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**Combining rigorous research with programme implementation: benefits, challenges and lessons learnt**

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**Objectives/aims**

We aim to reflect on the synergies between research and practice so far from incorporating a Randomized Controlled Trial design in a complex implementation context. The program is called Ritu, and aims to improve Menstrual Health (MH) practices and wellbeing of adolescent girls in Bangladesh. We are currently in the implementation stage. We will shortly explain the set-up of the program and the study, but focus on the challenges and lessons learned throughout this process between academia and practice. Open communication and flexibility to adapt from both sides was key to realise successful collaboration.

**Methods**

Preparation: Significantly more elaborate than usual due to the RCT design. It included an evidence review, careful sequencing, pilot testing, ethical approval, mapping out the study area, randomizing schools into treatment and control arms, sample size calculations based on secondary data, administering the baseline survey to 4,000 girls.

Implementation: Schools and households receive MH interventions on WASH facilities, knowledge and practice. Detailed process data, attendance data from school records and our own innovative data collection method is collected.

Implication: The impact evaluation will inform potential upscaling of the Ritu program by Simavi. It will also add to the MH evidence base. We will use academic and practitioner outlets to share our findings.

**Main findings**

The preparatory work for the RCT design was extensive. Briefings on design and implications for ways of working were crucial in creating understanding on the ground. Donor flexibility was required for the extended preparation phase.

During implementation, synergies are more clear. M&E is streamlined and implementation more focused. However, the RCT allows little flexibility to adapt the program, and project staff has to balance documentation with implementation tasks.

Academic research is often difficult to translate into practice. Development programs are usually difficult to evaluate in a rigorous and cost-effective way. We were able to address these challenges by designing an RCT that can help guide policymakers make well-informed decisions on future MH programs for adolescent girls in developing countries.