



Total Health Phase 2 Evaluation Report 2025

Executive Summary

As part of the Total Health Phase 2 strategy, in 2024, Grassroot Soccer (GRS) Zambia integrated mental health concepts across three GRS existing sexual and reproductive health and rights (SRHR) programs: SKILLZ Guy, SKILLZ Girl and SKILLZ Core. These SKILLZ programs aimed to build comprehensive SRHR knowledge and uptake to services for adolescents aged 10-19 years. The programs consist of 10-12 sport-based practices into which three mental health topics were integrated, as standalone topics or incorporated into SRHR topics, in each curriculum.

Between August 2024 and September 2025, the integrated programme was implemented by 82 trained SKILLZ Coaches in Nyimba, Petauke and Chipata, which are predominantly rural districts. GRS conducted an evaluation that utilised a mixed method approach to gather insights that focused on exploring integration of mental health into existing SKILLZ programming from the perspectives of participants, Coaches, GRS staff and teachers. The evaluation was conducted in three out of the five sites under the Total Health Phase 2 strategy.

Routine data collection was conducted during session delivery utilising attendance registers, pre/post tests and service referral forms. Pre/post questionnaires were administered to 1,919 participants and analysed utilizing an online sales-force database with inbuilt GRS Key Performance Indicators (KPI). GRS also conducted qualitative interviews (n=9) and focus group discussions (n=3) with SKILLZ participants from all three curricula. In addition, focus group discussions (n=3) were conducted with SKILLZ Coaches and interviews with teachers (n=6), caregivers (n=4) and GRS staff (n=3). This data was analyzed using a rapid framework matrix by categorizing and grouping key notes into themes.

Findings across all curricula showed that GRS reached 19,515 participants, of which 16,203 graduated by attending seven or more sessions, representing 83% graduation rate. Mental health related sessions had attendance ranging from 91% for SKILLZ Core, to 87% and 83% for SKILLZ Guyz and lastly 81% and 78% for SKILLZ Girls respectively. All adolescents who completed the integrated program reported increased comprehensive knowledge of mental health, SRHR and services with an overall change of 15% for SKILLZ Core, 31 % for SKILLZ Guyz and 33% for

SKILLZ Girl. Additionally, positive change in participants' attitudes and beliefs regarding mental health and gender norms were noted with an overall change of 65% for SKILLZ Girls, SKILLZ Guyz at 69 % and SKILLZ core at 57%. .

Qualitative findings pointed to an appreciation of the integrated program as it holistically responded to both mental health and SRHR needs of adolescents. Adolescents, and Coaches found the mental health topics relatable to personal and community experiences, making it easy for adolescents to engage in mental health discussions and for Coaches to deliver the information. To further improve the integrated program, key recommendations included increasing the number of mental health topics in the curricula or aligning mental health concepts to SRHR topics under each practice beyond the existing stand alone topics.

1.0 Background

Due to limited availability of mental health investments within existing SRHR interventions, GRS Zambia under the Total Health Strategy Phase 2, integrated mental health concepts across three existing SRHR programs: SKILLZ Guy, SKILLZ Girl and SKILLZ Core. The integrated programs were implemented between August 2024 and September 2025 in five districts: Lusaka, Chongwe, Nyimba, Petauke, and Chipata. A mixed-methods evaluation was conducted with the aim of gathering perspectives from participants, Coaches, GRS staff and Teachers about the integrated programs. The evaluation was only conducted in Nyimba, Petauke, and Chipata which are predominantly rural districts in Eastern Province located 75-240km apart. Eastern Province is generally characterized with the highest rate of teenage pregnancy in Zambia with acute barriers in access to SRHR services.

1.1. About the Integrated SKILLZ Program

SKILLZ Girl, SKILLZ Guy and SKILLZ Core consist of 10-12 sport-based practices that aim to build comprehensive SRHR knowledge and uptake of services for adolescents and young people. SKILLZ Girl and SKILLZ Guy, delivered to adolescents aged 15-19 years, utilize a single-sex approach while SKILLZ Core targets adolescents aged 10-14 years and is delivered using a mixed-sex approach. GRS integrated three standalone mental health topics in SKILLZ Girl and Guy which included *I matter, Me & My Mind* and *Build your Team* in SKILLZ Girl, while *Feelings, Copying Skills* and *Build your Team* were included in SKILLZ Guy. Under SKILLZ Core, *Mental Health* was integrated as a standalone topic while *Identifying Strengths* was incorporated in practice one - *Join the SKILLZ Team*. Two activities *Juggling my Life* and *My Supporters* cut across all three curricula.

GRS Zambia trained 82 near-peer mentors, “SKILLZ Coaches,” (Female: 46, Male: 36) to deliver the integrated programs to adolescents in schools and communities in Nyimba, Petauke and

Chipata districts. In addition to these sessions, Coaches visited 11,976 households to acquire consent for adolescents to participate in GRS programs and access different mental health and SRHR services. Other program activities included community dialogues meetings with community stakeholders, raising awareness on mental mental health and SRHR via community outreach, door to door events and radio programs. Lastly, GRS Zambia worked closely with community structures and government line ministries, particularly the Ministry of Health and Education.

1.2 Evaluation Objective

The VITOL qualitative evaluation was guided by the following objective:

- i. Explore integration of mental health into existing SKILLZ programming from the perspectives of participants, Coaches, GRS staff and Teachers.

2.0 Methods

2.1 Quantitative

GRS Zambia capacitated eighty-two (82) Coaches to support routine data collection using dual approaches of SKILLZ App for mobile data collection and backup paper-based tools. The data was conducted during session delivery utilising attendance registers and pre/post tests. The attendance registers were completed daily by the Coaches during delivery of each session while the pre/post questionnaire was administered before and after sessions, respectively. Across all curricula, the pre-post questionnaire was made of up twenty questions with categorised learning outcomes on behavior, attitudes, and knowledge.

The pre/post questionnaires were administered to 1,919 adolescents purposively sampled using a 10-20% selection criteria for participants in every intervention delivered. For every group of 30 participants, at least 5 participants were selected to participate in the pre/post survey. Analysis was conducted for all matched pre/post using an automated online sales-force database with inbuilt GRS Key Performance Indicators (KPI) using the following formula; percent change= (Post-Pre/ Pre) *100%. Across all GRS KPIs, a benchmark of 10 and above for percent change demonstrated effectiveness of the SKILLZ Health programme.

2. 2 Qualitative

GRS Zambia, with the help of six trained Research Assistants, conducted nine interviews and three focus group discussions with former SKILLZ participants. In addition to participants, three FGDs were held with implementing Coaches and key informant interviews with GRS staff (n=3) and school teachers (n=6). The teachers came from a distribution of guidance teachers, sports teachers and deputy head teachers in schools where GRS implemented the integrated program.

To analyze the data, GRS Zambia deployed a rapid framework matrix approach, where key summaries were grouped together and themes were later developed to guide the findings.

Table 1: Distribution of data collection methods and sample size for each respondent type

Respondent Type	Data Collection Method	Sample Size (n)/per Site		
		Nyimba	Petauke	Chipata
SKILLZ Participants	Interviews (1/curriculum per site)	3	3	3
	Focus Group Discussion (2/curriculum per site)	4	6	6
GRS Coaches	Focus Group Discussion (2/curriculum per site)	6	6	6
GRS Staff	Interviews	1	1	1
Teachers	Interviews	2	2	2

3.0 Evaluation Findings

3.1 Participants Reach and Graduation

Across the three implementation sites, GRS reached 19,515 participants, of which 16,203 graduated by attending seven or more sessions, representing 83% graduation. SKILLZ Girl accounted for the highest reach of adolescent participants and graduates with 8,788 and 7,057 respectively, with an overall contribution of 44% (7,057 out of 16,203) of overall graduates. The SKILLZ Guyz program reached 6,263 participants of which 5,095 graduated, with a contribution of 31% (5,095 out of 16,203) towards overall graduates. The SKILLZ Core curriculum had the lowest reach with 4,464 participants and 4,051 graduates, representing 25% of the total graduates (4,051 out of 16,203).

Table 2: Distribution of participants and graduates across integrated curricula

Integrated Curricula	Participants	Female Graduates	Male Graduates	Total Graduates	% of Total Graduates
SKILLZ Guyz	6,263	—	5,095	5,095	31%
SKILLZ Core	4,464	2,095	1,956	4,051	25%

SKILLZ Girl	8,788	7,057	—	7,057	44%
Total	19,515	9,152	7,051	16,203	100%

Fair attendance to sessions was noted with the highest attendance under foundational and mental health topics across all curricula. In relation to SKILLZ Core attendance, ‘Join the SKILLZ Team,’ practice 1, had the highest attendance at 98%, followed by ‘Understanding HIV’ at 92% (practice 2) and ‘Mental Health’ at 91% (practice 10). Practices 3-9 had slightly lower attendance, ranging from 87 to 89% of participants. Under SKILLZ Guy, attendance by session shows that practice 1, ‘Join the SKILLZ Guy Team’ was the highest attended with 94%, followed by ‘Courage’ and mental health sessions with 83%. SKILLZ Girl attendance by session shows that the first practice had the highest attendance at 95%, with mental health focussed sessions such as ‘Me and my Mind’ at 81% and ‘Courage’ at 78%.

Feedback from qualitative data shows participants were motivated to attend the sessions due to their drive to acquire SRHR and mental health information among other reasons. However, attendance was affected by various reasons such as being absent from school, competing school activities and family responsibilities, with others just forgetting about the sessions. Recommendations from participants suggested sending reminders for session attendance, weekend sessions and having refreshments to tackle hunger issues.

“I used to like how the Coach taught us the sessions, and I thought if I missed one, I would miss something very important and it would leave me to wonder what they learnt that’s why I did not miss.” [Female SKILLZ Core Participant, Chipata]

3.1.2 SKILLZ Participant Perspectives on the Integrated Curricula

SKILLZ Participants’ Views on the Integrated SKILLZ program

Participants indicated that the integrated program was nice in that they learnt a lot from the program, including things that they didn't know before. Participants also shared that they liked all mental health topics in the curricula, however, one SKILLZ Girl participant said she did not like parliament kilo because it was ‘babyish’ and another female SKILLZ Core participant felt the activity for tennis balls was more ideal for boys than girls because it required kicking the ball several times. Nevertheless, all the participants appreciated the program and indicated that they would recommend it to their friends so that they can also benefit from the program knowledge.

“The program for SKILLZ Guy is a very nice program because it helped a lot of people at school and community level because you will find that there were people who had mental health challenges but through the program you provided to us, we were able to help our friends and help resolve their mental challenges.” [SKILLZ Guy Participant, Chipata]

When participants were asked about their thoughts on the mental health information in the integrated curricula, majority shared that they felt the information was enough because it covered key topics like stress, suicide, depression which they witnessed at a personal and community level. ***“Yes, because just where I stay, we had a funeral of a woman who drowned with a child, she threw herself in the water, this relates to what the Coach was saying and I have also started noticing things related.” [SKILLZ Core Participant, Chipata]***. One SKILLZ Girl participant in Petauke also appreciated the combination of mental health lessons and sports considering that sports help people relax thereby giving a dual effect on participants. However, the participants suggested including topics or activities such as counseling, educational drama, stretching exercises, and adding more information on drug abuse.

Pre-Post Results from the Integrated SKILLZ Guy, Girl and Core

Pre/post (n=1,919) results across all curricula showed positive change in participants' attitudes and beliefs towards mental health and gender norms, with an overall change of 64%. Moreso, participants reported increased comprehensive knowledge of mental health, SRHR and services with an overall change of 26%. Adolescents also showed improved knowledge on decision-making regarding contraceptives, sexual relationships, and reproductive healthcare, with an overall change of 22%. Pre/post results also showed an overall change of 23% in participants showing improved self-concept.

Table 3: Overall Pre-Post Results by Key Performance Indicators (n=1,919)

Key Performance Indicators	Pre	Post	% Change
% change in participants showing improved self-concept	78%	95%	23%
% change in participants who make their own informed decisions regarding sexual relationships, contraceptives and reproductive health care	64%	79%	22%
% change in participants on attitudes and beliefs regarding mental health and gender norms	52%	85%	64%
% change in participants who feel supported in their life	80%	95%	28%

% change in participants with increased comprehensive knowledge of Mental Health, SRHR and services	70%	94%	26%
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School and Community-level Factors to Consider when Addressing Mental Health Topics

Some of the views from participants on school and community level factors for considering when implementing mental health programs included considerations of prevalence of mental disorders among learners in schools such as substance abuse and risky sexual behavior, socio-economic status of learners can have a bearing on the mental well-being of learners while others echoed the need to actively engage teachers, community leaders and parents during implementation of programs in schools.

“We should also consider talking to the teachers, educating them about the Grassroot Soccer program and some of the topics we will be learning like hygiene, mental health, and how we can prevent other diseases. This will help with making them aware also and allowing us to participate.” [SKILLZ Guy FGD, Chipata].

3.2 Perspectives on the Integrated Curricula from SKILLZ Coaches, Teachers and GRS Staff

Thoughts about the Integrated Curricula

Although the school teachers generally had limited knowledge about the integrated curricula, Coaches and GRS staff appreciated it, in that it helped address both SRHR and mental health needs among adolescents. The Coaches further went on to explain that it was difficult to talk about sexual health with SKILLZ Core participants, and that some married girls did not want to engage in physical activities such as ‘mingle,’ since they found them childish. However, most participants related well with mental health topics because they talked about things that affected them except few concerns around juggling my life and gender norms.

“Girls we teach mostly have different challenges so, every time we talk to them about mental health, that’s when they know on how to prevent and access services so that they should be helped, for example a girl is impregnated by a man, and the man refuses to take care of her, other girls kill themselves or stop eating and become very depressed. When they get to learn, they now know where they can go or who they can talk to.” [Coach FGD, Nyimba]

While some Coaches in Chipata felt the curricula served as an introduction to MindSKILLZ, other Coaches felt the topics were repetitive and may discourage some participants from attending MindSKILLZ. Compared to other curricula, Coaches described the integrated curricula as summarized and easy to implement, alluding to the revised and new topics that were included

in the curricula. Coaches also appreciated how the integrated curricula was formatted in bullet form making it easy to read and understand, including key messages.

“...the new curriculum is more summarised compared to the old one. The reason why I say it is summarised is because you would find that two topics you would be talking about the same thing. For example, LETS GET TESTED and KNOW YOUR STATUS was talking about the same things but in the new curriculum, it's well summarised.” [Coach FGD, Chipata]

Thoughts on Mental Health Content in the Integrated Curricula

While all were in agreement that the content helped participants understand their emotions, gave room to young people, especially boys, to open up, some respondents felt the information was not enough considering mental health is broad and adolescents are affected differently, as such they recommended adding more information on moods, physical and substance abuse, suicide, with some proposing at least four topics. GRS staff also suggested strengthening Coaches' skills to support participants with disabilities such as those who are autistic, and covering information on diseases that may negatively affect mental health, including suicide.

“I think a topic that talks about suicide, because these days suicide has become a common thing. You will find that even if the person is a child or young person, they have thoughts of committing suicide because I remember an incident that happened, there was a child that drunk poison and the reason to why they took the poison, never made sense and so, I think it should be added in the curriculum so that we tell our participants about the bad things about suicide.” [Coach FGD, Chipata]

Facilitation of Mental Health Information by SKILLZ Coaches

All Coaches narrated that it was relatively easy for them to facilitate mental health activities and information, considering that the content was summarized and easy. Teachers also reported availability of a curriculum that promotes structured learning while GRS staff highlighted strong partnerships and support from partners, engagement of community leaders and permission from District Education Board (DEBS) to implement school programs. Other factors reported included Coach training and provision of kits, Coaches willingness to implement the program, GRS strategy of utilizing soccer balls that attracted young people and the near-peer model that utilizes Coaches from the communities where adolescents come from.

“Yes, even the selection of the Coaches, we select Coaches from these same communities making them the best people to understand some of the issues they face as well as looking at Coaches that are young, we don't want to take an old person to a school and give them participants. And also, it's about the culture of delivering the session, making it easy for a Coach to share information to their participants.” [Male GRS Staff, Chipata]

With regards to how well the training prepared them, the Coaches indicated that the training was helpful, especially the open discussions and teachbacks, which helped build confidence and self-esteem to stand in front of people. One Coach in Petauke recounted not gathering enough information from the training, however, they were able to draw on content from the MindSKILLZ training as the topics were similar. Through the Coach Academy sessions, Coaches shared that they were able to learn from each other, refresh each other on what they forgot and improve skills despite the feeling of information overload as they only met once a month. The Coaches suggested being trained in psychosocial counselling, therapy training and refresher training.

“...We can do therapy training, knowing how we can handle a person in terms of therapy and linking them to services similar to CBD. So, if we do training on therapy secession, we will be helping participants directly instead of referring them to a hospital. We can have Coaches that are specialised in that through the training of course and they can be helping and maybe if the participants need more help, we can now be referring to professionals.” [Coach FGD, Chipata]

School and Community-level factors to Consider when Addressing Mental Health

At school level, GRS staff indicated the need to consider children with disability when designing and implementing programs, incorporating or aligning mental health programs to school programs and equipping teachers with skills such as how to identify mental health challenges. The Staff also suggested considering other organizations in schools that offer incentives which may put GRS at a comparative disadvantage. In addition, teachers indicated tailoring topics to age and existing mental health challenges in different environments, providing snacks to adolescents, and utilizing proper shelter for conducive learning. Finally, the Coaches added the need to sensitize the whole school so that everyone is well aware, consider meeting times as most adolescents are tired from classes, language barriers, assessing sources of abuse as some comes from within the school and providing on site services such as counselling.

“Firstly, the Coaches are supposed to fit in the school programs, mutually at an institution because each day has activities that are supposed to be done. Therefore, they should fit in those days. E.g for guidance and counselling it usually happens on Mondays at 15:30 to 16 but you find that they come on Fridays where there is quiz, they come on Wednesday where pupils are supposed to go to the chapel and so the Coaches have to fit in our programs.” [Male Teacher, Nyimba]

Most communities in Eastern Province hold strong myths and misconceptions about mental health, especially associating it with witchcraft, which makes it difficult to convince participants otherwise, as reported by the respondents. They also indicated poor family relationships that cause girls to seek marriage to escape their homes, the need to engage community leaders and

parents to get buy-in of the programs, and sensitizing communities with correct information about mental health and SRHR.

“...what raises a lot of concerns or questions about mental health in a traditional aspect is the statement that “mental health issues are not caused by witchcraft”. That question brings a lot of debate because most participants believe in witchcraft and they have evidence of people that were bewitched. So, for us to convince them, it’s hard because this is the belief they have grown up with and have experienced....” [Coach FGD, Chipata]

Implementation Barriers

Some of the implementation barriers reported by the respondents included: lack of support by some parents and community gatekeepers, some adolescents hesitant to attend the program, strict school schedules that limit program duration or timing, and misconceptions around mental health. Teachers also expressed concerns around lack of engagement of guidance teachers, having limited number of participants to benefit from programs and perceived incentives from the program by parents. Lastly Coaches alluded to translation challenges when explaining some mental health concepts in-depth, such as authenticity, and having to travel long distances to implementation sites which cannot be fully covered by the stipend.

“...it’s just the understanding of what mental health is or what sessions are because it’s not perceived as a serious thing in the communities where we are coming from, especially with parents or community members and in as much as we engaging participants there is need to engage parents as well through the home visits so that they can easily relate with the young person and give them information on how they can support their children if they are going through mental health challenges.” [Male GRS Staff, Chipata]

3.3 Recommendations for Improvement of SKILLZ Integrated Program

Respondents recommended that GRS should provide incentives to encourage participants to attend sessions, engage and fully share GRS packages with parents, teachers and community leaders and advocate for mental health at policy level. Other recommendations were centred around improving monitoring of programs in schools to fully support the sustainability, and providing adequate information to adolescents and stakeholders during mobilization

“More meetings should be organised, where learners, teachers and everyone involved are sensitized and also maybe frequent visitations and monitoring because most of the programmes have been initiated elsewhere... So, most of the time, if the support is not there by the people who are implementing the programme, they will die naturally.” [Male Teacher, Nyimba]

Teachers in addition recommended GRS to continue with the program in schools and districts at large and integrate the GRS program in school schedules. On the other hand, GRS staff recommended coming up with income generating activities, engaging community members in curriculum development, identifying strong referral pathways and finally learning from what other organizations are doing. Lastly, respondents highlighted the need to increase the age limit to accommodate older adolescents, have unique activities in MindSKILLZ to differentiate it with the integrated curricula, Coaches be provided with adequate program materials/kits for easy implementation, as well as increasing Coaches stipend in spirit of caring for the carers.

4.0 Conclusion and Recommendations

The mental health-integrated program shows initial effectiveness in improving participants' knowledge, attitudes, and behaviors related to SRHR and mental health as evidenced by pre-post results. Both adolescents and Coaches found it easy to engage and relate in conversations around mental health, while tying it down to SRHR because the curricula addressed issues that most adolescents experienced in their communities, including at a personal level. However, rural communities are different, making the mental health needs of adolescents diverse. For instance, in border towns in Chipata, drug abuse is more prevalent, while mental health misconceptions are more prevalent in extreme remote areas like Nyimba and Petauke, thereby requiring different messaging. In devising an engagement and implementation strategy, GRS Zambia should put into consideration the environmental, social and cultural factors that may have a bearing on the successful implementation of this program.

4.1 Recommendations

Product Development

- Increase the mental health content in the curricula by increasing the number of mental health sessions, or alternatively incorporating mental health concepts in each practice.
- To effectively integrate mental health in SRHR topics, there is a need to draw more connections between mental health content and the SRHR topics in addition to the current information on coping skills, emotions.
- Consider adding different mental health content in the integrated curricula that is not replicated in MindSKILLZ, as many participants will attend both programs. Although repeated concepts may be reinforcing for some participants, it may serve as a demotivating factor for others.

Programme Implementation

- Align SKILLZ programs with school schedules as much as possible.
- GRS should devise a dedicated engagement strategy for teachers and community leaders that will help ensure full onboarding and support for the SKILLZ Health program.