



Department
of Health &
Social Care

Grand Challenges Canada - Global Mental Health Programme

Annual Review - 2019/2020

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**NIHR Global Health Research
Portfolio**

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Annual reporting and review process

The Annual Reporting and Annual Review templates are part of a continuous process of review and improvement within NIHR's Global Health Research portfolio. These are an opportunity for Department of Health and Social Care (DHSC) and partners responsible for delivering a funding scheme to reflect critically on the performance and ongoing relevance of awards.

The main sections of the template have been developed in accordance with cross-funder common reporting practice. Within these common sections, sub-sections have been included to enable us to test our portfolio Theory of Change using evidence collected in accordance with the NIHR GHR portfolio results framework.

The process for completing this template involves the following steps:

- DHSC works with partners responsible for delivering a funding scheme to ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.
- Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template. Any findings or views on performance should be clearly linked to the evidence base.
- This report is then shared with DHSC for comment and feedback.
- DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - **relevant sections are highlighted with green boxes**. This will include an assessment of overall funding scheme performance over the last 12 months, identify lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions.
- Annual review signed off and published.

1. DSHC summary and overview

1.1 Brief description of funding scheme

Grand Challenges Canada's (GCC) re-launch of its [Global Mental Health \(GMH\) Programme](#) aims to seed and transition to scale funding for high impact innovations that improve treatments and/or expand access to care for people, especially youth, living with or are at risk of mental disorders. Grand Challenges Canada's programmes focus on funding innovators in low- and middle-income countries (LMICs), supporting bold ideas with big impact.

The re-launched GMH programme aims to build on previous success through two key funding schemes, (a) seeding innovation in youth mental health and (b) investing strategically at transition to scale. The seed funding aims to provide proof-of-concept grants focused on new ideas that have the potential to transform mental health services available for youth in LMICs. Transition to Scale (TTS) funding aims to build on previous experience to support innovations through the necessary steps - establishing evidence, strengthening organisational capacity and partnering with governments and other stakeholders – to achieve sustainable impact at scale in LMICs. Both schemes are described in greater detail in section 2 and are currently only open to LMIC led projects, and both look for approaches that are culturally sensitive, community driven and innovative.

1.2 Summary of funding scheme performance over the last 12 months (general progress on activities, early outputs, outcomes, impacts across all awards)

The grant agreement with Grand Challenges Canada was signed on the 4th of November 2019, so this is a review of the first six months of setting up the GMH Programme. Good progress has been made setting up the re-launch of the GMH programme via the seed funding call, and the TTS projects.

The first GMH seed funding call launched in May of 2020, and closed on 17 July, seeking applications for proof-of-concept grants up to \$250,000 CAD. Proposals focussed on new ideas that have the potential to transform mental health services available for youth, ages 10 to 24, in LMICs. The seed grants will be provided over 18 to 24 months to develop and test the proposed innovation, GCC will award approximately 15 seed grants in this round. Applications are currently being assessed by an independent expert peer review committee of external scientific, social and business experts, with strong LMIC representation, in order to make recommendations for funding to the GCC board and DHSC. Negotiation of seed grants to begin November/December 2020, with the majority of awards expected to be fully executed by the end of February/March 2021. Two TTS

projects went through independent peer review and were invited to apply for funding at the June GCC Investment Committee.

Across both the seed funding call and the TTS projects, GCC has made explicit effort towards community engagement. Including members of the community as part of the scoping, areas of focus, review process and requiring evidence of being embedded in the local context such as stakeholder engagement as part of the 'request for proposals' call guidance. For example, the seed funding call guidance states "we won't fund projects not meaningfully involving young people in their design, testing and evaluation". The call guidance also includes a section committed to gender equality, environmental sustainability, human rights and inclusion, and indicates that any funded innovator must comply with GCC's policy across these principles.

In the set up of the GCC GMH programme, the team has developed a specific results-based management and accountability framework to carry out detailed monitoring and evaluation of projects and innovators across the programme. Indicators are included across beneficiaries, facilities/sites, intermediaries, outreach and outputs. The team engaged with DHSC and included additional suggested indicators such as a) LMIC/HIC funding split b) how community engagement is carried out and how the project may have changed as a reflection of that c) detail on the authorship of papers in terms of LMIC/HIC split of lead/senior authorship and d) details of how the project is engaging and influencing policy makers, practitioners and the public. The results framework also includes a section specifically focused on cost efficiency and value for money, which will be signalled to grantees as a key outcome, and their capacity to deliver will be strengthened through the Learning Platform which is in development.

1.3 Performance of delivery partners

GCC has kept DHSC informed of progress across the Global Mental Health Programme, the first annual report and financial report (received June 2020) were submitted on time, the feedback and revisions requested across both were quickly carried out and a good working relationship has been developed throughout the set up of the Programme. Additionally, GCC has proactively requested input and approval across programme delivery and research funding call launches.

In the first six months of the programme GCC requested approval for two staff appointments, request for proposal documents, input on communications across the programme and raised four challenges with DHSC for guidance. These were 1) input and alignment on indicators to include in the GMH results-based management and accountability framework, 2) how best to account for and include COVID-19 as a specific area of heightened need for youth mental health support in the seed funding call guidance,

3) whether DHSC would be supportive of GCC providing honoraria to GMH community peer reviewers who would not otherwise be remunerated for their time and 4) the question of whether organisations who are implementing in LMICs, but are legally incorporated in Canada were eligible for NIHR funding. Following further discussion DHSC approved solutions to the first three challenges and agreed that until programmatic level match funding is secured that funding should be only directed towards LMIC based organisations.

In terms of risk management, in reviewing the initial annual report submission by GCC, DHSC noted the lack of COVID-19 as a risk to the programme, and therefore lack of a mitigation plan; this was fed back to GCC who have now added both to this final version of their report. In terms of finances, the payment request made for Q1 of FY 20/21 was significantly less than expected. DHSC finance colleagues raised concerns regarding the amount of underspend in this financial year, and by the significant increase of the final expected payment. GCC were very responsive to this feedback and both through conversation and in a re-submission of the financing report explained that delays in hiring and initiating the programme were the cause of the underspend and that the financial forecast could be reprofiled to greatly decrease the risk of back-loading the programme. These risks will continue to be closely monitored by DHSC.

1.4 What are the key lessons identified over the past year for wider DHSC/NIHR global health research?

The key lessons from the first six months of setting up and establishing the GCC GMH programme include the importance of high engagement in establishing financial management, monitoring and evaluation, input into scope of funding calls and the management of risks.

Whilst GCC has proactively requested input and approval across the programme, this was mainly via email, and the unexpected alterations to the payment request and financial profile could potentially be better raised at regular meetings in which progress across the programme is reviewed together with DHSC. DHSC should also make greater effort to convey key priorities and expectations for input from GCC GMH and relevant new partners across financial and programme management.

In seeking DHSC input on the GCC policy of providing honoraria to community peer reviewers who would not otherwise be remunerated for their work in reviewing proposals to the programme, GCC highlighted the importance of recognising and rewarding community members for their input and insight in reviewing funding proposals and contributing to panels. The review and policy of GCC will be a useful case study in the review and redrafting of the GHR policy on payment of public contributors.

1.5 DHSC to summarise key recommendations/actions for the year ahead, with ownership and timelines for action

Recommendation	Owner	Timeline
To set up quarterly meetings to discuss the progress of the funding schemes, particularly to offer a forum to raise any issues that may affect the updated spend profile, including the management of the impact of COVID-19.	DHSC	July 2020
To provide further details of progress in securing programmatic level match funding	GCC	Sep 2020

2. Summary of aims and activities

2.1 Overview of award/funding call aims

[Grand Challenges Canada's Global Mental Health program](#) funds grants at two levels, seed and Transition to Scale, both are described below.

The Global Mental Health Grand Challenge: Mental health and wellbeing of young people, seed funding call: The highest burden of poor mental health occurs just as youth are establishing the social, cultural, emotional, educational, and economic resources on which they will depend to maintain health and wellbeing for the rest of their lives. COVID-19 poses new and unique mental health challenges while also highlighting existing gaps in mental health services, support and understanding. The challenges statement is as follows, "We seek bold ideas to meet the mental health needs of the most vulnerable young people aged 10 to 24 years. We are specifically looking for innovative approaches to enhance mental health literacy and/or provide youth-friendly services while accounting for the complex social and environmental factors that contribute to young people's mental health and wellbeing. Approaches should be culturally sensitive and community driven." The [first-round request for proposals](#) expected to launch May 2020 and is expected to close in July 2020. Grand Challenges Canada anticipate funding 15 grants at \$250,000 CAD for a period of 18 - 24 months.

Transition to Scale funding: Grand Challenges Canada's Global Mental Health Program supports bold ideas to transition to scale high impact innovations that support the mental health needs of individuals in low- and middle-income countries. The Transition to Scale program specifically looks to support innovative approaches to improve treatments and expand access to care, considering the full continuum of mental health needs from common to serious mental illnesses. Applications are accepted by invitation only and reviewed by external experts for impact before being considered by GCC's Investment Committee for funding. The plan is to fund 2-3 projects brought forward each quarter starting in June 2020 for a total of 10-15 projects funded over 2020-2023.

2.2 Delivery partner's assessment of progress against milestones/deliverables

Award	Current status of progress against milestones/deliverables	If the award is not on track to contribute to expected outcomes and impacts, why not? What are the potential impacts of this and how have plans been revised to accommodate this?
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	Scope of call developed and approved, launch date expected May 19, 2020, to undergo peer review in August/Sept, 2020, list of proposals recommended for funding expected by the end of 2020.	On track
Global Mental Health Transition to Scale funding	First 2 proposals undergoing due diligence, expected review and approval June 2020, funding to commence fall 2020.	On track

2.3 Delivery partner’s assessment of how individuals/communities (including any relevant sub-groups) have been engaged and their needs reflected in identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination

The scope and areas of focus for the mental health and wellbeing of young people funding call was developed with input from young people with lived experiences, youth mental health advocates and subject matter experts, including, thought leaders, service providers and past Grand Challenge Canada Global Mental Health innovators. There were two components to the development process. First, individual consultations were conducted via online video interviews. A systematic approach was used with two sets of questions, one for young people and one for experts/providers.

Young people were asked to answer the following questions:

1. What do you wish existed in your community to address mental health needs?
2. If you could tell someone designing a mental health innovation for youth one thing, what would it be?
3. What are some things from more traditional adult focused mental health approaches that you think wouldn't work for youth? What are some approaches that you do think would be helpful?
4. What do you think are some of the more neglected area of youth mental health that if addressed could bring about the greatest impact and change?
5. Is there anything else that you would want us to know as we go about shaping the scope of this funding?

Young people: 3 individual online video consultations, one online group video consultation with 4 young people, one in person group panel with 5 young people and 6 individual in person consultations (overlap between panel participants and individual consultations). Total consulted: 14. Youth were from the following countries: Rwanda, Kenya, Zimbabwe, Nepal, India, Morocco, Jordan, Nigeria and the Philippines.

Subject matter experts and service providers were asked the following:

1. In your view, what are the most pressing mental health needs for youth in low- and middle-income countries?
2. What key characteristics would you want to see in mental health innovations targeted to youth in low- and middle-income countries?
3. What is the most neglected area of youth mental health that if addressed could bring about the greatest impact?

Experts/service providers, total consulted: 25. Second, Grand Challenges Canada partnered with [United for Global Mental Health](#) and the Blue Print Group, a 500+ global mental health learning and advocacy group to engage on the topic of youth mental health needs at the Blue Print Group annual meeting in Nairobi, Kenya in February, 2020. Grand Challenges Canada, along with representatives from UNICEF, WHO, Orygen and Wellcome Trust and 5 youth representatives participated in panel discussions on

supporting youth mental health. Participants then engaged in a mapping exercise over two days to pinpoint areas of need for young people, specific target populations and common barriers and funding needs for organizations working with young people.

Summary key recommendations from mapping:

1. Priority areas for programming: people with disabilities, women and girls, survivors of violence.
2. Priority for scale up: increase diversity and provide broader services, include young people with lived experience that are not educated and/or are out of school; and develop youth coaches as role models; focus on peer empowerment and support.
3. Priority for engagement: young people with lived experience are critical for engaging key stakeholders in communities; work with those in communities who are most likely to be approached for mental health support e.g. older women, respected leaders.
4. Priority needs: mental health first responders in primary health centres and schools to increase accessibility.

The youth mental health scope of work was then shaped on the basis of the feedback received from the consultations and in person mapping. Findings were analysed using thematic analysis, a common analytic approach for qualitative data. Notes from all consultations were coded by two individuals and grouped into categories on the basis of common and highly relevant themes. An investment thesis was developed on the basis of the findings and formed the structure of the mental health and wellbeing of young people seed funding call. The resulting request for proposals was further reviewed by Grand Challenges Canada's Program advisory sub-committee for Global Mental Health, Dr. Pamela Collins, Professor of Global Health and Psychiatry, University of Washington and Dr. Mary Da Silva, Head of Population Health, Wellcome Trust.

3. Outputs and outcomes

3.1 Delivery partner's summary of the most significant outcomes of any award level engagement and/or influence of policy makers, practitioners and individual/community behaviour

N/A - Grand Challenges Canada do have reporting items in their results management framework that require grantees to report on various types of engagement. It reads as follows: "Please select whether you will engage with stakeholders. Then describe all stakeholders you are engaging and any active efforts to ensure that your ideas/findings inform and potentially change the general discourse or ideas about something, including the attitudes of stakeholders, the processes of developing policy, policy content, and the behaviour of people affected by the policy." There are follow up questions to ascertain the specific type of engagement event that occurred, and whether/which government decision-makers may have been involved.

3.2 Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC institutional capacity to contribute to and lead high quality research and training.

As per above, Grand Challenges Canada have also included specific reporting requirements for their grantees on a number of relevant items, including: number of jobs created, number of staff trained, number of staff who report a change in knowledge, number of facilities implementing the program, changes in attitudes of stakeholders, changes in processes of policy development, policy content and/or the behaviour of people impacted by the policy.

3.3 Aggregated distribution of support staff

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other)
Employed in LMICs	0

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other)
Employed in HICs	2 Grand Challenges Canada program staff (one Program Officer, one Program Coordinator)

3.4 Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research partnerships/collaborations and thematic networks (where applicable, including engagement with communities).

There are no active grants as part of this funding call at this time - anticipated seed youth launch in May 2020, first TTS proposals to Investment Committee in June 2020. In the lead up to these funding calls, Grand Challenges Canada partnered with United for Global Mental Health and the BluePrint Group to support a focus on youth mental health at the annual BluePrint Group meeting in Nairobi in February. Grand Challenges Canada's Global Mental Health Program Officer participated on a panel alongside other organizations focusing on youth mental health including Wellcome Trust, Orygen, UNICEF and the WHO in order to share programmatic activities and areas of interest. This occurred alongside a youth panel with young people supported to attend by Grand Challenges Canada to discuss areas of need and barriers to securing funding and support. An interest in working collectively led to the formal development of a BluePrint youth working group, now with over 50 members. Terms of reference for the group are currently in development. Grand Challenges Canada anticipate it to be a space for collaboration and support for organizations working in youth mental health worldwide.

Grand Challenges Canada's Global Mental Health team is also currently working with the US National Institute of Mental Health (NIMH) on the [biannual Global Mental Health research conference](#), co-hosted for the last 6 years. This year Grand Challenges Canada are creating a scientific advisory board to determine the programmatic focus of the conference and support the development and review of the agenda and speakers. Given the ongoing challenge presented by COVID-19 the conference will be held virtually and on a smaller scale than originally intended, but Grand Challenges Canada will connect with members of the Global Mental Health program advisory committee and previous Global Mental Health innovators from LMICs to ensure a global perspective and to support and encourage full participation virtually from both LMIC and HIC researchers.

Lastly, Grand Challenges Canada are in the process of contracting a Learning Platform team to provide technical support and expertise as needed to their grantees, including partnership and research development support. A key component of this work will be annual learning meetings to allow their grantees to come together in person to workshop different challenges and ideas and to come together as a group. Grand Challenges Canada anticipate this meeting happening alongside conferences in the global mental health field allowing them to support their grantees to attend these global conferences, showcase their work and meet with other researchers in the field.

4. Theory of Change and progress towards longer term impacts

- 4.1 Delivery partner's summary of any other noteworthy outcomes beyond those captured above (note that these may include unanticipated outcomes (both positive/negative), outcomes outside health, and any other secondary benefits to the UK or any other countries)

Outcomes will be captured in the Global Mental Health Results-based Management and Accountability Framework (RMAF), including outcomes such as:

Number of lives saved in target communities (in LMICs), disaggregated by age and sex

Number of Lives improved in target communities (in LMICs), disaggregated by age and sex

Number of beneficiaries using innovative products or services to improve their mental health. Beneficiaries Using is defined as people accessing the innovation (disaggregated by sex and age).

Number of facilities/sites implementing innovative products or services

Number of intermediaries trained on how to use innovative products and services (disaggregated by sex and type)

Number of intermediaries with change in awareness, knowledge, attitudes (stigma) or practices about Mental Neurological and Substance (MNS) use disorders as a result of training (disaggregated by sex and type)

Number of intermediaries using innovative products or services to improve health in their communities (disaggregated by sex and type)

Number of jobs created in LMIC as a result of the project

Number of jobs created in the UK as a result of the project

Number of additional sources of income created in LMICs as a result of the project, that did not create jobs

Number and type of outreach and awareness activities conducted

Number of potential individuals reached through outreach and awareness activities

Number of potential intermediaries with changed perceptions, knowledge, and attitudes (stigma) about MNS disorders as a result of outreach and awareness activities

Number of community engagement activities conducted

5. Value for money

- Delivery partner's summary of evidence from across awards demonstrating activities during the past year to ensure value for money in how the research is being undertaken.

5.1 Economy: the degree to which inputs are being purchased in the right quantity and at the right price.

This process has not yet begun as grants have not yet been awarded, however GCC will approach this on a case by case basis ensuring appropriate due diligence is conducted on all equipment purchases.

5.2 Enhanced efficiency: how efficiently the project is delivering its outputs, considering the rate at which intervention inputs are converted to outputs and its cost-efficiency.

As above, this has not yet begun but will be supported by the Learning Platform and partnerships will be encouraged and supported on an ongoing basis.

5.3 Effectiveness: the quality of the intervention's work by assessing the rate at which outputs are converted into outcomes and impacts, and the cost-effectiveness of this conversion.

Once the grants have been awarded Grand Challenges Canada will be assessing effectiveness of value for money outcomes via individuals and portfolio wide results management framework reporting. Grand Challenges Canada have included an indicator in their results management framework that specifically asks grantees to detail cost efficiencies achieved during the lifetime of the project. Options include efficiencies in terms of service delivery, production or other with space for the grantee to elaborate and provide details. By including a separate section of the RMAF specifically focused on cost efficiency and value for money Grand Challenges Canada have signalled to their grantees how important this consideration is and will work with them and their Learning Platform to support efforts on achieving good value for money.

5.4 Equity: degree to which the results of the intervention are equitably distributed.

Grand Challenges Canada is committed to saving and improving the lives of the most vulnerable people in low- and middle-income countries. A key component of all grant calls are evaluations on the basis of the principles of human rights and inclusion.

All projects are assessed to determine whether project activities take into account 1) inequalities in access to health services on the basis of different forms of discrimination or marginalization, 2) whether the project activities are designed to target the health needs of the most marginalized, impoverished and disenfranchised segments of the population, and 3) whether the project is designed in a way that ensures equitable and non-discriminatory access to health outcomes for all. Projects are scored on Human Rights and Inclusion according to the following:

1. Equality and non-discrimination – by intentionally targeting beneficiaries and stakeholders who represent the most marginalized, impoverished and disenfranchised segments of the population, and tracking the numbers of individuals reached.
2. Participation and inclusion – by designing specific consultative activities to ensure that the voices and interests of stakeholders and beneficiaries are adequately represented.
3. Transparency and accountability – by designing specific awareness-raising activities through which the innovation can support increased awareness of the rights of citizens to health care, particularly those who are marginalized, impoverished and disenfranchised, through the provision of health services from the government.

GRADE A -There is significant integration of 'human rights and inclusion' principles in the design of the innovation.

GRADE B - There is limited integration of 'human rights and inclusion' principles in the design of the innovation.

GRADE C - There is no or minimal integration of 'human rights and inclusion' principles in the design of the innovation.

Based on the applicant's score, the team develops and identifies different measures needed to help improve the project's incorporation of human rights and inclusion principles. These measures are tailored to each individual project's needs and can be included as milestones in funding agreements.

6. Risk

6.1 Delivery partner to summarise the five most significant risks (both in terms of potential impact and likelihood) across awards within the last year.

Risk	How is the risk being managed/mitigated?	Current status
COVID-19 disruption	Due to the current uncertain global landscape resulting from COVID-19, innovators in priority geographic regions may be unable to respond to the youth mental health request for proposals within the designated time frame. To mitigate this Grand Challenges Canada will monitor the situation closely, conduct more active, targeted outreach to ensure widespread visibility, and extend the application period as necessary.	Will monitor during request for proposal window. Current timeline May-July, 2020.
Potential staff illness	The Global Mental Health program currently has a core team of 2 staff. Should either/both become ill this would affect productivity and their ability to carry out program activities. To mitigate this risk, Grand Challenges Canada has transitioned to working from home, conducting all meetings and touch points virtually. Should staff become ill, Grand Challenges Canada will evaluate and prioritize upcoming program needs, shift project timelines and draw on other Grand Challenges Canada staff as needed in order to meet critical milestones and continue to support innovators.	Continue to monitor staff wellness, will shift priorities as needed.
COVID-19 financial delays	COVID-19 also carries the risk of impacting program spend given potential delays, lockdowns or staff shortages beyond Grand Challenges Canada. To mitigate this risk, Grand Challenges Canada have built out an extended review and approvals timeline for the seed funding and do not anticipate grants starting until spring 2021. In terms of Transition To Scale grantees, Grand Challenges Canada will bring a larger than usual number forward for their initial scientific review and due diligence (typically there is a 1/3 drop rate) to ensure they are well positioned to continue to meet spend targets should a number be unable to proceed due to COVID-19 disruptions. Grand Challenges Canada are also actively seeking projects that specifically address the mental health needs of COVID-19 in light of the pandemic's mental health impacts. Where some operational spending (i.e. travel) has been put on hold Grand Challenges Canada will continue to monitor the global situation as it unfolds and reallocate to other areas where appropriate - for instance, further bolstering the Learning Platform budget to be able to provide additional resources and support to grantees during the upcoming	Grand Challenges Canada will monitor the program spend on an ongoing basis and keep DHSC staff updated.

Risk	How is the risk being managed/mitigated?	Current status
	year, and/or shifting staff travel line items from 2020 to support additional grantees to travel to relevant ecosystem events (i.e. NIMH/GCC Global Mental Health conference to be held in April 2021).	

6.2 Fraud, corruption and bribery. Delivery partner to summarise:

- any changes in the last year to the anti-corruption strategy applied to managing NIHR funded awards

None

6.3 Safeguarding

- Please detail and highlight any changes or improvements you (the delivery partner) have made in the past year to ensure safeguarding policies and processes are in place in your project and your downstream partners.

No changes have been made, GCC will continue to monitor safeguarding policies of all grantees and partners as grants are awarded.

7. Delivery, commercial and financial performance

7.1 Performance of awards on delivery, commercial and financial issues

Youth seed funding timeline may be extended by one quarter due to COVID-19 if funding application window is extended. However, as Grand Challenges Canada do not plan to sign grants until Q4/Q1 21/22 they anticipate this delay will be relatively minor. Transition To Scale grants may be delayed slightly if COVID-19 impacts applicants' ability to provide necessary documents for due diligence and if in country program activities are disrupted. Full projections have been included in the COVID-19 assessment framework.

Grand Challenges Canada also anticipate minor operational changes, including travel disruptions delaying key conferences and meetings and their first in person community meeting may be held in 2022 should international travel continue to be impacted through 2021. Program staff and platform team will continue to provide support to future innovators virtually.

7.2 Have NIHR funded awards continued to meet ODA funding eligibility:

Grants not yet awarded however ODA funding eligibility is a critical component of the youth seed request for proposals and all funding review processes.

7.3 Transparency.

- Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (<https://iatistandard.org/en/iati-standard/>).
- If these are not yet met, please outline the reasons why.

Yes - please see Grand Challenges Canada recent annual and financial report as examples.

- [Grand Challenges Annual Report 2018-2019](#)

- [Grand Challenges Canada Financial Statements \(2019\)](#)

8. Monitoring, evaluation and learning

8.1 Learning

- What learning processes have been used by the delivery partner over the past year to capture and share lessons, new evidence and know-how (either across awards or at the award level)?

A key component of the Learning Platform (which Grand Challenges Canada are in the process of contracting) will include annual learning meetings to allow their grantees to come together in person to workshop different challenges and ideas and to come together as a group. Grand Challenges Canada anticipate this meeting happening alongside conferences in the global mental health field allowing them to support grantees to attend these global conferences, showcase their work and meet with other researchers in the field.

8.2 Outline key milestones/deliverables for the awards for the coming year

Award	Key milestones/deliverables for coming year
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	First round request for proposals launched May 2020 - review and approval fall 2020, fund disbursement in Q1 and Q2 of 2021/2022. Second round request for proposals anticipated launch January 2021.
Transition To Scale Global Mental Health funding	First grants approved in June 2020 - fund disbursement September 2020. Total of 8-10 grants approved by April 2021.

8.3 Any other comments/feedback/issues to flag to NIHR/DHSC?

While Grand Challenges Canada are continuing with their project plans as outlined in this report and the grant agreement with NIHR/DHSC Grand Challenges Canada do realize that global crisis due to COVID-19 may require timelines to be adjusted. If this does occur, Grand Challenges Canada will connect with the lead at NIHR/DHSC and discuss options and any adjusted expectations.

9. Diversity and environmental sustainability

- 9.1 Summary of activities that have taken place to ensure everyone is treated fairly, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital status, transgender status, age and nationality, across this funding call.

Grand Challenges Canada is committed to supporting programs that are grounded in a human rights-based approach. Human rights principles of equality and non-discrimination, participation and inclusion, and transparency and accountability are integrated into Grand Challenges Canada's funding processes. Grants are scored against a human rights and inclusion rubric and a gender equality rubric. Applicants are required to answer the following questions and are rated on their approaches.

1. How has the initiative taken into consideration inequalities in access to health services within the local population based on different forms of discrimination or marginalization?
2. Is the innovation designed to target the health needs of the most marginalized, impoverished, disenfranchised segments of the local population?
3. Is the innovation designed in a way that ensures equitable and non-discriminatory access to improved health outcomes across different segments of the local population?
4. Has the innovator taken into consideration legislation and regulations (national / local) regarding citizens' rights to health care?
5. Has the innovation been designed to enable government, non-government and community stakeholders to engage together in the identification of health problems; health needs assessments; and decision-making processes to identify solutions?
6. Have the voices of the most marginalized, disempowered segments of the local population been considered and/or included in the design of the innovation to ensure that their needs and issues are addressed appropriately?
7. Has the innovation been designed in such a way to enable recipients/beneficiaries of the health innovation to provide feedback on its potential effectiveness?
8. How has the innovator of the proposed initiative taken into account relevant issues of transparency and accountability within the national/local health service delivery system and how the innovation can contribute to improved government practices in terms of informing the local population of their rights and entitlements to health care.

9. Is the innovation designed to increase awareness and knowledge among the local population of their entitlement to health care and strengthen their capacity to demand health care from government?

9.2 Summary of activities that have taken place to minimise carbon emissions and impact on the environment across this funding call.

Similarly to the approach on gender equality and human rights, Grand Challenges Canada screen all proposals for potential positive or negative environmental impacts. The purpose of the environmental screening of project proposals is to ensure that potential environmental impacts are addressed at the project application and approval phases and that the proper environmental requirement is requested from project teams. Environmental risks and benefits are established and mitigation measures and reporting are discussed on a case by case basis. Applications are graded as category A - high environmental impacts, B - medium environmental impacts or C - low environmental impacts.

If an application is categorized as A, Grand Challenges Canada will request an Environmental Assessment Plan and will likely not move forward with funding. If a category B, an Environmental Management Plan must be completed by the grantee as an early milestone, and reviewed and signed off by the Environmental Consultant.