

Quarter Summary

- O Dena Batrice was appointed the StrongMinds Uganda Executive Director in February. Occupying the role in an interim capacity since November, Dena has done an outstanding job strengthening governance systems, pursuing new partnerships and preparing the organization for growth in 2018 and beyond. A detailed bio of Dena's experience is contained in the Organizational Capacity section of this report.
- O StrongMinds enrolled 5,717 women into talk therapy groups in the first treatment cycle of 2018. This represents a 34% increase in the number of women treated in the same therapy cycle last year. When these women graduate from our talk therapy groups in May, StrongMinds will have treated over 30,000 Ugandan women suffering from depression.
- New six-month follow-up data, focused on the overall functionality of women treated in 2017, shows the far-reaching impact our program has on beneficiaries and their children. From women eating more meals, to higher rates of school enrollment for their children, to more avenues of social support, the data is statistically significant and reinforces our mantra: "When an African woman is no longer depressed, her whole family thrives." See more details in the *Impact & Delivery* section of this report.



The mission of StrongMinds is to improve the mental health of women in Africa. We are guided by our goal to treat two million African women with depression by 2025.

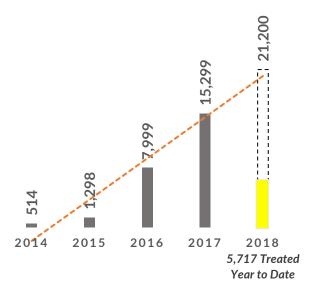


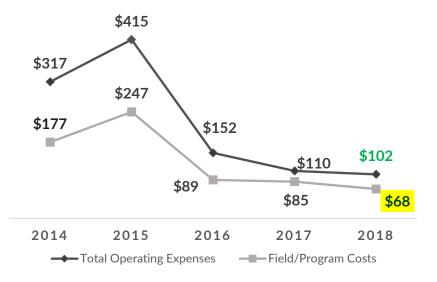


Total Number Treated Per Year 2018 Goal: Treat 21,200

Cost Per Patient

2018 Goal: \$108 Total Operating Costs and \$67 Field/Program Costs





Percentage Depression-Free Total Funds Raised 2018 Goal: 75% Depression-Free Post-Therapy and 6 Months Post-Therapy 2018 Goal: \$2.6 Million 18 and 24 Months Post-Therapy collected for learning purposes and will not be routinely collected. This is historic information. 2014 2014 Patients \$244,224 94% Updated data will be reported 2015 Patients in Quarter 2, 2018. 2015 86% \$1 170 *4*15 2016 Patients 2017 Patients 82% 2016 \$910.711 75% 78% 75% 2017 74% **\$**2 189 46 72% 2018 \$301,970 70% 67% 63% 6 Months Post-18 Months Post-Post-Therapy 24 Months Post-Therapy Therapy Therapy 2

Color indicates progress towards 2018 goal: 📕 On track



Impact & Delivery Highlights

O In our first treatment cycle of 2018, StrongMinds has enrolled 5,717 women into our talk therapy groups. These groups are taking place in all four districts that StrongMinds operates: Kampala, Wakiso, Mukono and Iganga. This represents a 34% increase on the number of patients treated in Cycle 1 of 2017, where 4,272 women we enrolled in therapy groups. Talk therapy groups will be completed in May with impact measures available in our Quarter 2, 2018 Report.

O For the first time, StrongMinds has trialed a new approach to mobilization – the process by which we educate communities about depression and screen prospective beneficiaries for enrollment into our program. It has allowed for new efficiencies and been accompanied by several learnings. We discuss these in the *Key Learning* section of this report.

• StrongMinds continues to collect functionality data to capture our program impact beyond depression-free scores. We know that when an African woman in no longer depressed, it positively impacts many aspects of her life and particularly the lives of her children. Our newest functionality data, collected six-months after women attended therapy in Cycle 1, 2017, reaffirms this with statistical significance. The key positive changes from baseline to six-months after therapy include:

- A 28% increase in the number of women eating three meals a day.
- Increases of 5% and 6% school enrollment for girls and boys – taking the total percentage of children enrolled in school to 94% for both sexes.
- A 30% reduction in the number of children that missed school in the previous week.
- A 24% increase in the number of women who report someone to support them through personal problems.
- A 34% increase in women who report having someone in their life that they can do something enjoyable with.

With poor mental health at the core of so many seemingly intractable development challenges, this data reinforces the social good that can be achieved when an African woman is free from depression.



Organizational Highlights



Dena Batrice

• In November 2017, StrongMinds commenced an international recruitment effort to hire a new Executive Director for StrongMinds Uganda. We received in excess of 100 applicants including candidates from the United States, United Kingdom and across Africa. Following multiple interview rounds, we are excited to appoint Dena Batrice to the Executive Director position.

Dena has served as the interim Executive Director since November 2017 and brings tremendous skills and experience to the role. She possesses a unique mix of clinical mental health and global development experience, having worked as a social worker in the US and as a Deputy Country Director in Lesotho as part of Columbia University's International Center for AIDS Care and Treatment. Her leadership and energy has been demonstrated already in Uganda where Dena has strengthened governance systems and driven reforms to make our program more efficient and streamlined, including launching our new mobilization strategy to allow us to more efficiently enroll women into new talk therapy groups.



Auxillia Msariri

O StrongMinds has also hired a new Finance & Administration Manager, Auxillia Msariri. Auxillia brings over 12 years of experience from the Financial Services sectors in both Zimbabwe and South Africa. She is a certified Chartered Accountant and has extensive experience in grants management, compliance and risk management, audit management, taxation and financial reporting. Auxillia is advancing and strengthening StrongMinds' financial systems to position us for further growth in 2018 and beyond.

Community Mobilization

StrongMinds employed a new approach to community mobilization in 2018. Mobilization is the process by which StrongMinds' staff enter new districts/villages to conduct screening and enrollment of depressed women into our talk therapy groups. Additionally, the process involves educating community members about depression and its symptoms as well as explaining how StrongMinds' model works and how it is effective in overcoming depression.

Up until 2018, community mobilization was undertaken entirely by our Mental Health Facilitators (MHFs). MHFs would sensitize and screen thousands of women using the Patient Health Questionnaire-9 (PHQ-9) depression screening tool, while also meeting with family members, community leaders and holding one-to-one interactions with depressed women. The process is hugely time-consuming but also critical to ensure women suffering from depression are identified and invited to participate in our talk therapy groups.

There were several challenges using this approach. In particular, community mobilization closely followed the end of the prior therapy cycle, meaning MHFs would finish 12-weeks of talk therapy groups only to immediately commence mobilization. In cases where therapy groups had not yet concluded, the overlap created logistical challenges for groups nearing cessation and for enrollment of new participants into the next therapy cycle. The approach also didn't allow our MHFs to have periods of necessary self-care between therapy cycles, an essential element of mental health practice and crucial to preventing burn-out for our staff.

To address this, StrongMinds implemented a new approach where we hired and trained individuals specifically for the role of Community Mobilizer (CM). These CMs were then paired with an MHF and tasked to drive all mobilization efforts while also serving as ambassadors for StrongMinds. They were also provided with entry and exit scripts, training to use screening tools and materials to educate the community about depression. This additional capacity during mobilization allowed MHFs to finalize existing groups and make preparations/plans for upcoming groups. MHFs are still leading the final pre-grouping phase to ensure they fully understand the needs and triggers of women's depression prior to group commencement.

We will continue to monitor this approach and apply learnings that strengthen community mobilization – an integral component of our program that defines the success of our therapy by ensuring depressed women have access to mental healthcare.

Women attend a community mobilization in Mukono District.



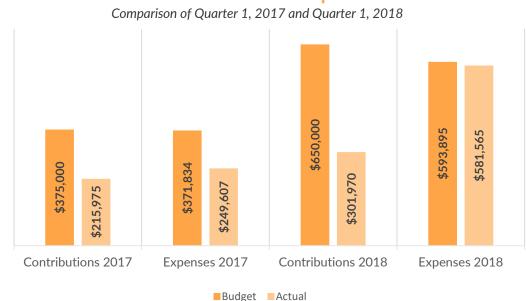
Financial Highlights

• StrongMinds raised a total of \$301,970 in Quarter 1, 2018. An additional \$218,000 was committed by Unorthodox Philanthropy and will be reflected in the Quarter 2, 2018 Financial Statement. This equals a total of \$519,970, or 20% of our full year fundraising goal of \$2,600,000.

• We received our first donation through UKbased Founders Pledge group after one of their "Pledgers" exited from his business and directed a \$50,000 donation to StrongMinds in January.

O Click <u>here</u> to view the Financial Statements.

3 Year Fundraising Goal **\$8.4 million** (2017-2019) \$2,491,439



Contributions and Expenses