**RCT questions – CARE – November 2019**

* The Do’s and Don’ts around RCTs
	+ What are the main aspects a project should consider when deciding for the application of an RCT? Or the aspects to consider for NOT doing so?
	+ What are common mistakes projects make when applying an RCT? Or the worst application of an RCT you have seen?
* Contamination that can invalidate the RCT
	+ Is it really possible to design an “experiment” that is not contaminated? Can we really control for any elements of the context that would bias or affect the RCT design and findings?
	+ Let’s say you are applying an RCT to test that a certain health approach/model developed by a project works. However, while implementing the project a national-level health intervention comes into place (complementary to what the project is doing) and we know this can influence change in both the reference and the control group. Does that contaminate and invalidate the RCT?
* Validity of findings from an RCT
	+ With the high possibility of contamination, can we really trust the RCT provides the most reliable evidence on the effectiveness or impact of interventions?
	+ If you apply mixed methods...how do you triangulate the data? And what happens if your RTC results are contradictory to the findings of the other methods? Which evidence is more reliable?
	+ How do you maximize external validity of the RCT? Any tradeoffs that need to be made between internal and external validity?
* Scope of an RCT
	+ What is best: To apply an RCT to measure BIG changes or to measure/test smaller changes within a ToC or chain of results?
	+ Isn’t it true that RCTs or quasi experimental designs only focus on the quant (the WHAT), and not the qual (the HOW)?
* Ethical aspects
	+ Doesn’t the application of an RCT design potentially deprive the control group from accessing other interventions because that would cause contamination to the RCT?
	+ Is it ethical to "experiment" with people? Doesn't this affect the dignity and security of people...specially when - in most cases - we are working with poor/marginalized/vulnerable populations?
	+ What is our accountability to people in "control" groups? Is it correct to compensate them for the time the RCT demands from them?
* RCTs and MEL
	+ Is it possible to integrate an RCT design within existing MEAL systems? Could this be an option to reduce cost and optimize MEAL/Evaluation resources?
* Expertise
	+ Does the application of an RCT or quasi-experimental method require strong external expertise? Or is this a capacity we can have/build inside an organization like CARE?
* Applicability of RCTs in specific project scenarios
	+ Can an RCT be used when a project has a very strong component of collaborative learning and adaptive approaches? (adjustments are made in interventions during implementation )
	+ How about if one part of intervention such as "awareness through media" covers both the control and treatment arms in a QED; how do you deal with the data and interpretation of findings?