

Zimbabwe MindSKILLZ Evaluation Technical Brief

Executive Summary

Introduction:

Adolescents in Zimbabwe face high levels of mental health challenges, including depression and suicidal ideation, compounded by stigma, limited access to support, and gaps in mental health education. Despite the high need, there is a critical shortage of programs focused on mental health promotion and prevention, leaving many young people without the skills, knowledge, and supportive relationships needed to maintain good mental health. Coordinated, scalable mental health promotion and prevention is urgently required, yet current interventions are small, fragmented, and insufficient. Aiming to offer a solution, Grassroot Soccer (GRS), in collaboration with young people, Pamumvuri, Ministry of Health and Child Care (MoHCC) and the World Health Organization (WHO) piloted MindSKILLZ, a sport-based program that integrates soccer with life skills to equip adolescents aged 10–19 with knowledge, coping strategies, and confidence, while normalizing conversations about mental health.

Between June 2024 and March 2025, MindSKILLZ was piloted in Bulawayo and Harare, with interventions at schools, youth centers, soccer academies, and churches reaching 4,582 adolescents. Trained MindSKILLZ Coaches facilitated the programme. Coaches are trained, near-peer mentor “Coaches” aged 18–35, who are relatable role models drawn from the local community to facilitate and engage groups of 25–40 participants aged 10–24 in structured, interactive activities delivered over 60 minutes. An evaluation was conducted to 1) assess the feasibility and acceptability of MindSKILLZ in Zimbabwe; 2) assess the initial effectiveness of the MindSKILLZ intervention to promote positive mental health among adolescents; and 3) explore potential sustainability and scalability of MindSKILLZ through the MoHCC. The evaluation used a mixed-methods design, including pre- and post-intervention surveys covering mental health knowledge, coping skills, stigma, and well-being via the WHO-5 Index, attendance tracking, focus group discussions, and key informant interviews with participants, Coaches, parents, and stakeholders.

Results:

- 4,582 adolescents participated in MindSKILLZ, with nearly 90% attending at least 70% of sessions, and over 70% attending all sessions.
- Wellbeing: Participant scores on the WHO-5 well-being index increased by an average of 16 points (>10 point change is considered clinically meaningful); 66% of participants experienced clinically meaningful improvement.
- Stigma: stigmatizing mental health beliefs improved by 46%, with all stigma-related items showing significant positive change.
- Statistically significant improvements were observed in positive coping skills, self-concept, feeling supported, and mental health knowledge (+21–32%).
- Qualitative findings reinforced quantitative results: participants reported improved emotional regulation, anger management, communication skills, and confidence; Coaches, parents, and teachers observed positive behavioural changes and engagement from the participants

Conclusions:

The MindSKILLZ pilot shows promising evidence of initial effectiveness, feasibility, and acceptability in Zimbabwe. Participants experienced improved well-being, reduced stigma, and greater knowledge and coping skills. MindSKILLZ's sport- and play-based methods are engaging and adaptable and can be integrated into existing community structures such as schools, youth centers, and soccer academies. The pilot demonstrated that the play-based, interactive approach, combined with accessible and easy-to-understand content, was feasible to implement within existing government and education structures. This successful integration indicates that the MindSKILLZ program could be utilised on a larger scale through government systems, such as the MoHCC and the education system. This would support long-term improvements in the health and well-being of adolescents.

Background

In Zimbabwe, depression is one of the main causes of disability, with suicide being the second leading cause of death among 15-29 year olds¹. Zimbabwe accounts for the highest prevalence of suicidal ideation in the region, with a complex mix of risk factors, including poverty, violence, unemployment, and HIV/AIDS, contributing to young people's mental health^{2,3}. Moreover, marginalised youth, such as youth living with HIV, are most vulnerable to mental health challenges, with statistics suggesting that over 20% of youth living with HIV also experience mental health difficulties^{4,5}. These challenges are closely linked to gaps in social and emotional learning which encompass limited skills in emotional regulation, stress management, problem-solving, help-seeking, and building supportive relationships.

Common mental disorders, such as depression, anxiety, and substance use, account for most mental health problems, yet the scarcity of systems to identify, treat, refer, and manage mental health challenges has proven difficult to address the need. However, there is strong evidence that non-specialist approaches can significantly reduce the prevalence, severity, and impact of common mental disorders among adolescents. Coordinated mental health education, delivered at scale, is urgently needed in Zimbabwe, but currently, there are only small, fragmented mental health programmes. The result is high levels of misinformation and stigma and generations of young people who lack the language for what they are experiencing, the skills to cope with harmful emotions, thought patterns, and stress, and the nurturing relationships required for good mental health.

GRS sought to address the gap in adolescent mental health promotion and prevention interventions in Zimbabwe by piloting the MindSKILLZ program, a school- and community-based mental health promotion and prevention initiative. Originally conceptualized in Zimbabwe, GRS developed MindSKILLZ in collaboration with young people and adult experts. MindSKILLZ is designed for individuals aged 10-19 and

¹ UNICEF. (2021). *The State of the World's Children 2021: On My Mind: Promoting, protecting and caring for children's mental health*. New York: UNICEF.

² Gwarisa, M. (2021). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson.

³ World Health Organization (2023). *Suicide*. World Health Organization.

⁴ Remien, R. H., Stirratt, M. J., Nguyen, N., Robbins, R. N., Pala, A. N., & Mellins, C. A. (2019). Mental health and HIV/AIDS: The need for an integrated response. *AIDS*, 33(9), 1411–1420. <https://doi.org/10.1097/QAD.0000000000002227>

⁵ Chingono, R., Kasese, C., Miles, S., & Busza, J. (2022). "I was in need of somewhere to release my hurt": Addressing the mental health of vulnerable adolescent mothers in Harare, Zimbabwe, through self-help groups. *Global Health Action*, 15(1), Article 2040151. <https://doi.org/10.1080/16549716.2022.2040151>

adheres to global standards, including the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergencies, UNICEF's Global Multi Sectoral Framework for Mental Health and Psychosocial Support of Children, Adolescents, and Caregivers Across Settings, and UNICEF's Helping Adolescents Thrive Toolkit.

MindSKILLZ is an interactive, evidence-based program that forges meaningful connections between soccer and life skills. It empowers young people with the knowledge, skills, and encouragement necessary to lead happy and healthy lives while becoming leaders in their communities. The program adopts a positive approach to mental health, emphasizing the reinforcement of adolescents' strengths and skills to cope with life's challenges rather than focusing solely on mental health disorders. MindSKILLZ is grounded in social and emotional learning (SEL), strengthening core competencies such as self-awareness, emotional regulation, resilience, empathy, communication, and positive decision-making as foundational building blocks for adolescent mental health. The 12-session MindSKILLZ curriculum is designed to be simple and flexible, allowing delivery by Caring Coaches – who can be sports coaches, teachers, or near-peer youth mentors. Importantly, MindSKILLZ aims to normalize discussions about mental health among adolescents, effectively breaking the stigma surrounding these important topics.

Grassroot Soccer, along with Pamumvuri, MoHCC, and the WHO through its Special Initiative for Mental Health, piloted and evaluated MindSKILLZ with the goal of gathering insights before integrating it into the National Adolescents Mental Health Promotion and Prevention Program. The specific objectives of the evaluation were to:

1. Assess the feasibility and acceptability of MindSKILLZ in Zimbabwe;
2. Assess the initial effectiveness of the MindSKILLZ intervention to promote positive mental health among adolescents; and
3. Explore potential sustainability and scalability of MindSKILLZ through the Ministry of Health and Child Care.

Project Overview

The pilot was conducted in Bulawayo and Harare, due to their large and diverse adolescent populations, representing a range of urban and peri-urban contexts in Zimbabwe. Adolescents in both cities exhibit high levels of mental health challenges, including depression, anxiety, and suicidal ideation, compounded by stigma and gaps in mental health promotion and prevention^{1,6,7}.

GRS provided technical assistance to Pamumvuri and the Ministry of Health and Child Care (MoHCC) across all phases of the pilot, including design, implementation, and evaluation. Initially, GRS facilitated

⁶ Mushonga, R. H., Bere, T. C., Jopling, R., Glozah, F., Anyorikeya, M., Kamvura, T. T., Dodd, S., Maramba, A., Gudyanga, D., Weobong, B., Chibanda, D., Abas, M., & Kumwenda, M. (2025). Barriers and enablers to help-seeking for common mental disorders among young people in low-income settings: Perspectives from Zimbabwe. *PLOS ONE*, 20(11), e0335963.

<https://doi.org/10.1371/journal.pone.0335963>

⁷ Doyle, A. M., Bandason, T., Dauya, E., et al. (2023). Common mental health and emotional and behavioural disorders among adolescents and young adults in Harare and Mashonaland East, Zimbabwe: A population-based prevalence study. *BMJ Open*, 13, e065276. <https://doi.org/10.1136/bmjopen-2022-065276>

contextualization of MindSKILLZ for Zimbabwean adolescents through a 1-day validation workshop involving 30 stakeholders from the MoHCC, WHO, Ministry of Public Service, Labour and Social Welfare, youth-serving organizations, and adolescents. GRS also guided Pamumvuri on Coach recruitment, and led a 5-day training covering facilitation methodology, curriculum delivery, session structure, program planning, and monitoring and evaluation systems. Pamumvuri and MoHCC staff also took part in the training.

The 12-session MindSKILLZ intervention was delivered by pairs of Coaches facilitating sessions together, with each group including 25–30 participants. Coaches were selected based on demonstrated experience working with adolescents in the implementation areas and their completion of a 5-day Caring Coach training. Ongoing Coach support was provided/led by GRS through structured debriefs, refresher training, guidance on facilitation and referral pathways, psychosocial support, and peer-to-peer learning. GRS staff conducted bi-monthly site visits, including observation of intervention sessions, and held quarterly program reviews with Pamumvuri teams. GRS additionally strengthened Pamumvuri M&E capacity through development of data collection tools, training on data collection, data flow processes, and analysis of attendance records, pre- and post-assessments, and qualitative feedback to assess program quality and adolescent well-being outcomes.

GRS and Pamumvuri conducted sensitization with MoPSE, school leadership, community soccer academies and church youth leaders to give an overview of the MindSKILLZ pilot program and how participants could enroll. Institutions who were interested invited Pamumvuri and GRS to enroll adolescents in the program. Intervention schedules were determined by availability of participants at the respective structures. Some interventions were conducted once or twice a week, while some were completed over the course of a week during holiday breaks.

Alongside in-person MindSKILLZ interventions, GRS initiated a social and behaviour change communication campaign in partnership with local and national radio stations and social media influencers. The campaign included a 12-episode radio drama, podcasts, and social media skits in local languages (Ndebele and Shona), providing essential insights on managing mental health issues, fostering communication between parents and children, and promoting comprehensive discussions on mental health.

Methods

Design & Setting

- The evaluation utilized a mixed methods approach with both quantitative and qualitative data collection methods.
- MindSKILLZ implementation and data collection took place in peri-urban and urban locations in Bulawayo and Harare, Zimbabwe. Implementation sites included schools, youth centres, soccer academies, and churches.

Quantitative methods

Quantitative data sources included:

- MindSKILLZ session attendance register: Individual attendance was captured by Coaches at each session
- Pre/post test: GRS administered a 25-item survey to MindSKILLZ participants immediately before and after the 12-session intervention.
 - The pre/post survey addressed the following constructs, integral to the program's impact model:
 - Enabling mental health help-seeking (4 items)
 - Mental health knowledge (3 items)
 - Participants feeling supported (1 item)
 - Positive coping skills (6 items)
 - Positive self-concept (2 items)
 - Transforming stigmatizing mental health beliefs (9 items)
 - Items were selected from a GRS pre/post bank based on the program's content and key messages. The 9 items examining mental health stigma are drawn from the Mental Health Literacy Scale.
 - The target sample for the pre/post survey was 800 adolescent MindSKILLZ participants, 400 in Bulawayo and 400 in Harare.
 - As this was the first time delivering in Harare, additional time was needed to strengthen coordination processes and monitoring systems. Coordination systems were already established in Bulawayo, where GRS has a history of delivery. Therefore, pre/post targets were achieved in Bulawayo but not Harare.
- WHO-5 Well-being Index (WHO-5): The WHO-5, a brief, self-reported measure to assess subjective well-being over the past two weeks, was administered to participants immediately before and after the intervention.
 - The WHO-5 consists of 5 statements rated on a scale from 0-5, with a raw score range of 0-25, with higher scores reflecting better well-being. For ease of interpretation, raw scores are multiplied by 4 to get total scores ranging from 0-100.
 - The target sample for the WHO-5 was a random sample of 20% of participants.

Quantitative analysis of the pre/post test and WHO-5 data was conducted using Excel and STATA, where Excel was used to clean and generate new variables. STATA was used to calculate descriptive statistics, and test for statistical significance of pre- to post-intervention changes using McNemar's test.

Qualitative methods:

Qualitative data sources included:

- Focus group discussions with MindSKILLZ participants
 - 4 FGDs were held with adolescent participants in Bulawayo (2 with girls, and 2 with boys), and 4 FGDs were held with participants in Harare (2 with girls and 2 with boys)
- Focus group discussions with MindSKILLZ Coaches
 - 2 FGDs were held with Coaches, 1 in Bulawayo and 1 in Harare
- Key informant interviews

- 3 key informant interviews were held with parents/guardians of MindSKILLZ participants in Bulawayo, and 4 were held in Harare
- 5 KIIs were held with local stakeholders in Bulawayo, including teachers, social workers, community psychologists, and Pamumvuri staff, and 3 were held in Harare
- 2 KIIs were held with national and international stakeholders in Harare, including representatives from WHO and the MoHCC

Qualitative data collection was conducted by GRS-trained research assistants, and FGDs and interviews were recorded. Notes and recordings were used to complete summary sheets to highlight key findings and illustrative quotes, then a framework matrix approach was used to organize key findings from each data source by topic, and highlight trends, connections, and important themes.

Ethics statement: Ethical approval was received from the ethics committee of the Medical Research Council of Zimbabwe (Approval No. MRCZ/A/3300). All participants provided informed consent and/or assent and were thoroughly informed about the evaluation's purpose, procedures, and potential risks.

Results

Participant Reach and Graduation

- MindSKILLZ Coaches delivered 207 total interventions (151 in Bulawayo, 45 in Harare) reaching a total of 4,582 participants across both sites, exceeding the initial target of 3,500 participants.
 - Participants who attended at least 70% of MindSKILLZ sessions 'graduated' from the intervention. The proportion of participants who graduated (graduation rate) in Bulawayo (91%) was higher than that in Harare (74%).

Table 1: MindSKILLZ participants reached and graduates in Bulawayo and Harare

Site	Participants reached			Graduates	
	Male	Female	Total	Total Graduates	Graduation Rate
Bulawayo	1852	1982	3834	3488	91%
Harare	419	329	748	554	74%
Total	2271	2311	4582	4042	88%

- The pilot originally aimed to reach only 3,500 participants, but was expanded in Bulawayo due to successful implementation and high demand.

Initial effectiveness to promote positive mental health among adolescents

- Across both sites, a total of 951 participants completed the WHO-5 inventory pre- and post-intervention, 753 in Bulawayo, and 198 in Harare, seen in Table 2:

Table 2: WHO-5 sample by site and gender

	Female	Male	Total
Bulawayo	422 (56%)	256 (44%)	753
Harare	96 (48%)	102 (52%)	198
Total	518	437	951

- Across both sites, mean WHO-5 scores increased from pre-intervention to post-intervention, with an average change of 16 points, where a change of 10 or more points is seen as potentially clinically significant. Nearly two-thirds of participants experienced this significant change in well-being over the course of the intervention, shown in Table 3:

Table 3: Mean WHO-5 scores and change across both sites

	Pre-intervention	Post-intervention	Average Pre-to Post-change	Participants showing significant change (10 or more points)
Bulawayo	72	88	16	66%
Harare	72	87	15	63%
Combined/Total	72	88	16	66%

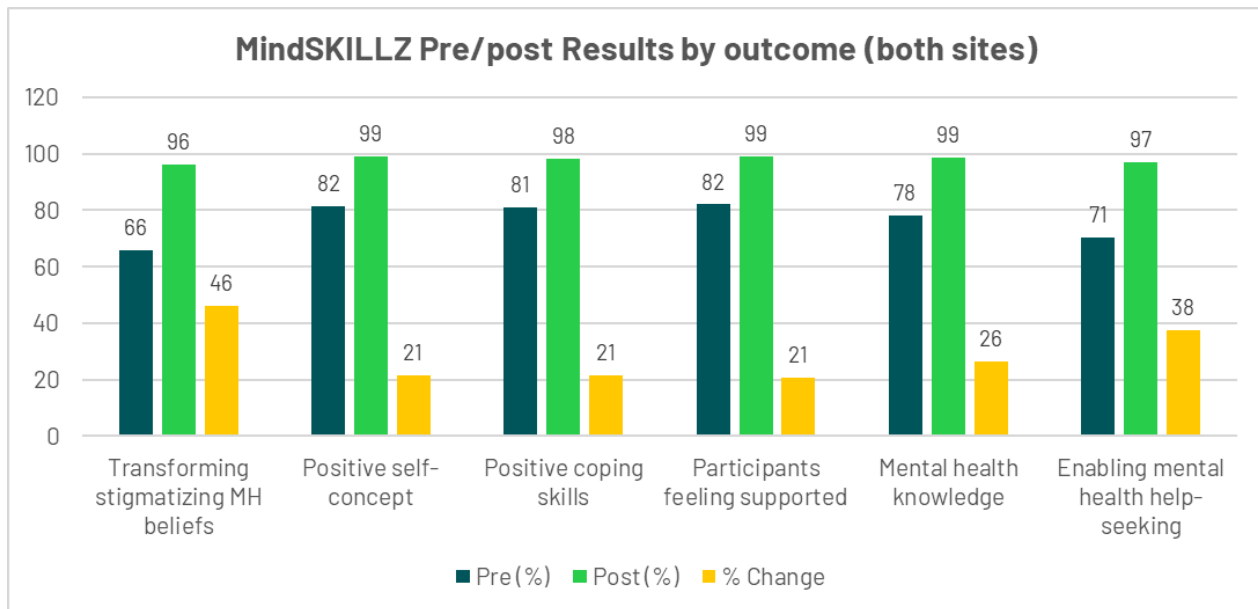
- The proportion of participants experiencing poor well-being (scoring less than 50) was low pre-intervention, but appeared to decrease in both sites, as seen in Table 4:

Table 4: Proportion of participants experiencing poor well-being (WHO-5 scores less than 50)

	Pre-intervention	Post-intervention
Bulawayo	6%	1%
Harare	7%	2%
Combined/Total	6%	1%

- In Bulawayo, 581 participants completed the pre- and post-intervention questionnaire, while in Harare, only 60 participants had matched pre- and post- intervention questionnaires, or 15% of the planned sample.
- Participant pre- and post-intervention results show improvements across all mental health outcomes, as seen in figure 1 below:

Figure 1: MindSKILLZ Pre/post Results by Outcome (both sites)



- Percent change was greatest for the outcome transforming stigmatizing mental health beliefs, at 46%, which also had the lowest baseline value. Positive self-concept, positive coping skills, and participants feeling supported all had similar pre- and post-values, with the same percent change (21%).
- The overall percent change across all items was +32%, which is well above the typical target of 15% for GRS programs. Across all items, changes were statistically significant ($p < 0.001$). Results for each pre/post item are shown in Table 5:

Table 5: MindSKILLZ item by item pre/post results (both sites)

Outcome	Statement	% giving desired response			
		Pre	Post	% Change	P-value
Enabling mental health help-seeking	I am confident I have access to resources (eg. Doctor, internet, friends) that I can use to seek information about mental illness.	70	97	38.6	<0.001
	I am confident that I know where to seek information about mental illness.	71	99	39.4	<0.001
	I am confident using the computer or telephone to seek information about mental illness.	71	96	35.2	<0.001
	I am confident attending face to face appointments to seek information about mental illness (eg. seeing Doctor).	70	96	37.1	<0.001
Mental health knowledge	Drinking too much alcohol can have serious negative consequences for mental and physical health.	89	100	12.4	<0.001
	Stress is a normal part of life.	74	98	32.4	<0.001

	Society expects boys and girls to deal with their emotions differently.	71	98	38.0	<0.001
Participants feeling supported	If I have a problem, I have someone in my life I can go to for support.	82	99	20.7	<0.001
Positive coping skills	I know how to express my anger without being violent.	74	97	31.1	<0.001
	Listening carefully to others is an important communication skill.	89	100	12.4	<0.001
	I have skills that help me bounce back from difficult situations.	76	98	28.9	<0.001
	Self control helps you make smart decisions when you are angry or upset.	83	99	19.3	<0.001
	I can understand how others are feeling and be sensitive to their emotions.	83	97	16.9	<0.001
	When I express my feelings clearly, people understand me better.	80	98	22.5	<0.001
Positive self-concept	I can identify my strengths, or things that I am good at in life.	80	99	23.8	<0.001
	I can reach my goals in life.	83	99	19.3	<0.001
Transforming stigmatizing mental health beliefs	People with mental illness could snap out of it if they wanted.	52	89	71.2	<0.001
	A mental illness is a sign of personal weakness.	63	97	54.0	<0.001
	A mental illness is not a real medical illness.	69	97	40.6	<0.001
	People with mental illness are dangerous.	48	93	93.8	<0.001
	It is best to avoid people with mental illness so that you don't develop this problem.	67	99	47.8	<0.001
	If I had a mental illness I would not tell anyone.	75	97	29.3	<0.001
	Seeing a mental health professional means you are not strong enough to manage your own difficulties.	73	99	35.6	<0.001
	If I had mental illness I would not seek help from a mental health professional.	77	99	28.6	<0.001
	I believe treatment for a mental illness, provided by a mental health professional, would not be effective.	69	97	40.6	<0.001

- Qualitative findings appear to support quantitative results showing improved mental health knowledge and attitudes: many participants described positive changes in their lives after taking part in MindSKILLZ, including using healthy coping and anger management skills, improved communication skills, and increased confidence:

"I learnt how to manage my anger and understand now that violence is not the answer." - MindSKILLZ Participant, Bulawayo

"Before, I was not able to talk and express myself, so I would allow [myself] to be pressured by peers, but eventually it got better, as after the program, I am now confident and can talk in class." - MindSKILLZ participant, Harare

- Positive changes in participants were also described by Coaches, parents, and teachers:

"Participants were able to engage with their peers and openly address some of the personal issues that were affecting them, especially at home with their parents." - MindSKILLZ Coach, Bulawayo

"I've noticed my nephew communicating more openly; he now shares his feelings instead of bottling them up, which has strengthened our bond." - Guardian, Bulawayo

"I have observed better communication among them. They tend to be more open and vulnerable with each other, creating a safe space for genuine connection. There is a supportive and empathetic environment for their wellness." - Teacher, Bulawayo

- Parents also highlighted that their children seemed to have improved emotional regulation after taking part in MindSKILLZ, and often had a more positive mindset compared to before the program.

Acceptability of MindSKILLZ

- MindSKILLZ was highly acceptable among participants, with most participants rating the program very highly, describing many activities they enjoyed, and requesting more sessions.

"This program has the power to change the suicide rates that have been going up in Zimbabwe. They can drop if it reaches more young people, that is why I gave it a 11/10." - MindSKILLZ participant, Bulawayo

- Coaches and their creation of a safe, supportive environment was key to participants' enjoyment:

"Coaches created a safe space for me to express my thoughts, I felt like I was part of a caring family." - MindSKILLZ participant, Bulawayo

- Coaches and parents both echoed the high acceptability of MindSKILLZ, noting participants' full engagement and enjoyment of the program:

"Participants were fully immersed in the MindSKILLZ program, showing their enthusiasm and commitment, and actively inviting others who were initially hesitant to join." - MindSKILLZ Coach, Bulawayo

- MindSKILLZ was also viewed very positively by local and national/international level stakeholders, who highlighted the high need for the program and also praised its play-based methods:

“MindSKILLZ not only supports immediate mental health concerns but also promotes long-term resilience and awareness among stakeholders about the significance of prioritizing adolescent mental health.” - National stakeholder, Harare

Feasibility of MindSKILLZ

- Participants and their parents learned about MindSKILLZ through a variety of channels, including direct outreach by Coaches, school assemblies, radio content, and peers. These multiple avenues to engage participants supported recruitment for the program.
- The sport- and play-based methods in MindSKILLZ, desire to learn about mental health, and perceived utility of the program appealed to both participants and parents, supporting their engagement and attendance.
- The engaging methods were also appreciated by local stakeholders, who additionally highlighted the positive peer support and focus on resilience and positive mental health as the most beneficial elements of the program:

“Young people learn better through peers in an informal and relaxed environment where they can play, laugh, and exercise, and GRS programs bring all that.” - Local stakeholder, Bulawayo

- During implementation, Coaches were able to make several adjustments to the curriculum, including adapting certain language and activities based on participant age, gender, and level of understanding:

“The title for feelings was associated with love; so we incorporated the term 'emotions' to clarify discussions about feelings like happy, sad, and loving.” - MindSKILLZ Coach, Bulawayo

“During the goal-setting practice, participants struggled to comprehend the steps, so coaches simplified terms like 'consecutive' for better understanding.” - MindSKILLZ Coach, Bulawayo

- Some Coaches described some challenges in implementation, namely limitations in time and space provided for sessions, but in most cases, they were able to suitably adapt implementation.
- Participants, Coaches, parents, and stakeholders all provided recommendations to improve the program.
 - Participants suggested adding more content on drug/alcohol misuse, creating opportunities for different MindSKILLZ groups to interact and share experiences, and following-up with participants who miss sessions to ensure the group stays connected.
 - Coaches recommended improving disability inclusion within program activities, ensuring provision of translated program materials, and tailoring activities by participant age group, e.g. goal-setting is more appropriate for older adolescents, and may be less relevant for those aged 10-14.

- Parents additionally recommended increasing parental engagement in the program, adding information on financial literacy, and extending the length of the program.

Potential scalability and sustainability

- Evaluation respondents provided a number of recommendations for MindSKILLZ to expand its reach, including using social media and digital channels, creative communication and branding, and hosting community soccer and mental health quiz events.
- Integrating MindSKILLZ into existing structures through the MoHCC and Ministry of Primary and Secondary Education was highly recommended by multiple respondents in order to improve sustainability of the program. For example, integrating MindSKILLZ into school curricula would ensure that it reaches a wider audience nationally.
- Enhancing stakeholder engagement and ownership was also highly recommended to support sustainability.
- Many stakeholders also highlighted the critical importance of supporting Coaches and their mental health in the continued implementation and scale of MindSKILLZ. Establishing strong collaboration between Coaches, educators, and mental health professionals was also noted as important for the success of MindSKILLZ.
- Stakeholders at all levels additionally described the important role of the MoHCC in the potential sustainment and scale of MindSKILLZ and supporting adolescent mental health more broadly.
 - The MoHCC holds the power to integrate MindSKILLZ into strategies and policies at national level, which would vastly contribute to program sustainability and scale.
 - Stakeholders noted that the MoHCC should take a more visible role in the program, and that they could help facilitate funding support for MindSKILLZ

Conclusions:

- This pilot evaluation of MindSKILLZ in Zimbabwe shows promising results on the initial effectiveness of the intervention to support adolescent mental health and wellbeing:
 - Participants demonstrated statistically significant improvement on all pre/post items, as well as clinically meaningful improvement on the WHO-5, as the average change was greater than 10%. Additionally, the proportion of participants in both Bulawayo and Harare experiencing poor wellbeing appeared to decrease over the course of the intervention.
 - Qualitative findings support quantitative data illustrating that participants learned useful information and skills and enjoyed the program.
 - Coaches and parents of participants described observing positive changes in participants' emotional regulation, management of anger and stress, and self-confidence.

Recommendations

- MindSKILLZ has potential to fill a programming gap and address documented needs in the mental health promotion and prevention space. Considering recommendations from evaluation participants, programmatic experience, evaluation experience, and evaluation results, we recommend the following:



- Provide Coaches with locally appropriate translations of the curriculum and pre/post tools, including the WHO-5
- Integrate disability inclusion guidance into Coach training and implementation
- Utilise guidance to tailor content for groups of younger (10-14) and older (15-19) participants
- Continue to support Coach mental health, and expand services available to them as frontline workers
- Carry out continuous engagement with government and key stakeholders to build MindSKILLZ into existing structures