

Q

J A N
F E B
M A R

2023 REPORT

STRONGMINDS[®]
Ending the depression epidemic in Africa



Image by Karin Schermbrucker

QUARTER HIGHLIGHTS

- 2023 marks StrongMinds' 10th anniversary! Over the past decade, we have helped nearly 1.25 million people with depression and their family members live healthier, more productive, and satisfying lives. We are incredibly grateful to you, our supporters, who have made this happen.
- We have achieved a record-low cost-per-patient (CPP). In the first quarter of the year, our CPP fell to \$66 against a target of \$64.
- After more than four years of growth and impact in Zambia, the Ministry of Education has granted us permission to work in schools across the country, a milestone in our efforts to scale depression treatment through government partners.
- We are now working in five countries. StrongMinds deployed staff to Ethiopia, Kenya, and South Africa to train three new partners to deliver IPT-G to people with depression in their regions.

StrongMinds treats depression using Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model that focuses on interpersonal communication as the root of—and source of recovery from—depression.

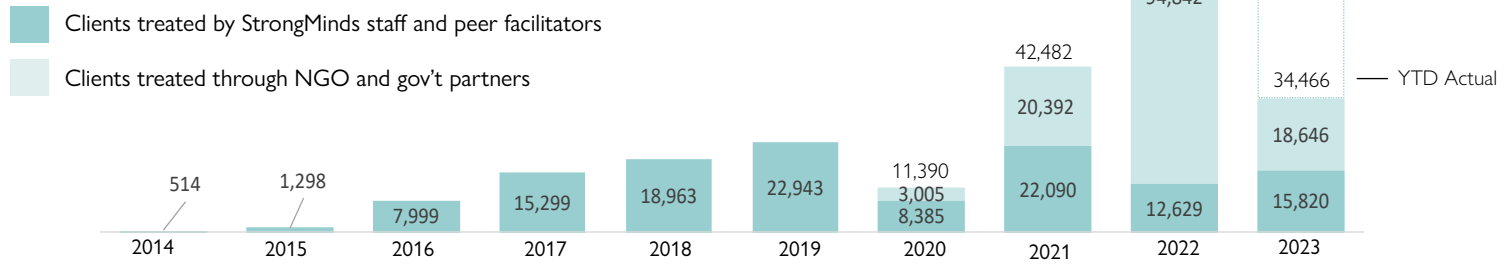
METRICS

✔ Met target
 ⌚ In progress
 ✘ Did not meet target

TOTAL CLIENTS TREATED TO DATE: 262,825

CLIENTS TREATED PER YEAR ⌚

2023 GOAL: 165,000
 2023 ACTUAL: 34,466



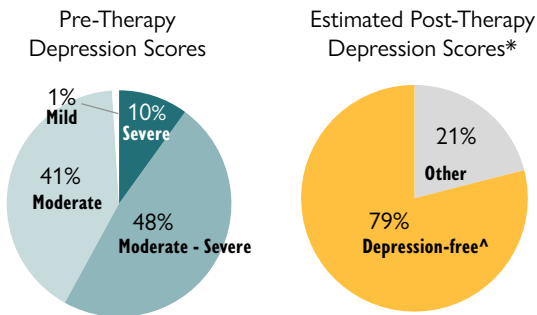
COST-PER-PATIENT ⌚

2023 GOAL: \$64
 2023 ACTUAL: \$66

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



REDUCTION IN DEPRESSION SYMPTOMS ⌚



THERAPY DELIVERY METHOD	DEPRESSION SCORE CHANGE**	
	TARGET	(ESTIMATED*)
StrongMinds Staff	-12 points	-11.4 points
NGO Partners	- 8 points	-10.1 points
Government Partners	- 8 points	-12.9 points
Peer Facilitators	- 8 points	-12 points

PHQ-9 SCALE	Depression Score
Severe Depression	20-27
Moderate-Severe	15-19
Moderate Depression	10-14
Mild Depression	5-9
Minimal Depression	0-4

*Pending verification

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

^Depression-free is defined as achieving minimal depression on the PHQ-9

IMPACT & DELIVERY



Image by Karin Scherbrucker

StrongMinds staff members are working across Africa to train partners to deliver IPT-G.

SCALING OUR REACH

Partnerships in Kenya, Ethiopia, and South Africa

StrongMinds is now working in five countries. In the first quarter of 2023, we deployed three teams to Ethiopia, Kenya, and South Africa to train partners in group interpersonal therapy (IPT-G). This represents a new milestone in our capacity to efficiently deliver world-class IPT-G training programs across the subcontinent. By the end of June, we anticipate this first cohort of trainees will have treated 1,200 clients for depression.

Ministry Partnerships in Zambia

The National Ministry of Education in Zambia has granted StrongMinds permission to launch our depression treatment program in all schools across the country, a significant advancement in our work to scale through government partnerships.

Also in partnership with the Zambian government, we kicked off a project with the Ministry of Health to train community health workers to deliver IPT-G in health centers. This pilot is the first step in a partnership that we hope will help us rapidly integrate depression treatment into community-based healthcare throughout Zambia.

New schools, new communities in Uganda

In Uganda, we expanded our depression treatment program to 42 new schools in the first quarter of the year. We also opened a new StrongMinds office in Gulu and expanded into Kamulu through a local partnership. We are now on the ground in ten districts across the country.

With an increasingly robust network of government and NGO partnerships, we are on track to provide depression treatment to 165,000 individuals in Africa this year.

DRIVING DOWN COSTS

One of our key impact indicators is cost efficiency. We measure this through our cost-per-patient (CPP). When we treated our first cohort of 514 clients in 2014, our cost-per-patient was \$317. Our goal for scaling has always centered on driving the CPP as low as possible while providing hundreds of thousands of people in Africa with the highest quality, evidence-based depression care.

We are thrilled to report that our CPP is at its lowest ever—just \$66 per client, against our 2023 target of \$64. This reflects our staff's tremendous effort in scaling through government, NGO partners, and peer facilitators.

This year we have added new financial indicators to help us reach even greater cost efficiency by understanding the relativity of costs within a program and cost drivers by program, activity, and location (district and country). We have begun to analyze these indicators, ask hard questions, and look for best practices that can be shared within the organization to achieve greater improvements.

Our goal, as ever, is to leverage the resources entrusted to us to scale our depression treatment model as widely as possible across Africa and beyond.

ORGANIZATIONAL DEVELOPMENT



Image by Karin Schermbrucker

STAFFING UPDATES

Jess Brown recently joined StrongMinds as the Director of Development, with over ten years of fundraising experience focused on women and children. She has secured investments for refugee girls in Kenya, unaccompanied minors in the United States, and organizations focusing on mental health. In her role at StrongMinds, Jess looks forward to increasing investments and leading giving campaigns to grow revenue and support the organization in serving more women and adolescents. Jess holds a dual Master's degree from the University of Chicago.

Tina Ntulo resigned from her post as Uganda Country Director in March. Tina has been an ardent supporter of StrongMinds for eight years, first working with us as a consultant, then as Deputy Country Director, and finally as Uganda Country Director. Under her leadership, StrongMinds treated tens of thousands of people with depression in Uganda, rapidly scaling through new partnerships with the Ministry of Health and the Ministry of Education and Sport. We are grateful for her efforts and wish her the very best in her pursuits.

Vincent Mujune now serves as the Acting Country Director for StrongMinds in Uganda. Vincent has been our Head of Programs in Uganda, joining the organization in early 2021. He has more than 20 years of experience in the field of public health, leading programs in mental health, health systems strengthening through governance and accountability, maternal and child health, and responding to emergency disease outbreaks, specifically for Cholera, Ebola Virus Disease (EVD), and COVID-19 in Uganda, South Sudan,

Cameroon, Malawi, Zimbabwe, Sierra Leone and Sri-Lanka. Vincent has been instrumental in building our programs in Uganda, and we are grateful for his thoughtful, steady leadership during this time of transition.

Andrew Fraker is supporting our research team, bringing more than 15 years of experience in research and M&E. After working at the Harvard School of Public Health and MIT's Jameel Poverty Action Lab, Andrew co-founded IDinsight to make the rigorous methods used by academic researchers helpful to governments, NGOs and social enterprises. Andrew started IDinsight's technical team of economists, as well as its data science and engineering team. He has an MPA/ID from the Harvard Kennedy School.

Our new human resources division is now fully staffed, thanks to three new hires. **Brenda Musonda** joins us as our Human Resources Manager for Zambia; **Amrita Mitra** is our new Human Resources Associate for the United States; and **Grace Ssali** is our first-ever Learning and Development Specialist, focused on skills-building and professional development. The team reports to **Eunice Kabahikyeho**, Director of People, in the global office. The team has already implemented a new organization-wide learning platform, Humentum, to provide continuing education to all staff globally.

We will soon be recruiting for several key positions. These include a Chief Strategy and Partnerships Officer (to fill the vacant COO position) and a Director of Research.



Sharon Birungi (center, in red) was the fifth person hired at StrongMinds in Uganda, and now serves as our Head of Programs in Zambia. Image by Karin Scherbrucker.

TEN YEARS AT STRONGMINDS

Q&A: Sharon Birungi, Head of Programs in Zambia

In 2014, Sharon Birungi joined StrongMinds in Uganda as one of our first five staff members. A decade later, Sharon has treated more than 3000 people for depression and is now Head of Programs for Zambia. We asked her to reflect on her ten years at StrongMinds.

How did you come to work at StrongMinds?

I saw an advert in the newspaper. I was fresh out of university with a degree in social work and had become passionate about mental health through an internship at Butabika Hospital.

What did you know about IPT-G when you started?

Although I had facilitated group sessions for mental health patients during my internship, I had never heard of IPT-G. As a Ugandan, I was skeptical of the practicality of talk therapy since people often assumed depression was solely due to financial problems. Many organizations in the country provide handouts: money, school fees, and training. Some organizations even criticized us for not giving out anything.

What was it like running those very first groups?

In 2014, this was new to all of us. We were the first to be trained in IPT-G. Then we went out into the community to mobilize and implement the program. It was trial and error. Yes, we had amazing training, but doing it step-by-step in the community was hard. I was young, and most women in my groups were in their 40s, 50s, and 60s. You can imagine the dynamics. Sometimes they were skeptical of me because I had no life experience. But, once I started talking about mental health, they realized I had knowledge that could help them.

How do you know when the therapy is working?

In the pre-therapy screenings, you start to form a relationship with the client. You visit their home, you notice unwashed clothes. Their children are unkempt. You can tell this client is not okay. For the initial few weeks of group therapy, we often stop by their homes to remind them about sessions until they become accustomed to the schedule. By the third week, the improvements in their mental health become evident in their homes—clean dishes, organized belongings, tidier children—and even in their appearance. They seem better-groomed, having had baths, brushed hair, and cleaner clothes. These transformations become noticeable.

Their participation in group sessions also improves over time. Initially, they may resist opening up or even display anger towards attending sessions, showing up merely to please you. However, they gradually start sharing more, speaking up, and wearing smiles on their faces. Their proactive attitude becomes evident as they continue with their progress and engage in assigned homework. This positive trend persists and continues to improve.

Tell me about the homework assigned to clients.

Before therapy, we discuss the client's goals. What do you want to achieve by the end of therapy? What do you want to change in your life? This goal has to be in line with their trigger of depression. Homework involves practicing what they have learned each week, which usually results in an improvement in depression symptoms and progress toward achieving their bigger goals.

Continued on next page...



Sharon Birungi with a client in Kampala in 2014

What makes IPT-G so effective?

It's all the parts together. Everyone has different challenges. Some clients have multiple triggers for depression, so we emphasize that every step [in the IPT-G curriculum] is essential. If you skip a step, you might miss out on getting help or helping someone in your group. Some of the women are stay-at-home moms. They feel like they don't have much going on in their lives. Coming to the sessions helps energize and motivate them. They put on nice clothes, go out and meet people. We sit together, share, and support each other. Just putting women together is helpful. They might know what they need to do, but because of their depression, they don't have the energy to do it. Having the group's support can energize them.

What is the hardest part of the work?

Sometimes when you screen a person, and they are crying, you aren't sure you can help them. You are full of doubt. But when you see improvement, you are always surprised that it actually works. It motivates you to keep going. It can be hard when clients don't show up, or need constant reminders to attend sessions. When you break it down, you understand they are going through a lot. They are depressed. One of the symptoms of depression is losing motivation, feeling sad, and losing interest in doing things. Understandably, they wouldn't have the motivation to come.

Do you have any favorite client stories?

One of my first clients in 2014 lived in a place in Kamopala that flooded in the rainy season. Every time it rained, her belongings would float away. She was a widow with five children, no money, and no job. She struggled in most areas of life and would cry a lot in sessions. She would say, "If StrongMinds could give me money, it would fix everything." I almost caved; I

wanted to give her money. Her child was sick, and she needed money for the hospital. Why should the child suffer?

But I resisted the urge, and that's when the power of the group revealed itself. They listened to her story and asked questions. They didn't give her money but directed her to a hospital for free treatment for her child. Then they taught her how to tie her things to the ceiling so that floods wouldn't destroy them. They shared ideas for jobs.

Five years later, she approached me on the street. She looked so much better! She had gained weight. She moved out of that community, built a new house, and started her own business. What if I had given her money when I was tempted? It would have solved that one problem, that one time. But the group gave her something that lasted much longer.

How has StrongMinds changed over the years?

StrongMinds has grown beyond what we expected, but we have stuck to the model. Our core values are strong and have guided and built us as a team. We are very ambitious. Everyone is surprised when we talk about the number of clients treated. Partners approach us now, not the other way around. We are the technical experts who provide training, support, supervision, and quality assurance. It was always the vision, but I was never sure it was doable. It's a dream.

How have you personally grown and changed?

I've seen myself grow from being on the ground to supporting partners in all countries. When we started the Zambia program from scratch, it was like 2014 all over again. But I had so much more knowledge and experience with depression, mental health, working in the community, the treatment, and the model.

We can confidently say that the model works. It works with women, adolescents, young mothers, and people living with HIV. No one can doubt this. Everyone who visits us and sees our work falls in love with it. It's impossible not to fall in love with this work.

What do you wish for StrongMinds?

I want StrongMinds to go viral. I remember, in 2014, someone from the New York Times wrote about us and called us "a depression treatment model that could go viral." It was a new concept back then, but now we understand it well. I want it to go viral, and I want it to go everywhere. I want us to go to Africa, Asia, and everywhere we are needed.

COMMUNICATIONS FINANCE & FUNDRAISING

Supporter Spotlight

“As a psychologist I am impressed with StrongMinds’ time-limited, peer-facilitated therapy groups, which, in addition to providing psycho-education, allow women and girls who have become isolated by their depression to benefit from the healing influence of social bonds. As a donor I have been impressed by the integrity and competence of the organization from top leadership on down, and value knowing that my charitable dollars are being deployed with extraordinary efficiency.”

-- Dr. Joan Sarnat, longtime friend and supporter of StrongMinds

COMMUNICATIONS & MARKETING

Q1 MEDIA COVERAGE

Giving What We Can, March 14, 2023
[Changing the Game: StrongMinds’ Mission to Improve Mental Health Globally](#)

The Independent Uganda, March 5, 2023
[Teenage mother’s tale of overcoming depression, stigma to resume studies](#)

Clearer Thinking, February 2, 2023
[Does every language have a word for depression?](#)

Daily Monitor, January 16, 2023
[Students in mental health awareness](#)

Devex, January 9, 2023
[Could happiness be a new measure for nonprofit effectiveness?](#)

FINANCE

We have completed all 2021 audits without findings.

View our [audited tax returns \(990s\)](#).

View our [latest quarterly financial statements](#).

GLOSSARY OF KEY TERMS

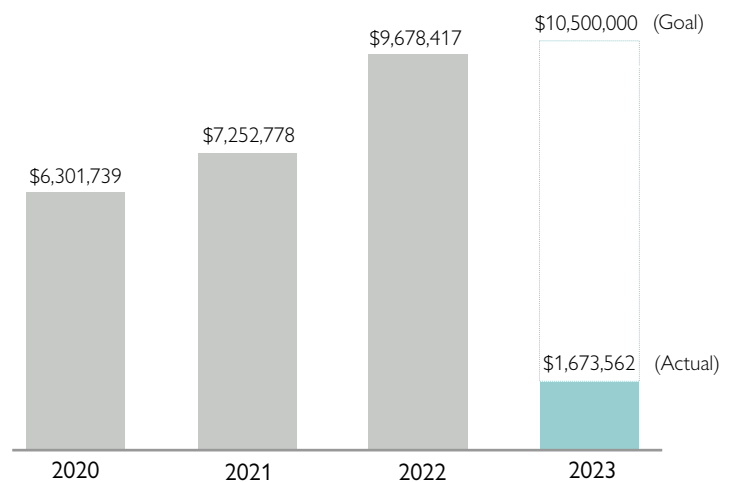
IPT-G: Group Interpersonal Psychotherapy

PHQ-9: Patient Health Questionnaire (for depression)

Peer Facilitator: Former client who is trained to lead therapy groups in their community

TOTAL FUNDS RAISED

GOAL: \$10.5 MILLION
ACTUAL: \$1.68 MILLION



CONTRIBUTIONS & EXPENSES

