

Grassroot Soccer
SKILLZ Girl Intervention ‘Dosage’ Pilot Evaluation
GRS South Africa & Research teams
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Executive summary

Grassroot Soccer undertook a pilot evaluation to explore the ‘dosage’ of its SKILLZ Girl program in Alexandra, South Africa. The evaluation aimed to compare the ‘standard,’ 12-session version of SKILLZ Girl with an ‘abbreviated’ version (6 sessions plus graduation). Participants in the abbreviated intervention also received a comic book-style ‘magazine’ as a supplementary resource. Mixed methods were used, including routine pre/post questionnaires administered to participants in both interventions, a brief acceptability questionnaire administered to those in the abbreviated intervention, and qualitative focus group discussions and interviews with participants, Coaches, and one Master Coach.

Overall, pre/post results for both the standard and abbreviated interventions were similar, with an overall change of 10% for the standard group (n=157) and 8% for the abbreviated group (n=202). Nearly all participants in both groups attended at least 70% of sessions in order to ‘graduate.’ Quantitative acceptability results were positive, with most participants giving positive feedback on the abbreviated intervention. Participants and Coaches generally had positive views on both interventions, and the sessions were easy to understand and enjoyable. However, participants in the abbreviated intervention had generally negative feedback on the magazine, where they didn’t like completing the activities on their own, and some had difficulty understanding the language used. Coaches and the Master Coach generally preferred the standard intervention, but recognized the potential value in the abbreviated intervention to reach more participants in a time efficient manner. The cost per participant was estimated to be about \$43 for the standard intervention, and \$30 for the abbreviated intervention.

This initial evaluation of an abbreviated SKILLZ Girl program presents early evidence that the shorter intervention can achieve similar effects to that of the standard version. However, qualitative findings reveal mixed experiences of participants and Coaches with the abbreviated intervention, where participants prefer in-person sessions to the magazine, and Coaches prefer the standard program with more contact time. Future programming decisions will need to balance these considerations, as well as cost and resource availability.

Background

Grassroot Soccer (GRS) has implemented sport-based adolescent health programs for over 20 years, covering health topics including HIV prevention, sexual and reproductive health and rights (SRHR), and mental health. SKILLZ Girl, a single gender program for girls aged 15-19, is implemented by trained female, near-peer mentor ‘Coaches,’ from the same communities as participants. Program sessions use soccer language, metaphors, and activities to start conversations and convey critical health information to participants.

Program ‘dosage’, or how much exposure to intervention content is required for participants to demonstrate positive effects on knowledge, attitudes, and behaviors, has long been of interest to GRS. Optimizing the length of interventions can contribute to scale by increasing the number of participants reached, and by efficiently using limited resources, particularly in the current global health funding environment. In order to explore program dosage, from 2023-2025, GRS conducted a mixed methods pilot evaluation focused on the SKILLZ Girl program in South Africa.

Evaluation Questions:

The dosage pilot evaluation aimed to address the following questions:

1. Is an **abbreviated model** of SKILLZ Girl effective compared to the **standard model** in improving participant knowledge, attitude, and behavioral outcomes, such as mental health knowledge, utilization of coping skills, HIV & SRHR knowledge, and self-concept and future orientation?
2. Does the **abbreviated model** show promise in facilitating the intervention's implementation in the areas of acceptability, feasibility, fidelity, and cost?

Curriculum adaptation process

In the first stage of the dosage pilot, GRS created the abbreviated version of the SKILLZ Girl curriculum:

- GRS examined routine program data, previous research and evaluation work, and insights from Coaches and staff, as well as input from the curriculum writing and product teams.
- The product team drafted a shortened version of the curriculum and a supplemental print 'magazine' for participants in the abbreviated intervention, considering the target number of practices, logical flow of information, and content that could feasibly be delivered in the magazine rather than during in-person sessions.
 - For example, information on puberty and menstruation was largely moved to the magazine in the abbreviated curriculum, with more discussion-focused topics kept in the in-person practices.
- Coaches and staff at the Alexandra Centre of Excellence reviewed the drafts and provided feedback, with six practices plus a graduation session in the final abbreviated curriculum.

Evaluation design and methods

For this first pilot evaluation of program dosage, GRS chose to use a mixed methods approach that utilized quantitative routine data supplemented by qualitative data collection with participants, Coaches, and Master Coaches.

A pre- and post-intervention questionnaire was administered to participants in both the abbreviated (n=202) and standard (n=157) interventions using GRS routine methods. The pre/post covered program content found across the standard intervention, abbreviated intervention, and SKILLZ Girl magazine, and using the same version was intended to allow for ease of comparison between the standard and abbreviated intervention groups. A version control error presented a challenge to this plan, but the team determined that there were enough items in common for the data collected to still be useful. Session attendance registers also added to tracking participant reach and graduation (completing at least 70% of sessions).

A brief, anonymous questionnaire focused on the acceptability of the abbreviated intervention was administered to abbreviated participants only (n=179). The acceptability questionnaire included items on how much participants liked different parts of the program such as in-person sessions and the SKILLZ Girl magazine, and how comfortable they felt asking their Coach questions.

The GRS finance team estimated cost per participant for both the standard and abbreviated interventions. Cost per participant was calculated using estimates from training of Coaches, Coach stipends and transport, and refreshments and printing required for each intervention.

Qualitative focus group discussions were held with participants in both the standard intervention (n=1 group) and abbreviated interventions (n=1 group) and Coaches who facilitated both versions (n=1 group). One interview was conducted with the female Master Coach supervising implementing SKILLZ Girl Coaches.

Pre/post questionnaires were analyzed using descriptive statistics, and percent change was calculated by item and overall for each intervention version. Descriptive statistics were also calculated for the acceptability questionnaires. During qualitative data collection, notes were captured and recorded on a structured tool

following the guides. Key findings and quotes were then summarized from the note taking sheets, and themes were written up.

Results:

- The participant reach and graduation for each intervention group was as follows:
 - Abbreviated curriculum:
 - Evaluation participants= 202
 - Graduates in evaluation group = 198 (98%)
 - Participant age: mean = 15.9 years (min 12, max 20)
 - Average number of sessions attended: 6
 - Standard curriculum:
 - Evaluation participants = 157
 - Graduates in evaluation group = 145 (92%)
 - Participant age: mean = 15.1 years (min 12, max 20)
 - Average number of sessions attended: 10
- Overall, pre/post results from both the standard and abbreviated interventions appeared similar, with the overall change calculated to be 10% vs 8%, respectively. A comparison of items delivered to both groups is shown in Table 1.
 - Many items showed the same direction of change from pre- to post, and many showed a similar magnitude of change. For example the item on post-exposure prophylaxis knowledge showed similar positive change of a high magnitude in both groups.

Table 1: Pre- and Post- Intervention Questionnaire Item Comparison: Standard and Abbreviated SKILLZ Girl

	Question	Standard version (n=157)			Abbreviated version (n=202)		
		Pre	Post	% Change	Pre	Post	% Change
1	I know my rights and responsibilities.	99%	99%	0%	99%	100%	1%
2	I can identify my strengths, or things that I am good at in life.	96%	97%	1%	96%	96%	0%
3	I know where to get contraception to prevent unwanted pregnancy.	72%	92%	28%	78%	93%	20%
4	Stress is a normal part of life.	76%	86%	14%	80%	88%	10%
5	Like physical health, we all have mental health.	64%	75%	18%	74%	83%	13%
6	It is the male's responsibility to make decisions in a relationship.	80%	92%	15%	90%	90%	-1%
7	Healthy relationships are based on healthy communication and respect.	96%	93%	-3%	95%	99%	4%
8	Sometimes a man may have a good reason to hit his girlfriend, partner, or wife.	69%	73%	6%	83%	87%	4%

9	I can say no to sex, even if my partner or friends pressure me to have sex.	87%	92%	7%	80%	86%	8%
10	Having more than one sexual partner increases my risk of getting HIV	83%	87%	4%	85%	92%	8%
11	Taking PrEP and using a condom can lower my risk of getting HIV.	85%	90%	7%	87%	95%	10%
12	I know where to go for support if I or someone I know drinks too much alcohol.	80%	87%	8%	77%	88%	14%
13	Deep breathing is a healthy way to deal with difficult and stressful situations.	82%	88%	7%	84%	91%	9%
14	Post exposure prophylaxis (PEP) can reduce my risk of getting HIV if taken 1-3 days after potential exposure	48%	80%	68%	63%	79%	25%
15	It is my right to access health services.	95%	97%	3%	97%	98%	1%
16	I have an adult or someone in my life I can go to for advice.	92%	92%	1%	90%	95%	6%
18	Using a condom and another contraceptive method can help prevent unwanted pregnancy and STIs.	92%	92%	4%	89%	98%	10%
19	I know what changes to expect in my body during puberty.	92%	95%	4%	93%	97%	4%
20	Drinking too much alcohol can harm the body and mind.	92%	92%	1%	89%	95%	7%
	Average	83%	90%	10%	86%	92%	8%

- On two items around gender equitable attitudes, interesting results were observed:
 - For 'It is the man's responsibility to make decisions in a relationship,' a lower proportion of participants in the standard intervention provided the desired response (80%) compared to those in the abbreviated intervention (90%). A positive change of 15% was observed in the standard intervention participants, while the abbreviated group showed little to no change.
 - For 'Healthy relationships are based on communication and respect,' both groups had similar baselines, but the standard intervention group showed slight negative change and those in the abbreviated group showed slight positive change.
- In Table 2, results from items that differed between pre/post versions are shown.
 - Among these items, in the abbreviated intervention group, the largest positive change was observed on 'I can use coping skills to handle stress' (+18%).

Table 2: Pre- and post-intervention questionnaire items not in common

	Pre	Post	% Change
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Abbreviated version only			
In a relationship, it is both partners' responsibility to prevent unwanted pregnancy.	90%	92%	2%
A person has the right to have sex with their partner even if the partner doesn't want to.	95%	94%	-1%
I can use coping skills to handle stress.	76%	90%	18%
I know at least two ways of saving money.	85%	88%	3%
A budget is the estimated income and expenses for a certain time period.	85%	93%	10%
Accepting money for sexual favors can create risks to my health and safety.	86%	89%	3%
Long version only			
I can give support and encouragement to a friend or family member who is living with HIV.	88%	94%	6%

- Results from the acceptability questionnaire administered to participants in the abbreviated intervention are shown in Table 3.
- For all items, about 80% of participants responded positively either 'a moderate amount' or 'a lot'
 - The acceptability of the program overall and the useful skills learned was the highest, with over 75% of participants giving the most positive response
 - The proportion of participants giving the most positive response on the acceptability of the magazine, and the comfort to ask questions of the Coach was the lowest, with about 56% and 61% giving the most positive option.

Table 3: Acceptability Questionnaire Results - SKILLZ Girl Abbreviated Curriculum Participants

	N	Percentage (excluding missing responses)
1 - Overall, I liked SKILLZ Girl		
Not at all	1	0.56%
A little bit	10	5.59%
A moderate amount	32	17.88%
A lot	136	75.98%
2 - I liked attending sessions		
Not at all	1	0.56%
A little bit	18	10.11%
A moderate amount	43	24.16%
A lot	116	65.17%
3- I liked the SKILLZ Girl Magazine		
Not at all	2	1.12%

A little bit	20	11.24%
A moderate amount	57	32.02%
A lot	99	55.62%
4 - The skills I learned in SKILLZ Girl were useful		
Not at all	2	1.12%
A little bit	6	3.35%
A moderate amount	32	17.88%
A lot	139	77.65%
5 - I felt comfortable asking my Coach questions		
Not at all	8	4.47%
A little bit	27	15.08%
A moderate amount	35	19.55%
A lot	109	60.89%

- In focus group discussion participants in both intervention groups provided overall positive views on the program
 - They recalled many of the activities and sessions they did, such as power hand, healthy and unhealthy relationships, pressure limbo, and risk field
- Participants also talked about SKILLZ Girl with their peers, with one participant saying “I would tell kids to come to GRS if they have stress.”
 - They also talked about SKILLZ Girl with their parents, but not the topics related to sex or reproductive health.
- Overall, participants found the sessions easy to understand, and reported learning a lot, such as how mental health plays a big role in overall health. how pressure can cause stress, and how people can be ‘going through things without showing their difficulties.’
 - Participants also described that the program helped them set goals and feel more optimistic about the future.
- Among participants in the abbreviated intervention, feedback was generally negative on the magazine and how it was implemented: none of the participants in the FGD said that they finished the magazine, and some did not read it at all.
 - The individual nature of the magazine was not seen as a benefit by most, as they preferred to work through it together or do the in-person session activities. However, a few participants mentioned that they liked learning about mental health in the magazine, because they could refer back to it when feeling down
 - Participants found the language in the magazine difficult to understand, and recommended simplifying it
 - The micromoves were not received well, as all participants in the FGD stated that they only did one or none at all. These were seen as another assignment: ‘We have a lot of academic work, therefore adding this task was too much.’
- The Master Coach and implementing Coaches shared their views on the two curriculum versions, with an overall preference for the standard version:
 - They described that the standard version of SKILLZ Girl effectively meets the needs of young people, and that the thoroughness of the curriculum helps participants understand and remember the material.

- In contrast, Coaches described that it seemed like the abbreviated version did not allow for the building of personal connections in the same way as the standard intervention. They noted that the abbreviated version sessions had too much packed in, and that it was difficult to refer back and forth between the magazine and the Coaches' guide.
- Coaches also provided the feedback that some information was 'missing' from the abbreviated version when it was actually found in the magazine, indicating a need for further Coach training on the magazine.
- While the Master Coach and Coaches preferred the standard curriculum, they also recognized the value of the abbreviated version to reach more participants in a more time efficient manner.
- The cost per participant for the standard intervention was estimated to be about \$43 (ZAR 788), while the abbreviated intervention cost per participant was estimated to be \$30 (ZAR 542).

Conclusions and Recommendations:

This initial evaluation of an abbreviated SKILLZ Girl program presents early evidence that the shorter intervention can achieve similar effects to that of the standard version. However, qualitative findings reveal mixed experiences of participants and Coaches with the abbreviated intervention, where participants prefer in-person sessions to the magazine, and Coaches prefer the standard program with more contact time. Future programming decisions will need to balance these considerations, as well as cost and resource availability.

Based on results and implementation experiences in this dosage pilot, GRS presents the following recommendations:

- Curriculum/Product:
 - Continue to pilot abbreviated versions of the SKILLZ Girl curriculum in other geographies and collect routine data for evaluation purposes.
 - Consider adapting other SKILLZ curricula to more abbreviated versions for the purpose of scale and efficiently using resources.
 - Consider the costs and benefits of shorter interventions where participants have less contact time with Coaches: where the Coach-participant relationship is a key part of the SKILLZ model, shorter programs reduce this experience.
- Program implementation:
 - Ensure that Coaches are well trained and supported to deliver abbreviated curricula, including making sure that they understand the purpose of the magazine and are comfortable with its content.
 - Ensure the recommended number of Coach Support Visits is conducted for all interventions, including abbreviated versions. Continue building Coach capacity particularly on gender content.
 - Consider revising graduation threshold for abbreviated curriculum versions, where 70% of sessions may not be sufficient
- Research & Evaluation:
 - Ensure that version control of tools is improved, and consider having research or M&E team members conduct data collection for future evaluations.
 - Consider planning a more rigorously designed formal study of program dosage in order to have stronger evidence to inform programmatic decision-making.

Appendix 1: costing per participant

GRS South Africa Costing						
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per participant						
	Standard intervention			Abbreviated intervention		
	12 Sessions USD	12 Sessions ZAR		7 Sessions USD	7 Sessions ZAR	
Cost per Participant						
Kids Reached/yr by coach pair	240	240		360	360	
Additional cost per participant	\$8	150	printing, refreshments	\$7	117	printing, refreshments
Cost per part. In coach pairs	\$43	788		\$30	542	
	*aug 1 (\$1=18.33 ZAR)					
Cost per Coach						
Coach Stipend/transport	\$4,000	72,000		\$4,000	72,000	
Training cost/yr (see below)	\$150	2,700		\$150	2,700	
Other costs per coach/yr	\$100	1,800	coach dev meetings	\$100	1,800	coach dev meetings
Total cost per coach/yr	\$4,250	76,500		\$4,250	76,500	
Training Cost						
Training per 20 coaches	\$6,000	108,000		\$6,000	108,000	
Training cost per coach	\$300	5,400		\$300	5,400	
Average years of coaching	2	2		2	2	
Training cost per year (amortized)	\$150	2,700		\$150	2,700	

Examining a shortened, sport-based intervention for adolescent girls: lessons from an intervention ‘dosage’ pilot

Z. Nkosi¹, D. Lee², S. Mancayi¹, P. Ndlovu², M. Malotana¹

¹Grassroot Soccer South Africa, ²Grassroot Soccer, Inc.

BACKGROUND

- Adolescent girls and young women in South Africa face a high risk of poor HIV and SRHR outcomes.
- Interventions that are short in length, but still cover important health content, have potential to reach more beneficiaries, which is especially important in the current constrained funding environment.
- Grassroot Soccer (GRS), an adolescent health organization, undertook a mixed methods pilot evaluation to examine a shortened version of the existing SKILLZ Girl program for girls aged 15–19, as implemented in Alexandra Township.

METHODS

- Trained, near-peer mentor ‘Coaches’ facilitate the 12, 1-hour sessions in the standard version of SKILLZ Girl, aiming to build key SRHR and mental health knowledge and skills and promote service uptake.
- GRS reviewed the existing SKILLZ Girl curriculum and drafted an ‘abbreviated’ version, reducing the number of sessions to 6, and moving some content to a supplemental print ‘magazine’ rather than in-person sessions.
- Coaches and GRS staff reviewed drafts of the curriculum and magazine and provided feedback to finalize the products.
- In the evaluation, GRS sought to explore preliminary effectiveness, acceptability, feasibility, and cost of the abbreviated intervention compared to the standard version.
- Participants completed brief pre- and post-intervention surveys, and those in the abbreviated program completed an additional brief acceptability questionnaire.
- Focus group discussions were held with participants and implementing Coaches.
- Cost per participant was calculated for both the standard and abbreviated programs.

Figure 1: SKILLZ Girl magazine pages

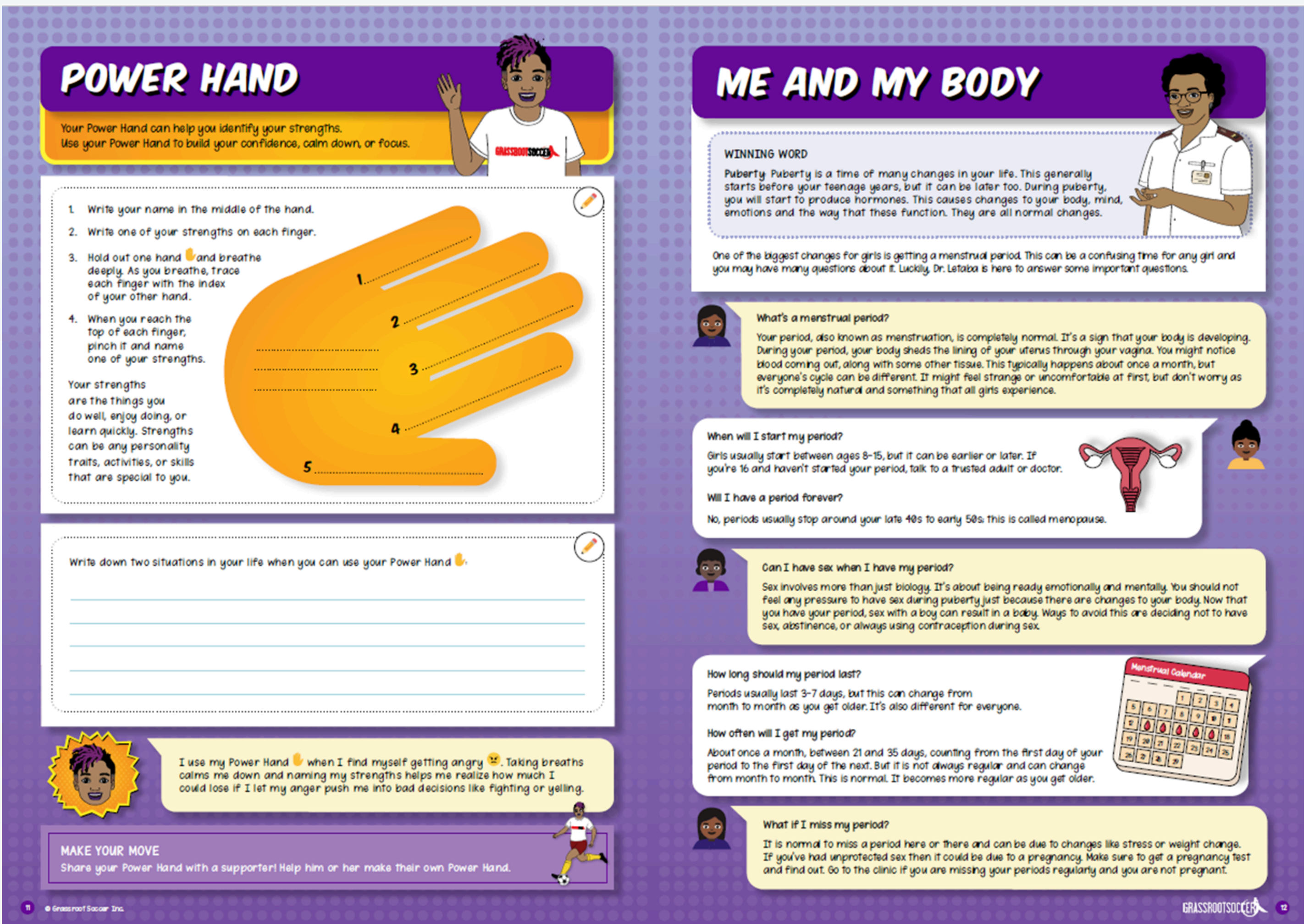


Figure 2: SKILLZ Girl Coach and participants

LESSONS LEARNED

Table 1: Comparison of Standard and Abbreviated SKILLZ Girl

	Standard	Abbreviated
# of evaluation participants	157	202
Avg. # of sessions attended	10 (of 12)	6 (of 7)
Mean age (min, max)	15 years (12, 20)	16 years (12, 20)
Avg. proportion correct pre-intervention	83%	86%
Avg. proportion correct post-intervention	90%	92%
Avg. % change	10%	8%
Cost per participant	\$43 (ZAR 788)	\$30 (ZAR 542)

- Pre/post results from both the standard and abbreviated interventions appeared similar, as shown in Table 1.
- Acceptability of the abbreviated intervention was high: over 75% of participants said that they liked the program a lot and that the skills they learned were useful.
- In focus group discussions, participants gave positive feedback on SKILLZ Girl overall, but generally did not like having magazine activities as ‘homework.’
- However, some participants appreciated having the magazine as a resource to refer to when they were feeling stressed.
- Coaches generally preferred the standard intervention, noting that more time with participants gave them more opportunities to build meaningful connections.
- Coaches understood the value of the abbreviated intervention and its potential to reach more young people in a time efficient manner.
- The cost per participant was lower for the abbreviated intervention vs. the standard intervention: \$30 vs \$43, respectively.

CONCLUSIONS

- The abbreviated version of SKILLZ Girl shows early promising effects and high acceptability among participants.
- Tradeoffs between the depth of relationship-building between Coaches and participants and the amount of contact time in interventions should be further explored, particularly in the era of constrained global health funding.
- GRS plans to continue piloting abbreviated program versions in other geographies and collecting routine data for evaluation purposes. More rigorous formal study of program dosage is also under consideration.