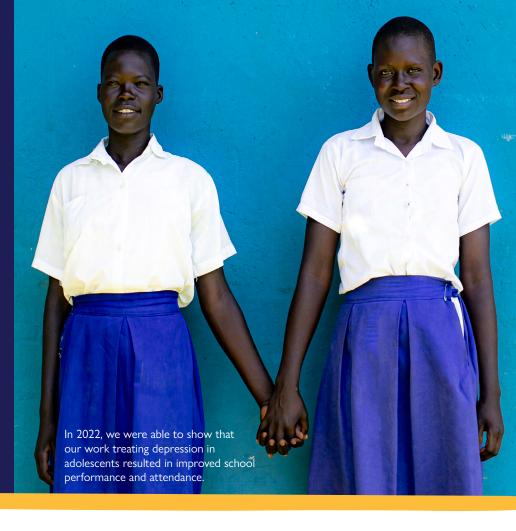
0 C T N O V D E C 2022 REPORT

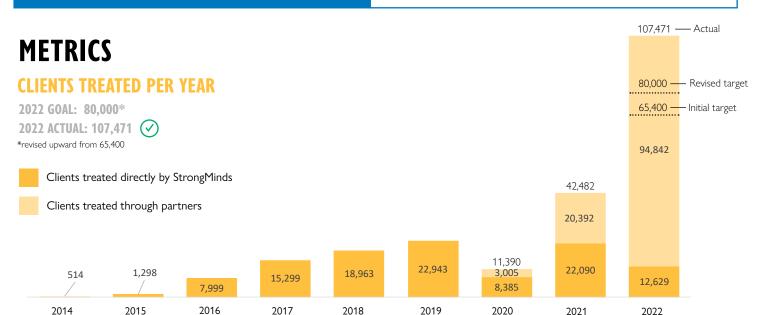




QUARTER HIGHLIGHTS

- Nearly half of all clients ever treated by StrongMinds were treated in 2022, making this our biggest year
 yet for scaling.
 - \rightarrow We treated more than 107,000 people in Uganda and Zambia, a 65% increase over our initial target of 65,000.
 - → This increase brings our cost-per-patient down to \$74, against a goal of \$105 for the year.
- We surpassed our fundraising goals, raising \$9.4 million against our target of \$7.5 million.
- Our mental health work was recognized in dozens of major media outlets and cited as an innovative, high-impact charity by the philanthropic community.
- New impact data revealed that our work treating depression in adolescents has resulted in improved educational outcomes that can open up new future possibilities for these young people.
- Rapid expansion has not come without growing pains (see page 5). Some results are marked as "estimated" as we pursue further verification after a data lapse.

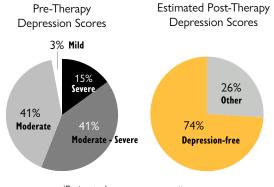
StrongMinds treats depression using Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model that focuses on interpersonal communication as the root of--and source of recovery from--depression.





REDUCTION IN DEPRESSION SYMPTOMS

PHQ-9 SCALE Depression Score Severe Depression 20-27 Moderate-Severe 15-19 Moderate Depression 10-14 Mild Depression 5-9 Minimal Depression 0-4



(Estimated average across all programs)

[^] Depression-free is defined as achieving minimal depression on the PHQ-9

THERAPY DELIVERY METHOD*	DEPRESSION SCORE CHANGE**		PERCENT DEPRESSION-FREE ^
StrongMinds-led	-12 points	-11.7 points	76%
Peer-led (Zambia)	- 8 points	-12.4 points	77%
Gov't Partner-led (Uganda)	- 8 points	-11.3 points	67%
NGO Partner-led	- 8 points	-10.7 points	73%

^{*}In Uganda, our peer-led results are included under "government partner-led" as part of our partnership with the Ministry of Health

^{**}A 4-point drop on the PHQ-9 is considered a clinically significant reduction in depression score in the US



OUR VISION FOR SCALING BECOMES A REALITY

THE YEAR IN REVIEW

In 2022, StrongMinds grew at an unprecedented rate. We treated depression in more than 107,000 women and adolescents, improving the well-being of their additional 428,000 family and household members. This represents a 90% increase over all previous years combined.

Our fundraising team brought in over \$9.4 million dollars in funding, far exceeding their goal of \$7.5 million for the year.

We saw our work validated in two major reports and profiled in multiple high-level media outlets:

- The Happier Lives Institute found that StrongMinds' depression treatment is 9x more cost-effective in improving human well-being than a direct cash transfer, disrupting current thinking about philanthropic impact.
- The World Health Organization's 2022 World Mental Health Report <u>featured StrongMinds</u> as an exemplar of mental health innovation.
- Charity Navigator listed StrongMinds as one of 14 recommended charities working on high-impact causes.
- Our work was featured by the <u>BBC</u>, <u>Psychology</u> <u>Today</u>, the <u>Journal of the American Medical</u> <u>Association</u>, the <u>World Economic Forum</u>, and the <u>OECD Forum Network Blog</u>, among many other publications.

StrongMinds' advocacy efforts in Uganda and Zambia resulted in new mental health policies to help all school children access mental healthcare and information.

Setting the stage for expansion, we piloted a partnership in Kenya to treat at-risk girls in Mombasa and established partnerships to pilot our model in the United States.

LOOKING AHEAD

In 2023, StrongMinds will celebrate its 10th anniversary! A decade after setting out to create a scalable depression treatment model that could bridge Africa's mental health treatment gap, our vision is becoming a reality.

- Over the next year, our teams and partners will treat 165,000 more people with depression.
- We will expand into at least three new African countries and fully pilot our IPT-G model in New Jersey.
- We will undertake more advocacy work to promote country-level mental health policies and better funding for mental health at the global level.
- Building on the success of our decade of impact in Uganda and Zambia, we will continue to seek more opportunities to innovate and expand to serve more of the 280 million people globally who are living with depression.

Though the goal is audacious, we remain guided by a simple philosophy that has fueled our determination since we started: if we don't do it, who will?





NEW WELL-BEING INDICATORS FOR ADOLESCENTS TREATED IN SCHOOLS

With COVID restrictions lifted in 2022, schools in Uganda remained open for the first full school year since 2019, allowing us to provide essential depression treatment to more than 16,000 adolescents in 91 schools and their surrounding communities.

As we conducted these therapy groups, StrongMinds engaged in ongoing quantitative and qualitative research to assess our impact. Key findings include the following:

- 63% of girls who received therapy saw improved grades after treatment.
- After therapy, school attendance increased by an average of 4.6 days over a 12-week term.
- In community groups where we served girls who had previously dropped out of school, about 10% reenrolled in school after therapy.
- 86% of teachers trained as IPT-G facilitators strongly agreed that IPT-G training had made them better teachers, and 85% agreed that their entire class performed better as a result.
- After therapy, 42% of sexually active adolescents began using contraceptives.
- 96% of adolescents who completed therapy reported feeling more hopeful about life.

In focus group discussions, therapy participants reported increased self-confidence and ability to concentrate in class. They also trusted their parents and teachers more and felt better equipped to handle challenges and manage their anger.

Teachers reported that IPT-G had curbed the uptick in disruptive behaviors observed among students returning to school after COVID-related closures. Those students showed more interest in school, contributed more during class exercises, demonstrated more willingness to share their views with peers, and showed more empathy for their peers.

Parents reported overall improvements in relationships within their family and observed increased drive and school participation in their children.

As part of the process of gaining consent to treat adolescents with depression, StrongMinds provides parents and guardians with psychoeducation. This includes information about how parental actions can impact a child's well-being. As a result, adolescents who completed therapy reported an increased sense of support within the family and receiving more love and attention at home.

"The StrongMinds program has helped us to improve our social skills. We all lacked interest in certain things that children normally do, like sports, because they meant nothing amidst the challenges we were facing. But now everything changed for the better. It's not that problems went away completely, but we have a better way to handle them in our minds. We focus on the positive side of life."

— Adolescent focus group participant





DATA LAPSE: IMPROVING OVERSIGHT FOR OUR IMPACT DATA

BACKGROUND

To measure our impact, StrongMinds collects a total of six client depression data sets for each therapy cycle. Our staff and mobilizers collect data sets #1-4 before therapy (#1), in the first session (#2), at midline (#3), and in the final therapy session (#4). These measurements help us determine the severity of a client's depression and their progress toward recovery.

Data sets #5 and #6 are collected by external parties two and six weeks after therapy concludes. These final measurements reveal the short- and long-term impact of our depression treatment and have been the hallmark of our reporting since 2014/2015. We rely on external parties to collect these two data sets to avoid social desirability bias (clients answering questions favorably to please the StrongMinds interviewer).

A recent analysis revealed that data set #5 was not collected for clients in 2022. Data set #6 is set to be collected in early 2023. This is due to many factors related to our rapid growth. Therefore, the impact data we have been sharing for 2022 is potentially inflated, subject to social desirability bias.

We will be conducting six-month follow-up assessments for clients treated in the second half of the year, however the window to conduct two-week post-therapy assessments is closed for all clients. Historically our sixmonth data has remained relatively consistent with two-week post-treatment results, so we are confident that upcoming six-month assessments for 2022 clients will provide representative data.

ESTIMATING OUR 2022 IMPACT

Our database contains nearly ten years of depression symptom data from more than 120,000 clients collected by staff on the final day of therapy and by external auditors two weeks post-treatment. A very conservative analysis of this historical data indicates that social desirability bias, on average, can increase clients' depression-free rates by ten percentage points and their drop in PHQ-9 scores by one point. Therefore, two-week follow-up data would need to be adjusted accordingly.

Applying this formula, we estimate that our 2022 clients' average depression-free rate is 74% (adjusted from 84%), and their average reduction in depression score is 11.6 points (adjusted from 12.6). By mid-2023, as noted above, we will have six-month follow-up data to verify our 2022 impact.

WHAT ARE WE DOING NEXT?

As a data-driven organization, we have a mandate to translate these learnings into new safeguards to protect the quality of our data. Looking ahead, we will:

- Ensure we have strong and stable leadership for our M&E teams, with direct CEO oversight.
- 2. Ensure that all M&E staff is re-trained on the importance of independent data verification and the methodology used.
- 3. Rigorously audit our data to ensure all procedures are in place and being followed.
- 4. Require that results presented to StrongMinds leadership include notations on where/when/how the data was collected.
- 5. Be more mindful of how and when we agree to data requests that are beyond our core indicators.
- 6. Use this as an opportunity to review and develop simpler ways to collect, analyze, and report our impact data.





COMMUNICATIONS & MARKETING

04 MEDIA COVERAGE

Devex, December 20, 2022

The ripple effects of improving women's reproductive and mental health

Vox, November 28, 2022

The future of mental health care might lie beyond psychiatry

Psychology Today, October 25, 2022 An NGO Addressing Mental Health Needs in Africa

WHO, Africa Region, October 12, 2022 Barriers to Mental Health Care in Africa

FINANCE

We have completed all 2021 audits without findings.

View our audited financial statements.

View our latest quarterly financial statements.

GLOSSARY OF KEY TERMS

STG: StrongMinds-led Therapy Group

PTG: Peer-led Therapy Group (led by former client volunteers)

MHF: Mental Health Facilitator

IPT-G: Group Interpersonal Psychotherapy

MOH: Ministry of Health

PHQ-9: Patient Health Questionnaire (for depression)

TOTAL FUNDS RAISED GOAL: \$7.5 MILLION ACTUAL: \$9.43 MILLION \$6,301,739 \$4,739,000 \$4,739,000 \$2019 \$2020 \$2021 \$2022

CONTRIBUTIONS & EXPENSES

