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Case study

Grassroot Soccer monitoring, evaluation and learning

When MEL is everyone's job

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Case study: Grassroot Soccer monitoring, evaluation and learning
When MEL is everyone's job

The monitoring, evaluation and learning (MEL) system is a consistent presence in GRS's programming. By developing MEL tools and processes alongside the programme design and ensuring that everyone is, to a certain degree, involved, it is possible to ensure that the data collected are of good quality and properly measure the outcomes of interest. Furthermore, the data are analysed to identify key learnings that are followed up and turned into improvements to the design and management of the programme, and, most importantly, into better experiences and outcomes for the participants.

Grassroot Soccer (GRS) is an adolescent health organization that leverages the power of soccer to educate at-risk youth in developing countries. It directly implements programmes in South Africa, Zambia and Zimbabwe and works with partners in another 48 countries on five continents and has reached over two million young people since its inception in 2002.[1]

One of the distinctive characteristics of GRS is the role it gives to monitoring and evaluation and learning (MEL) in ensuring the effectiveness of its programming. Interest in assessing impact and learning has been part of the organizational culture since the early stages when, following the launch of the initiative in one class of one school in 2006, a US$6,000 budget was allocated to conduct an evaluation of the two-week programme on sexual health. This has grown since then, and in 2014 alone they tested 4,432 individuals for HIV and 1,377 for malaria, and administered 13,000 pre- and post-tests (showing an average of 24 per cent change on key indicators) through their partnerships (Grassroot Soccer 2015).[2]

As part of this case study, different staff members, at all levels of the organization, were interviewed and some lessons are drawn from their experiences, which can serve as guiding principles on how to do MEL in Sport for Development (S4D) programming:

1. **MEL needs to be embedded in the programming:** Everyone should be involved, and data should actually be used, not just collected.

2. **Train the data collectors and show the value of MEL:** Those who collect the data must be trained to fully understand the processes and purposes of MEL.

3. **Cultural adaptation is key:** MEL should be an organizational mission but needs to be adapted to the local contexts and updated as programming evolves.

4. **Perfection is the enemy of progress:** Conducting a rigorous evaluation can be costly in terms of time, resources and money, so especially when resources are limited, MEL can be a simpler data collection exercise to understand if you're headed in the right direction.

> **There's no other way to know that I'm actually doing something. […] How are you going to know whether what you are doing has any impact? Why would anyone pay for you to do something if you have no idea what's going on?**
>
> Technical director, Curriculum & training

Background

GRS is an adolescent health organization that leverages the power of soccer to reduce the adolescent health gap and encourage healthy behaviours at a time when risky decisions are more likely to be taken. GRS uses a health-based curriculum, designed for youth and delivered by trained local mentors, to share knowledge and promote positive behaviours in relation to sexual and reproductive health, HIV, malaria, youth development and gender.

Programmes often take place in schools, where students are presented with the initiative and, if interested, are given the opportunity to participate in after-school sessions. Each curriculum is composed of twelve sessions that are usually completed in 6–12 weeks and

can be adapted to the specific needs of the group. Adolescents participate in one-hour sessions where they are immersed in a positive environment, play sports and receive health-related information. In a final component of the sessions, participants are given access to health services through a referral process organized and followed by GRS. The objectives of the programme are: increasing knowledge about the topics covered, promoting positive behaviours and ensuring access to health services.

MEL at GRS

At first, M&E data were collected to generate a proof of concept, to establish that the programme resulted in a change in knowledge and to show that the positive results gained are persistent over time. This finding is not only relevant to funders but is a stepping stone in deciding whether to scale up a programme. This meant going beyond output-based reporting (e.g., young people graduating) to results-based MEL (e.g., changes in knowledge).[1]

From then on, MEL was used at all steps of programming:

- **During the curriculum development:** When a curriculum is developed, it can seem good on paper but when implemented on the field it may not function as imagined. Piloting a curriculum to understand what works and what doesn't is key to ensuring that sessions are conducted effectively.

- **During the training of coaches:** These peer educators become mentors and role models for participants, so it is crucial that they have a complete understanding of the both the contents of the curriculum and the process of MEL. This is ensured through training, testing and ongoing monitoring of the coaches.

- **Before programming starts with a new group:** On the first day with a new group, coaches ask participants to complete a 'pre' assessment, to ascertain what knowledge they have before programming starts; this not only serves as a comparison for the 'post' evaluation but also informs what aspects sessions should be focused on.

- **During programming:** In parallel to sessions, coaches also make sure that they carry out home visits with every participant, to inform parents about the programme and to better understand their background. In addition, coaches are responsible for referrals, which is how GRS ensures access to services.

- **After programming is completed with a group:** All participants undergo a 'post' assessment which is key for understanding whether the curriculum was delivered effectively and had the intended impact.

- **Annually:** At the end of each year, GRS carries out a comprehensive review of the data collected and uses the findings to improve the programme and its delivery, as well as evolving and working on new ideas.

- **Periodic research:** GRS periodically has research conducted on its programming, such as an randomized control trial of 46 schools in South Africa, as well as other mixed methods research resulting in peer-review publication and conference presentations (*see Table 1* for a summary of research conducted about GRS programming).[1,3]

One more aspect worth noting is that MEL is built around the theory of change (ToC) revolving around three pillars:
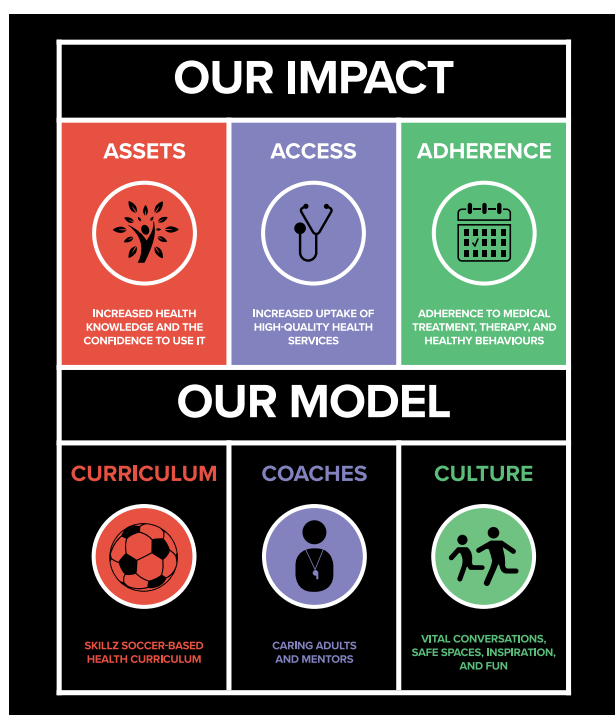
- **Assets:** Critical health knowledge and confidence to use it, which is captured through the pre-post assessment

- **Access to health services:** Which is followed up through the referral process and self-reported data

- **Adherence:** To treatments and good practices, captured through self-reported data.

Lastly, while initially MEL was more responsive to donor requests in terms of the types of indicators collected, now, to ensure organizational consistency, GRS has identified 17 quantitative key performance indicators (KPIs) which are captured for every programme in every country. Different focus areas (e.g., Malaria vs SRI) may suggest a need for different indicators but these should be simplified and ensure comparability.[1] The process of identifying the 17 KPIs involved a trial-and-error process that is still ongoing, especially given the continuous evolution of the programmes.

Table 1: Summary of research conducted about GRS programmes

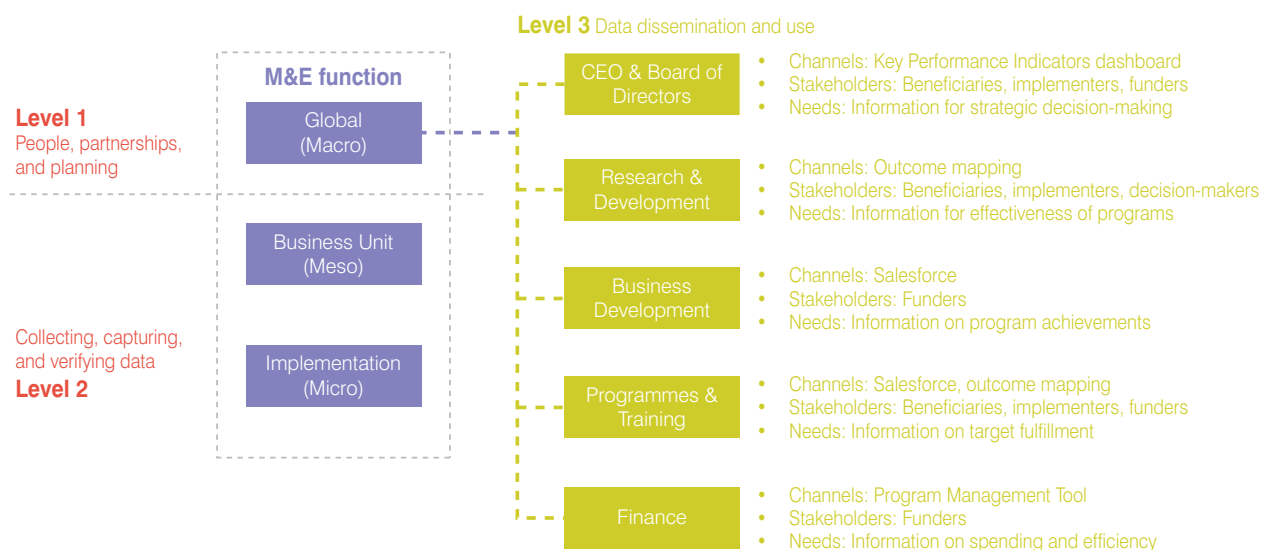| Group	Journal	Title	Methods	Results
Girls	*Journal of Evaluation and Planning* (2018)	Linking at-risk South African girls to sexual violence and reproductive health services: A mixed-methods assessment of a soccer-based HIV prevention programme and pilot SMS campaign	Mixed-methods assessment of preliminary outcomes and implementation processes in three primary schools in Soweto, South Africa, August–December 2013. Quantitative methods included participant attendance and SMS platform usage tracking, pre/post questionnaires and structured observation. Qualitative methods included 6 focus group discussions and 4 in-depth interviews with programme participants, parents, teachers and a social worker.	Of 394 female participants enrolled, 97 per cent (n=382) graduated, and 217 unique users accessed the SMS platform. Questionnaires completed by 213 participants (mean age: 11.9, SD: 3.02 years) alongside qualitative findings showed modest improvements in participants' perceptions of power in relationships and gender equity, self-esteem and self-efficacy to avoid unwanted sex, communication with others about HIV and sex, and HIV-related knowledge and stigma. The coach–participant relationship, safe space and integration of soccer were raised as key intervention components.
Boys	*Journal of Acquired Immune Deficiency Syndromes* (2016)	Process evaluation of a sport-based voluntary medical male circumcision demand-creation intervention in Bulawayo, Zimbabwe	Two cluster randomized control trials (RCTs), were conducted along with 17 interviews and 2 focus group discussions with coaches and 29 interviews with circumcised (n=13) and uncircumcised participants (n=16).	Findings demonstrate high programme acceptability, highlighting the coach–participant relationship as a key factor associated with uptake. Specifically, participants valued the coaches' openness to discuss their personal experiences with voluntary medical male circumcision (VMMC) and the accompaniment by their coaches to the VMMC clinic.
	PLoS ONE (2017)	Soccer-based promotion of VMMC: A mixed-methods feasibility study with secondary students in Uganda	A mixed-methods (quantitative and qualitative) approach was used to explore the feasibility and acceptability of a soccer-based VMMC intervention in Uganda; 210 boys were enrolled in a cross-sectional survey.	Some 59 per cent of boys reported being circumcised already; findings showed high levels of knowledge and generally favourable perceptions of circumcision. Initial implementation resulted in uncircumcised boys (10.3 per cent) becoming circumcised. Following changes to increase engagement with parents and schools, uptake improved to 26.1 per cent. In-depth interviews highlighted the important role of family and peer support and the coach in facilitating the decision to circumcise. The study showed the intervention may be effective; since it is time-intensive, further work is needed to assess the cost-effectiveness of the intervention conducted at scale.
Group	**Journal**	**Title**	**Methods**	**Results**
Coaches	*Commonwealth Youth and Development Journal* (2017)	Changing the game – can a sport-based youth development programme generate a positive social return on investment?	A results-based management approach and a social return on investment methodology were used to track the young people during and after the intervention.	Preliminary results offer encouraging evidence of progress into employment, education and training with positive social returns for the youth and external stakeholders, suggesting that this investment is cost-effective and impactful. The results indicate that structured sport-based programmes can put young people to work and get them to study in a constructive manner, thereby stimulating economic growth and development. It concluded that initiatives using sport to promote youth work merit greater investment, recognition, and research.

Figure 1: ToC and model

OUR IMPACT

ASSETS — INCREASED HEALTH KNOWLEDGE AND THE CONFIDENCE TO USE IT

ACCESS — INCREASED UPTAKE OF HIGH-QUALITY HEALTH SERVICES

ADHERENCE — ADHERENCE TO MEDICAL TREATMENT, THERAPY, AND HEALTHY BEHAVIOURS

OUR MODEL

CURRICULUM — SKILLZ SOCCER-BASED HEALTH CURRICULUM

COACHES — CARING ADULTS AND MENTORS

CULTURE — VITAL CONVERSATIONS, SAFE SPACES, INSPIRATION, AND FUN

Lessons

Lesson 1: MEL needs to be embedded in the programming

Some organizations see MEL as something separate from programming that needs to be done to comply with donors' requirements. In this context, it is hard for coaches or other staff to see the value of MEL. An alternative way to look at this is to have MEL as a fundamental part of programming, which also has the side benefit of being important for funders. For GRS, MEL is used to target four main stakeholders, and it important that each interacts with the relevant part of MEL (*see Figure 2* for more):

- **Beneficiaries and target groups:** Participants, communities

- **Implementers:** Site level staff, volunteers, partner organizations

- **Decision-makers:** Board of directors, senior management, advisory councils

- **Funders and partners:** Donors, consortiums (Grassroot Soccer 2016).

Figure 2: MEL functions within GRS

Level 3 Data dissemination and use

M&E function

Level 1 People, partnerships, and planning

Global (Macro)

Business Unit (Meso)

Collecting, capturing, and verifying data
Level 2

Implementation (Micro)

CEO & Board of Directors
- Channels: Key Performance Indicators dashboard
- Stakeholders: Beneficiaries, implementers, funders
- Needs: Information for strategic decision-making

Research & Development
- Channels: Outcome mapping
- Stakeholders: Beneficiaries, implementers, decision-makers
- Needs: Information for effectiveness of programs

Business Development
- Channels: Salesforce
- Stakeholders: Funders
- Needs: Information on program achievements

Programmes & Training
- Channels: Salesforce, outcome mapping
- Stakeholders: Beneficiaries, implementers, funders
- Needs: Information on target fulfillment

Finance
- Channels: Program Management Tool
- Stakeholders: Funders
- Needs: Information on spending and efficiency

Workflow between Grassroot Soccer's M&E team and other business units within the organisation

While it is good practice to have a MEL department, it is important that all staff are aware and trained on MEL for two main reasons:

- Multiple staff members are commonly involved in the data collection phase and when staff are aware of, and see the importance of, MEL they are more likely to dedicate time to it (for more, see Lesson 2).

- Learnings derived from MEL data need to be translated into practice, and this is likely to involve all departments. When all staff are knowledgeable about the process that led to a certain learning it is more likely that it will be taken seriously, especially among those implementing the programme.

This second point is particularly worth addressing because the main outcome of MEL is implementing changes to improve programme design and delivery. Here are two examples of how evidence was used to guide programme design:

- GRS observed that the pre-assessment had very low scores in gender norms and attitudes and that the pre-post change wasn't as good as those measured for other outcomes. This highlighted the opportunity to intervene with a better design and more focused intervention for gender norms.

- In 2019 GRS observed that the programme was leading to small gains in gender norm-related outcomes everywhere except in Zimbabwe, where they were much larger. Following up on this, they tried to identify what was being done differently in Zimbabwe and one of the observations was that they dedicated more time to training on gender norms. As a result, they conducted additional training in Zambia that led to better outcomes there.

To complement the story behind numbers, GRS uses "focus group discussions (FGDs), in-depth interviews, participant observation, the Most Significant Change (MSC) technique, as well as participatory audio and video".[1] This often provides additional insight behind the numbers. For example, when observing the limited effects of a circumcision programme, using qualitative data, they realized that employing female trainers to deliver such programmes could be more effective.

Finally, in GRS's experience, having MEL findings to show was something that set them apart from other organizations in the field and, more importantly, helped them to make a case for additional funding for MEL. Having evidence and experiences to show creates a virtuous cycle, and donors are more willing to provide funds if they can see how that funding will be used.

Lesson 2: Train the data collectors

In S4D programming, it is extremely common to have coaches in charge of collecting the bulk of MEL data; it is therefore imperative that coaches are not only trained in how to collect the data but also understand how MEL fits within their work. Coaches should know where the data goes after they collect it, how it is processed and how it is used to improve a programme.

Ensuring that coaches are aware of the purpose of collecting MEL data can be done in three stages: training, monitoring and follow-up.

1. **Training:** One GRS's first experiences was that it is not enough to hand over a data collection tool and expect that good data will be collected. During the coach training it is important to dedicate time to the MEL tools, looking at them question by question to ensure that questions are interpreted in the intended way by everyone. A bonus of this exercise is that, when they have a full understanding of what an indicator is intended to measure, coaches can provide valuable feedback on the best formulations and translations, and ask questions about interpretation. Such meaningful involvement can be proof that the training is being effective. Interestingly, MEL data was once used for the Zambia programme to improve MEL training: data showed a negative change in the pre/post assessment and an investigation showed that this was because questions were not clear to coaches, who were, in turn, administering them incorrectly to participants. The issue was resolved with additional time dedicated to MEL during the training, including having the coaches fill out the questionnaires themselves.

> **As you do data collection and make mistakes, the M&E team can call you back (if there is a mistake) and you see that if you do something wrong your data cannot be used so you start doing it better.**
>
> Team leader and coach

2. **Ongoing monitoring:** GRS conducts weekly feedback sessions to share learnings, challenges and successes. If a coach doesn't perform well, peers can give advice on improving data collection skills in an interactive and constructive way, which also leaves room for self-assessment. A coach receives support visits every quarter and everyone can request additional training sessions if they feel they need clarifications. During the activity disruptions due to COVID-19 these sessions continued taking place via Zoom. The ongoing feedback helps to improve data quality, allowing mistakes to be corrected while things are still fresh in the data collectors' memory. At the same time, this gives coaches the awareness that their work feeds into a broader scheme of work, which can be a source of motivation. At this step, the link between programming and MEL becomes clear, if it hasn't already been so at the training stage.

3. **Follow-up:** Coaches receive feedback about matters highlighted by the data analysis and how the information is used. As one of the MEL coordinators put it: "You get cleaner and stronger data when coaches know what's done with it. To know that it helped to receive funding and to know that X per cent of their participants got tested this year as opposed to just punching in numbers." For example, adherence data is particularly time-consuming to compile and giving feedback about it to coaches has helped the MEL team in obtaining the buy-in of coaches.

Integration between programming and MEL was not achieved overnight but was an incremental process. Coaches themselves were able to appreciate the improvements and they currently have the knowledge to access the data themselves without waiting for the MEL team. They can see how they are doing in each

intervention and, by having more ownership, they also have better incentives to strive for data quality. For instance, being aware of the importance of the pre/post assessment, coaches were able to communicate to children that they should answer the questions honestly and not treat it like an exam.

Lesson 3: Cultural adaptation is key

Despite being an international organization, GRS gives a lot of flexibility to local offices in adapting the MEL tools to the local context, without compromising comparability. When a MEL process is established, it can be challenging to ensure that local implementers abandon the old methods and adopt the new ones. Assessing the processes and tools with a local lens and making adaptations can help to ensure buy-in. Coaches, who often come from the communities where programming is being implemented and who know the reality on the ground best, can play a key role in ensuring cultural appropriateness. For example, during a GRS coach training, coaches highlighted the need to re-phrase a question about use of contraceptives. In this case, in the local context, condoms were not viewed as contraceptives and therefore the question would not have captured condom use, which was intended to be covered by the question. This also serves as another example of why training the whole organization in the process of MEL is so important and valuable.

Lesson 4: Perfection is the enemy of progress

Having good MEL is extremely valuable but it requires a lot of resources. However, having limited resources doesn't have to mean that doing MEL is impossible. Keeping in mind that the purpose of MEL is to ensure effective programming, the data collected need not be used to obtain conclusive findings, but it can help in getting a sense of what could be improved and what solutions might be tested. There are many types of MEL, including routine monitoring, pre/post surveys, randomized control trials (RCTs), and research. While RCTs (the so-called 'gold standard') and rigorous mixed-methods research are more expensive, routine monitoring and pre/post surveys can be done at much less cost once the procedures and surveys are established. Organizations should not feel compelled to

do RCTs when resources are not available, nor should they feel that this is the only way to obtain reliable information. GRS itself has had two RCTs conducted (the first was in 2013 in Zimbabwe) and several research projects (see Annex 1.1) conducted on their work, but this has taken place over fourteen years of operations in several different countries. However, it does do routine monitoring and pre/post surveys in all its programming, which are at least as, if not more, important in ensuring that their programmes are serving the needs of those whom they are intended to serve.

While GRS believes that having quality data is imperative and flexibility is key to continuously learning from evidence. A couple of examples of adaptations to resource limitations are reported here:

- GRS collects data from only a random sample of about 10 per cent of participants. Given the appropriate use of sampling techniques, this is a standard way of gathering good quality data that is representative of the population under study.[4,5]

- The way they currently measure adherence, in the context of their HIV programming is an example: the ideal method to capture whether HIV treatment is being followed would be to measure levels of cb5 or the viral load, but gathering such clinical data raises many issues, both in terms of ethics and privacy as well as resources needed. Based on research that shows that self-reported data is usually nearly as accurate as clinical data, GRS decided that the relative KPI should be based on self-reported data to ensure that measurement is feasible for all programmes without compromising quality. This shows that where costs or ethical considerations may prevent the collection of 'ideal' data, there may be alternative solutions to collect 'good enough' data.

[1] Grassroot Soccer, 'M&E Is Not Your Enemy', 2016, <https://www.grassrootsoccer.org/wp-content/uploads/2016/04/ME-Strategy_FINAL-1.pdf>, accessed 5 May 2021.

[2] Grassroot Soccer, 'Partnerships', 2015, <https://www.grassrootsoccer.org/wp-content/uploads/2016/04/original-grsp_two_pager_final_april_20151.pdf>, accessed 5 May 2021.

[3] Grassroot Soccer, '2017-2018 Research & Insights Report', 2018, <https://www.grassrootsoccer.org/wp-content/uploads/2018/07/GRS-Research-Insights-Report-FINAL-spreads-small.pdf>, accessed 5 May 2021.

[4] BetterEvaluation, 'Sample', 2020c, <https://www.betterevaluation.org/en/rainbow_framework/describe/sample>, accessed 5 May 2021.

[5] Blair, Edward, and Johnny Blair, *Applied Survey Sampling*, SAGE Publications, 2014.

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