

# Q

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## 2021 REPORT

**STRONGMINDS**<sup>®</sup>

Ending the depression epidemic in Africa

StrongMinds Mental Health Facilitators  
in the Karamojong region of Uganda.



## QUARTER HIGHLIGHTS

- StrongMinds entered 2021 poised to significantly expand our reach. This year, we aim to treat 38,850 women and adolescents suffering from depression—a number that is close to half of all the 80,000 clients we have treated to date.
- Nearly a third of clients treated this year will be served through partnerships – a core element of our scaling strategy.
- We are evaluating and researching results and trends in digital mental health delivery. This enables us to innovate and test new ideas, while refining our strategy for working in this exciting new space.

*\*StrongMinds uses Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model to treat depression that focuses on relationships among group members. IPT-G was first tested in Uganda by Johns Hopkins University (JHU) in a randomized controlled trial in 2002 using lay community workers with only a high school education; it was found to be successful.*

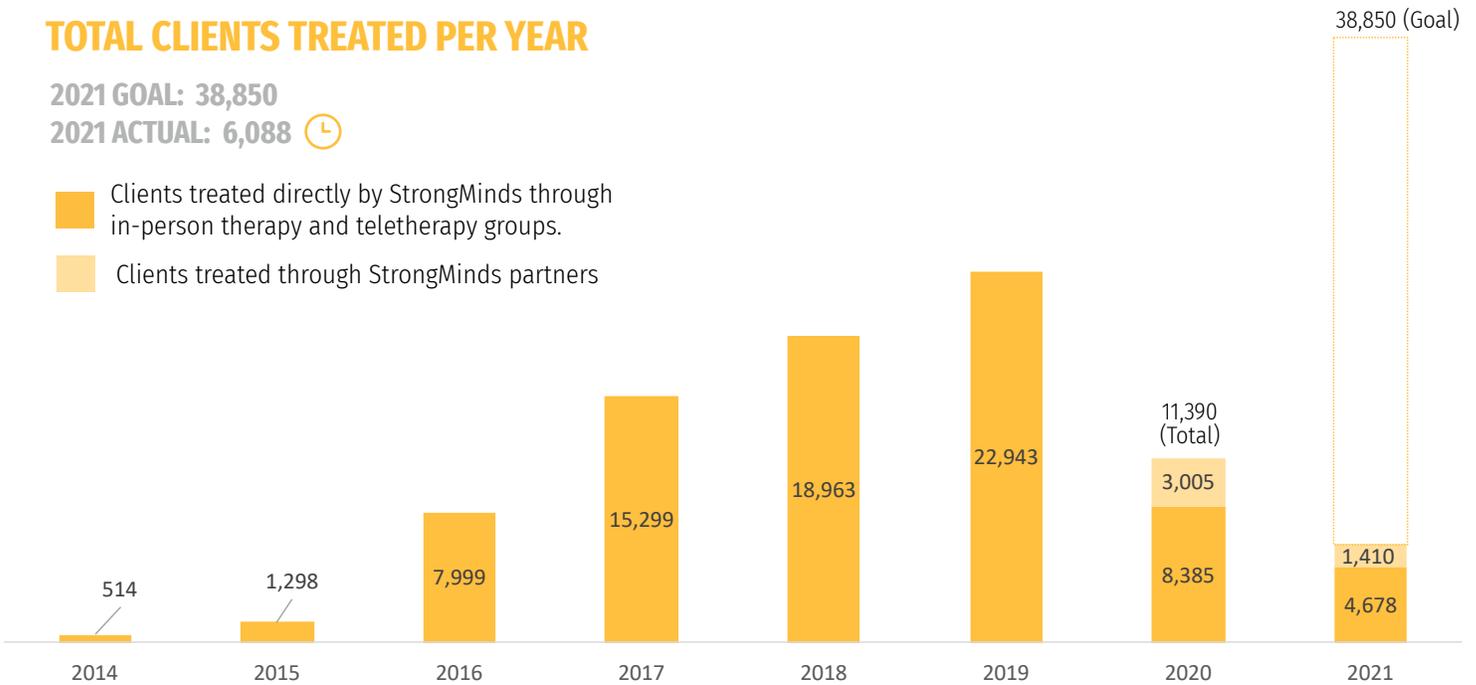
# METRICS TO DATE

✔ Met target   
 ⌚ In progress   
 ✘ Did not meet target

## TOTAL CLIENTS TREATED PER YEAR

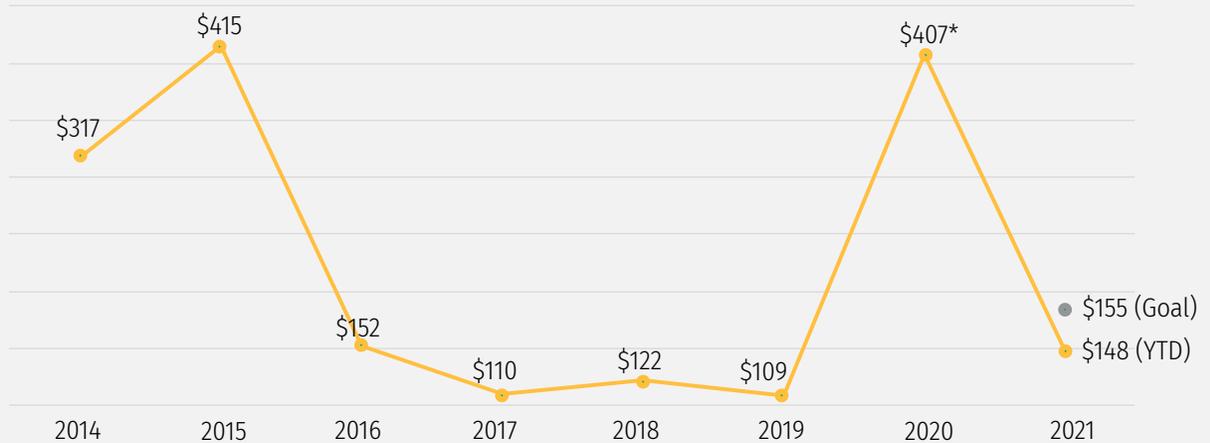
**2021 GOAL: 38,850**  
**2021 ACTUAL: 6,088** ⌚

- Clients treated directly by StrongMinds through in-person therapy and teletherapy groups.
- Clients treated through StrongMinds partners



## COST-PER-PATIENT

**2021 GOAL: \$155**  
**2021 ACTUAL: \$148** ✔



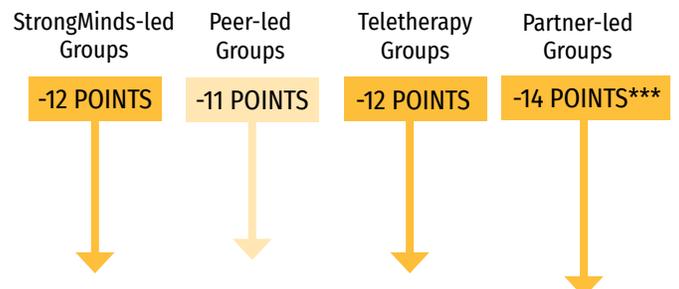
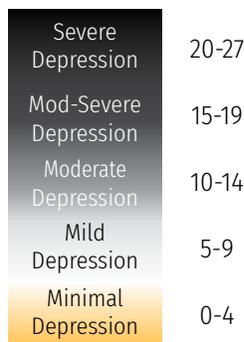
\*Our pivot to teletherapy in response to COVID-19 resulted in start-up expenses that increased our per-patient delivery costs.

## AVERAGE REDUCTION IN DEPRESSION SCORE\*

**2021 GOALS\*\*:**

- StrongMinds-led therapy groups: -12 points ✔
- Peer-led therapy groups: -10 points ✔
- Teletherapy groups: -5 points ✔
- Partner-led therapy groups: -12 points ✔

**PHQ-9 SCALE**



\* Results based on most recent therapy cycle

\*\*A 4-point drop on the PHQ-9 is considered a clinically significant reduction in depression score in US

\*\*\* Preliminary results

# IMPACT & DELIVERY

Digital mental health solutions are here to stay, but questions remain about how best to use these tools to reach and serve those with the greatest need.

## DIGITAL MENTAL HEALTH

After successfully piloting digital mental health delivery in 2020, we are now building out our clinical expertise and capacity to determine which future services are clinically appropriate, feasible, and strategic to implement.

### Key activities for 2021 include:

- Iterate, test, and strengthen our existing teletherapy curriculum, and complete data and impact analysis.
- Improve targeting, cost efficiency, and operational learnings around digital client mobilization and recruitment.
- Expand the reach of phone-based IPT-G to new communities and into Malawi, as a cross-border pilot.
- Explore and design digital health strategies for the Amani Chatbot and other potential services.
- Conduct literature reviews and seek expert clinical and technology consultations.
- Complete a landscape analysis for digital mental health, particularly in the asynchronous and chat-based therapy.
- Pilot mobile platform technologies to streamline mobile outreach and connections with clients.
- Expand government partnerships.

### With these activities, we will be answering some key questions:

- What are the most appropriate key performance indicators for teletherapy?
- What other teletherapy modalities might we offer besides IPT-G, such as asynchronous chat?
- How many sessions and what frequency of delivery are best for impact and efficiency?
- How do short- and long-term teletherapy outcomes compare to those of in-person therapy?
- How do we ensure appropriate remote supervision and quality assurance?
- What technological and digital expertise and capacity do we need to bring in-house for success?
- What considerations should guide our geographical expansion via teletherapy?

By the end of this year, we will have the data and insights needed to position our digital mental health offerings as effective, cost-efficient, and cutting-edge.



## TRAINING PARTNERS TO DELIVER STRONGMINDS THERAPY

Over the past two years, we have been developing our strategy and tools to scale through partnerships. This year, we are deploying these resources and our model with partners across Africa. In 2021, nearly one-third of our clients treated will be through partnerships.

Training and support are at the core of our partnership model. We build capacity within our partner organizations to successfully deliver group interpersonal therapy to their program participants and measure the results. To that end, we have developed a full curriculum, training schedule, and phased hand-off process to ensure our partners can confidently and effectively deliver our therapy model to their constituents.

Partnerships start with an intensive one-year initial collaboration and then move to continuing technical assistance support and quality assurance. StrongMinds deploys a technical team of two staff members—a trainer and a project officer—to embed with the partner organization as part of the training. Our trainer stays with the partner in-country for six weeks to provide extensive training on group-interpersonal therapy, mobilization, and data capture. The project officer—an experienced therapy group

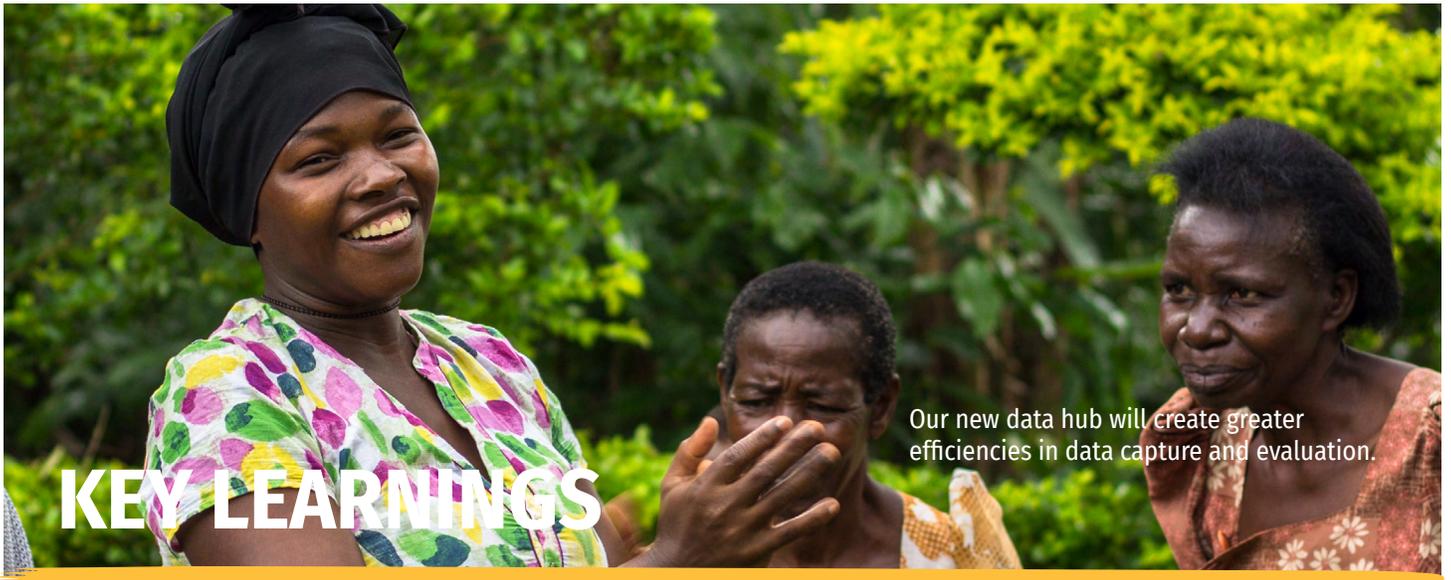
leader—will then remain for the entire first year to provide ongoing mentorship, technical assistance, and quality assurance as the partner’s program gets implemented.

In the second year of the partnership, StrongMinds will continue to offer ongoing support, including refresher trainings and quality assurance audits.

This model achieves a balance of standardization and quality assurance, while also allowing for flexibility depending on the partner’s needs. Ultimately, it will enable us to reach tens of thousands of individuals over the coming years.

**STRONGMINDS TREATMENT PARTNERS RECEIVE:**

- ✓ Advanced programmatic and clinical training
- ✓ Training guides and tools
- ✓ Ongoing clinical support/mentoring
- ✓ Project planning and management support
- ✓ Client Outreach Mobilization guidelines
- ✓ Facilitator Manual
- ✓ Supervisor Manual
- ✓ M&E guidance
- ✓ Data validation



## KEY LEARNINGS

Our new data hub will create greater efficiencies in data capture and evaluation.

### THE STRONGMINDS DATA HUB

StrongMinds has always been laser-focused on cost-efficiency. Historically this has meant relying on inexpensive technology to meet our IT needs. Our first data collection software (adopted in 2015) was developed by a non-profit healthcare organization working in Africa, and promised to align well with our needs as a start-up. We quickly outgrew this system and so, in 2018, we adopted an interim tool that worked better, but was sluggish and could not easily handle the volumes of data we were generating.

It became clear that we needed a custom-built solution. In 2020, we brought in an IT-consultant to guide us, starting with a thorough ground-up needs assessment. With our consultant's help, we were able to get our RFP in front of the right firms, and do the necessary due diligence to vet proposals. We also created an internal technology working group to ensure all organizational needs were reflected in the scope of work. We ultimately selected a Ugandan firm to take us through the ideation process.

To our surprise, the needs assessment and ideation process generated a scope of work far more extensive than we imagined, or that we had budgeted for. We put the project on hold for six months until those funds could be secured and to complete due diligence with bidding vendors. In 2021, we entered into a contract with a Kenyan firm to build our first custom StrongMinds data hub, with work commencing in May. We expect the final product to be completed by the fall of 2021.

While the process has been arduous, the experience and lessons-learned have strengthened us as an organization. As we continue to grow and scale, our systems are now able to adapt to emerging needs. We have the knowledge and capacity to scope technology projects and identify resources and inputs to ensure their success.

We are on track to meet our 2021 fundraising goals.

# COMMUNICATIONS, FINANCE & FUNDRAISING

## COMMUNICATIONS & MARKETING

### Q1 MEDIA COVERAGE

Global Innovation Fund, March 29, 2021  
[Embedding a Gender Lens into the Investment Process](#)

Global Press Journal, February 25, 2021  
[Removing Obstacles to Mental Health Care – Over the Phone](#)

Medium: Mathilde Collin, February 23, 2021  
[Charity Giving: How to Do Good in 2021 While Social Distancing](#)

Borgen Magazine, January 21, 2021  
[Prioritizing Women’s Mental Health During COVID-19](#)

## FINANCE

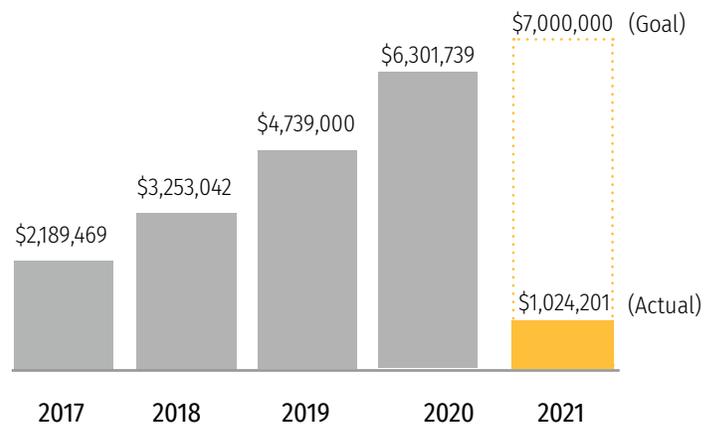
To view our latest financial statements, [click here](#).  
 To view our annual audited financial statements, [click here](#).

## GLOSSARY OF KEY TERMS

- STG:** StrongMinds-led Therapy Group
- PTG:** Peer-led Therapy Group (led by volunteer former clients)
- MHF:** Mental Health Facilitator
- IPT-G:** Group Interpersonal Therapy
- MOH:** Ministry of Health
- PHQ-9:** Patient Health Questionnaire (for depression)
- GAD-7:** Generalized Anxiety Disorder Scale

## TOTAL FUNDS RAISED

2021 GOAL: \$7 MILLION



\*Funds received through Q1 against 2021 goal

## CONTRIBUTIONS & EXPENSES

