

Q3 JUL  
AUG  
SEP

## 2020 REPORT

**STRONGMINDS**<sup>®</sup>

Ending the depression epidemic in Africa



## QUARTER HIGHLIGHTS

- Our new phone-based teletherapy program, developed in response to the COVID-19 pandemic, allows us to safely treat depression and anxiety in thousands of women across Uganda and Zambia. Early results show that teletherapy is highly effective, with the potential to help us scale beyond the pandemic.
- We have reached 16 million people across Uganda and Zambia with a new mobilization campaign consisting of radio, video, and social messages to raise awareness about our teletherapy services.
- Tapping the power of technology, we launched *Amani*, a WhatsApp-based chatbot that provides users in Uganda and Zambia with supportive mental health messages, information on depression, and a pathway for joining a StrongMinds teletherapy group.

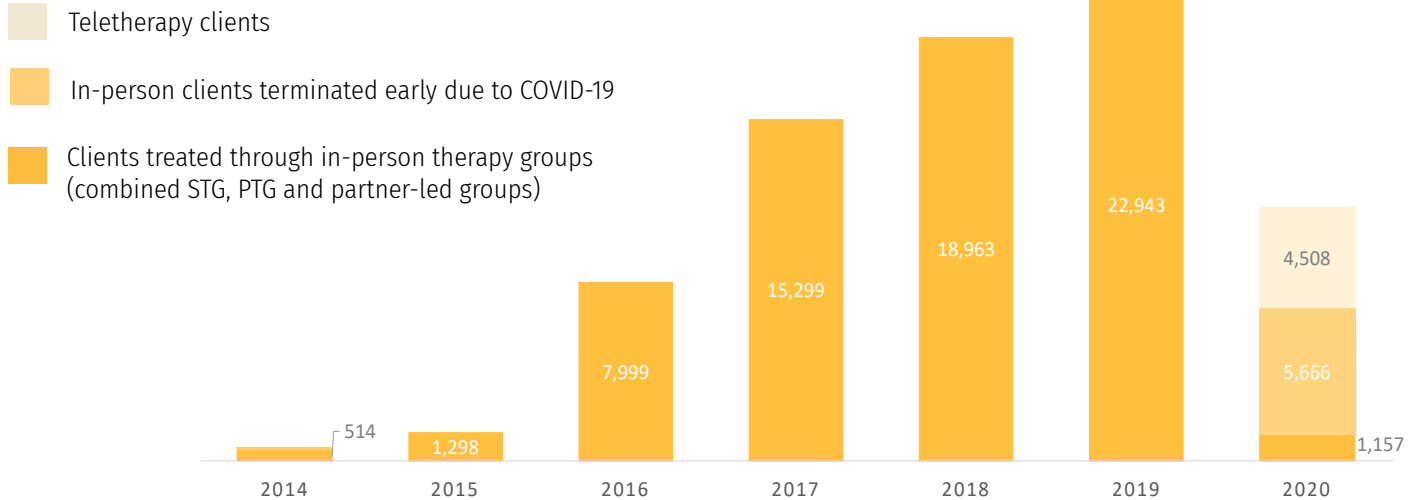
*\*StrongMinds uses Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model to treat depression that focuses on relationships among group members. IPT-G was first tested in Uganda by Johns Hopkins University (JHU) in a randomized controlled trial in 2002 using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

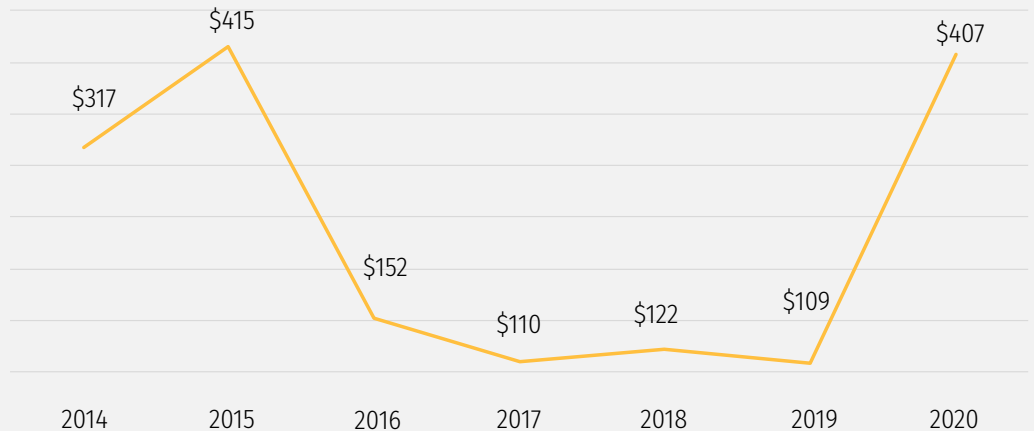
## TOTAL CLIENTS TREATED PER YEAR

2020 GOAL: 11,000 TREATED ⌚ (revised from pre-pandemic goal of 30,000)



## COST-PER-PATIENT\*

\*Our pivot to teletherapy has resulted in new start-up expenses that have increased our per-patient delivery costs. We predict this cost will decrease to less than \$200 in 2021.

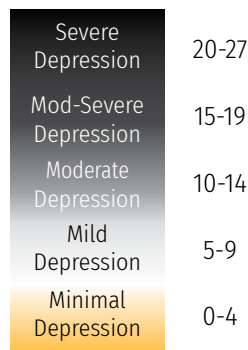


## AVERAGE REDUCTION IN DEPRESSION SCORE\*\*

### 2020 GOALS:

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

### PHQ-9 SCALE



### StrongMinds-led Therapy Group

**-13 POINTS**

SM-led group results, based on most recent therapy cycle

### Peer-led Therapy Groups

**-11 POINTS**

Peer-led group results, based on most recent therapy cycle

### Teletherapy

**-10 POINTS**

Teletherapy group 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



# IMPACT & DELIVERY

As with our in-person therapy, our phone-based teletherapy curriculum is based on Group Interpersonal Therapy, which is endorsed by the World Health Organization as a first-line treatment for depression.

## TELETHERAPY

Teletherapy is now fully underway, allowing us to safely provide treatment for anxiety and depression during the COVID-19 pandemic. This model is proving to be highly effective, with results on par with those we see from in-person groups. We are encouraged by these initial outcomes, and will continue to test and evaluate teletherapy as part of our long-term scaling strategy. Below are some of the key learnings from this pilot stage of the program:

### Clients Goals

Our shift to teletherapy has meant adjusting projections for the number of women we are able to serve this year. We had originally planned to treat 30,000 women in 2020 through in-person groups, and nearly 7,000 had completed therapy (or were midway through) when operations were suspended in March. With teletherapy, we now aim to treat 11,000 women by the end of 2020. We are on track to meet that goal.

### Logistics

Effectively delivering teletherapy involves overcoming challenges that are inherent to the model, such as network outages, client access to phones and sim cards, and external interruptions. Our Mental Health Facilitators (MHFs) are learning to be flexible when these challenges arise. They remind their clients

about each upcoming session and ask them to ensure their phones are available, and that they are in a place with good reception. MHFs prepare sessions with the assumption that technology challenges will manifest, and are ready to adapt as necessary. Our data indicate that connectivity issues are relatively common among clients, but have had no impact on their overall satisfaction or improvement.

### Measuring Success

The data from our first teletherapy cycles show that clients experienced a 10-point drop in their depression score, as measured by the PHQ-9 depression screening tool. These results far exceed our initial goal of a 5-point average score change, and are consistent with outcomes we would typically see from in-person groups.

### Cost-Per-Patient

As with any new program, the start-up costs associated with teletherapy have resulted in a higher cost-per-patient (see page 2). Now that the program is up and running, we are forecasting that the cost-per-patient will decrease to less than \$200 in 2021. Our goal is to ensure that all our therapy programs are efficient and cost-effective.

# IMPACT & DELIVERY (continued)

## MOBILIZATION CAMPAIGN

Historically, StrongMinds has recruited new clients through a mobilization process that involves community meetings, door-to-door visits, and networking with community members. Much of this work involves educating people about mental health and depression. When the pandemic forced us to suspend these efforts, we took to the airwaves and social media to mobilize, launching a multimedia campaign that included:

- Five animated videos and accompanying share graphics describing the triggers and symptoms of depression, and how to get help from StrongMinds.
- Paid and organic posts across all our social media channels.
- Radio spots to air in nine languages across Uganda and Zambia, some of which were co-branded with the Uganda Ministry of Health.

Our campaign messages have helped us recruit clients to teletherapy while providing broad-based mental health support in a time of critical need. The messages have been well-received, with viewers expressing gratitude that our videos make them feel understood. The campaign has improved our overall visibility in communities and among partners, supporting our outreach efforts.

Our mobilization campaign has enabled us to expand our teletherapy reach at a critical time. We now serve 42 districts in Uganda, up from seven in 2019. In Zambia, we expanded from one to 27 districts this year. We continue to evaluate the teletherapy program and public education campaign to ensure we are meeting our mission by serving those most in need.



### MEET AMANI

To provide enhanced mental health support to communities during COVID-19, we launched **Amaní**, a WhatsApp-based chatbot that helps users explore their feelings, learn about mental health and depression, and access StrongMinds teletherapy groups. To try **Amaní**, open WhatsApp and scan one of these QR codes:



UGANDA



ZAMBIA

### PEOPLE REACHED

**14.8 Million**

REACHED THROUGH RADIO ADS

**1 Million**

REACHED THROUGH SOCIAL MEDIA

**5,500**

UTILIZED OUR MENTAL HEALTH CHATBOT



As a result of the pandemic, many of our clients are reporting symptoms of anxiety as well as depression.

## KEY LEARNINGS

### TREATING ANXIETY ALONGSIDE DEPRESSION

In the first weeks of the pandemic, we learned that many women were experiencing symptoms of anxiety, as well as depression. These symptoms were amplified by the lockdowns, hardship, and uncertainty caused by the virus. Anxiety and depression symptoms frequently occur together, and IPT-G has been studied and found effective for both.

In response, we added the GAD-7 anxiety scale to our screening process. The GAD-7, when paired with the PHQ-9 depression scale, gives us a more comprehensive understanding of a woman's mental health. Of the women who qualified to enroll in teletherapy, 63% were experiencing both depression and anxiety, 31% had only depression, and 6% had only anxiety.

We then added modules to our IPT-G curriculum to address anxiety and pandemic-related stressors. Clients share their fears, worries, and general anxieties related to lockdowns, while our counselors work to normalize these as common feelings that arise in times of crisis. For more chronic anxiety, facilitators help clients examine specific life events that have triggered extreme stress and worry, and discuss how anxiety can aggravate symptoms of depression. As with all IPT-G, clients work together to develop actionable steps to overcome their challenges and move forward in life. They also learn how to prevent future relapses by identifying triggers and mood patterns before they become problematic.

We are still in a deep learning phase about how anxiety affects the women we treat, how it interacts with depression, and how it responds to our interventions. We will continue to refine our IPT-G curriculum to incorporate these new learnings.

National media outlets in Uganda and Zambia have been relying on StrongMinds for our mental health expertise during the COVID-19 pandemic.

# COMMUNICATIONS, FINANCE & FUNDRAISING

## COMMUNICATIONS & MARKETING

### Q3 MEDIA COVERAGE

The pandemic has cast a spotlight on mental health in Uganda and Zambia. Our staff have made guest appearances on over a dozen national radio and TV programs to share their expertise.

In August, our new chatbot was featured in on Devex: [To Meet Needs from a Distance, NGOs Turn to ChatBots](#)

## FINANCE

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

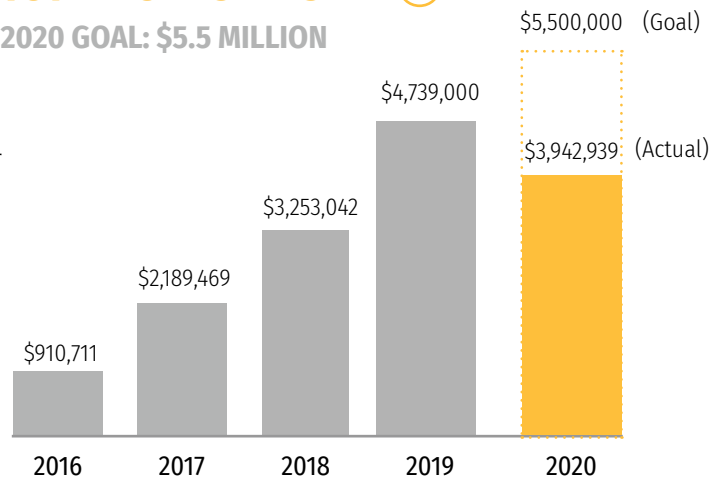
To view our annual audited financial statements, [click here](#).

## 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

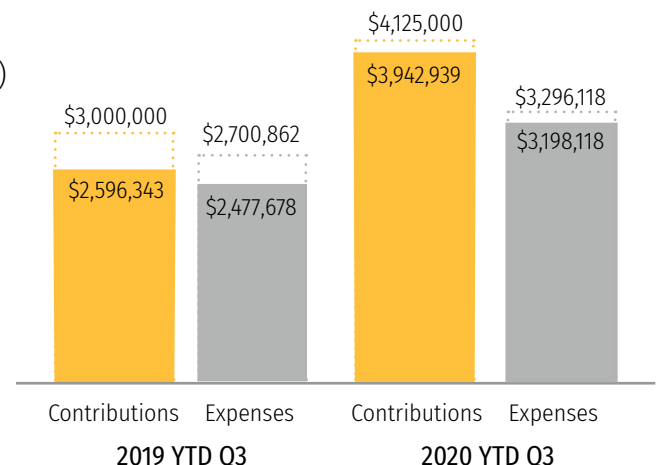
## TOTAL FUNDS RAISED

2020 GOAL: \$5.5 MILLION



\*Funds received through Q3 against 2020 goal

## CONTRIBUTIONS & EXPENSES



----- Budgeted      ———— Actual