

Q4 OCT
NOV
DEC

2020 REPORT

STRONGMINDS[®]

Ending the depression epidemic in Africa



QUARTER HIGHLIGHTS

- In a year of unprecedented challenges, StrongMinds successfully pivoted with innovative solutions that enabled us to continue providing depression treatment at a time when our mental health services were needed more than ever, resulting in 11,390 adults and adolescents treated in 2020.
- We fully adapted our in-person group therapy model to a phone-based model that treats not just depression, but also anxiety. Our expanded basket of mental health services allows us to provide continuous, flexible, high-quality mental health care regardless of external circumstances.
- Our scaling efforts achieved notable successes. In 2020, we saw the largest number of partnerships to date, and we finalized our partner replication toolkit. As we look to the future, we see StrongMinds emerging from the pandemic stronger than before, with enhanced services and resources to meet the needs of our clients.

**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.*

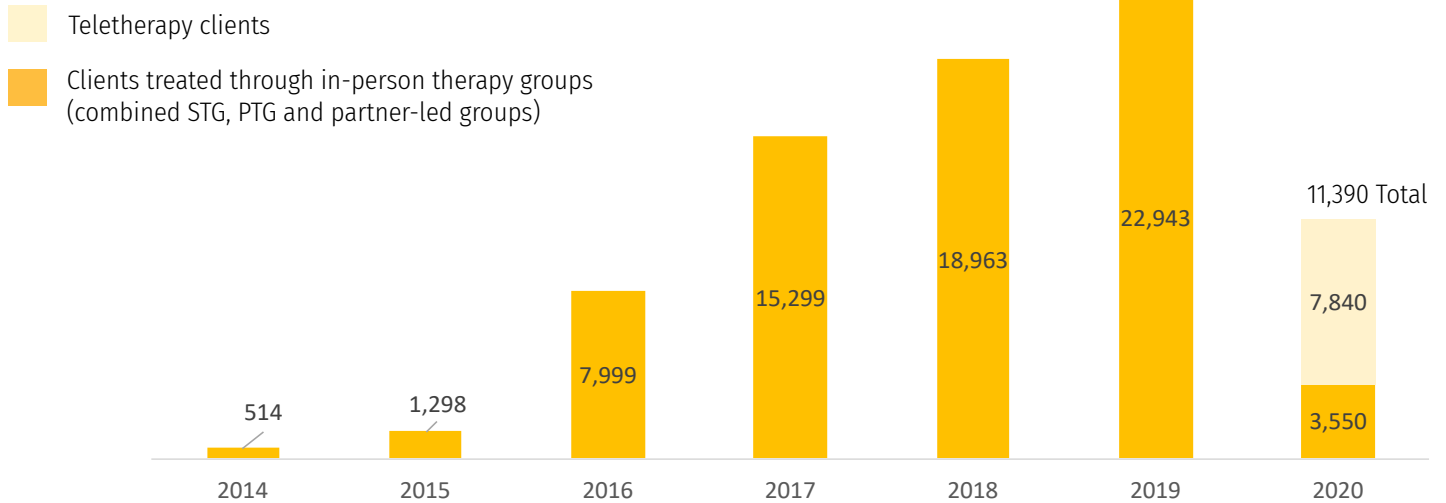
METRICS TO DATE

✔ Met target
 ⌚ In progress
 ✘ Did not meet target

TOTAL CLIENTS TREATED PER YEAR

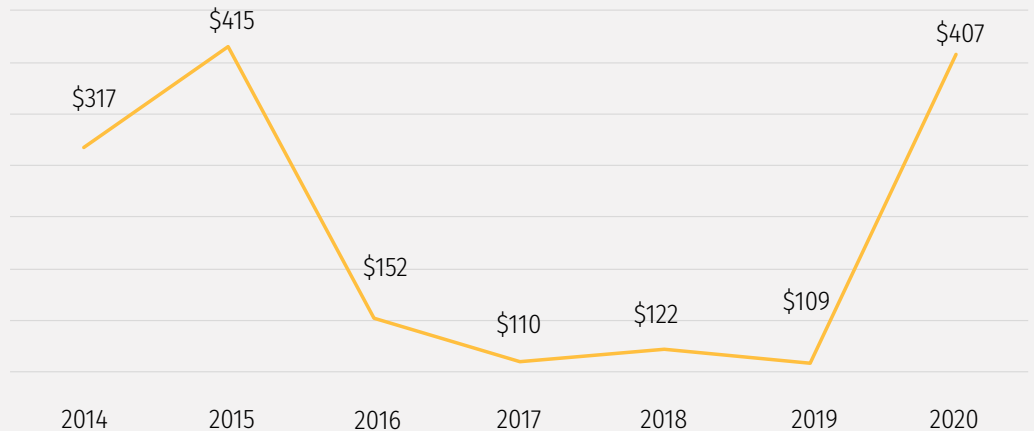
2020 GOAL: 11,000 (revised from pre-pandemic goal of 30,000)

2020 ACTUAL: 11,390 ✔



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**

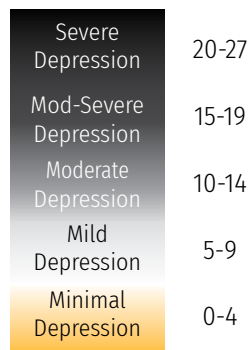
2020 GOALS:

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

-12 POINTS

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

Teletherapy

-12 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

Maintaining a flexible model will allow us to safely deliver therapy programs in a way that meets the needs of our communities.

LEVERAGING NEW TOOLS FOR FUTURE GROWTH

Our program adaptations in 2020 have generated exciting and unanticipated opportunities for future growth. By quickly developing and deploying a teletherapy model to deliver group interpersonal therapy in Uganda and Zambia, piloting media-based mobilization, and refining our scaling strategy, we generated key learnings that now prepare us to:

Maintain a Flexible Delivery Model

As global health and political events continue to create uncertainty, we have spent the past year adapting to our therapy model to be delivered by phone or in-person. Our Mental Health Facilitators are now trained to deliver therapy through both modalities and are prepared to shift back and forth as circumstances require.

We expect to continue with phone-based teletherapy throughout the first second quarters of 2021, wherever connectivity allows. In regions without connectivity, we are working with partners and our volunteer Peer Facilitators to provide socially distanced in-person therapy.

Scale Efficiently Through Partners

In 2020 we completed the design of our partnership scaling model. This work started in 2019 when we began working with Spring Impact on our scaling strategy, and has ended with detailed policies, manuals, and training materials to support our work with partners. We have also finalized the design and structure of our technical assistance teams, which will be our key leverage point to help partner INGOs scale our model. With all the necessary systems in place, our goal is to treat 11,000 women through partnerships in 2021, a 279% increase over those treated through partners in 2020.

Become a Public Voice for Mental Health in Uganda and Zambia

The events of 2020 revealed the immense need for mental health support and information in Uganda and Zambia. Over the course of 2020, StrongMinds executed a public information campaign that reached 16 million people, enabling us to rapidly expand the geographical reach of our teletherapy services. The resulting visibility has elevated the conversation about mental health and helped to further establish StrongMinds as a leading mental health organization in Uganda and Zambia. Strengthening our brand and voice in these media markets continues to be a priority in 2021.



By investing in technology and communications, we can remain responsive to rapidly changing circumstances.

KEY LEARNINGS

LOOKING BACK, LOOKING FORWARD

Innovation, particularly on a tight timeframe, often requires trial and error. To the best of our knowledge, StrongMinds is the first organization to deliver phone-based group teletherapy in sub-Saharan Africa. The rapid development and roll-out of this program in response to COVID-10 taught us a lot about what worked well, and what needed improvement. Here are some top lessons learned from 2020:

In-country communications teams are a must.

Prior to the pandemic, we had not invested in a global team of communications personnel. When the pandemic forced us to mobilize through radio, tv, newspapers, and social media, we found ourselves lacking the in-house resources to act quickly. Now, going into 2021, we have built out a team of communications professionals situated in each country to manage our media and mobilization activities moving forward.

Digital readiness matters.

Until recently, StrongMinds had not developed a strategy or clear goals around social media. The pivot to media-based mobilization required us to rapidly build this expertise so we could test, deliver, and evaluate messages in multiple countries through paid and organic posts. We have now established in-house expertise devoted to amplifying and optimizing our digital presence.

Continue to invest in future-facing technology.

For several years we put off creating a much-needed digital app and data hub to collect and analyze client data. Our old system was adequate but inefficient, creating frustration and bottlenecks. We have now completed initial scoping and design work to launch a comprehensive digital data hub in 2021.

WELCOME TO THE TEAM!

Samuel Keelson joined the StrongMinds US team in November as our financial accountant. In this role, he is responsible for financial processes, analysis, and reporting. Originally from Ghana, Sam holds a master's degree in accounting from Rutgers Business School and is a Certified Chartered Accountant from the Association of Certified Chartered Accountants in the UK. He has over thirteen years of experience in financial accounting and analysis, having worked at New Jersey Innovation Institute, YouthBuild Newark, and Engender Health.



Understanding the relationship between gender roles and mental health can help us improve outcomes for our clients.

ORGANIZATIONAL DEVELOPMENT

GENDER ROLES AND MENTAL HEALTH OUTCOMES

Cultural expectations around gender roles affect all areas of life for women and girls. In Africa, girls are less likely than boys to go to school, and less likely to complete secondary education. Opportunities outside the home may be forbidden by parents or husbands, while household chores can interfere with schooling and income-generating opportunities. With their relative role in society devalued, women and girls are at higher risk of extreme poverty, poor health, and domestic and intimate partner violence. All of this has impact on their mental health.

Our data show that StrongMinds therapy improves a woman's ability to work, provide her family with regular meals, and send her children to school. However, we don't yet know the extent to which our therapy improves or exacerbates gender inequalities. Our curriculum emphasizes improved communication and conflict resolution, but the way this plays out at home is unclear. To what extent is self-advocacy rewarded in home or at school? How can we help our clients achieve more gender equity in key areas of their lives? By understanding the connection between gender roles and mental health, we can continue to improve the quality of our therapy services.

To lead this evaluation, we have engaged a team of gender experts to study the impact of our work on gender roles, experiences of domestic violence, and access to resources. The consultants will help us develop gender-specific indicators, as well as a gender-based violence protocol and gender equity policy to be implemented organization-wide. This work is funded by the Global Innovation Fund and the findings will be shared in early 2022.

COMMUNICATIONS, FINANCE & FUNDRAISING

COMMUNICATIONS & MARKETING

Q4 MEDIA COVERAGE

Vox, October 9, 2020

[The Case for Funding Psychedelics to Treat Mental Health \(and how to support mental health during the pandemic\)](#)

Devex, October 20, 2020 (register for free to read)

[The Pandemic Takes Its Toll on Women's and Girls' Mental Health](#)

Vox, December 17, 2020

[How to Give a Meaningful Holiday Gift this Year](#)

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

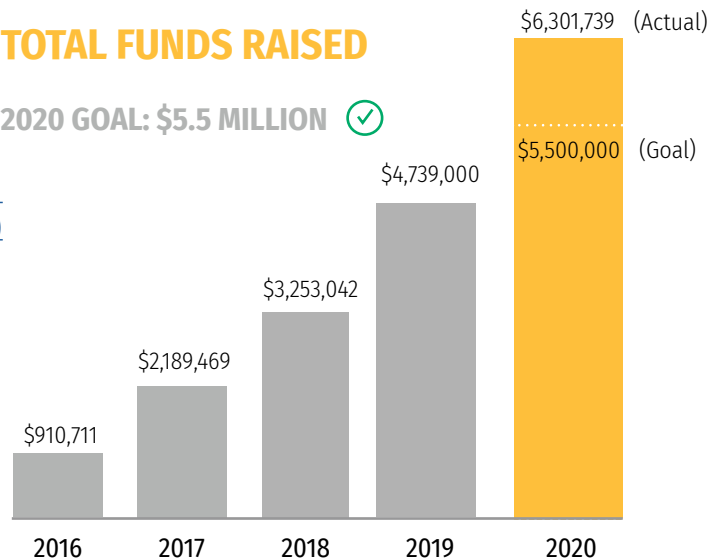
MOH: Ministry of Health

PHQ-9: Patient Health Questionnaire (for depression)

GAD-7: Generalized Anxiety Disorder Scale

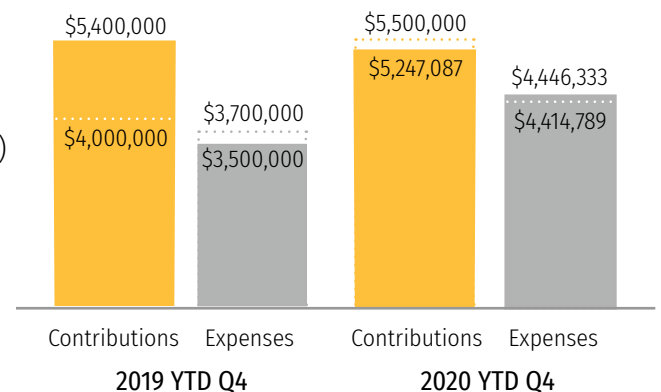
TOTAL FUNDS RAISED


2020 GOAL: \$5.5 MILLION 



*Funds received through Q4 against 2020 goal

CONTRIBUTIONS & EXPENSES



 Budgeted  Actual