RF MERL 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 Friends International (FI), one of the FCF Cambodia implementing partners, to identify ideas to test before scaling up its intervention model. FI seeks to reduce the number of RCIs and ultimately the number of children in RCIs by increasing awareness and acceptance among current and potential donors (including volunteers, who effectively donate since they typically pay to volunteer at RCIs) that family-based care is better for children than residential care.

In this brief, we present a summary of the findings from the Feedback Experiment that RF MERL conducted with FI 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 FI. An annex includes additional information about the Feedback Experiment design; quantitative regression results; and resources to learn more about FCF Cambodia, FI, RF MERL, and this Feedback Experiment.

## Key takeaways to inform adaptation before scale-up

- After viewing FI's ads on Facebook, respondents were more likely to have a negative attitude toward Cambodian RCIs.

- Respondents' likelihood to contribute to a Cambodian RCI in the future was not influenced by seeing the ads on Facebook or Google.

- There are opportunities for cost savings in the ad campaign, including eliminating ad promotion on Google.

- The ads may be improved by including information on safe options for childcare outside of RCIs and positive ways that donors and volunteers can help children.

## 2. Feedback Experiment Objective

**The objective of this Feedback Experiment is to provide FI, other FCF Cambodia partners, Save the Children, and USAID with evidence about whether Facebook or Google is the most effective channel for delivering social and behavioural change (SBCC) messages to donors of RCIs.** FI and the other stakeholders will use this information when deciding how to adapt and scale FI's advocacy and media campaigns and how to allocate resources in the future. The findings from this Feedback Experiment will directly inform FI's work as well as the work of the broader FCF Cambodia initiative.

FI's theory of change posits that it is important to cut off the flow of funding to RCIs that underlies RCIs' incentive to enroll more children, even if it means recruiting children away from their families. To accomplish this, donors' and volunteers' behavior needs to be changed. FI identified that SBCC activities can have significant impact, but there is little rigorous evidence on how best to produce behavior change through online media SBCC campaigns.

## 3. Feedback Experiment Overview

In coordination with FI and other key stakeholders, and based on our formative research, RF MERL identified the four research questions to be answered by the Feedback Experiment as shown in Table 1. Based on FI's theory of change and our formative research, **we hypothesized that (1) ads on Facebook will be more effective in changing attitudes toward RCIs and donations to RCIs, because Facebook is more social and word-of-mouth than Google, and (2) Facebook will be a more cost effective channel for media campaigns.** We chose to test ads on Facebook and Google because these emerged as important channels in the formative research, and they were channels that FI wanted to compare given the cost of running paid ads on the two platforms (note that FI was running ads on several other platforms for free) (Chiappetta et al. 2017). These are both open empirical hypotheses, however. As shown in Table 1, we answered research questions A-C by measuring RF outcomes on attitudes and likelihood of certain future behaviors, and research question D assesses cost effectiveness. 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 attitudes and perceived likelihoods of behaviors rather than the intended behavior change impact—a reduction in the number of people donating to and volunteering at RCIs.



**Figure 1.** Original Don't Create More Orphans (DCMO) ad (left) and updated DCMO ad (right)

| Research Question | RF Outcomes |
|---|---|
| A. Do donors or potential donors (including current and potential volunteers) exposed to ads on Facebook have a more negative attitude towards (or opinions of) Cambodian RCIs than those exposed to ads on Google? | Attitude about whether RCIs are a beneficial option for vulnerable children |
| B. Do donors or potential donors exposed to ads on Facebook report a lower likelihood of contributing to Cambodian RCIs than those exposed to ads on Google? | Likelihood of contributing money to Cambodian RCIs in the future (rating on a 5- point Likert scale, or dichotomized version) |
| C. Do potential volunteers exposed to ads on Facebook or report a lower likelihood of volunteering with Cambodian RCIs than those exposed to ads on Google? | Likelihood of volunteering with Cambodian RCIs in the future (rating on a -5 point Likert scale, or dichotomized version) |
| D. How cost-effective is it to post ads on Facebook versus Google? | Cost per percentage point unit of change in attitude about RCI (using binary outcome variables) Cost per percentage point unit of change in likelihood to contribute (using binary outcome variables) ◆ Both depend on two factors: (1) the change in attitude and (2) the cost per click. The net impact of interest is the percentage point change in attitude for a given dollar of effort, comparing across channels. |

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



**Figure 2.** Control ad used in the online survey
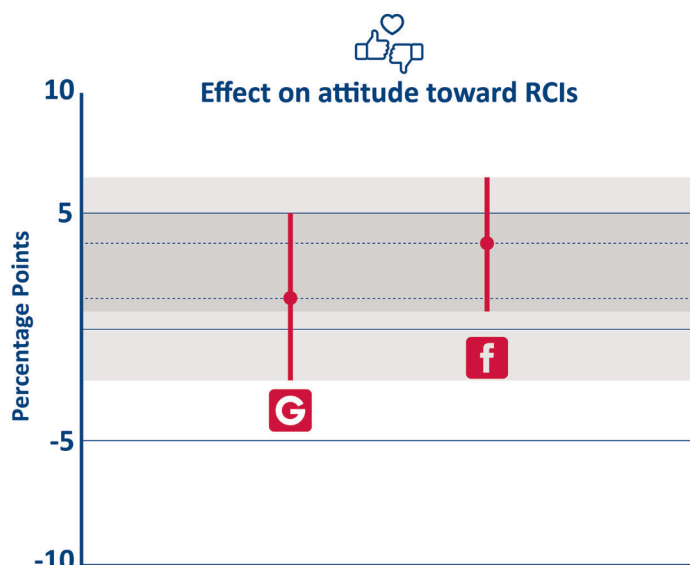


**Figure 3.** Impacts of DCMO ads on attitudes towards RCIs

*Our Feedback Experiment compared two online channels for donor messages:*

1. Graphic ads promoted through Facebook Ads, which display in Facebook users' newsfeeds

2. Graphic ads promoted through Google Display Ads, which display on websites and mobile apps in Google's network of websites

The primary purpose of this analysis was to compare the effects of the ads across the channels, and to understand which channel is a more effective advertising channel. The two ads we tested, developed by FI, were the original "Don't Create More Orphans" (DCMO) ad and an updated version of the DCMO ad (see Figure 1). These acted as the "treatment" ads in the experiment. The RF MERL Consortium created the control ad for the survey (figure 2).

To assess the effectiveness of the ads, we needed to evaluate the impact of the ads on donors' perceptions of RCIs and likelihood of donating and volunteering as well as the costs to FI of posting the ads. Thus we had to conduct the experiment in two phases.

In Phase 1, we used an online survey to measure the difference in impacts of the DCMO ads on attitudes toward RCIs and likelihood of donating and volunteering across Google and Facebook through an online survey. In the survey, we asked respondents a short set of baseline questions, randomly displayed one of the treatment ads or a control ad, and then asked a short set of endline questions to assess the impact of the ad with the same group of respondents. Using the survey data, we first compared the differential impacts of these two treatment ads as compared to the control ads to understand whether the two treatment ads have different impacts over the control ad on the two channels. We found that there was no differential impact of the two ads. Therefore, in the remainder of our analysis, we pooled the observations, or combined the data, into one all-encompassing treatment group, comprised of anyone who saw either DCMO ad. We then compared the results of this treatment group to those of the control group, comprised of the respondents who saw the control ad in the survey.

In Phase 2, FI simultaneously ran both DCMO ads as paid ads on Google and Facebook for one month to determine the cost of running the ads on both channels. We then used data from the channels' ad analytics to determine the rate at which ads on the two channels drew impressions and clicks from users for a given cost. We estimated the overall impact as the product of the two phases' results—impact on attitude after seeing an ad and clicks per dollar—to arrive at the impact per dollar. We have included a detailed explanation of our methodology and limitations to our approach in the Annex.

## 4. Rapid Feedback Experiment Findings and Conclusions

A. Do donors or potential donors (including current and potential volunteers) exposed to ads on Facebook have a more negative attitude towards (or opinions of) Cambodian RCIs than those exposed to ads on Google?

**After seeing a DCMO ad on Facebook, respondents were 3.7 percentage points more likely to disagree that RCIs are a good place for children to grow up compared to those who saw the control ad.** This shows a relatively small, detectable effect from a single exposure to the ad, compared to a larger change that you might expect to see from a campaign that disseminated the message in multiple channels and generated higher exposure to the message[1]. On Google, the DCMO ads had no detectable effect among those who saw it. Figure 3 shows the impact estimates, which for Facebook is 0.037 and for Google is 0.013.
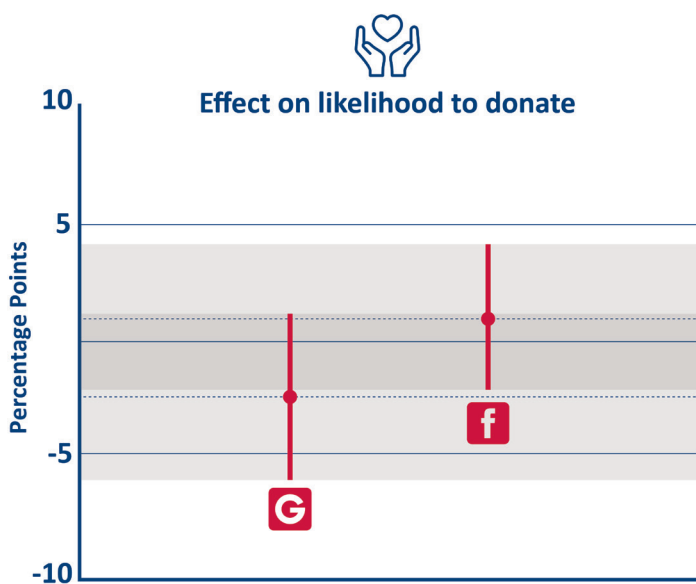
The confidence intervals, or lines running through the points, represent all values those points could possibly take on. Thus, since we see that the confidence interval of the Google point estimate includes 0, which means that the impact could be 0 so there is no detectable effect. Note that in Figure 3, the confidence intervals of the point estimates on Facebook and Google overlap. This means that while we cannot say that impact on Google is not 0, we also cannot say that the impact on Google is different from the impact of the treatment ads on Facebook. Therefore, we found a small, detectable effect on Facebook of the ads on attitudes towards RCIs, but we are not able to detect whether there is an effect on Google.

[1] *Reviews of evidence on the effectiveness of mass media campaigns to change public health behaviors show that behavior change is more likely to result from a campaign if it is shared through multiple channels, results in multiple exposures to the message, and a high portion of the target audience is exposed to the campaign (Naugle and Hornik 2014; Abroms and Maibach 2008). While this evidence is not directly comparable to this intervention, the evidence base on the principles of effective mass media campaigns for health behavior change can provide some insights.*

**B. Do donors or potential donors exposed to ads on Facebook report a lower likelihood of contributing to Cambodian RCIs than those exposed to ads on Google?**

**There is no detectable effect of being exposed to a DCMO ad on respondents' reported likelihood of donating to an RCI compared to seeing the control ad on Facebook or Google.**

As can be seen in Figure 4, the confidence intervals for both point estimates include 0. As described under research question A, this means that we cannot say that the impact of the ads on Facebook or Google is not 0. Any differences we see in likelihood of contributing money could be due to sampling variation or other factors rather than the ads themselves. Thus, while there was a small impact of the ads on attitudes towards RCIs for Facebook users (research question A) that effect did not translate into changes in the reported likelihood of donating.

**C. Do potential volunteers exposed to ads on Facebook report a lower likelihood of volunteering with Cambodian RCIs than those exposed to ads on Google?**

Consistent with research question B, **there is no detectable effect of being exposed to a DCMO ad on respondents' reported likelihood to volunteer at an RCI compared to being exposed to the control ad on either channel.**

In Figure 5, the Facebook and Google point estimates are very similar, and both confidence intervals clearly include 0, indicating that we cannot differentiate the impact from 0 for either channel. Thus, while there was a small impact of the ads on attitudes towards RCIs for Facebook users (research question A) that effect did not translate into changes in the reported likelihood of volunteering.



**Figure 4.** Impacts of DCMO ads on reported likelihood of donating to RCIs
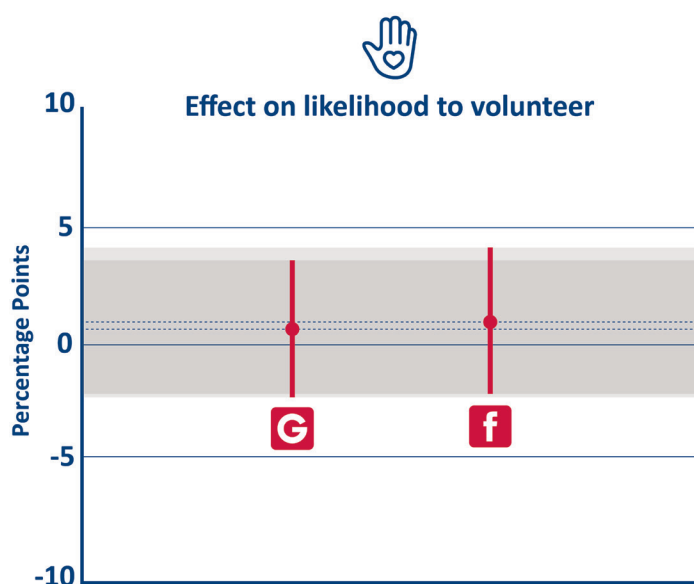


**Figure 5.** Impacts of DCMO ads on reported likelihood of volunteering with RCIs

## D. How cost-effective is it to post ads on Facebook versus Google?

To calculate cost effectiveness, we divided our impact estimates from the regression analysis to answer research questions A-C, by the cost per click on their respective channels. Table 2 shows the cost per click for running the ads on Facebook and Google for Phase 2 of the Feedback Experiment. The average cost per click across both FI ads is nearly the same on the two channels. We divided the impact estimates from research question A by the cost per click in Table 2 to determine the number of people's minds that were changed per $100 spent.[2] As can be seen in Figure 6, **six people's minds were changed about whether an RCI is a good place for children to grow up per $100 spent on Facebook.** Google was not cost effective, as we did not detect an effect of the ads on Google. Facebook may be a more cost effective channel because it reaches a different audience than Google or because the channel allows for additional ad content, interaction, and sharing through social networks, which Google does not.

There is room for improvement in the cost effectiveness of the ads, and there is potential for cost savings by focusing campaign efforts on Facebook rather than Google. However, whether these figures indicate that the intervention is cost effective is somewhat subjective. It is possible that if those six people were highly motivated, they might spread the message and convince many more than six people to change their mind about the benefits of RCIs. If that were the case, the intervention might be cost effective. It is also possible that those six people do not spread the message

| Research | Total Clicks | Cost Per Click |
|----------|-------------|----------------|
| Google | 6,702 | $.063 |
| Facebook | 5,900 | $.064 |

**Table 2.** Total clicks, cost, and cost per click of running ads on Google and Facebook in Phase 2

[2] *This cost includes only the cost to post the ads on the channels. It does not include ad development costs or labor costs for posting the ads. The cost effectiveness analysis is based on our two-part study, with the first part requiring respondents to click on a survey ad, not the actual SBCC ads. As such, cost effectiveness is likely to vary somewhat when the actual ads are run and can also vary if any changes are made to the ads.*

and an organization with a small budget might determine that $100 to change just six people's minds, not behaviors, may be too much money for too little impact.

We also explored several factors that can contribute to the effectiveness of an ad, including click rates and website views. The following information is purely descriptive. On both channels, the ads were targeted to men and women between the ages of 18 and 64 in the United States, the United Kingdom, and Australia. In addition, the ads were targeted to individuals with relevant interests on Facebook and to websites with relevant content on Google. The two FI ads had higher click rates on Facebook than on Google, and the original DCMO ad had higher click rates on Facebook than the updated DCMO ad. The original DCMO ad had the highest click rates, with an average click rate of 3.96 percent on Facebook and an average click rate of 0.28 percent on Google. These click rates are above average on Facebook and slightly below average for Google Display ads. On Facebook, the ads had higher click rates among women (across age ranges) than men and among audiences in the United States compared to audiences in the United Kingdom and Australia. On Google, ads primarily reached audiences in the United States as well and had the highest click rates on mobile apps (on phones and tablets) compared to ads displayed on websites (whether desktops or mobile devices).

During Phase 2, a click on one of FI's ads took the viewer to the ChildSafe website, which displayed information about RCIs and responsible donation and volunteering. While Google was less cost-effective than Facebook, viewers tended to spend slightly more time on the ChildSafe website when coming from Google (average of 3.7 minutes) than Facebook (average of 2.4 minutes). This may relate to the lower click rates on Google if viewers on Google were more selective in clicking on the ads and therefore more interested in the topic than viewers on Facebook.



**Number of People's Minds Changed/$100 Spent**
RCI is a Good Place
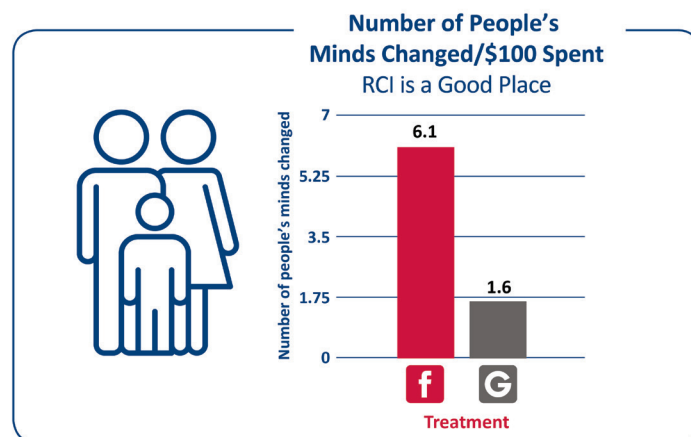
**Figure 6.** Number of people's minds changed about RCIs per $100 spent on Facebook and Google

# 5. Recommendations

Ultimately, RF MERL is designed to be a starting point for quick data collection and early design testing. This experiment was the product of formative research and discussions with FI about what channels were best suited for getting their message out. These findings provide not only many opportunities for further iterations and delivery of the ads within these channels, but also to explore other communication or advocacy strategies. It is also possible that these findings may not be representative of the results from other online ads. Based on these Feedback Experiment findings, however, we offer two key recommendations that FI should consider to inform future programming.

1. **Determine if the cost of the paid ads is worth the impact by weighing the costs of the paid ads compared to other SBCC or advocacy strategies.**

   A. If the paid ads are determined to be worth the cost compared to other alternatives, continue running online ads through Facebook and scale them up as part of a broader advocacy strategy to change potential donors' attitudes about RCIs. Test alternative ads on Facebook that encourage a change in donation and volunteering behavior to further explore if online ads can be effective in changing donation and volunteering behavior. Alternative ad messages can include themes suggested by our formative research (e.g., harms of RCIs, suggest alternative avenues for charitable activity, use of video ads to resemble television) (Chiappetta et al. 2017: 20–23).

   B. If the paid ads are determined not to be worth the cost, explore the use of other SBCC or advocacy strategies to change attitudes and charitable behavior among potential donors. Consider advocacy strategies that generate discussion and sharing among social networks, as our formative research indicated is important. (Chiappetta et al. 2017: 20–23). We suggest testing other strategies that specifically target changing volunteering and donation behaviors. In addition, consider phasing or layering multiple strategies targeted towards changing attitudes about RCIs with strategies that promote alternative donation and volunteering behaviors; which our formative research suggested could be effective.

In our formative research, we found that respondents' donation and volunteering behavior was influenced by their knowledge and perceptions about RCIs and a few respondents indicated that it is important to share positive alternative avenues for volunteering and donations that audiences can act on to facilitate behavior change (Chiappetta et al. 2017: 20–23).

2. Test advocacy strategies to more effectively reach audiences in Australia because the campaign tested through the Feedback Experiment did not effectively reach audiences in Australia. Donors and volunteers from Australia are an important group for donations and volunteering in Cambodian RCIs as outlined in our literature review.
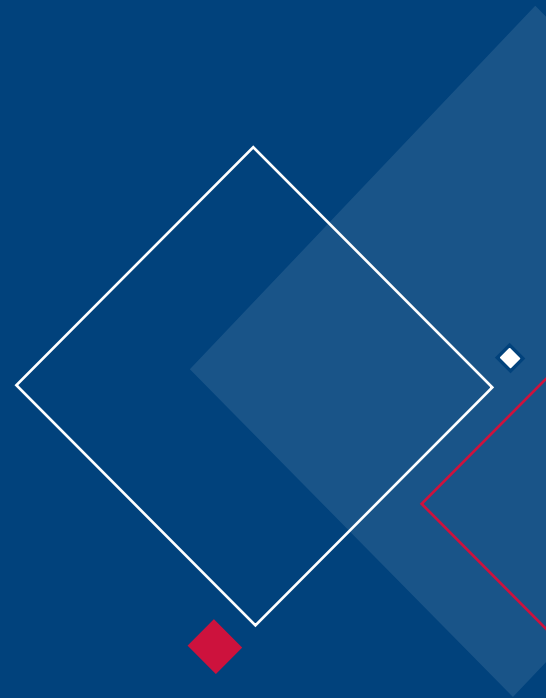
# RAPID FEEDBACK
## MERL BRIEF

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

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**ANNEX**

# A. **Rapid Feedback Experiment Design**

*Here we present key details of the Feedback Experiment design. For the full design, see Nichols et al. 2017.*

**Methods.** During Phase 1 of the Feedback Experiment, we randomly assigned respondents on Facebook and Google to see ads with an SBCC message ("treatment") or an ad with a neutral message ("control"). In both groups, we fielded an online survey to measure attitude before and after the respondent saw the ads. The differences in conditional means of the variable measuring attitudes between the two groups measured the impact within each channel, and the comparison of impacts across channels assessed the relative efficacy of the channels.

The format of Phase 1 (a baseline survey, ad display, and endline survey) was designed to ensure that the same sample of respondents completed the baseline and the endline surveys. If we were to administer the surveys at separate times, we would not be able to ensure that we were comparing the opinions of the same people before and after seeing the ad. The total time needed to complete all 10 questions was estimated to be under a minute. Therefore, our experiment measured only the immediate change in attitudes after exposure to the ad.

**Sample.** We collected data from 1,494 respondents on Facebook and 1,518 respondents on Google for a total of 3,012 respondents.

**Data Collection.** We asked the following three questions in the baseline and endline surveys:

1. To what degree do you agree with the following statement?:

   *Cambodian residential care institutions or orphanages are a good place for a child to grow up, compared to a poor family's home.*

   *Answer options: Strongly Agree, Agree, Neither Agree Nor Disagree, Disagree, Strongly Disagree*

2. How likely are you to donate money to a residential care institution or orphanage in Cambodia?

   *Answer options: Very Likely, Likely, Neither Likely Nor Unlikely, Unlikely, Very Unlikely*

3. How likely are you to volunteer with a residential care institution or orphanage in Cambodia?

   *Answer options: Very Likely, Likely, Neither Likely Nor Unlikely, Unlikely, Very Unlikely*

In addition, after the endline questions, we asked about the respondents' gender, age, and past donation behavior.

**Data Analysis.** We analyzed the results of Phase 1 of the experiment by using a regression model to estimate the impact of being exposed to one of FI's two ads relative to being exposed to a control ad on the respondent's:

- Attitude about whether RCIs are a beneficial option for vulnerable children,

- Likelihood of donating to an RCI, and

- Likelihood of volunteering at an RCI.

We found no difference between the impact of the two treatment ads across the two channels – Facebook and Google (see Table B1), so for the main analysis, we pooled results from both ads and estimated the differential impact of the ads across the two channels. In Figure A1 below, we present the regression equation used to estimate these impacts, with the primary impact of interest being, $\delta$, the coefficient on the interaction of the mode/channel and being exposed to one of the treatment ads ($D_i=1$).

To analyze the results of Phase 2, we monitored the ad analytic accounts on each channel to determine an estimate of the cost effectiveness of each channel. We then conducted a final estimate of the impact for research question A (comparing the difference in impacts across Google and Facebook channels) by multiplying the impact $\delta$, which measures the difference across channels, by any observed difference in reported donation size in the neutral ad condition ($Di = 0$), if there is a significant difference in reported donation size across channels.

*Our primary analysis from Phase 1 used the model to estimate the differential impact of the ads across the two channels, $\delta$. Since the outcome variables are Likert-scale survey questions, we used a few different specifications:*

- Estimated a linear model with the outcomes converted into binary variables: *f is the identity function*

- Estimated a logit model with the outcomes converted to binary variables: *f is the inverse logistic function*

- Estimated an ordered logit estimation with the outcomes remaining as Likert scale responses coded 5–1: *f is the inverse logistic function*

Subsequent to testing differences across coefficients on T and U interacted with channel M and failing to reject that the difference was statistically significant, we pooled T and U into a single variable D measuring either treatment. The pooling was pre-specified in the analysis plan to improve power for the main effect of interest of differences across channel in either treatment's effect.

We believed it was important to estimate the three models because there is relatively little variation in outcomes before and after seeing the ad. While an ordered logit estimation would be able to capture more subtle changes in the outcome variables than a logit or linear model with a binary outcome, the impacts estimated from an ordered logit estimation are difficult to interpret, as they are on a latent scale. The linear regression produces estimates that are easy to interpret, but it has lower statistical power. In this brief we present only the marginal effects from the logit estimation in the regression tables below.

**Limitations.** There are three limitations to the Feedback Experiment. One is that the survey sample is not representative of the population. Two, there was a chance of selection bias and response bias particularly for the endline questions. Third, the external validity of these results is limited.

$$Y_i = f(\alpha + M_i\,\beta + D_i\,\gamma + M_i\,D_i\delta + X_i\,\varphi + M_i\,X_i\,\pi + D_i\,X_i\theta + M_i\,D_i\,X_i\tau) + \varepsilon_i$$

$Y_i$ = outcome of person i

$M_i$ = channel on which person i saw ad

$D_i$ = matrix of treatment assignment indicators $T_i$ and $U_i$ for person i

$X_i$ = respondent i's characteristics

$\varepsilon_i$ = idiosyncratic error of person i

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

*In the equation above, vector $X_i$ includes:*

- Age of respondent (a vector of indicators for age spans)

- Gender of respondent (an indicator for female)

- Respondent's baseline value of outcome Y (indicators for baseline choices)

$T_i$ is an indicator for being assigned to other treatment arm (1 for all cases not assigned to control)

$U_i$ is an indicator for the second of two treatment arms

**Figure A1.** Regression Equation

# B. **Regression Tables**

**Tables B1–B3** present the regression estimations for the results presented in this brief. Table B1 shows the results used for the secondary research objective using an ordered logit model, Table B2 shows the impact estimates using a logit model and Table B3 shows the marginal effects of that same logit model, which are the impacts reported in the brief. The tables are organized with the outcomes as columns and covariates as rows.

In **Table B1,** the impacts from an ordered logit estimation on the three outcomes measured as Likert scales are shown in the three columns. The covariates on the left include: an indicator variable for the updated DCMO treatment ad, an indicator variable for if the individual viewed the ad on Google, an interaction of these two indicators, an interaction of the pooled treatment ads and a Google indicator, and an interaction of the pooled treatment ads and a Facebook indicator. The coefficient of interest in this case is the interaction of the updated DCMO indicator and the Google indicator, showing no significant differential impact of the two ads.

| | 1. RCIs are a good place for a child to grow up (in Likert scale) | 2. Likelihood of donating money (in Likert scale) | 3. Likelihood of volunteering (in Likert scale) |
|---|---|---|---|
| Updated DCMO ad | -0.00635 (-0.05) | 0.233* (2.18) | 0.0499 (0.45) |
| Updated DCMO ad on Google | 0.220 (1.28) | -0.214 (-1.31) | 0.0748 (0.47) |
| Pooled treatment on Google | -0.220 (-1.82) | 0.108 (0.89) | -0.193 (-1.70) |
| Pooled treatment on Facebook | -0.228* (-2.20) | -0.168 (-1.53) | -0.212* (-2.05) |
| Google | 0.192 (1.23) | 0.198 (1.23) | 0.104 (-0.68) |
| Observations | 3012 | 3012 | 3012 |

**Table B1.** Ordered Logit Model for Secondary Research Objective

*Notes: All regressions also included an additional set of covariates: baseline values of the outcome variable, geographic location, and the age and gender of the respondent.*

*t statistics in parentheses:*
*\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001*

**Table B2** shows the impacts estimated using a logit model on binary versions of the outcomes in three columns. The covariates on the left include: the interaction of an indicator for pooled treatment and an indicator for the Google platform, the interaction of the indicator for pooled treatment and an indicator for the Facebook platform, and an indicator variable for the Google platform. The coefficients of interest are the two interaction terms.

**Table B3** presents the marginal effects of the same logit estimation in Table B2. The left hand covariates include: the interaction of an indicator for pooled treatment and an indicator for the Google platform, and the interaction of the indicator for pooled treatment and an indicator for the Facebook platform. These coefficients are the results presented as our impact estimates in the brief and can be interpreted as percentage point differences.

## Action Plan Highlights

*The FI 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:*

- Exploring the use of SBCC or other advocacy strategies to change donor and volunteer attitudes and behavior

- Tailoring messages to their target groups in country, including engagement of local partners (travel agencies, hotels) to co-design content and disseminate flyers

- Modifying content to improve traffic to the FI website

|  | 1. Strongly disagree or disagree that Cambodian RCIs are a good place for a child to grow up | 2. Very unlikely or unlikely to donate money to a Cambodian RCI | 3. Very unlikely or unlikely to volunteer with a Cambodian RCI |
|---|---|---|---|
| Pooled treatment on Google | 0.0132 [-0.0235,0.0499] | -0.0235 [-0.0611,0.0142] | 0.00596 [-0.0240,0.0359] |
| Pooled treatment on Facebook | 0.0376* [0.00782,0.0674] | 0.0111 [-0.0215,0.0437] | 0.00952 [-0.0234,0.0425] |
| Observations | 3012 | 3012 | 3012 |

**Table B3** Logit Model Marginal Effects for Research Questions 1–3

**Notes:** *All regressions also included an additional set of covariates: baseline values of the outcome variable, geographic location, and the age and gender of the respondent.*

*%95 confidence intervals in brackets*
*\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001*

|  | 1. Strongly disagree or disagree that Cambodian RCIs are a good place for a child to grow up | 2. Very unlikely or unlikely to donate money to a Cambodian RCI | 3. Very unlikely or unlikely to volunteer with a Cambodian RCI |
|---|---|---|---|
| Pooled treatment on Google | 0.134 [-0.240,0.508] | -0.213 [-0.556,0.129] | 0.0733 [-0.294,0.441] |
| Pooled treatment on Facebook | 0.383* [0.0807,0.685] | 0.101 [-0.196,0.397] | 0.117 [-0.288,0.522] |
| Google | -0.540** [-0.943,-0.136] | -0.248 [-0.626,0.130] | -0.219 [-0.686,0.248] |
| Observations | 3012 | 3012 | 3012 |

**Table B2** Logit Model for Research Questions 1–3

**Notes:** *All regressions also included an additional set of covariates: baseline values of the outcome variable, geographic location, and the age and gender of the respondent.*

*%95 confidence intervals in brackets*
*\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001*

## References

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## Further Reading

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

FI: https://friends-international.org

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