



## Quarter Highlights

- StrongMinds continues to maintain momentum as we progress through the second half of 2018. As of September 30th, **11,749** participants had graduated from StrongMinds Talk Therapy Groups including both our Mental Health Facilitator-run groups and our volunteer Peer Facilitator-run groups.
- In addition to those who have already completed our therapy, 5,500 participants are in the third 12-week therapy cycle of 2018 (Sept-Dec). They are meeting weekly with their peers and group leaders to better understand their depression triggers and work through long-term solutions that will reduce their depression severity and strengthen their resilience.
- We've seen significant growth in our volunteer Peer Therapy Group program over the year – one of StrongMinds' key scaling pathways. Between 2017 and 2018, we've treated 70% more patients through Peer Therapy Groups, with three more months of the year to go.
- At the end of the Quarter, StrongMinds raised \$2.03 million including funds committed for 2019. This places us in a strong position to reach our \$2.6M fundraising goal for 2018.



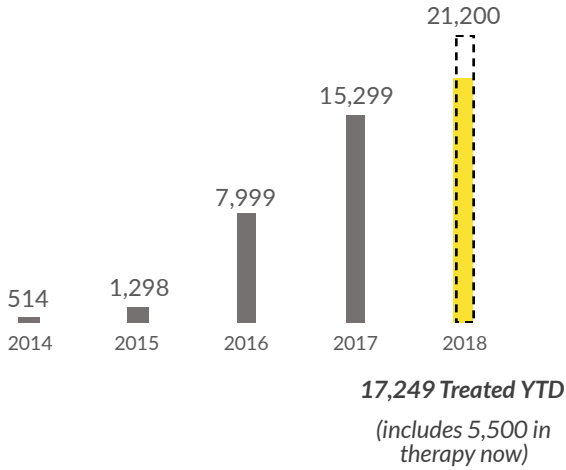
The mission of StrongMinds is to improve the mental health of women in Africa.  
We are guided by our goal to treat two million African women with depression by 2025.



# Metrics to Date

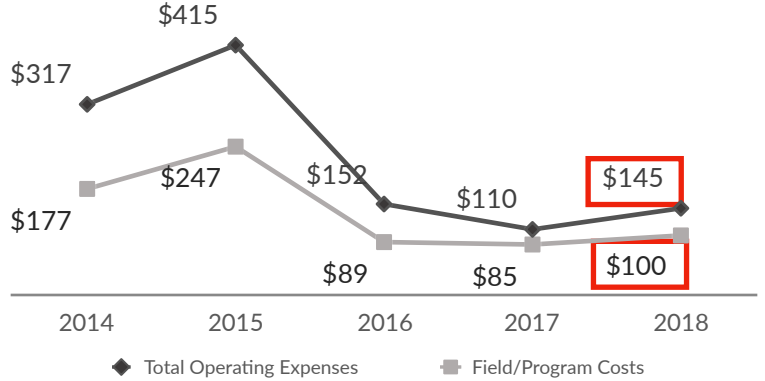
## Total Number Treated Per Year

2018 Goal: treat 21,200



## Cost Per Patient

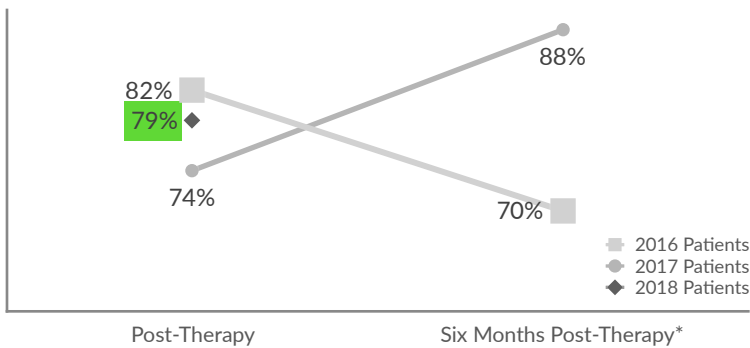
2018 Goal: \$108 total operating costs and \$67 field/program costs



## Program Impact: Percentage Depression-Free

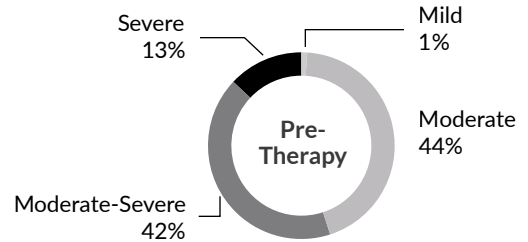
2018 Goal: 75% depression-free post-therapy and six months post-therapy

### 3-Year Overview

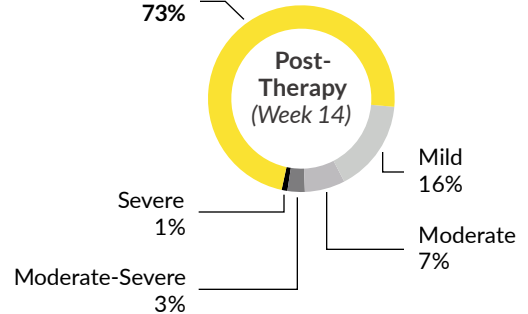


\*Six-months post-therapy data for 2018 to be released in Q4, 2018

### Most Recent Therapy Cycle



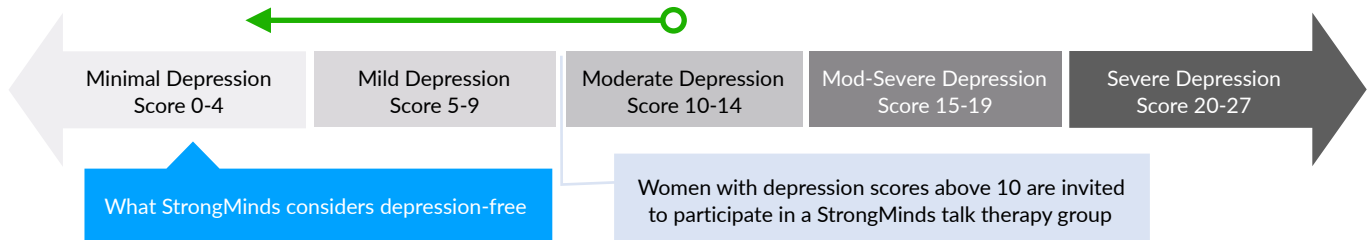
### Depression-Free



## Average Reduction in Depression Score

Based on the PHQ-9 Depression Screening Tool  
2018 Goal: 12-point reduction.

12 Points  
Based on Most Recent StrongMinds Therapy Cycle



Color indicates progress against target: ■ Met target ■ In progress ■ Did not meet target



## Impact & Delivery

- Through Quarter 3, 11,749 women graduated from StrongMinds therapy. We continue providing our 12-week therapy to women of all ages, focusing on four key districts in Uganda: Kampala, Wakiso, the peri-urban district of Mukono and the rural district of Iganga. Of those 11,749 over 8,200 completed our depression treatment through one of our StrongMinds Talk Therapy Groups, led by a salaried Mental Health Facilitator who is a full-time employee of StrongMinds.
- An additional 3,455 women were treated through one of our Peer Therapy Groups (PTG), led by volunteer Peer Facilitators. This represents significant growth of this treatment pathway, which is key to scaling a depression treatment model across Uganda and Africa. Throughout all of 2017, StrongMinds Peer Facilitators treated 2,031 women, meaning our current reach for the first three quarters of 2018 represents 70% growth from full-year 2017.
- Importantly, PTG patients were just 13% of our total patients treated in 2017, while in 2018 year-to-date, they make up over 29% of our patients.
- We continue to see sustained reductions in depression symptoms and severity as reflected in our Impact Metrics on *Page 2* of this report. Our endline data from Cycle 2 (May-September 2018) shows that 73% of women were depression-free at the completion of our 12-week talk therapy program when screened by external enumerators. This falls just short of our goal of 75%, but reflects more robust data collection methods to minimize bias and improve data integrity. Our year-to-date average for percentage depression-free is 79% when taking into account the data from Cycle 2 and the data from Cycle 1 - in which 86% of participants were depression-free at the end of therapy.
- Beyond the number of women who were depression-free, StrongMinds observed an average reduction in depression score of 12 points on the PHQ-9 Depression Screening Tool scale that ranges from 0-27. As noted in our Q2/2018 report, this reduction in depression is now one of our standard mental health indicators and is included on our *Metrics* page to demonstrate how a downward shift in depression scores correlates with a reduction in depression severity.
- This result is very positive, especially given that clinicians consider a four-point reduction on the PHQ-9 scale to be clinically significant. A 12-point decrease thus represents a substantial change in symptom severity and corresponding improvement in well-being for the individual.





# Organizational Capacity

Hope talks about her strategies for managing depression at a talk therapy group in Wakiso.

- In August, StrongMinds was selected to be part of GLG's 2018 Social Impact Fellowship [class](#). This highly competitive, two-year opportunity will give StrongMinds access to GLG's platform and membership as we strive to address important operational and strategic challenges for our organization. Leveraging their world-class network and expertise will prove invaluable for us as we continue to grow our program.
- StrongMinds continues with our planning to expand into a second African country in 2019. Led by StrongMinds' New Country Director, Frank Harle, StrongMinds has conducted over 50 in-depth telephone interviews with partners, government representatives, other non-government organizations and start-ups in Zambia, Malawi and Tanzania. Following this research, we reduced our shortlist to Zambia and Malawi as the two finalist counties.

In September, Frank conducted scoping visits to both Malawi and Zambia with support from Cartier Philanthropy. The main focus of these visits was to assess the viability of achieving high impact and scale within these two countries.

We are finalizing our research and Board review of both sites and will make a formal announcement by the end of 2018. Most importantly, we are excited for the opportunity to provide our depression treatment to over 1,000 women in a new country in 2019, while continuing to grow and expand our services throughout Uganda.

- StrongMinds was featured in the Stanford Social Innovation Review's Fall Edition, highlighting the effectiveness of our model and our ambitious target to reach 2 million women with depression by 2025. You can read the article [here](#) or listen to a [podcast](#) about our work published by the Chronicle of Philanthropy.



## Key Learning

### Delivering Depression Treatment in Rural Settings

Since 2016, StrongMinds has been delivering our talk therapy in the rural district of Iganga, a region north-east of Kampala, towards the Uganda-Kenya border. The district has experienced significant hardship due to its isolation, entrenched food insecurity and recent drought. Compared to urban areas where we operate, communities in rural Iganga are less densely populated and people's schedules more flexible and seasonal. Additionally, communities tend to be more geographically dispersed with greater distances travelled by StrongMinds to deliver talk therapy groups. Given these factors, we anticipated that providing effective depression treatment to women in rural areas like Iganga would be much more challenging and less efficient than urban Kampala where we started our work in 2014.

As we continue to grow our program in Iganga and now in semi-rural Mukono district, we are increasingly finding this population to be more enthusiastic and efficient to treat by comparison to their peers in urban areas. Our analyses indicate that rural women begin and end therapy with slightly higher depression symptoms than urban women on the whole, but their response rates – how much they improve over the course of therapy – are higher. Feedback from our Mental Health Facilitators and other program staff has been that women in Iganga and Mukono have higher attendance rates at therapy and are much less likely to drop out of groups than their urban peers. This may be because women in rural areas tend to have more flexible daily schedules, allowing them to more easily attend the 90-minute therapy session each week. They also tend to be less mobile (compared to their peers in urban settings), predominantly staying within their villages as opposed to traveling longer distances for work and family commitments. Even despite being dispersed across wider areas, we have found that the travel time between villages and groups has not led to inefficiency, as traffic congestion in urban settings has meant that total travel time between rural groups and urban groups is comparable. Credit is also due to our team leaders in Iganga and Mukono – both of whom joined StrongMinds in 2014 – who guide our staff in both locations and are achieving strong results.

These learnings were counterintuitive to our initial considerations about providing a mental health treatment model in rural settings. Furthermore, the learnings form part of important considerations for StrongMinds as we plan for expansion of our program in 2019 and beyond. Rural districts offer many efficiencies that we had not previously imagined, allowing StrongMinds to achieve greater impact in locations where services are particularly sparse.



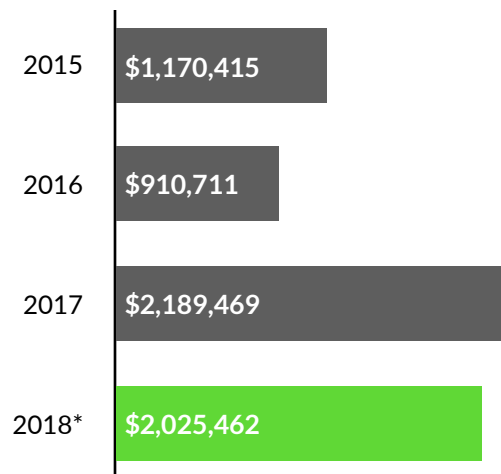


# Financials

- To date, StrongMinds has raised a total of \$2,025,462. This includes funds committed by funding partners that will be disbursed early in 2019. We are on track to exceed this in the final quarter of the year, as we strive towards our goal to raise \$2.6 million in 2018.
- In July, we entered into a new partnership with the Bruce C. Abrams Foundation – a US family foundation committed to supporting mental health services, education and research. We are deeply grateful for their support of our work in Africa.
- At the same time, we are so thankful to receive renewed support in the period from many of our deeply-valued partners who have been instrumental in so much of StrongMinds’ success: Child Relief International Foundation, Jester Foundation, The Skees Family Foundation, Battery Powered and Lucy Foundation.
- To view our latest financial statements, click [here](#).

## Total Funds Raised

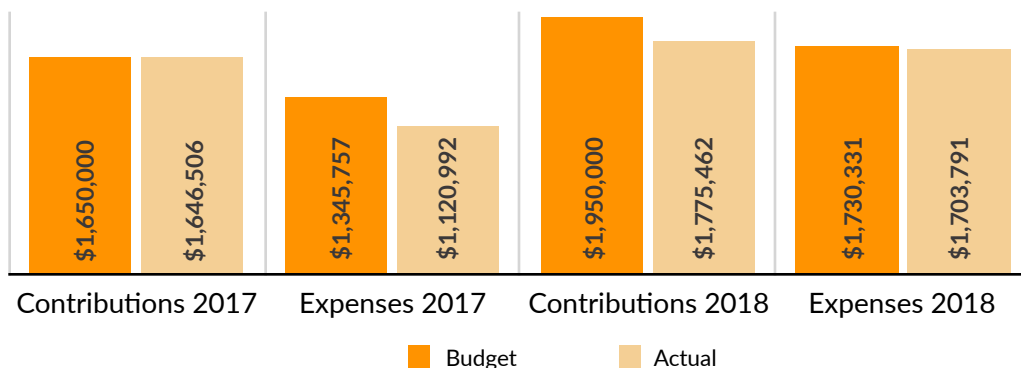
2018 Goal: \$2.6 million



\* Includes funds to be disbursed in early 2019

## Contributions and Expenses

Comparison of YTD Quarter 3, 2017 and YTD Quarter 3, 2018



Color indicates progress against target: ■ Met target ■ In progress ■ Did not meet target