2023

VIDA PLENA

IMPACT REPORT

BUILDING STRONG MENTAL HEALTH IN LATIN AMERICA

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Letter From the Director

2023. Our first full year. It was a year of learning, of building a solid foundation, and proving that our therapy model does in fact work at a scale beyond the initial pilot.

This is our first annual impact report. Our attempt to capture through charts and graphs bits of crucial evidence about who we've helped and where we can continue to improve. But beyond the numbers, it was especially important this first year that we put into practice our three core values; the deeper 'how' of the work that we do.

Evidence Based Work is the first of these fundamental organizational values. We are committed to finding and applying the best methods based on rigorous evaluation. We believe we need to offer more than a leaking lifeboat of good intentions. We need to see, via careful analysis, that this program truly helps people in Ecuador overcome depression. This is why we carefully tracked the progress of each and every one of the 1,006 people who came to us at one point seeking help. Because of the data collection system we built, we can say with confidence that 71% of the people who entered our program left with mild or even zero depression symptoms.

Collaboration & Sharing with others is the second of our key organization values. Because of this mindset, in 2023 we connected with over sixty-five local organizations, opening up many new opportunities for us to connect with people who otherwise would have no access to care. Not operating in isolation means we are connected to the local ecosystem of social supports, and are becoming the hub for community-based mental health in Quito.

People & Relationships is our deepest organizational value. Even as we are tracking the data and working to grow, behind each of the graphs on the following pages is a person and a personal story. Often these stories include an untold number of tragedies and pain. On the other hand, these are also stories of growth and triumph over crippling circumstances. As one woman, a survivor of horrific intimate partner violence, told me:

> "I was a drenched and freezing chick. Vida Plena was the hand that pulled me in from the dark, with the invitation to sit around a warm fire. Around that fire were other women singing, they were singing songs of hope. And as Vida Plena tended that fire, I rediscovered my strength."

Unpinning each of these values is a deep sense of gratitude. We start each of our weekly team meetings sharing something for which we feel thankful. So, in that spirit, I want to start this report by thanking everyone who gave their time, resources, or connections to support the work of the exceptional Vida Plena team on the ground in Ecuador. Without each of you, none of this would be possible.

With much warmth and gratitude,

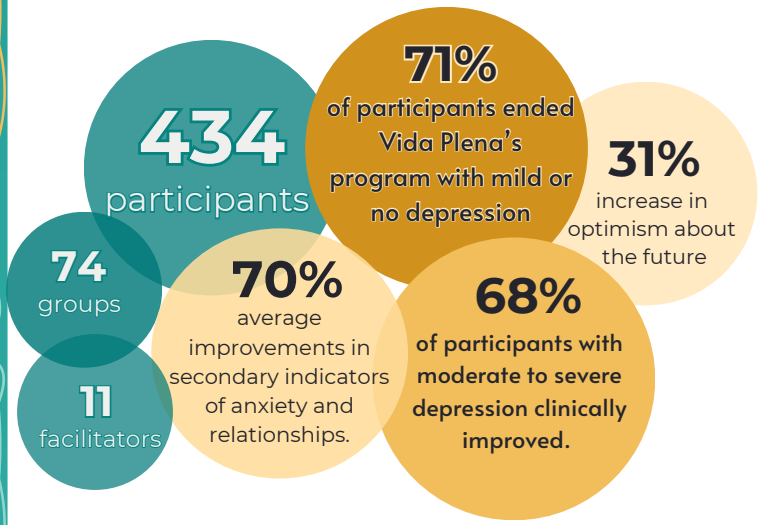
Saludos de Quito,

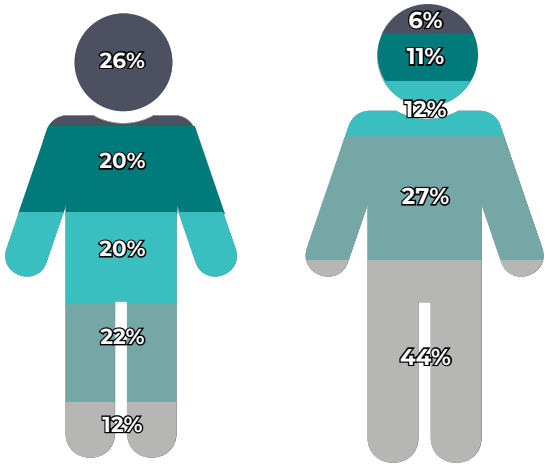
~Joy

Summary

As the first organization to implement WHO-recommended group interpersonal therapy (g-IPT) for depression in Latin America, Vida Plena is proud to report **positive results in all key indicators**. In our first full year, we saw positive changes in depression, anxiety, wellbeing, optimism, relationships, and employment among our participants.

In 2023, 434 participants attended at least one session. Most were part of vulnerable groups (migrant, food insecure, elderly, female head of household, or imprisoned), identified as women, aged 25-40, with an average of two children, and attended 4.5 sessions. While more sessions generally led to better outcomes, as shown below, some participants experienced significant improvement without even completing the full program.





% of participants per severity level, before

% of participants per severity level, after

We are proud to report that, on average, participants experienced a **6.6-point reduction in depression on the PHQ-9 scale**, dropping from 14 to 7. This 50% reduction means the average participant went **from moderate to mild depression**. Participants needed about 5.1 sessions on average to see a clinically significant improvement (5 points).

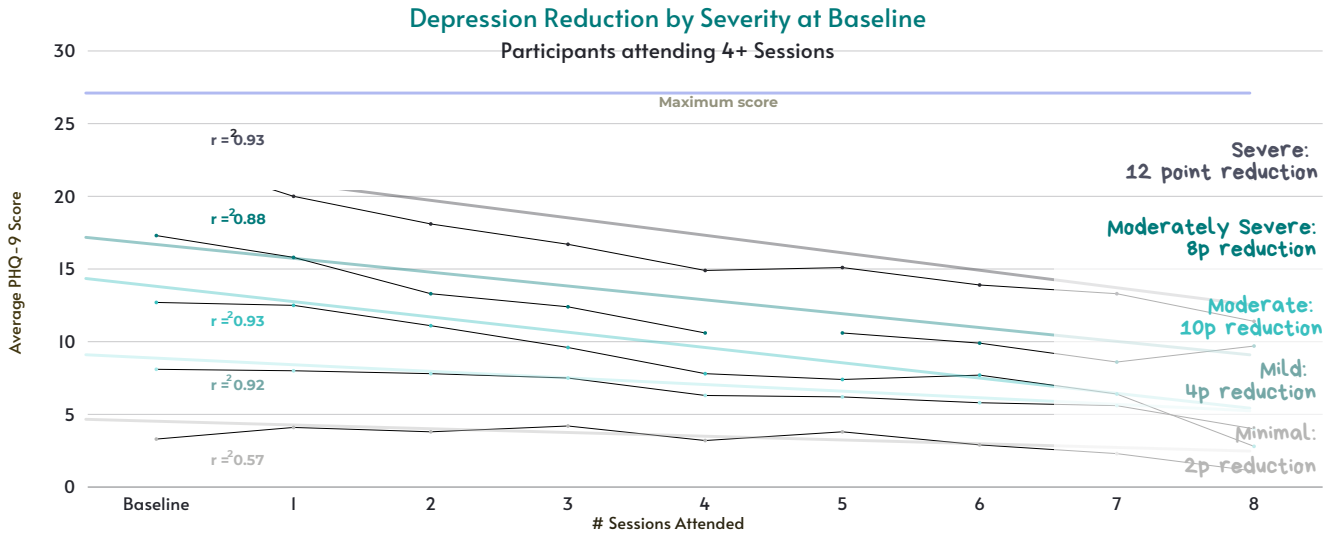
Our most affected participants—66% starting with PHQ-9 scores above 10 and 46% above 15—showed the greatest improvements. By the program's end, only 29% still scored above 10 points. Overall, 71% of participants ended with mild or no depression, showing **much higher recovery rates than spontaneous remission** (12.5%). This is noteworthy because our participants, most from vulnerable populations and a quarter with severe depression, might have an even lower spontaneous remission rate than the study sample.

What is the PHQ-9?

The PHQ-9 (Patient Health Questionnaire-9) is tool used for assessing the severity of depression. It consists of nine questions, each scored from 0 to 3, resulting in a **total score ranging from 0 to 27**. The score cut-offs are as follows: 0-4 indicates minimal depression, 5-9 mild depression, 10-14 moderate depression, 15-19 moderately severe depression, and 20-27 severe depression. A **5 point change in the scale is considered clinically significant**.

Summary

Our delivery cost stands at $233 USD per participant, **less than half than peer organizations in their early years** but above their current benchmarks. This is because we deliver only through our own facilitators, ensuring the necessary control as we adapt the intervention to this new context. In contrast, other organizations rely on partners for 95% of their delivery. As we continue to grow, we will explore the best combination of partnerships and direct delivery to achieve the cost-effectiveness seen by larger organizations. **Given the findings in this report and our competitive starting costs, we are confident in our potential to become a top cost-effective solution for reducing depression.**



Points in the chart represent the average score of participants per severity level per session attended. Trendlines show a strong correlation between Vida Plena therapy and improvements in depressive symptoms for participants at all levels of initial depression severity. Participants with moderate to severe depression experienced clinically significant improvements.

In the interest of full transparency, we see two potential sources of bias in our report. First, many factors influence changes in depression beyond Vida Plena's program. This year, we focused on validating assumptions about medium-scale implementation feasibility. In the near future, we plan to add a control group to better assess our impact. For now, we use spontaneous remission rates from the literature for comparison.

Second, we have high attrition in our data. To calculate changes in PHQ-9, we use baseline scores and the final score recorded for the last session each participant attended. We understand this might introduce sample bias, capturing only successful stories for later sessions.

The remainder of this report covers **three main sections**. The **first section** provides a **program overview**, including our timeline, process, and Theory of Change (ToC). We also discuss who we serve, detailing participant demographics and satisfaction, along with our ongoing partnerships and financials. The **second section** addresses our **outcomes and learning questions**: did we maintain positive outcomes at scale and what factors mediate these outcomes? We present our hypotheses and detailed analyses. The **final section** offers **closing reflections**, sharing lessons learned, future directions, and gratitude for our supporters and collaborators.

PROGRAM OVERVIEW

Timeline

2021

Joy conducts informational interviews with local stakeholders both in Ecuador and internationally to understand mental health needs and current interventions.

Jan-March 2022

The first angel donors provide financial support for the pilot program. Thank you!

April 2022

A collaboration agreement is signed with the Columbia University Global Mental Health Lab to provide Vida Plena with training and mentorship.

Oct-Dec 2022

Pilot Starts!

The first 10 community facilitators complete 6 days of training and begin their first groups. All 10 facilitators stayed with Vida Plena and continued on in 2024, a feat that Columbia University had not seen before!

Jan 2023

Started the Agency Fund Social Impact Fellowship which is a funding agency with an interest in expanding human agency.

2023 Groups Start!

The first Vida Plena groups of 2023 meet!

Feb 2023

The pilot program ends with 55 participants served and 70% of them having at least a 4 point reduction in depression. Pilot ends!

To celebrate 100% facilitator retention rate and the success of the pilot, the team went on our first retreat! With the Cotopaxi Volcano in the background, we determined ways Vida Plena could improve in 2023.

June 2023

Columbia University trains the entire Vida Plena team in interpersonal counseling which is a brief version of our standard program.

July 2023

Signed an agreement with IMPAQTO, an Ecuadorian social organization that supports entrepreneurs.

August 2023

Participated in the Chat for Impact Turn.io accelerator program where Vida Plena learns about the basics of creating a Whatsapp chatbot for future implementation.

September 2023

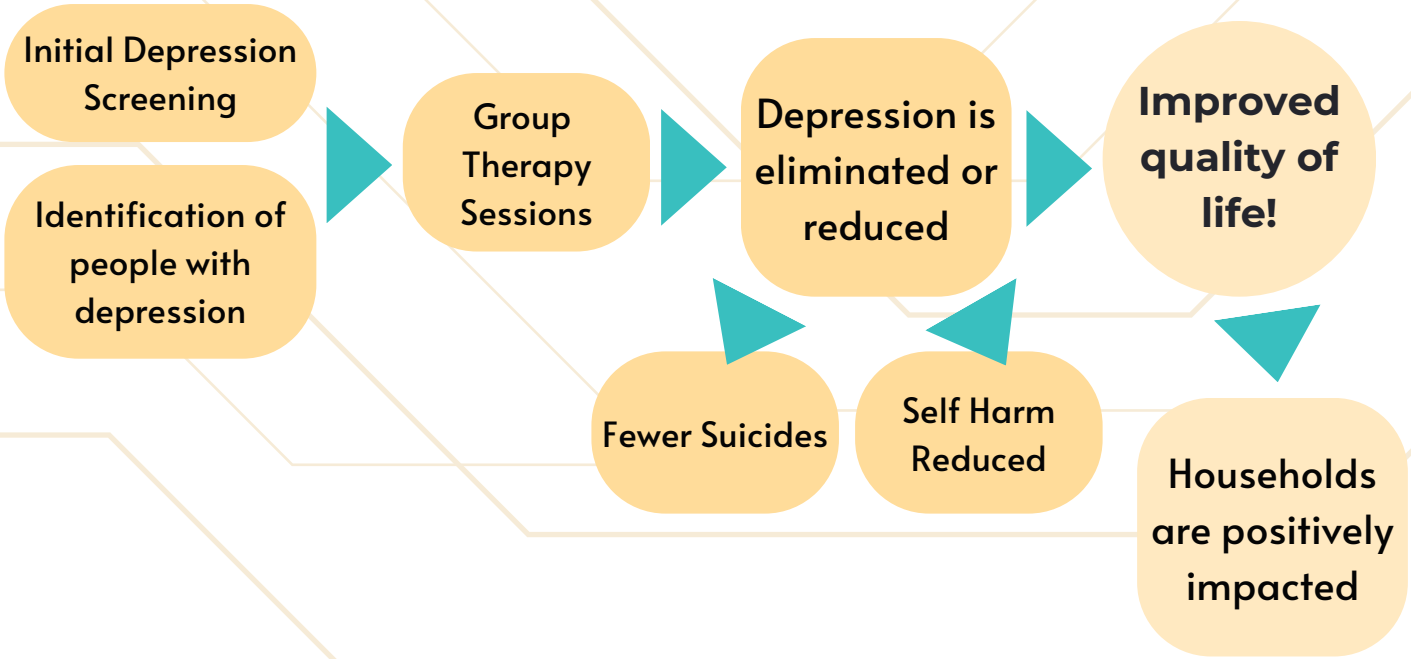
Celebrated the facilitator's 1-year anniversary with Vida Plena!

December 2023

Graduated from the Auge Accelerator, Quito-based program for Ecuadorian non-profits.

Screening to Healing

Vida Plena's Theory of Change



Blanca, 34

"I am here because I'm giving myself one last chance to search for happiness. I have looked everywhere to feel okay, but I still feel stuck, no matter where I am. I really want to start, but I don't feel capable of starting. When my children were born, I gave 100% of myself to them and I forgot about myself. Now they're teenagers and have their own lives, and I don't have a life apart from them."

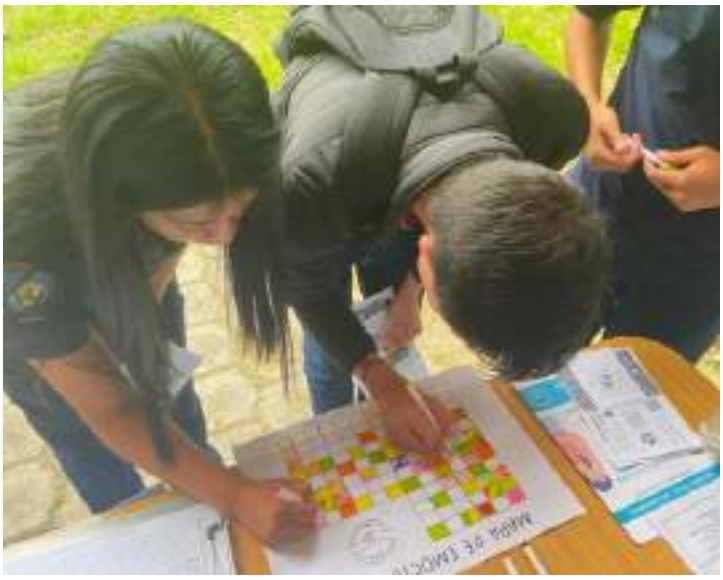
Blanca struggled to find a meaning in her life beyond being a mother and housewife. She had low self-esteem, believing she was worthless and without purpose. By participating in Vida Plena's group sessions, she reflected on her self-dialogue and slowly changed how she viewed herself. At the program's closing ceremony, Blanca displayed her transformation by showing up in a beautiful bright red dress! She even secured her first professional job as a secretary at the age of thirty three.

Screening to Healing

The Vida Plena Program Model

Step 1: Outreach

Vida Plena conducts outreach activities and receives recommendations to enroll participants. Interested individuals register on our website and are screened for depression using the PHQ-9 assessment. We accept individuals with mild to severe depression. For partner-referred lists, we accept all candidates regardless of severity.



Outreach event in 2023 using an emotion map

Step 2: Intake

Participants are matched with a facilitator who conducts a one-on-one intake session (session 0), typically lasting about an hour. These sessions are usually held virtually, except for highly vulnerable populations where in-person sessions are conducted. During the intake, another PHQ-9 assessment is administered to ensure participants understand the questionnaire, with scores usually comparable to the initial screening. Going forward, we are removing the second PHQ-9 at intake since our data shows participants understand the questionnaire well when they initially fill it out.

During the baseline evaluation, participants are also assessed for anxiety using the GAD-7 and for psychosocial functioning using the B-IPF. Participants are then assigned to a group and facilitator based on logistics and preferences. Sessions are conducted in-person, virtually, or in a mixed modality, with in-person sessions held in community centers, churches, or partner organization offices. We examine results by modality on page 18.

Glossary of Assessments

B-IPF: Brief Inventory of Psychosocial Functioning

The B-IPF consists of 7 questions to determine a person's clinical psychosocial function and wellbeing in relation to work and interpersonal relationships. The assessment has a max score of 100 (extreme impairment). A change from one level of impairment to the next is considered clinically significant.

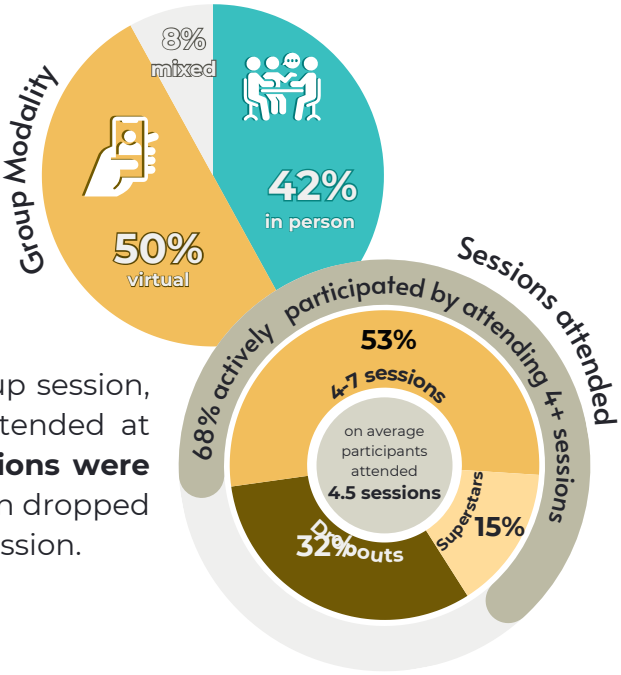
GAD-7: Generalized Anxiety Disorder assessment

The GAD-7 consists of 7 questions to determine a person's clinical severity of anxiety. The test has a max score of 21 (severe anxiety) scoring each question between 0 and 3 points. A 4 point change between GAD-7 assessments is clinically significant.

Screening to Healing

Step 3: Group Sessions

After being assigned to a facilitator, participants start attending their g-IPT sessions. Vida Plena's sessions are held **once a week for eight weeks, with each session lasting about an hour and a half and accommodating up to eight people**. We classify active participants as those who attended at least four sessions, and superstars as those who attended all eight sessions.

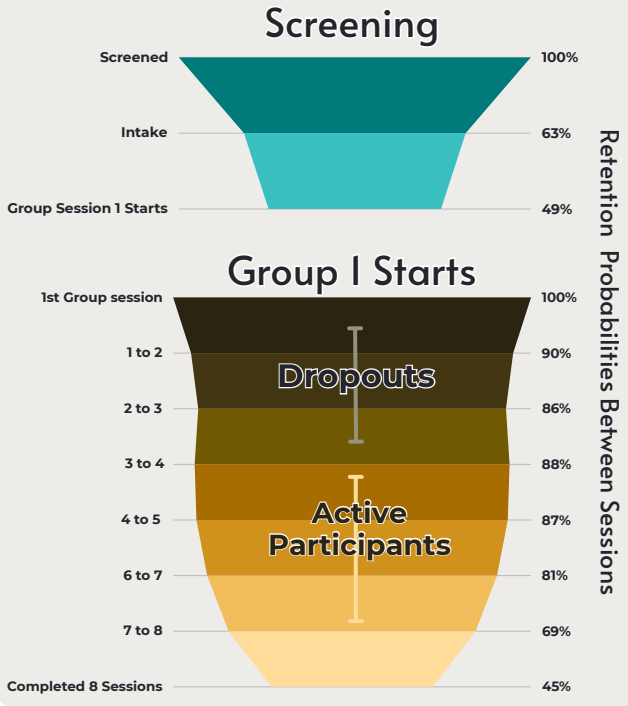


Of the participants who attended at least one group session, 15% completed all eight sessions. The majority attended at least four sessions. **Retention rates between sessions were approximately 80% through the sixth session**, then dropped to 70%, and further declined to 45% by the eighth session.

Step 4: Follow Up

After the group sessions end, facilitators follow up with participants at three and six months. However, it is challenging to get responses, especially since many participants are in vulnerable conditions and may change phones or move. Currently, we have a 20% response rate at three months and a 10% rate at six months. We are working on strategies to increase these response rates. In the meantime, we do not include long-term outcomes since the small sample size makes the data less credible.

Vida Plena Retention Between Sessions



882 people initially screened for depression.

555 people received through the intake session.

434 participants attended the first group session.

296 active participants attended 4+ sessions.

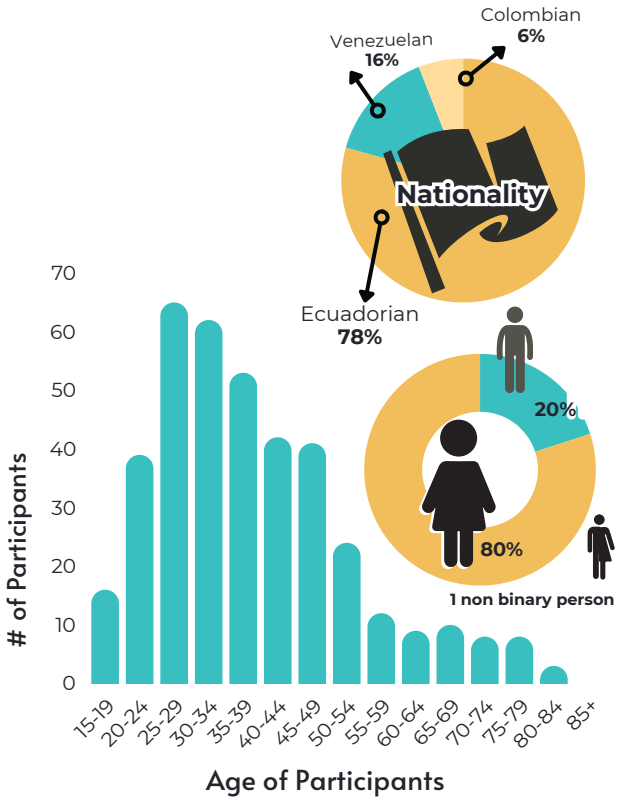
65 superstars completed all 8 group therapy sessions!

Who Vida Plena Serves

As part of our core mission, Vida Plena aims to work with vulnerable populations who likely lack access to professional mental health care. To reach these populations, we formed local partnerships serving marginalized communities, enabling us to provide mental health care in various contexts.

52% had no previous professional mental health support

65% of participants are parents



In 2023, 90% of Vida Plena's participants were from vulnerable populations, with many indicating multiple vulnerabilities. The largest group included people living in poverty, defined by high food insecurity, many of whom were pregnant women or new mothers at risk of malnutrition. Additionally, we worked with migrant refugees from Colombia and Venezuela, neglected senior citizens, female heads of households, imprisoned women, and people struggling with substance abuse. About half of our participants had some college education, as we are currently serving communities in Quito. As we expand into rural areas, we expect to find fewer participants with higher education.

Saida, 29

"I have begun to see that in feeling heard and advised, my spirits and will to continue have improved. Now my priority is seeing my children as my primary motivation."

Saida's tumultuous on-again, off-again relationship, marked by infidelity and separation, lasted two years and deeply affected her and her two children. Emotionally drained, she experienced low self-esteem and lost interest in activities she once loved. Isolating herself, she often directed her anger toward her children. After joining the group, Saida found support by hearing other women's stories about their relationships and children. This helped her change. She learned to control her anger and manage her pain without harming her children. Now, Saida continues to improve, work on herself, and invest in her artisanal business, making wines from hibiscus flowers.

Participants live in households of **four** on average, potentially extending Vida Plena's benefits to **almost 1,000 non-participants**.

I felt supported by my facilitator **95%**

I felt comfortable participating in the group **92%**

I would recommend Vida Plena **99%**

Program Satisfaction

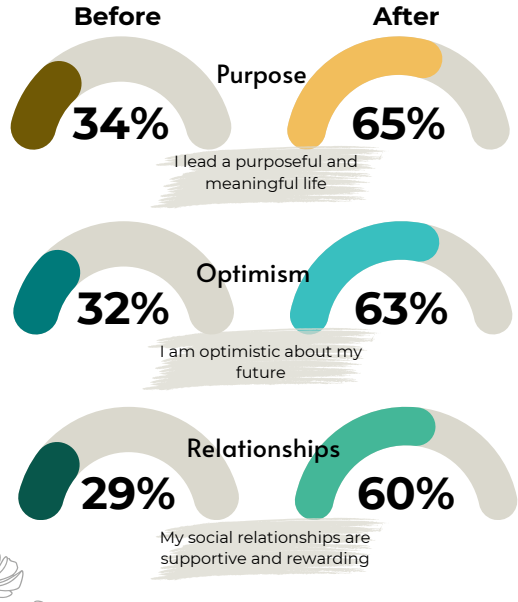
Don't Just Take Our Word For It

Participants report that Vida Plena makes a difference in their lives by **reducing depression and anxiety, improving psychosocial functioning, and increasing employment rates**. Those who completed the sessions praised the program, their groups, facilitators, and the new skills they learned. They also felt comfortable and supported in their groups and generally liked their facilitators. **Nearly all would recommend Vida Plena to others.**

Many left with **a regained sense of purpose, newfound optimism, and improved personal relationships.** By engaging in Vida Plena, they can also bolster their support networks and forge bonds with people in their communities, whom they can trust and rely on in future challenges.

Life Satisfaction

% of participants who agreed with the statement before and after the program.



Functioning Better **85%**

I feel that I function better now than I did before I started the program.

Improved Resilience **85%**

I feel that I will be able to handle my future problems better now than before I started the program.

Regained Hope **86%**

I have a new sense of hope since doing this program.

Better Communication **88%**

I feel that I have improved my communication skills as a result of being part of this group.

Emotionally Better **89%**

I feel like my emotional well being is better than it was before I started the program.

Participant Testimonials

"My self confidence has improved and I feel confident in front of my friends, at work, and with my family."

"Being part of this group, I learned how to better endure my problems."

"[Vida Plena] helped me set boundaries, trust in myself more, believe in my ability to help, and understand the importance of mental health."

"Now I know that I have similar problems to those of my friends in my group. Somehow, this let me think that it's possible to rise above [them]. Helping another overcome their problems gives me a new perspective on my ability to resolve and face challenges."

Ongoing Partnerships & Programming

Accelerator Fellowship Programs

Vida Plena participated in accelerator fellowship programs and peer learning sessions hosted by CitiesRise, gaining valuable insights through facilitated sharing with other leading global mental health organizations.

1. Agency Fund Social Impact Fellowship

We joined exceptional social entrepreneurs from around the world to share experiences and explore ways to deepen our community impacts.

2. AUGE Accelerator for Quito-Based Non Profits

Locally, we connected with peers and built alliances across Quito, forming friendships and partnerships that will be integral to Vida Plena's success in the coming years.

IMPAQTO - PODER

The USAID-funded PODER program is a three-year project training over 600 vulnerable women entrepreneurs across Ecuador in business skills. Vida Plena provides the wellbeing and emotional support component through our g-IPT intervention. We are proud that many women say the Vida Plena groups are their favorite part of the program.

This collaboration highlights the benefit of including mental health in broader developmental agendas. In 2023, the PODER program enabled Vida Plena to conduct our g-IPT model in Cuenca and Puyo, teaching us about different challenges and improving our effectiveness as we expand beyond Quito.

> "All these months I felt like I've advanced, although slowly, and in these weeks I feel like I've made huge strides. I've made the promise to continue despite how difficult it may be. For this reason, I have my promise ring as it reminds me how strong I can become."

Jennifer is recovering from a horrific month where she was kidnapped, harmed, and sexually abused. She sought psychiatric treatment and individualized attention but found the process difficult, feeling that neither the therapy nor medication was helping her. She viewed the support group as a cushion for her inevitable fall. During the sessions, she worked on strengthening her emotional support network and developing skills to improve her self-esteem, self-understanding, self-compassion, and self-care. Little by little, Jennifer continued to improve. She reestablished a connection with her mother, rebuilt her support network, and began socializing, making friends, and strengthening relationships. In addition to bolstering her network, she began improving her sales and found new markets in new cities to sell her products.

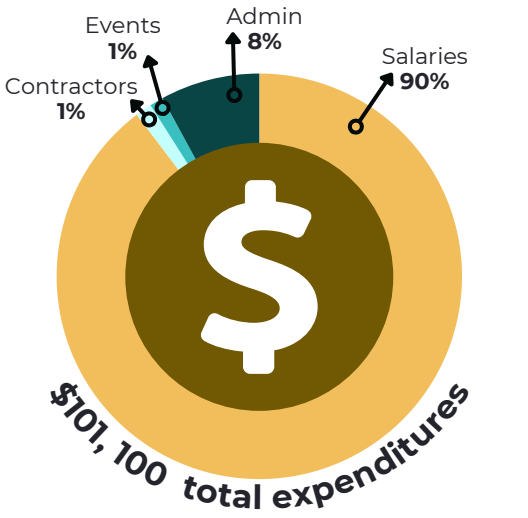
2023 Financials

In 2023, Vida Plena spent a **total of $101,100** and served 434 participants. This means that the **cost of serving each participant is $233 USD**, significantly lower than what other peer organizations reported in their early years. All our care is currently delivered through our own staff, and as we grow and build partnerships, we expect to further improve our cost-effectiveness by exploring diverse delivery methods.

Our team consists of three core members and ten facilitators, with salaries covering living wages, taxes, and health insurance. Administrative expenses support our essential platforms and services, including participation in the Auge Accelerator, software and website fees, printing, materials for team events, and banking fees.

Additionally, we bring in outside expertise as needed. This year, we contracted a lawyer to help with our NGO status application in Ecuador and hired a videographer for our promotional efforts.

Vida Plena spent a total of $101,100 on salaries, admin, contractors, and travel.



Our event budget facilitated travel to international conferences and participation in local events. Vida Plena was represented at the Skoll World Forum in the UK, and we hosted our first team retreat to celebrate our one-year anniversary, alongside other team events such as a Mother's Day cookout. Furthermore, we used event funds to present our results to local partners throughout Ecuador.

LEARNING QUESTIONS

Overview of Learning Questions

In 2023, we set out to answer two main questions: Do we continue to see positive outcomes as we scale?, and what are the main drivers for improvement?

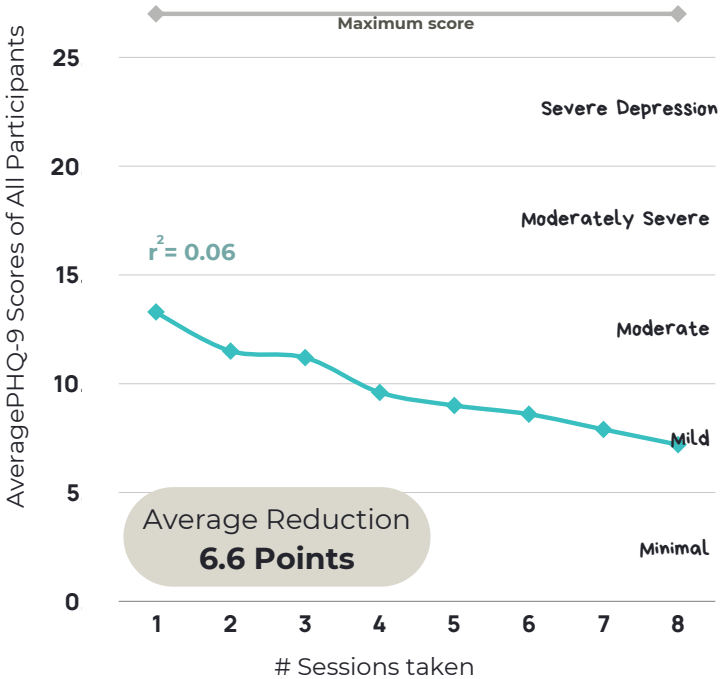
1. Do we continue to see positive outcomes as we scale?

In 2023, Vida Plena continued to help participants manage their depression through g-IPT sessions. It was important to determine if our program could maintain its effectiveness as it expanded. Across all participants, regardless of session attendance or depression severity, PHQ-9 assessment scores dropped by an average of 6.6 points, indicating clinically significant improvement.

As Vida Plena is committed to upholding scientific standards, in 2023 we defined a clinically significant differential in PHQ-9 depression assessment scores as a five-point or more reduction, aligning with current literature (**Kroenke, 2012**). A five-point differential moves a participant from one severity level to the next, which is why it is considered clinically significant. This contrasts with the four-point differential we used in 2022 and that is often used by other organizations implementing g-IPT models. Our conclusion is that we continue to see positive outcomes at scale.

PHQ-9 score Reduction by # of Sessions Taken

Mean depression scores decreased from 13.6 to 7.2 over 8 sessions, a **clinically significant improvement.**



2. What are the main drivers for improvement?

Since scaling Vida Plena in 2023, we have focused on deepening our understanding of who we serve and what contributes to their healing. This question was important because it helps us identify the factors that most significantly impact participant recovery.

With many initial assumptions and hypotheses, our goal has been to examine each one thoroughly to identify what is truly effective and what drives Vida Plena's success. Preliminary findings suggest that session attendance and depression severity at baseline were the main drivers for improvement. We are currently conducting further analysis to refine our understanding of outcome drivers.

Rosa, 35

> "This group taught me that my worth as a person is much more than my disability."

Rosa questioned if life was worth continuing after her partner's infidelity, which was compounded by verbal abuse from his mistress about her disability. She wondered if she could ever be happy without him and distanced herself from loved ones, abandoned her wool handicraft business, and refused to leave the house, feeling devalued. Her Vida Plena group helped her realize her self-worth and the importance of mental health and self-care. Empowered and supported by friends, Rosa transformed her challenges into strengths.

Learning Question 1

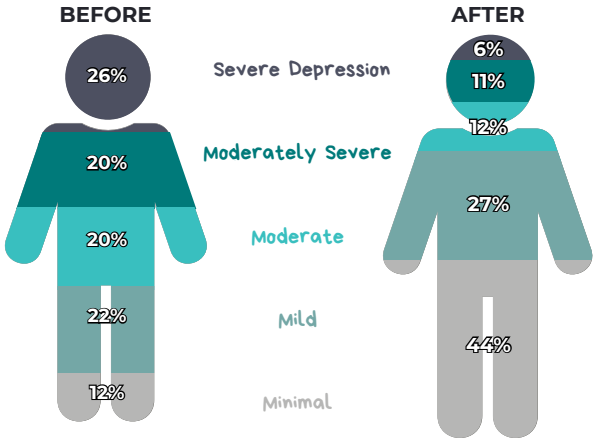
Do we continue to positively impact participants as we scale?

Vida Plena aims to help vulnerable populations recover from depression. In the 2022 pilot with 55 participants, we established that the Vida Plena program does not worsen depression but instead leads to positive outcomes. In 2023, we sought to determine if these positive outcomes would continue as we scaled the program.

We examined several key and secondary indicators to assess our impact. Through correlative analyses and literature reviews, we concluded that Vida Plena contributes to participants' improvement without causing harm. We evaluated trends and correlation factors within our key indicators, comparing our findings to standard rates of spontaneous remission and average PHQ-9 scores reported in the literature. **The key findings suggest that Vida Plena programming at medium scale not only avoids harm but also likely improves depression and positively impacts participants' lives in other areas.**

Our comprehensive assessment suggests Vida Plena has an overall positive or at least neutral effect on our participants. Our priority in the coming years is to implement control groups where individuals similar to our participants but not involved in Vida Plena g-IPT sessions take PHQ-9 assessments over eight weeks to determine spontaneous remission rates. This will allow us to upgrade our correlative analyses to causal ones, definitively determining if Vida Plena is driving participant recovery. Our 2023 results indicate a likely positive impact, which we aim to confirm in the coming years.

% of Participants per Severity Level



A. Primary Indicators

We analyzed whether participants showed a clinical reduction in their PHQ-9 scores, indicating an improvement in depression levels. We also monitored changes in response to the self-harm question within the PHQ-9 to ensure participants were improving in terms of self-harm and suicidal ideation. As in the original pilot, we found that the majority of participants did not relapse or clinically worsen during their g-IPT sessions. On the contrary, **Vida Plena participants show clinically significant improvement, with 64% clinically improving and 71% ending the program with mild or no depression**, surpassing the rates of spontaneous remission noted in the literature. Vida Plena also reduces self-harm ideation, present across all depression severity levels.

B. Secondary Indicators

We assessed reductions in anxiety levels, improvements in overall wellbeing, and changes in employment status to determine if participants experienced increased job stability or new employment opportunities. Participants showed **positive outcomes in these secondary metrics, including reduced anxiety, increased wellbeing, and enhanced employment.**

Detailed Analysis

Main Hypothesis

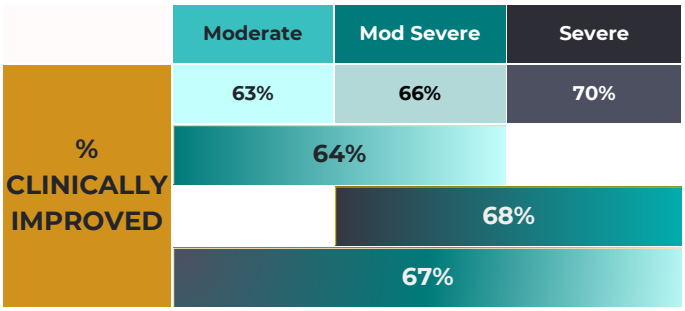
In all primary and secondary indicators, our participants show improvement or at least no worsening of their condition after participating in Vida Plena therapy.

Main Findings

All primary and secondary indicators suggest that Vida Plena positively impacts our participants' lives and their recovery.

Do we continue to positively impact participants as we scale?

% of Participants who Clinically Improved by Depression Levels at Baseline



A. PRIMARY INDICATORS

i. PHQ-9 Assessment

HYPOTHESIS: Participants' depression clinically improves with Vida Plena g-IPT sessions.

FINDINGS: Vida Plena's moderately to severely depressed participants recover from depressive symptoms at a higher rate and in less time than untreated people as reported in the literature.

Mekonen et al, 2022 found that only 8-18% of untreated and depressed patients recovered* in twelve weeks. Within Vida Plena, **64% of participants with moderate to moderately severe depression recovered* in a period of eight weeks or fewer. By these measures, Vida Plena's participants recover more quickly and at a higher rate than what is typically reported.**

Twenty-six percent of participants entered with severe depression, a frequency significantly higher than the general population (Tamitaka et al, 2018). Only 10-15% of these patients recover without treatment within twenty weeks (Posternak & Miller, 2001). Whiteford et al (2012) suggests that within a year, half of severely depressed patients will remit without intervention.

Cuijpers et al. (2014) report a 43% remission rate in control groups of RCTs of psychotherapy treatment, and a 63% remission rate with psychotherapy. We do not use this as a direct comparator because they do not specify the timing of the measure, only mentioning "post-treatment." Psychotherapy typically involves long-term treatment, raising questions about whether the control group was untreated or sought other care.

Nevertheless, we are pleased to see that our groups seem to be as effective than psychotherapy for severely depressed participants, likely at a fraction of the cost.

** In both cases, recovery is defined as being below the cut-off score to determine depression in validated tools. The sample in both cases excludes severely depressed patients.*

Detailed Analysis

55%
of participants reported self harm ideation at some point during the program.

Do we continue to positively impact participants as we scale?

ii. Suicidal Risk & Self Harm: PHQ-9 Assessment, Q9

HYPOTHESIS: Vida Plena group sessions are associated with reduced suicidal and self-harm thoughts.

FINDINGS: Participants, regardless of depression severity or session attendance, are at less risk of self-harm or suicide after completing Vida Plena programming.

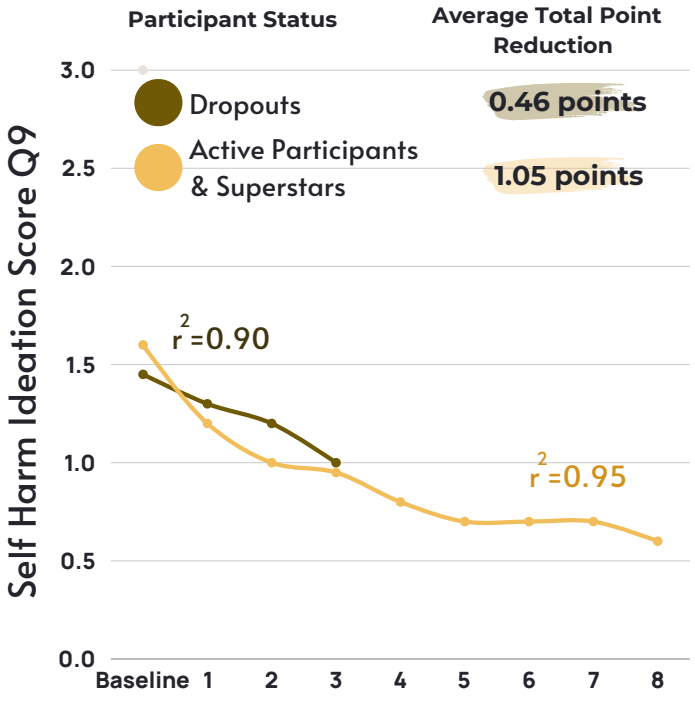
This is significant because group therapy might be thought to trigger mental health crises or worsen conditions for severely depressed individuals. While self-harm ideation varies during treatment, participants overall leave the program less at risk than when they started.

Even those who leave the program early benefit from reduced risk. The number of sessions attended was highly correlated with reduced self-harm ideation for all cohorts, except the minimally depressed, indicating that Vida Plena therapy is associated with a decrease in self-harm ideation.

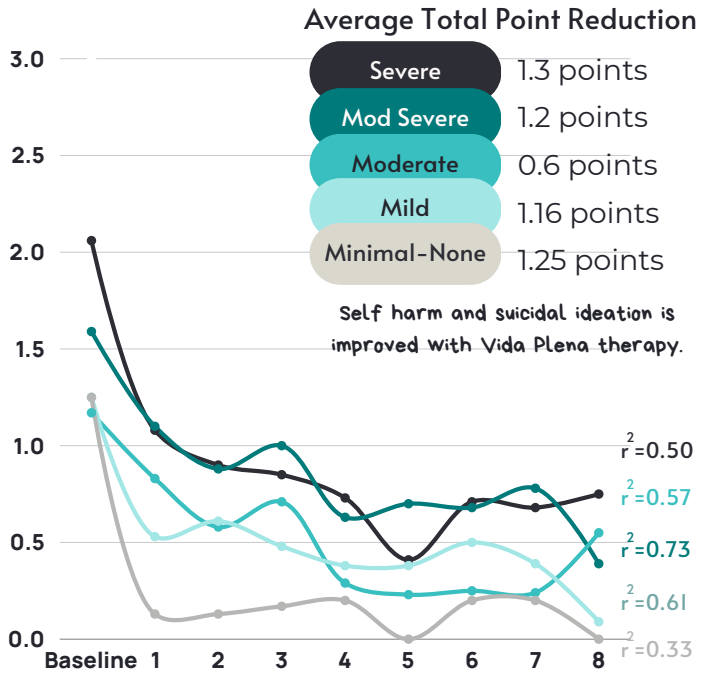
PHQ-9 Question 9: "In the past two weeks, have you had thoughts that you would be better off dead, or thoughts of hurting yourself in some way?" [Ranked 1-3]

Reduction in Self Harm & Suicidal Thoughts by

Participant Session Attendance Status



Depression Severity at baseline



Sessions Attended

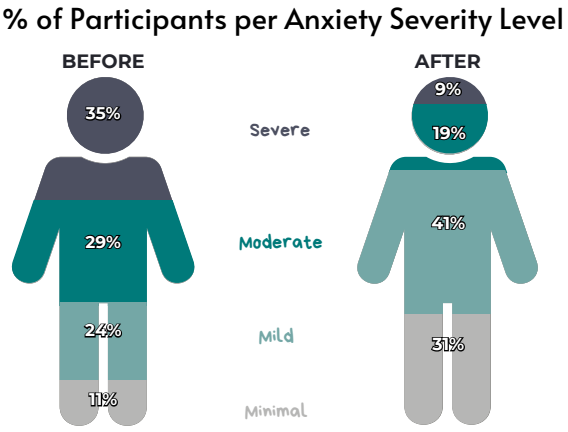
Detailed Analysis

B. SECONDARY INDICATORS

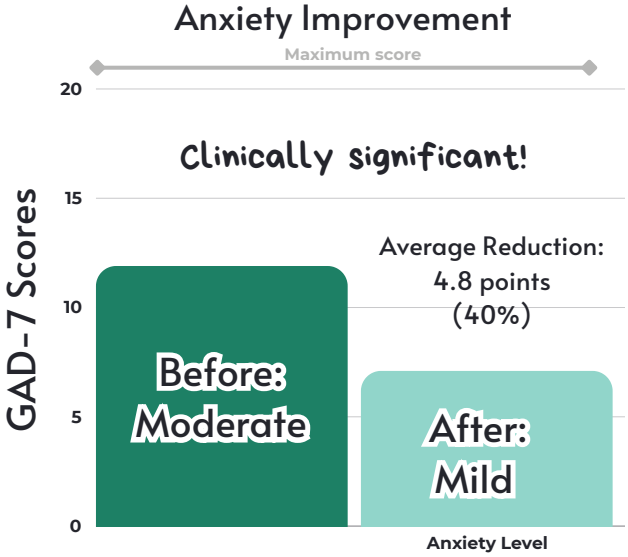
i. Anxiety: GAD-7 Assessment

HYPOTHESIS: Anxiety improves with Vida Plena g-IPT sessions.

FINDING: Participants reported clinically significant reduction in anxiety symptoms after the sessions.



Nearly 50% of participants reported some anxiety symptoms at intake. On average, participants experienced moderate anxiety symptoms at intake and only mild symptoms at outtake. **People with mild or higher anxiety experienced a 4.8-point drop in GAD-7 assessment scores**. Initially, 64% of participants with anxiety symptoms had moderate or severe anxiety, and upon completing the program, only 28% continued to have elevated levels of anxiety.

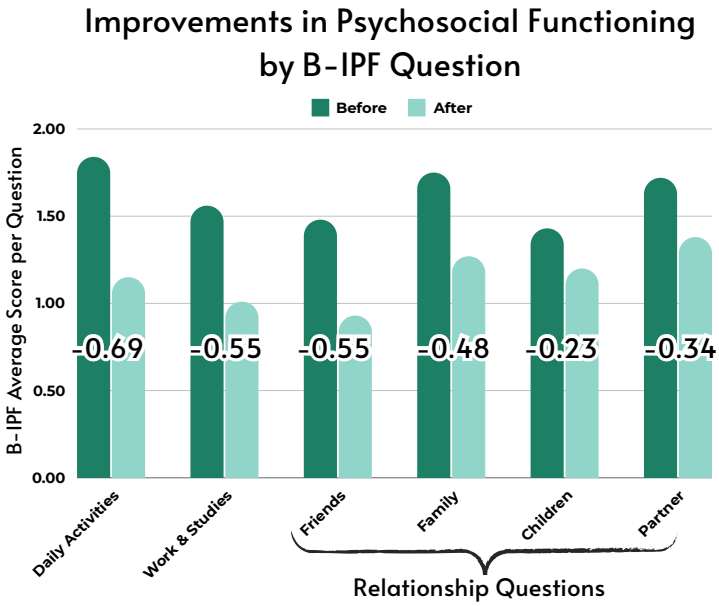


Do we continue to positively impact participants as we scale?

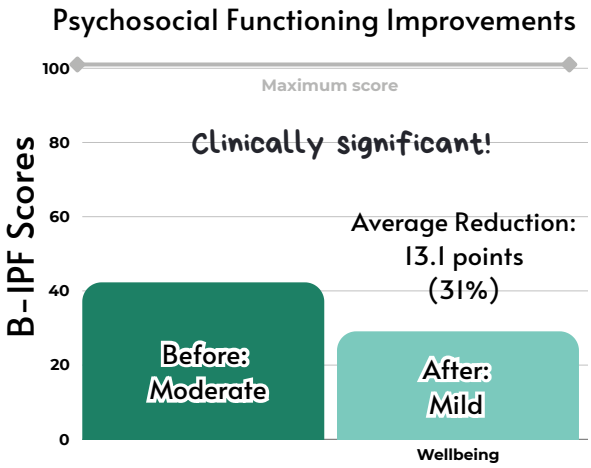
ii. Wellbeing: B-IPF Assessment

HYPOTHESIS: Psychosocial functioning, wellbeing, and interpersonal relationships improve with Vida Plena programming.

FINDINGS: Participants reported clinically significant improved psychosocial functioning.



Nearly 50% of participants reported impairments in psychosocial functioning and interpersonal relationships at intake, as noted by their B-IPF assessments. **These participants had an average score reduction of 13.1,** from being moderately impaired in their social relationships and job prospects to only mildly impaired. Participants noted improvements in their relationships, including those with family and friends, likely due to the communication skills learned during Vida Plena sessions.



Detailed Analysis

Do we continue to positively impact participants as we scale?

iii. Employment

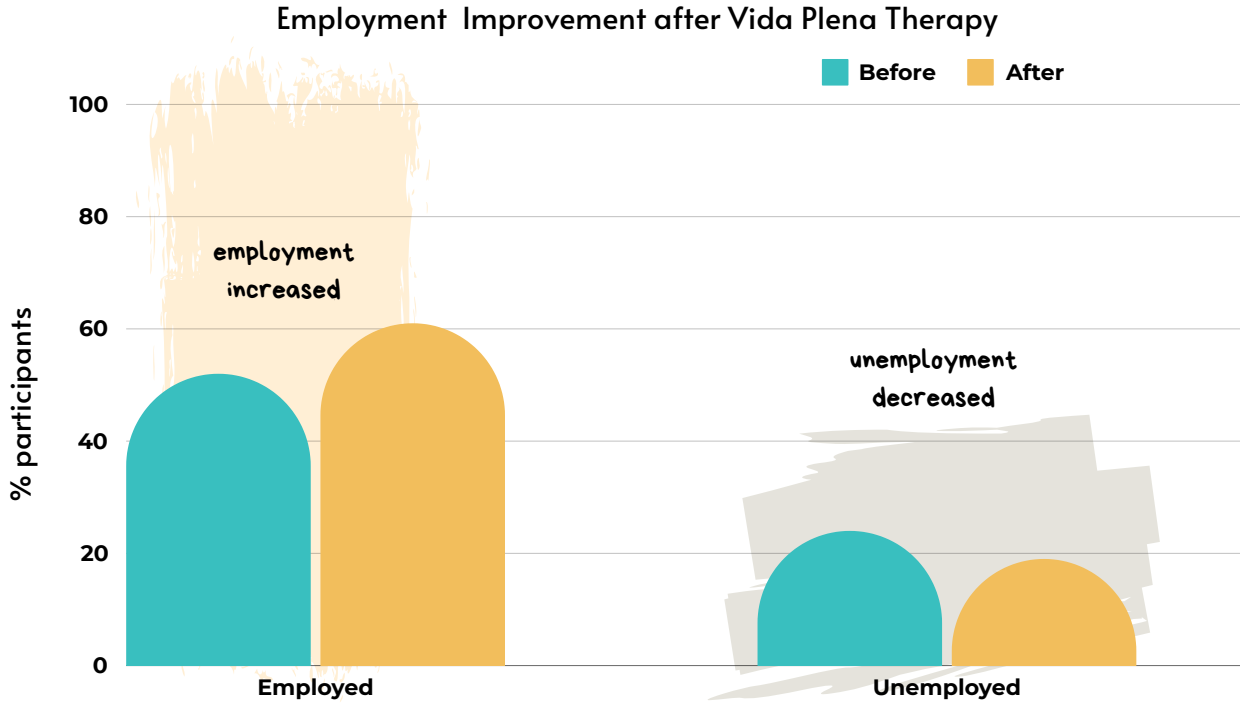
HYPOTHESIS: Emotional support felt by Vida Plena participants could result in improvements in their employment.

FINDINGS: Unemployment rate among Vida Plena participants drops, and employment rate, including entrepreneurship, improves.

We explored employment rates as an early indicator of potential benefits from Vida Plena, as other organizations have reported similar outcomes. While employment is generally expected to increase regardless of therapy, employment rates in Ecuador have been steadily dropping since 2023 (**Primicias, 23 January, 2024**), suggesting that finding employment is increasingly difficult in Ecuador.

15% of Vida Plena participants were also enrolled in the IMPAQTO-PODER project, a program specifically geared towards entrepreneurship. As seen through several testimonials, many participants have begun employment or rekindled their independent businesses through support from this entrepreneur training. This suggests that there may be some selection bias, as these participants could be more motivated and thus more likely to find employment regardless of their emotional wellbeing. Additionally, the positive employment outcomes may partly result from the impacts of the IMPAQTO-PODER project rather than Vida Plena alone.

We have not yet compared outcomes between those solely in Vida Plena and those also in the IMPAQTO-PODER project, but we aim to do so in the future. Improved employment rates, combined with the improvements in psychosocial functioning and wellbeing indicators, suggest that the two programs together may be actively helping participants secure employment as they learn business and interpersonal skills.



After completing Vida Plena therapy, more people are employed

Learning Question 2

What are the Main Drivers for Improvement?

Since scaling Vida Plena, we have focused on understanding who we serve and what contributes to their healing. With many initial assumptions and hypotheses, we aimed to identify what is truly effective and what drives Vida Plena's success. **Preliminary findings suggest that session attendance and depression severity at baseline are the main drivers for improvement**. We are conducting further analysis to refine our understanding of outcome drivers.

We initially believed that various structural elements, such as in-person sessions and higher attendance, were driving recovery regardless of depression severity. However, we found these elements were only impactful when considered alongside participants' depression severity at intake. The severity of depression at intake is the most reliable indicator of recovery, with moderately to severely depressed participants seeing the greatest improvements.

Session modality (in-person vs. virtual) had no significant effect on recovery, so we will continue offering virtual sessions. Our analysis revealed that a minimum number of sessions is not required for clinically significant improvement. That said, session attendance is correlated with improvement, so we'd like for participants to continue with Vida Plena to further develop life skills, communication tactics, coping mechanisms, and resilience strategies.

This suggests that participants often drop out because they experience early improvements and feel better. We acknowledge sample bias since we could not obtain measurements for all individuals who dropped out. This limitation is considered in our findings.

To the right, there is a summary of all the variables we analyzed, and the following pages provide detailed analysis for each variable.

Main Hypotheses and Findings

A. Session Modality
Hypothesis: Virtual g-IPT sessions would be less effective at improving depression than in-person sessions.
Finding: Session modality did not affect PHQ-9 scores, and attendance did not vary significantly.

B. Dropping Out
Hypothesis: Participants need at least 4 sessions to see significant improvement.
Finding: Participants who dropped out still showed clinical improvement.

C. Active Participation
Hypothesis: Participant session retention impacts recovery.
Finding: Attendance appears to drive better outcomes on average.

D. Depression Level at Baseline
Hypothesis: IPT-g will not help participants with the most severe depression level..
Finding: Participants with severe depression show the biggest improvement of all cohorts.

E. Interplay Between Attendance and Baseline Depression Severity
Hypothesis: Combined session attendance and baseline depression severity influence recovery.
Finding: Improved attendance helps those with moderate depression.

F. Reasons for Higher Attendance vs. Dropping Out
Hypothesis: Various reasons, including feeling better, feeling worse, or losing motivation, contribute to dropout.
Finding: Participants often drop out when they feel better but would benefit from continued participation. Future interviews will assess dropout reasons.

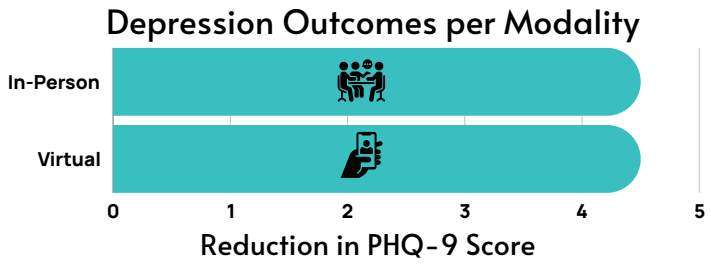
What are the Main Drivers for Improvement?

Detailed Analysis

A. SESSION MODALITY

HYPOTHESIS: Virtual g-IPT sessions would be less effective at improving depression than in-person sessions.

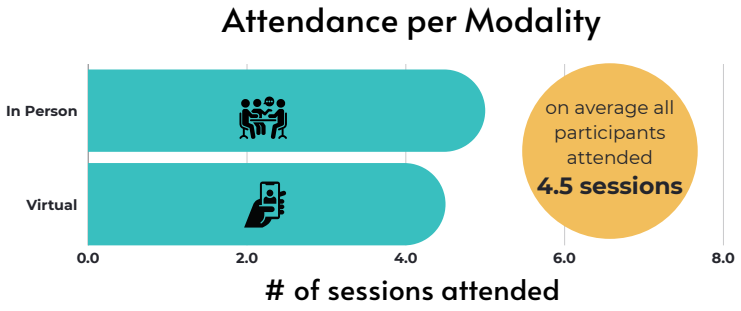
FINDING: Session modality did not affect PHQ-9 scores, and attendance did not vary significantly.



Half of Vida Plena's participants attended their group therapy sessions virtually using Google Meets. We were concerned that virtual sessions would be less effective in improving participants' depression. However, both in-person and virtual groups showed an average PHQ-9 score reduction of 4.5 points, suggesting that the modality does not seem to affect recovery for this sample.

We did observe lower effectiveness for people in mixed modality groups, with an average reduction of 2.5 points. We think this may be due to small sample size and factors such as many participants being part of the IMPAQTO-PODER project and having lower initial depression levels.

Further investigation is needed to determine if modality influences outcomes, and we will continue to explore this.

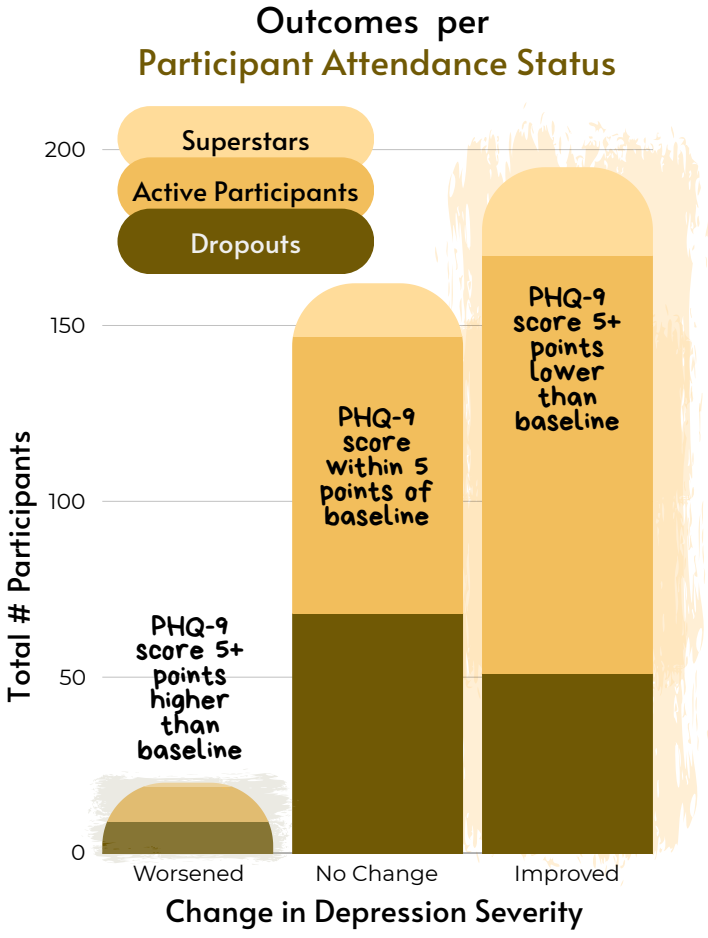


B. DROPPING OUT

Hypothesis: Participants need at least 4 sessions to see significant improvement**.**
FINDING: Participants who dropped out still showed clinical improvement.

We had assumed that four sessions would be the minimum required to see a clinical reduction in depression. However, our findings showed that even participants who attended fewer sessions often experienced significant improvements. The data reveals that 40% of dropouts clinically improved, which is considerably higher than the 12.5% that is reported in the literature for short term spontaneous remission (**Mekonen et al, 2022, Whiteford et al, 2012. Posternak & Miller, 2001**).

Specifically, out of 128 dropouts, 51 improved, 68 showed no change, and 9 worsened. Among active participants, 119 out of 208 improved, 79 showed no change, and 10 worsened. For superstars, 25 out of 41 improved, 15 showed no change, and 1 worsened.



Detailed Analysis

C. ACTIVE PARTICIPATION

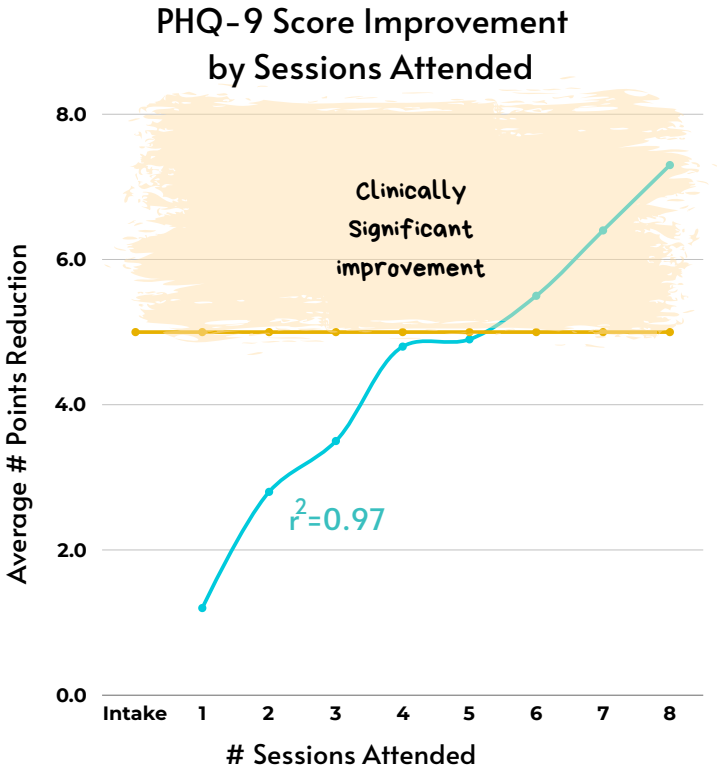
HYPOTHESIS: Participants who attended at least four sessions would see clinical improvement.

FINDING: Attendance appears to drive better outcomes on average.

We assessed the average number of sessions needed to achieve a clinically significant reduction in PHQ-9 assessment scores (a 5-point reduction). The graph illustrates that PHQ-9 score improvement increases with the number of sessions attended, with participants showing an average improvement of 4.8 points at four sessions and 4.9 points at five sessions. This indicates that, on average, participants need between four and six sessions to achieve clinically significant improvement (5.1 sessions based on the trend line).

While some dropouts did clinically improve, the data indicates that consistent attendance is crucial for better outcomes. This suggests that while other factors may influence recovery, attending at least five sessions is key for most participants. Additionally, it raises the possibility that not all eight sessions are needed for effective treatment. Other models using g-IPT therapy have reduced their programs to six sessions with success. We might consider adjusting our program to five or six sessions to improve efficiency, efficacy, and cost-effectiveness.

What are the Main Drivers for Improvement?



Paola, 19

"I feel confident in myself now when I talk with my parents, even though they have different thoughts. I can tell them what I think because my thoughts are just as important as theirs. I have noticed that being more sure of myself has led them to respect my decisions."

When Paola first entered the group, she cried uncontrollably and struggled to express her ideas. Verbal abuse from her mother had damaged her self-esteem and emotional wellbeing. Through role-playing and other activities, she established healthy boundaries and eventually was able to share her experiences without crying. The transformation in her relationship with her parents was especially notable. Paola made cookies with her mother, who, upon finally appreciating her talents, embraced her.

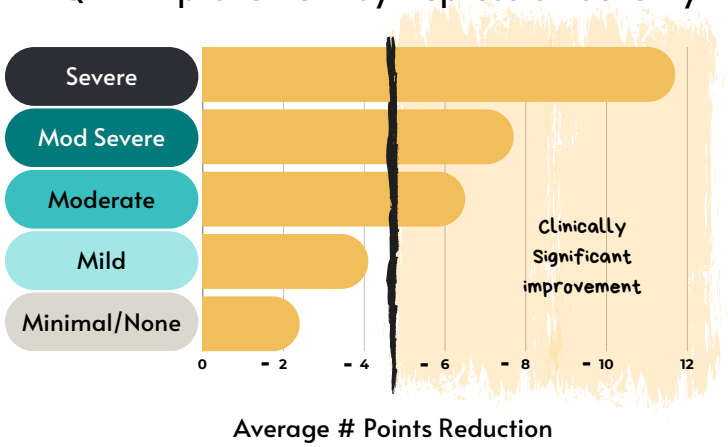
What are the Main Drivers for Improvement?

D. DEPRESSION LEVEL AT BASELINE

Hypothesis: IPT-g will not help participants with the most severe depression level.

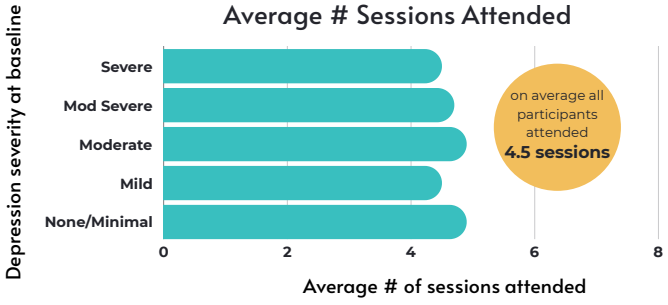
FINDING: Participants with severe depression show the biggest improvement of all cohorts.

PHQ-9 Improvement by Depression Severity



We initially hypothesized that IPT-g would not significantly benefit participants with the most severe depression levels due to the complexity and depth of their symptoms, which often require more intensive and individualized treatment. However, our findings revealed that participants with severe depression exhibited the most substantial improvements.

The data indicates that **70% of severely depressed participants clinically improved, with an average PHQ-9 score reduction of 11.7 points, and some experiencing reductions as high as 20 points.** In comparison, 66% of moderately severely depressed participants and 63% of moderately depressed participants also showed significant improvements.



Interestingly, those with mild depression (PHQ-9 score of 5-10) did not, on average, show clinically significant improvement, even though they had the potential to do so. This suggests that our program may be less effective for individuals who are only slightly depressed. On the other hand, participants with minimal to no depression (PHQ-9 score of 0-5) could not show clinically significant improvement by definition, as clinical improvement requires a reduction of more than five points, which is not possible within their initial scoring range.

Minimally to mildly depressed participants may still benefit from Vida Plena as they learn life skills, communication techniques, and strategies for managing anxiety. Additionally, the presence of less depressed participants might help others improve, suggesting a potential supportive role in group dynamics.

These findings suggest that Vida Plena's IPT-g therapy is particularly effective for participants with severe depression, challenging our initial hypothesis and highlighting the program's potential for those most in need.

phq-9 differential within and accross Depression Severity Cohorts

	Moderate	Mod Severe	Severe
Increase 10+ pts	0%	0%	0%
Increase 5-9 Pts	5%	1%	3%
No Clinical Increase	8%	4%	3%
No Change	0%	9%	2%
No Clinical Decrease	24%	20%	22%
Decrease 5-9 pts	36%	24%	37%
Decrease 10-14 pts	27%	33%	11%
Decrease 15-19pts	0%	9%	16%
Decrease 20+	0%	0%	5%
% CLINICALLY IMPROVED WITHIN COHORT	**63%**	**66%**	**70%**

Average PHQ-9 scores separated by participants' depression severity at intake. Each severity cohort is further divided into clinically significant PHQ-9 assessment differentials.

CLOSING REFLECTIONS

Lessons Learned

IF YOU BUILD IT ... THEY WON'T NECESSARILY COME

This year, we realized we had made the classic startup mistake. We created a vitally needed service and expected people to be lining up at our doors. The reality is that building trust takes time, especially for a new organization in Ecuador where mental health is still heavily stigmatized. Initially, we relied on word-of-mouth referrals from our pilot participants, but when that didn't bring in the expected numbers, we pivoted.

In the second quarter, we launched extensive outreach programs, meeting with over sixty-five local organizations that work with our target populations, such as immigrants, refugees, older adults, and low-income families. We are excited to grow these new relationships as we continue to scale.

Although we narrowly missed our target of serving 500 people, this experience taught us the importance of setting realistic goals. Scaling slower allowed us to grow sustainably, build a solid foundation, and develop the internal systems needed for future growth. We are optimistic about our continued growth and impact in the coming years.

THEY CAME, BUT DID THEY STAY?

Another challenge was ensuring participant engagement throughout the program. In 2023, participants attended, on average, about half of the eight g-IPT sessions offered. Our advisors at The Columbia University Mental Health Lab and other experts assure us that early dropout rates are common among highly vulnerable populations. Still, we believe that continued participation would provide even greater benefits, as Vida Plena teaches valuable life skills in addition to treating depression.

To help participants stay engaged, we removed as many barriers as possible by offering evening and weekend virtual groups, which half the participants attended. We also provided transportation stipends for extremely vulnerable individuals to attend in-person groups. However, barriers such as childcare and irregular work schedules, especially for those in the informal sector, still impeded full commitment.

We are aware that some participants may leave due to dissatisfaction with their care, facilitator, lack of progress, or discomfort with the group. We recognize that the experiences of those who drop out are probably not fully represented in the positive reviews of our exit survey. As of now, we are unable to understand clearly why participants leave our program.

In 2024, we are committed to better understanding our participants' reasons for dropping out by conducting qualitative interviews and reviewing our quantitative data in more depth. This will help us create systems to improve retention rates and better serve our community. We are hopeful that these efforts will enhance our ability to support our participants and ensure they can fully benefit from Vida Plena's programs.

Lessons Learned

Giomar, 47

> "The group helped me recognize how valuable I am, learn how to relate to others in a better way, and look for new ways to adapt to this new lifestyle."

Giomar, a 47-year-old Amazonian woman, was diagnosed with pulmonary fibrosis and experienced indifference and lack of motivation in everyday life. At the start of group therapy, she had a PHQ-9 score of 17/27 (Moderately Severe Depression) but ended the sessions with a score of three (Minimal to No Depression), becoming one of the members that others looked to for support. She learned and implemented therapeutic tools like active listening, validation, and decision analysis. Giomar accepted her situation and found new ways of connecting with her son which not only improved their relationship, but also her quality of life.

FULLY VIRTUAL GROUPS

We did not initially plan to create virtual programs, but in 2023, 50% of our groups were fully online and another 8.5% were hybrid (held both in person and virtually). This clearly shows the interest in virtual groups. We prioritize placing people in in-person groups, but if geographic or scheduling conflicts arise, we offer a virtual option. As a result, participants tuned in not just from Quito, but from all over Ecuador, and occasionally from other countries.

Initially, we conducted virtual groups exactly like the in-person ones. Through experience, we have learned various strategies that make these groups successful. We were pleased to find that virtual groups have not initially shown a large difference in attendance nor depression reduction, so we will continue to offer them in the future.

DATA COLLECTION

Our second classic mistake was saying, "we'll just collect all the data now and figure out how to organize it later." Eventually, that day came. We found ourselves painstakingly copying and pasting data from dozens of Google folders, each with multiple spreadsheets, into one aggregated database.

Thanks to our exceptionally dedicated volunteer, Julia Karbing, who also edited the Pilot Report, we can now access, analyze, and interpret this data, and present it in this report! We will continue to improve our systems and data analysis so that, in the coming years, we can conduct more sophisticated statistical analyses and more easily present our findings.

Where We're Going

2024-2025 Roadmap

1. Program Retention

In 2023, we found that attending more sessions leads to greater improvements in participants' PHQ-9 assessment scores. On average, participants experienced a 7.2-point drop, with a five-point change considered clinically significant. Those with moderate to severe depression who completed at least four sessions saw improvements of 10 or more points.

To achieve similar reductions for all participants with baseline scores above 10, we aim to increase retention rates. Continued participation is crucial for further improvement and learning essential skills to enhance resilience and strengthen support networks.

We are currently conducting qualitative interviews and leveraging insights from behavioral scientists to find new ways to help participants stick with the program and meet our goals.

2. New Geographic Areas

In 2023, Vida Plena programming was primarily available in Quito, the capital city of Ecuador. In the coming year, we plan to expand to target cities in the neighboring province of Imbabura, a rural area with a large indigenous Kichwa population.

We will conduct community consultations to adapt the current g-IPT model and our assessment tools to this local context. To support this effort, we have hired a clinical supervisor and will train ten local community facilitators who can better connect with and understand the specific challenges faced by this community.

With support from the Columbia University Global Mental Health Lab, this expansion will mark our transition from g-IPT practitioners to trainers, a key component for future scaling.

3. Create a Robust MEAL system

(Monitoring, Evaulation, Accountability, & Learning)

Good intentions are not enough. We want to ensure that the people who trust us in one of their lowest moments see positive results. As part of our commitment to being an evidence-based organization, we are dedicated to carefully tracking the impact of our work and contributing to the scientific literature. This report is a major step in transparently showing our work and commitment to continuous improvement.

This year, we will enhance our current technical backend systems and create new ones, including a real-time dashboard. This will help us implement new initiatives, such as increased follow-up by supervisors for people at risk of dropping out and additional text reminders.

Vida Plena was featured in a national newspaper. The title reads, "A Hand that Alleviates Depression"

Gratitude

THANK YOU!

Thank you to everyone who has been so generous giving their time and finances to make Vida Plena a reality. It literally would not have been possible without you

ORGANIZATIONS & PARNERS

AFFINITY Impact

The Agency Fund

Alas de Colibrí

Albergue San Juan de Dios
Hospital San Juan de Dios

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IGLESIA DE LA VALLE

Kruger

Niños con Destino
En Las Manos de Dios
FUNDACION NIÑOS CON DESTINO

Alianza República
Una familia que glorifica a Dios

Good Impressions

IMPA QTO
& Their Dedicated Team

Second Chances
Ecuador

InfoPa'lante
ECUADOR

KUMPANA
Te acompaña

Nestlé

NEW MANAGER
academy

RED DE APOYO mujer

Fundación REDNI
ECUADOR2030

RESTORE17

supermercados SANTA MARIA

SURKUNA

South Park Commons

Swedish Network for Global Mental Health

turn

UNHCR ACNUR
La Agencia de la ONU para los Refugiados

World Vision

TECH TO THE RESCUE

Gratitude

THANK YOU!

A special thank you to Julia Karbing for creating the initial database and Laura Castro, Bernardo Chrispim Baron, and Nancy Miorelli for pulling and analyzing the relevant data needed for this report.

And of course, none of this would have been possible without Anita Kaslin, Gabi Pozo, and the entire team of exceptional community facilitators in Ecuador. Read more about their stories **here.**

Akib Khan
Alana Murphy
Albert Wu
Aleksandrina Dimova
Alessandra Patti
Alexander Mont
Alexandra Voica
Alli Tolbert
Ana Ortiz
Angela Paredes-Montero
Anthony Lara
Aras Jizan
Barry Grimes
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Ben Romney
Bernardo Chrispim Baron
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Brian Goldman
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Karla Still
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