MALAWI

IN PARTNERSHIP WITH STRONGMINDS
(2024-2029)

A NATIONAL FRAMEWORK FOR INTEGRATING COMMUNITY-BASED DEPRESSION TREATMENT

COLLABORATORS

UNITY AND FREEDOM

STRONGMINDS®

INTRODUCTION

Malawi is pioneering a government-led, community-based scale-up of mental healthcare through a five-year Memorandum of Understanding between the Ministry of Health (MOH) and StrongMinds, an international mental health NGO. The partnership embeds Interpersonal Group Therapy (IPT-G), a WHO-approved depression intervention, directly into primary healthcare. Community health workers-known as Health Surveillance Assistants-are equipped to screen for depression and deliver evidence-based group therapy in rural communities.

COMMITMENTS

The Republic of Malawi provides leadership, personnel, and infrastructure. StrongMinds provides training and technical support, along with frameworks for quality assurance and data capture. The partnership will conclude with a full transfer of capacity to the Malawi Ministry of Health (MOH) to provide effective community-based mental healthcare in perpetuity, at a national scale.

Malawi Ministry of Health

- **Leadership & Policy Ownership:** Sets strategy, embeds IPT-G within the national mental health plan, and anchors the partnership in a 2024-2029 MoU with clear roles and capacity-transfer milestones.
- **Workforce & Infrastructure:** Mobilizes Health Surveillance Assistants (HSAs) to add depression screening and group facilitation to routine duties; designates community venues; ensures facilities receive referrals and offer clinical backup.
- **Training & Supervision Capacity:** Co-facilitates the initial five-day training with StrongMinds, then leads subsequent training cycles via a training-of-trainers (ToT) model; integrates mental health supervision into existing district oversight.
- **Cultural Adaptation & Community Acceptance:** Co-leads curriculum adaptation workshops to reflect local norms and interface with traditional healing practices.
- **Data & Quality Management:** Integrates mental health indicators into district health information systems and convenes monthly data reviews; participates in joint quality assurance (QA) spot checks and supervision rounds.
- **Referral & Safety Pathways:** Maintains clear facility-based referral routes for severe depression and active suicidality to safeguard clinical quality and community trust.
- **Geographic Staging:** Selects and sequences districts (beginning with Mchinji) based on representativeness, HSA coverage, and feasibility for scale.

ABOUT STRONGMINDS

StrongMinds is a global nonprofit organization with a mission to democratize access to mental healthcare for people with depression, globally.

StrongMinds partners with governments to transform the way mental healthcare is delivered. integrating low-cost, evidence-based solutions into existing community-based programs and systems.

WHAT IS IPT-G?

Group Interpersonal Therapy (IPT-G) is a WHO-endorsed talk therapy delivered by trained lay community health workers. Over six sessions, small groups provide a safe space to share struggles, uncover depression triggers, and practice coping skills. Participants support one another, build interpersonal strengths, and leave with strategies and support systems to sustain recovery.

- **Technical Assistance & Model Design:** Adapts IPT-G for MOH delivery—screening, eligibility, group setup, and six-session flow.
- **Training-of-Trainers & Mentorship:** Co-leads initial trainings, mentors MOH trainers, and provides job aids.
- **Quality Assurance:** Sets checkpoints (pre-group, Session 1, midpoint, termination) and organizes debriefs and supervision tools.
- **Monitoring & Learning:** Provides templates, coaching, and transitions data review to MOH.

A therapy group learning about the burden scale—a visual tool used to help people express the weight of their emotions.

- **Systems Integration:** Embeds workflows into MOH systems so mental health is routine care.
- **Capacity Transfer:** Tracks milestones and gradually reduces external support while ensuring quality.

SCALING AND HANDOVER PROCESS

The StrongMinds IPT-G model's distinctive strength is its adaptability to new contexts. In the case of Mombasa County, expansion emerged organically as other government departments and institutions have sought support from the health team.

Phase 1 – Proof of Concept & Foundations (2024–2025)
Piloted in Mchinji to test integration with Health Surveillance Assistants, set referral pathways, and establish data flows. Completed initial trainings; MOH takes over in cycle two. Joint QA and monthly data reviews refine practices.

Phase 2 – Ministry-Led District Expansion (2025–2027)
Expand to ~3 districts with MOH as lead implementer, managing training, supervision, data analysis, and planning. StrongMinds provides light mentorship and periodic QA.

Phase 3 – National Coverage & Full Handover (2027–2029)
MOH scales IPT-G nationwide with its own curricula, supervision, and monitoring. StrongMinds shifts to advisory support and spot checks.

George, a father from Mchinji, experienced devastating loss when his wife and children left for Zambia without explanation. The abandonment triggered severe depression that left him unable to eat, work, or engage with his community.

When a Health Surveillance Assistant identified his symptoms during a routine visit and invited him to join an IPT-G group, George found a pathway to recovery. Surrounded by other men sharing their struggles, George slowly opened up, processed his grief, developed coping strategies. Over six weeks, his depression lifted; his appetite returned, he began to smile again, and recover his sense of purpose.

George's recovery required no psychiatrists, medication, or expensive facility-based treatment, demonstrating the cost-effectiveness of community-based mental health care.

– George, a father who went through therapy in Malawi

Final Handover (2029)
MOH sustains a standardized, quality-assured IPT-G program fully integrated into Malawi's primary and community health systems.

RESULTS

CLINICAL RESULTS

Across two cycles reaching nearly 4,000 individuals:

- 56% achieved complete recovery (depression-free status)
- 44% improved from moderate/severe to mild symptoms
- Average PHQ-9 improvement: -10.33 points (clinically significant)
- 98% experienced meaningful improvement (5+ point reduction)
- Session attendance: 5.46 out of 6 sessions average
- Completion rate: 76% finished full therapy cycle

COST-EFFECTIVENESS

The economic model offers significant advantages:

- Per-client cost: Under $25 for complete six-session intervention
- Group format: One facilitator serves 8-12 individuals simultaneously
- Integration approach: Avoids recurring personnel costs by using existing staff

IMPLEMENTATION CHALLENGES AND SOLUTIONS

Key Challenges Addressed

Facilitator Retention: Some Health Surveillance Assistants left due to unrealistic compensation expectations or competing agricultural demands.

Solution: Clear terms of reference, geographic distribution minimizing travel, recognition pathways, and career advancement opportunities.

Cultural Adaptation: Initial implementation revealed the need for extensive community engagement.

Solution: Comprehensive sensitization involving traditional leaders, modified training curricula, therapeutic approaches incorporating cultural healing concepts.

Geographic Saturation: Successful communities exhausted eligible participants, requiring longer travel.

Solution: Geographic analysis tools mapping population density and depression prevalence to optimize service delivery patterns.

IMPLEMENTATION CHALLENGES AND SOLUTIONS

The model requires political commitment, technical partnership, and sustained investment—but delivers clinical outcomes, economic efficiency, and system strengthening that justify these investments.

The StrongMinds-Malawi Ministry of Health partnership is part of a global paradigm shift from specialist-based facility care toward community-based approach, with profound implications for equity and closing the mental health treatment gap.

Malawi's success addresses challenges common across the region: large rural populations and severe mental health professional shortages.

For more information about this partnership and how to integrate mental health into government programs, contact Ambrose Kanyaryeru.

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