

# Final Report: Improving Mental Health for Women in Africa

Submitted to:  
Thankyou Charitable Trust  
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## EXECUTIVE SUMMARY

This is the final report for our project “Improving Mental Health for Women in Africa” implemented with support from Thankyou Charitable Trust. This report covers the entire grant period, from March 1, 2022, through December 31, 2022.

With support from Thankyou Charitable Trust, StrongMinds provided depression treatment to 107,470 women and adolescents in Uganda and Zambia in 2022—more patients than we had treated in all previous years combined. We continued to streamline our model while improving our CPP management across all levels of the organization, reaching an estimated CPP of \$75 by the end of 2022.

Throughout the year, StrongMinds ran traditional groups led by Mental Health Facilitators, and volunteer-led groups using Community Facilitators (through our Ministry of Health partnership and Peer Therapy programs.) Our collaboration with the Ministry of Health in Uganda—which started as a small pilot to integrate IPT-G into their existing Village Health Team (VHT) program—expanded to ten districts in 2022 with over 1,000 volunteers delivering therapy in communities. In a similar pilot with the Ministry of Health in Zambia, we selected and trained a new group of Community Health Assistants in 2022 who are beginning to lead groups in early 2023.

Though in-person treatment is our primary delivery method, teletherapy remains an important tool for serving the diverse needs of our clients in Uganda, including those with privacy concerns or mobility issues, and those affected by health emergencies or environmental disasters. To enlarge our geographic reach within Uganda, StrongMinds established a teletherapy call center in Kampala in 2022. In 2023 and 2024, we will evaluate the idea of using our call center to test teletherapy across international borders.

With the leadership of our newly launched Innovations Lab in Kampala, we have tested and implemented beneficial modifications to our model. We formalized a shortened eight-week in-person cycle across most programs in 2022, which allowed us to provide an extra cycle of therapy per year and expanded our capacity to serve more individuals in need. Impact results seem to have remained consistent at eight weeks, and preliminary results indicate that our targets for depression-free rates and PHQ-9 point reduction were met. Due to the success of the eight-week cycle, our Innovations Lab is piloting an even further reduced six-week cycle for implementation in 2023.

In line with our scaling strategy, we treated over 60,000 patients through NGO and government partners in Uganda and Zambia in 2022, a three-fold increase from the 20,000 patients treated through partnerships in 2021. We exceeded our targets for NGO partnerships, expanding our relationships with four existing in-country partners and establishing relationships with two new partners to expand to additional African countries. StrongMinds’ new partners in 2022 included Triggerise (with whom we conducted an IPT-G pilot in Mombasa, Kenya) and Mothers2Mothers (a collaboration that will bring StrongMinds’ treatment to South Africa in 2023.) StrongMinds also continued treating adolescent patients

in both Uganda and Zambia through existing partnerships with Komo Learning Centers, Windle International, Grassroot Soccer, and CIDRZ/DREAMS.

In the past year, StrongMinds successfully launched our advocacy agenda in Uganda, leveraging our strong government relationships to build support for mental health at the systems level. We engaged with the Ministry of Health to lobby for incorporating group talk therapy into their clinical guidelines and to persuade them to include mental health information as part of their data collection system. Concurrently, we executed a robust advocacy campaign to promote dedicating school hours to mental health. As a result of these efforts, the Ministry of Education released a letter in September of 2022 recommending that schools across Uganda devote one hour a week to psychosocial support for students and allocate a percentage of funding to mental health. In a similar victory in Zambia, the government declared that StrongMinds is allowed to provide IPT-G in schools across the country given that therapy does not interfere with learning.

StrongMinds is proud of what we have achieved during the grant period, reaching more patients than ever before while constantly pushing ourselves to optimize our model and reduce costs. Building on this momentum, we are poised to continue expanding access to our simple depression treatment in Uganda, Zambia and into new African countries in 2023. We extend our deepest thanks to Thankyou Charitable Trust for its partnership and we welcome your comments on this report.

## DETAILED MILESTONE REPORT

### DELIVERY

1. Treat 65,000 impoverished African clients of all ages suffering from depression, utilizing our teletherapy and in-person group therapy approaches. This includes 34,500 patients reached via NGO and Government partners. Details include:
  - a. Uganda—55,000 total clients
  - b. Zambia—10,000 total clients
  - c. Uganda and Zambia include 11,500 clients treated via INGO partners & 23,000 clients treated in partnership with the local Government.

### **FINAL STATUS: TARGET MET.**

In 2022, we treated a total of 107,470 patients—a significant increase from the 42,482 patients we served in 2021 (153% increase). Clients reached in Uganda totaled more than 82k (more than doubling our 2021 reach of 35k) and nearly half of that figure derived from our government partnership where MOH volunteer health workers treated over 38k depression sufferers. Teletherapy in Uganda continues to play an important role, where more than 10k clients were reached on the phone. In Zambia, we treated nearly 25k as we saw a massive increase from the 2021 figure of about 6k—with peer facilitators reaching well over 16k clients. Our cumulative reach since starting operations in 2014 and through 2022 is nearly 230k.

2. Expand operational presence to a third African country.

**FINAL STATUS: TARGET MET.**

In July 2022, StrongMinds started a 6-month collaboration with Triggerise, an international NGO, to integrate IPT-G into their existing HIV/Sexual and Reproductive Health project in Mombasa, Kenya. We deployed a technical lead from Uganda to oversee the successful completion of two cycles of IPT-G by the end of the year, successfully treating 279 clients. Triggerise is continuing to roll out IPT-G in further localities in Mombasa in 2023.

3. Review scaling strategy/results and implement any important modifications. Questions to consider: What have we learned? Is our model simple enough for partners? Do we have the right processes? What does teletherapy mean for scaling?

**FINAL STATUS: TARGET MET.**

In early 2022, after reviewing recent learnings/experiences, we significantly simplified our model for scaling with partners which, previously, consisted of a minimum of 12 months of on the ground support. The new and modified model offers 3 packages for the partner to choose from, and partners have responded positively, leading to more engagements:

- a) Light Touch - 3 months collaboration on-the-ground support (now implemented with mothers2mothers in South Africa)
- b) Standard Support - 6 months collaboration of which 3 months are remote (in plans for a large INGO in Nigeria in 2023)
- c) Extended Support - 6 months on-the-ground support (implemented with Triggerise in Kenya)

In addition, we have streamlined our processes engaging partners in project design, contracting, and documentation. For example, we have created a project design questionnaire to help partners identify their priorities and make the project design process easier/faster. We have also adjusted the amount and timing of information shared with partners to offer what is minimally required, but not overwhelm partners with information during the design and contracting period. We have also learned that partners want our assistance in integrating mental health programming into their organizations in a simple, efficient, and inexpensive manner.

All these modifications have resulted in a strong partner pipeline for 2023 in Kenya, Ethiopia, and Nigeria.

Teletherapy, as noted in #1 above, remains an important patient channel that StrongMinds will continue to develop and refine. Not only does teletherapy expand our geographic reach, but it provides an important option in the event of future challenges to in-person groups like the pandemic, security issues, etc.

4. Leverage our nearly two year long experience with teletherapy and create a roadmap/strategy for future implementation. Pilot a call center approach to depression treatment in which we test delivering teletherapy from one African country to another and determine future viability of this concept. Address the role of our What's App chatbot.

**FINAL STATUS: TARGET MET.**

We made strong progress in 2022 as we successfully built an industry standard call center in Kampala which deploys our teletherapy. We hired a call center expert from a local cell phone company who led our efforts. Major upgrades included installing numerous dedicated phone lines and implementing the systems to make our telephone calls to clients automatic, more efficient, and simpler to manage. The call center in Kampala, which covers all of Uganda, automatically initiates all calls (instead of group leaders manually dialing/re-dialing five other group members), tracks calls, performs automatic call-backs for dropped calls, and thus makes the entire experience more streamlined. In addition, the call center can now also communicate via SMS with all clients for redundancy and includes a quality/assurance system in which calls are monitored/recorded.

We foresee teletherapy for StrongMinds remaining an important tool which expands our geographic reach and provides additional means to interact with our patients. We no longer continue to use our What's App chatbot developed in the pandemic given the relatively low number of clients it generated. In 2022, we decided to fully complete the above call center in Uganda before testing it across an international border, which is planned in the near term.

5. Test the impact of reducing our depression therapy from the current eight weeks of duration to six weeks, reflecting our ongoing effort to reduce the duration of our group therapy since starting our program in 2014 at 16 weeks.

**FINAL STATUS: TARGET MET.**

We designed and tested the six-week duration group therapy model successfully throughout 2022. An initial pilot with almost two hundred patients in early 2022 showed promising results, and the six-week approach was fully tested in Uganda in the last quarter of 2022 with several thousand patients. Data collection showed results very similar to StrongMinds' historical averages for depression free percentage and average reduction in depression score. A broader roll-out of the model in Uganda and Zambia is planned for 2023.

6. Launch a StrongMinds pilot project in the US, leveraging our nine years of accumulated depression treatment expertise, and treat 500 depressed BIPOC (Black, Indigenous, People of Color) adolescents male/female between the ages of 18-25.

**FINAL STATUS: TARGET PARTIALLY MET.**

We successfully launched our US pilot in January 2022, branded as StrongMinds America (SMA). Despite less funding than planned (\$400k raised vs \$500k budget), SMA survived the difficult first year of start-up

operations and assembled a strong team, navigated the legal complexities of delivering mental health services in the US, and developed several funding prospects for 2023. While SMA treated no patients by the end of 2022, approximately 50 BIPOC youth were positively screened for depression and awaiting group therapy at the start of 2023. Several large partners (universities, high schools) have signed up for 2023, during which SMA anticipates treating 1,500 youth against a \$777k budget.

ORGANIZATIONAL CAPACITY

1. Complete the transition of the StrongMinds COO position/team to Uganda (initiated late 2021) and center the organization firmly in Uganda. Build out the COO team to include establishing new office space and hiring organizational leaders for HR, mental health/innovations, and technology. Successfully implement our new Global Leadership Team (GLT) forum. Launch the Innovations Laboratory to test new programmatic opportunities.

**FINAL STATUS: TARGET MET.**

We moved our COO position to Kampala in late 2021 and in early 2022 expanded the COO team to become our headquarters, the StrongMinds Global Office. The Global Office now includes the COO, Director of HR, Regional Director for Finance, Director of Research, Director of Innovations, and the Scaling Team. These positions provide global support to all StrongMinds offices in Africa and the US. The Innovations Laboratory launched in early 2022—and successfully tested/developed our new six-week duration of therapy as noted in #5/DELIVERY. While the StrongMinds COO position is currently vacant, the Global Office continues as a high value-add part of our organization. The Global Leadership Team, which consists of the CEO and his direct reports, successfully launched in early 2022 and has become a useful strategic forum—three face/face convenings in 2022 helped to strengthen this new team.

2. Raise \$7.5M (as part of the \$30M goal for 2022-2024) in philanthropic capital from existing and new funding streams, including private foundations, individual donors, and bilateral/multilateral grants.

**FINAL STATUS: TARGET MET.**

We exceeded the target of \$7.5M by 30% and raised \$9.45M in 2022. Individual giving increased by 105% and comprised 43% of all funds raised, an increase from 27% in 2021. Funds raised from foundation grants increased while the total number of foundations funding StrongMinds decreased, which is consistent with our strategy to increase fundraising efficiency.

3. Drive awareness of Cost Per Patient (CPP) as a key performance indicator across the organization by engaging budget owners. Incorporate CPP as a component of strategic budget building, understanding the value of partnerships and assessing our position in the competitive marketplace. Attain a CPP of \$105 in 2022.

**FINAL STATUS: TARGET MET.**

Cost efficiency was an emphasized component of 2022 discussions ranging from regular Global Leadership Team meetings to budget development, both internally and for partnerships, and reviews of financial performance which is reflective of heightened awareness of this key indicator. Our position in the competitive marketplace is evidenced by the Happier Live Institute and Charity Navigator recognizing StrongMinds as a cost-effective charity. CPP for 2022 is expected to come in around \$75.

4. Elevate StrongMinds brand recognition in global Mental Health spaces by increasing the number of media and speaking engagements by 30% and securing 8 to 10 major media placements (more than 1 million viewers). Continue to unite the global brand through creation and review of messaging and visuals, conduct 3 media spokesperson training sessions (Uganda, Zambia and GLT), and hire two Communications Associates (US and Uganda).

**FINAL STATUS: TARGET MET.**

StrongMinds surpassed all the above targets. Media and speaking engagements increased by 89% and we secured 14 major media placements reaching a total of more than 100 million viewers. Outlets included BBC, Vox, World Economic Forum, Psychology Today, Bloomberg, JAMA, and the WHO. Communications ensured consistent messaging, visuals, metrics, and source materials for 21 publications including the Partnership Implementers manual, four quarterly reports, 34 email communications, 15 new stories on the website and a video/photography capturing a trip to Uganda. Social media had a 121% increase. Seven spokesperson training sessions were run: two group sessions for SMU and SMZ and five individual sessions for the Global Leadership Team. Two communication associates were also hired, one in the US and one in Uganda.

5. Rebound from 2021 implementation delays and launch Data Hub as our new data collection tool, replacing Device Magic, in first half of 2022.

**FINAL STATUS: TARGET NOT MET.**

Implementation delays continued for our new data collection tool, and we missed the 2022 start date by about six months—successfully launching instead in January 2023. In 2022, we devoted much more time than anticipated to fixing programming “bugs” and testing the corrections. Our outsourced IT firm in Kenya also experienced severe business disruptions, furthering our delays. We also spent significant time training the entire StrongMinds team to use Data Hub.

IMPACT

1. Review current M&E approach and modify/simplify the entire process. Leverage the accumulated knowledge/experience of collecting data on over 120,000 depression sufferers in Africa since 2014 and radically simplify our approach to all facets of patient data and associated impact indicators. Ensure we begin to collect/report our broader mental health impact outside of those directly treated for depression.

**FINAL STATUS: TARGET NOT MET.**

We exited our Director of Research in Q1/2022 and replaced him with an Acting Director in Q4/2022. This disruption in research leadership delayed our attempts to modify/simplify our M&E process. Encouragingly, we are prioritizing this same milestone again for 2023 and anticipate completing the process by mid-year.

2. Interim impact indicators (to be revised in 2022 pending #1 above):

- Average reduction in depression score from baseline to endline as measured by the PHQ-9:
  - StrongMinds led groups: 12 points **(Estimated 11.7)**
  - Peer Facilitator (volunteer) led groups: 10 points **(Estimated 12.4)**
  - Partner led groups: 8 points **(Estimated 10.7)**

**FINAL STATUS: TARGET NOT MET.**

We failed to collect baseline to endline (also referred to as post two week) data in 2022 and have provided estimated impact above in blue. A full discussion of this data lapse is attached to this document.

- Average reduction in depression scores 6 months after treatment as measured by the PHQ-9:
  - StrongMinds led groups: 12 points.
  - Peer Facilitator (volunteer) led groups: 10 points.
  - Partner led groups: 8 points.

**FINAL STATUS: TARGET NOT MET.**

We failed to collect post 6 months data in 2022 and will collect this data instead by the close of Q2/2023. A full discussion of this data lapse is attached to this document.