

The 'Unpacking Social Impact' Project

December 2014 Update

Greetings to everyone for the holidays!

This past 6 months has been very interesting and active for our Grand Challenges Canada project as our series of case studies with [Ashoka](#) Fellows have been launched. Our Postdoctoral Fellows, Drs. Athena Madan and Susmitha Rallabandi, have engaged BasicNeeds in a number of their sites, the Acid Survivor Foundation, The Banyan, Maha Helali in Cairo, and Efrén Martinez in Colombia. Along with these in-depth case studies, our conversations with a broad spectrum of internationally recognized experts and our online surveys of Ashoka Fellows and GCC grantees are producing a wealth of information about what works in generating effective and scalable responses to mental health challenges in LMIC.

In these conversations there has been an emphasis upon ways to mobilize networks, developing solutions that are embedded in communities and actively engage individuals with lived experience of mental illness, using leveraged, holistic approaches that go beyond

mental illness in isolation, and successful advocacy efforts that engage the public and policy makers – striking a balance between systemic efforts and direct intervention.

Entrepreneurial approaches to mental health:

Highly innovative

Managing risk and growing through small scale low risk experiments

Recognizing opportunities to enhance social value and address current needs

Exceeding expectations

Engaging in advocacy and activism to address stigma

Employing a highly talented team

Work in spaces where other organizations won't or can't

Engaged learning process around mistakes

Holistic strategy in which mental health is one part

Our reviews of the literature are showing a context in which high level commentary is outstripping evidence. For example, of the 641 popular media references involving social entrepreneurship and mental health, 59% have appeared in the last 3 years. In contrast, we found only 7 academic papers on this

particular topic. These papers varied widely in focus and approach, though we have made an effort to pull out the main themes that attend social entrepreneurship in the mental health sphere (see the table above).

As we head into 2015 we will be busy synthesizing a large amount of information and honing an approach to moving the mental health agenda forward that grows out of the strategies of these phenomenal people and organizations and key aspects of collective impact and social entrepreneurship. I look forward to keeping you posted about our work and hearing from you as we forge ahead!

I'll finish with a quote from an Ashoka Fellow and I have appended below two 'reports from the field' from Athena and Susmitha. All the best for you and your work in 2015!

“We’ve been steadfast to a vision ... we have no interest in joining the long legacy of failure in the field. We reject the status quo and are absolutely committed to creating the type of organization that can be successful at solving this generations-old problem. That means creating something that is capable of attracting significant intellectual and financial capital. I often tell my team that the single most rewarding aspect of my involvement in our cause is the calibre of people who are attracted to it. We’ve not only built an incredibly talented team of entrepreneurs, we’ve been successful at evangelizing entrepreneurship within large, entrenched institutions such that even they are now open to innovation and risk taking.”



Athena Madan's Case Study at the Viet Nam BasicNeeds site

I've recently returned from Viet Nam, one of 18 [BasicNeeds](#) sites. I also visited BasicNeeds offices in India and in the UK. From his home in the UK (see **Photo 1**), social entrepreneur and founder **Chris Underhill** describes the BasicNeeds philosophy:

Before I started BasicNeeds I met a lot of experts in many countries, but more importantly I met families with a mentally ill member and listened to what they had to say. It became clear that it was important for us to have programmes that would help de-stigmatize the problem and ensure that people become a part of everyday community life.

~ from *mhinnovation.net*

In Viet Nam, my hosts were **Tam Nguyen** and **Manh Van Nguyen**. The Viet Nam site has reached approximately 2500 individuals and their families. This summary shares a bit about how time was spent there, visiting with workers, community partners, and site beneficiaries.

Mental health in Viet Nam is prioritised to facilitate a person's economic potential. Interventions are thus aligned with livelihood projects, as mandated by government agencies. In this way, BasicNeeds has partnered with the Viet Nam Women's Union (see **Photo2**). Together they have established one of the largest and longest-running programmes out of the 10 under the Women's Union delegation.

Since 2010, BasicNeeds Viet Nam has increased mental health service access, provided essential medications subsidies, and generated support at both community and government levels. From my conversations with multiple stakeholders it is clear that they have also met local contexts, strengthened existing systems, and lifted the burden on provincial hospitals. Next steps for Tam are to fortify team capacity, partner with community-based actors, and contribute Vietnamese perspectives to the global community of practise (see **Photos 4 & 5**). In this context partnership is the most important, Tam says, leveraged through of a mix of ingredients: with spiritual leaders, for example, collaboration is enabled through shared boundary partners, common interests in social health determinants, and the fact that the leaders are already providing supports.

For all at the BasicNeeds team, the vision is for services to be completely deliverable at local community levels. It is an ambitious group. Our learning continues: Next stop is to visit **Peter Yaro** in Ghana, who was a driving force behind Ghana becoming the first African nation to legislate a national Mental Health Strategy.

Photos



Photo 1. Chris Underhill, at his home in Hove, UK.



Photo 2. Getting ready for a support group run by the Women's Union



Photo 3. T., a woman with schizophrenia who now earns a living by sewing floor mats. Access to the livelihood program would not have been possible without BasicNeeds.



Photo 4. BasicNeeds had 6 publications about their work in the last Ministry of Health magazine. Here, the BN staff are giving the Director of the Provincial Hospital his copy.



Photo 5. A local fortune-teller working with Tam. "I read books on psychotherapy because so many people see me for emotional reasons. I may not be a psychotherapist, but my work helps improve health and individual spirit."

Susmitha Rallabandi's Case Study with the Acid Survivor Foundation in Bangladesh

I have visited [Acid Survivor Foundation \(ASF\)](#), Bangladesh in the month of September and was welcomed by Monira Rahman, Selina Ahmed and the entire ASF team. The Acid Survivor Foundation, Bangladesh started in 1999 is the pioneering organization in building a holistic approach to address the needs of acid survivors with successful long term results. The organization was involved in policy reforms and enforcement of laws namely The Acid Control Act and Acid Crime Control Act of 2002 that led to a decline in incidence of number of acid attacks.

In the words of social entrepreneur Monira Rahman on using Bio-Psycho-Social model to address the needs of the survivors, "We live in an appearance obsessed society. We live in patriarchal society where it is very difficult for a woman to be independent in her thoughts, in her position, to exercise her choices and to claim her rights. Acknowledging all of the needs of the survivors, ASF formed partnerships with other NGO's that ensured protection of all the rights of the survivors including medical, psychological and social needs."

ASF from the beginning had passionate people in their governance who were committed to the cause and had the capacity to secure funding locally, nationally and internationally, establish consistent leadership, and establish good relationship with local media and government to facilitate their work.

Involving NGO's working on similar issues; main streaming acid violence in their shared goals, a participatory approach in partnership, providing rehabilitation services through partner organizations (Photo 1) with proper follow up to ensure effective reintegration in their communities helped ASF to reach out nationally. Added to this effort was ASF's contribution in facilitating the formation of informal networks among the survivors within their communities to advocate for themselves, sensitize the civil society and to help them utilize the existing resources available in their communities like education or jobs opportunities (Photo 2) to lead an independent life.

With ASF almost fulfilling its vision of reducing the number of acid attacks to zero, the focus of the organization is shifting towards strengthening the networks internationally, providing effective rehabilitation and empowering the existing survivors. The next step is visiting Vandana from Chennai who is the pioneer in establishing The Banyan organization that is focusing on providing comprehensive services for homeless women with mental illness.



Photo 1: A legal advisor from BRAC, another partner of ASF addressing the legal issues of survivors at community clinic in Sirajgunj.



Photo 2 – Pressure garments prepared by the acid survivors at ASF that serve as a non-invasive technique used to control scarring of burned tissue.