Department of Health &
Social Care

Research and Innovation for Global Health Transformation [RIGHT] Call 2: Mental Health, Annual Review 1 2020/21

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NIHR Global Health Research Portfolio

Contents

Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)	Nicola Commander	14 April 2022 20 May 2022
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team	Katie Roberson and Stephanie Russell Alex Griffiths and Stephanie Russell	April 2022 September 2022 October 2022
Annual review shared and signed off by (within delivery partner organisation)	Mike Rogers	October 2022
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Table 1: Acronym and Abbreviation List

Acronym/Abbreviation	Expansion/Definition
APR	Annual Progress Reporting
BA	Behavioural Activation Therapy
CAB(s)	Community Advisory Board(s)
CAG(s)	Community Advisory Group(s)
CCF	Central Commissioning Facility
CEI	Community Engagement and Involvement
CST	Care-Givers Skills Training
COP	Community of Practice
DAC-list countries	Countries and territories eligible to receive official development assistance
DHSC	Department of Health and Social Care
DIALOG+	Specific talking therapy programme
DPOC	Designated Point of Contact
ECR(s)	Early Career Researcher(s)
GHR	Global Health Research
g-IPT(+)	Group – InterPersonal Therapy
INGO(s)	International Non-governmental Organisation(s)
LMIC	Low or Middle Income Country
MH	Mental Health
MhGAP	A WHO initiative to improve awareness and access to mental health services
MHPSS	Mental Health PsychoSocial Support Services
NETSCC	NIHR Evaluation, Trials and Studies Coordinating Centre
NGO(s)	Non-governmental Organisation(s)
NIHR	National Institute of Health Research
ODA	Official Development Assistance
PND	Peri Natal Depression
QoL	Quality of Life

RIGHT	Research and Innovation for Global Health Transformation
SOP(s)	Standard Operating Procedure(s)
THP	Thinking Healthy Program : A WHO supported talking therapy
UK	United Kingdom
WHO	World Health Organisation

1.DHSC summary and overview

1.1   Brief description of funding scheme

RIGHT Call 2 provides targeted investment in mental health research in ODA-eligible countries, through supporting applied research on the development and evaluation of interventions to improve outcomes for those affected by mental health issues.

The aims of the call are to:
- Deliver research for the primary benefit of the health and wealth of the poorest individuals living in ODA-eligible countries, through research for the development and evaluation of interventions to improve outcomes for those affected by mental health issues.
- Ensure that the research funded through this call strengthens capacity for research and knowledge exchange through development of equitable partnerships between researchers in the UK and ODA-eligible countries.
- Promote interdisciplinary approaches to working, by specifically encouraging applications necessitating expertise and activities associated with a broad range of health-science disciplines, including but not limited to: clinical, health economics, statistics, qualitative and social sciences.

NIHR encouraged applications for NIHR RIGHT Call 2 that addressed research in (but not limited to) the following areas:

•   Development and evaluation of interventions to reduce the incidence of institutionalisation for treatable/manageable mental health conditions

•   Development and evaluation of interventions targeting mental health as a co-morbidity

•   Development and evaluation of community-delivered interventions in situations of chronic hardship (including better understanding of factors influencing access to treatment)

•   Development and evaluation of interventions to tackle addiction as a driver (or consequence) of mental ill-health

•   Evaluation of effectiveness of mental health and psychosocial support in post-crisis settings to promote sustainable services that meet enduring needs of the population.

The call was run as a two-stage application process with the opportunity for shortlisted Stage 1 applicants to apply for Proposal and Partnership Development Awards (PPDAs). These awards were set up specifically for the RIGHT scheme in recognition that the targeted areas for research applications were likely to require development or strengthening of partnerships. Up to £10,000 could be applied for to support partnership development activities ahead of the Stage 2 application submission.

This report focuses on the progress of the six projects funded under RIGHT Call 2 in the first year of contracted activities.

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

This funding scheme has had a successful first year despite the disruption caused by the COVID-19 pandemic. This is evidenced by the fact that award holders have largely been successful in completing the programme's key aims for the first year, namely identifying key stakeholders and establishing foundational structures and relationships. There has been broad engagement across the portfolio and there is already evidence emerging of professional networks being established and expanded. However, as a result of disruption during the pandemic, the majority of the awards are likely to require no cost extensions in order to finalise delayed research.

Aside from delays caused by the pandemic, one project was further affected by the explosion in the port of Beirut, Lebanon, and as such was the latest project to start.

One challenge that award holders have noted is that mental health services are under increased demand as a result of the pandemic. This has made some of the research delivery more difficult, for example creating challenges in engaging certain key stakeholders. Despite this, award holders have been proactive in raising risks and issues, and although in person meetings have not been possible, most have delivered on their CEI commitments through flexible and adaptive approaches.

A notable outcome of RIGHT 2 during this period is that the majority of NIHR Academy Members (undertaking formal training/career development) identified across the awards are female (see section 3.5).

To date two peer reviewed academic papers have been published by RIGHT 2 award holders. It is expected this number will increase in the second year of the cohort's activity.

1.3   Performance of delivery partners

This is the second ODA-funded NIHR Global Health Research scheme managed by the NIHR Central Commissioning Facility (CCF). CCF have worked flexibly to deliver this programme successfully in its first year, despite the disruption caused by the pandemic.

CCF showed commitment to raising standards of compliance and assurance by supporting the cross NIHR Intellectual Property (IP) team to deliver a workshop on IP assurance issues and expectations to award holders.

CCF also demonstrated clear adherence to the escalation policy when dealing with requests for changes.

Both DHSC and CCF have worked closely to maintain flexibility to continue to support projects. In the context of these challenges, the relationship continues to work well.

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

There has been a range in learning activity achieved through RIGHT Call 2 from the way the funding call was managed through to how projects are being monitored.

Examples of this include that during commissioning, five of the six projects received a Proposal and Partnership Development Award (PPDA). Through an adapted question in the first Annual Review, CCF collected information on the impact of these small funding awards. Recipients noted the value of being able to meet potential partners in-person to strengthen their partnerships and joint input to application development. This feedback provides evidence of the value of the scheme which can inform planning for future programmes.

Enhancement of the call guidance for RIGHT 2 on expectations for CEI led to the inclusion of community co-applicants who were experienced at championing equity issues locally, nationally and globally. As a result of the enhanced guidance, the RIGHT 2 award holders adopted a range of approaches for CEI through different groups and fora which are clearly strengthening LMIC community engagement as their programmes develop. In addition, a CEI learning package was developed in collaboration between CCF and the Institute of Development Studies which has gone on to inform subsequent funding call guidance and support for applicants.

CCF demonstrated good cross-centre learning by adopting NETSCC's practice of requiring award holders to submit a list of transactions during quarterly reporting, to provide further assurance that award holder spend is in line with expectations and eligibility criteria. Despite initial challenges, this is now working well.

RIGHT 2 projects have also evidenced the variety of ways in which LMIC partners can lead different activities within UK contracted awards (see section 3.8). This is learning which could be helpful to inform other UK-LMIC research partnerships within the wider portfolio.

Following the disruption caused by the pandemic, particularly within the mental health community, DHSC and NIHR should continue to take a flexible approach to understand the issues affecting projects as they emerge and ensure systems are in place to support projects to adapt.

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

Recommendation	Owner	Timeline
Develop a programme-level theory of change for RIGHT	CCF	To be determined
Consider ways in which RIGHT 2 award holders could be brought together as a cohort to share learnings (including those related to CEI) and equitable partnerships mentioned above)	CCF	December 2022
Strengthen stakeholder engagement for open funding calls to ensure broad reach and spread of applications.	DHSC/NIHR Communications team	Ongoing

2. Summary of aims and activities

2.1   Brief outline of each award's/funding call aims.

Research and Innovation for Global Health Transformation (RIGHT) is an NIHR Global Health funding scheme, delivered and managed by the NIHR Central Commissioning Facility (CCF). The RIGHT scheme is delivered through thematically defined funding calls. The theme for each RIGHT call is different but each aims to deliver applied health care research evidence and interventions in areas where targeted investment has potential to deliver transformative impact.

RIGHT Call 2 was devised to provide targeted investment to ODA-eligible countries, through supporting applied research on the development and evaluation of interventions to improve outcomes for those affected by mental health issues.

RIGHT Call 2 was launched in January 2019. Twenty-eight (28) applications were received at stage 1. Fifteen (15) of these successfully progressed to stage 2 and six (6) applications were ultimately awarded between £3M and £5M per award (a total of approximately £20M for the portfolio) for multidisciplinary applied research projects over four years. The funded awards commenced activity in autumn 2020. This report is the first progress report for the RIGHT Call 2 portfolio. Content reflects delivery of activities from all funded projects from their start date to 30 September 2021.

Each project is a partnership between a UK HEI lead and a number of LMIC based partners. The specific aims and objectives of each individual project are summarised in Table 2.

Table 2: Award level aims and objectives

Project Title	Project summary	Beneficiary countries
NIHR200806 RIGHT2: behavioural activation intervention for depression and diabetes in South Asia	**DiaDeM** A UK and low- and middle-income country (LMIC) research partnership that aims to develop and evaluate a culturally adapted behavioural activation intervention for people with depression and diabetes in Bangladesh and Pakistan.	Bangladesh Pakistan

NIHR200817 RIGHT2: Care for perinatal depression through enhancements to the 'Thinking Healthy Programme'	**ENHANCE** A UK and low- and middle-income country (LMIC) research partnership that aims to scale-up Care for Perinatal Depression in Pakistan, Nepal, Bangladesh and Sri Lanka, through development of technology to support lay-therapists to deliver a World Health Organisation (WHO) -approved Cognitive Therapy based intervention.	Bangladesh Nepal Pakistan Sri Lanka
NIHR200824 RIGHT2: Community-based care improving outcomes for people with psychosis in Pakistan and India.	**PIECES** A UK and low- and middle-income country (LMIC) research partnership to improve the quality of community-based care for people with psychosis in Pakistan and India by adapting and testing a low-cost approach called DIALOG+, and to raise awareness through arts projects involving people with psychosis and community members.	India Pakistan
NIHR200842 RIGHT2: Improving mental health in Africa for children with developmental disorders	**SPARK** A UK and low- and middle-income country (LMIC) research partnership to improve the wellbeing and mental health of children with developmental disorders and their caregivers, by developing and evaluating a model of care with and for local Kenyan and Ethiopian communities.	Ethiopia Kenya
NIHR200846 RIGHT2: Transforming Access to Care for Serious Mental Disorders in Slums	**TRANSFORM** A UK and low- and middle-income country (LMIC) research partnership to increase access to care and improve outcomes of serious mental disorders (SMDs) in slums in India, Bangladesh and Nigeria, through development of an innovative collaborative care model involving traditional/faith healers, mental health professionals, primary care practitioners and community health workers (CHWs).	Bangladesh India Nigeria
NIHR200851 RIGHT2: Developing group interpersonal therapy for postnatal depression in Lebanon & Kenya	**SUMMIT** A UK and low- and middle-income country (LMIC) research partnership to evaluate the impact of Group Interpersonal Psychotherapy (g-IPT+) for treatment of postnatal depression in Lebanon and Kenya. The research will adapt the therapy for use in these two countries and evaluate its potential impact on child developmental outcomes,	Kenya Lebanon

	maternal depression and the mother-child relationship.	

Within this portfolio there are currently 38 institutions involved in research across nine ODA eligible countries (Bangladesh, Ethiopia, India, Kenya, Lebanon, Nepal, Nigeria, Pakistan, and Sri Lanka). Figure 1 displays the networks of project participants and expected distribution of project funding (as per current contracts). The six UK-based contractor organisations are connected by coloured project-specific lines to each of the locations of institutions with which they expect to partner via this project. The size of the location point for each participant provides an indication of expected funds for that recipient over the course of the project.

All RIGHT Call 2 projects are contracted to a UK based HEI organisation, which has a number of partner or collaborator organisations based in LMICs. One of the projects also includes a USA based collaborator.

Fifty percent of the RIGHT Call 2 projects have LMIC partners in the WHO Eastern Mediterranean Region (EMR), 50% have LMIC partners in Africa (AFR) and 60% have LMIC partners in Southeast Asia (SEAR) using WHO regional definitions. None of the projects have any LMIC representation from Western Pacific (WPR) or the Americas (AMR) regions. This distribution of LMICs is similar to that seen in all RIGHT calls to date. CCF undertook some basic analysis to understand the drivers for this distribution, concluding the use of English as the only language used in the call documentation may have a role to play in the consistent distribution pattern. The NIHR GHR portfolio is geographically neutral and is driven by scientific merit of the research application. RIGHT funding committees are not asked to consider the location of partners when making recommendations, other than for purposes of ensuring ODA eligibility and assessing that the proposal addresses known needs in that particular LMIC location. The funding committees' recommendations are made solely on the basis of the merits of the application using the criteria defined on the NIHR website.

Figure 1: Map presentation of RIGHT Call 2 project participants and connections

UK based contracted organisation
- ■ King's College London
- ■ Queen Mary Univeristy of London
- ■ University College London
- ■ University of Liverpool
- ■ University of Warwick
- ■ University of York

Indicative Project Partner Budget (GBP)
- · £0 - £100,000
- · £100,001 - £500,000
- ◎ £500,001 - £1,000,000
- ◉ Above £1,000,000
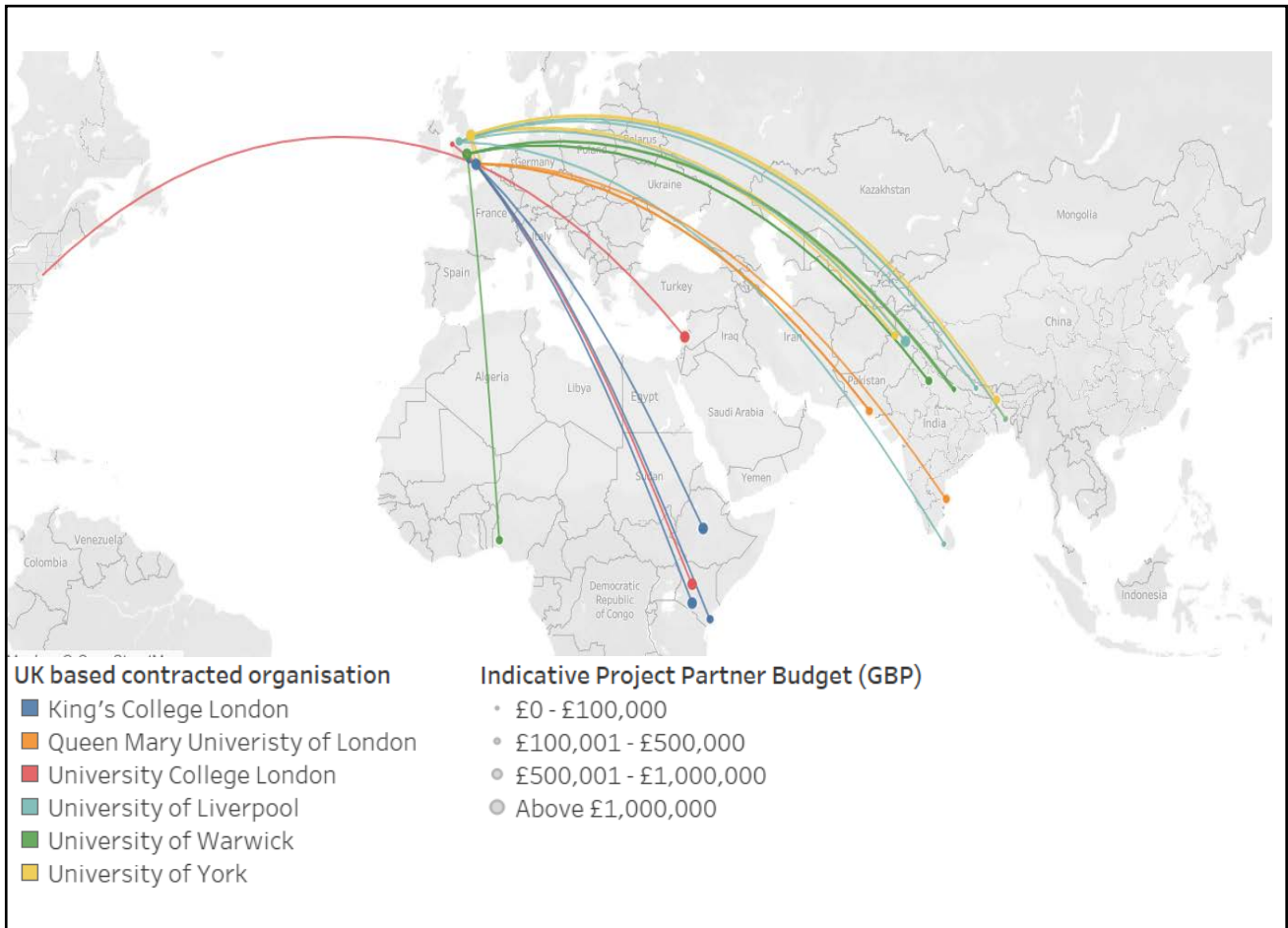
2.2   Is the funding scheme on track with delivery of milestones? Please summarise progress against any critical milestones and if they were achieved or delayed.

All RIGHT award holders are expected to complete quarterly finance and activity status reports, and a more detailed annual progress report (APR). The content of this RIGHT Call 2 portfolio Annual Review is drawn from details provided by RIGHT Call 2 award holders in quarterly and annual report submissions between their project start date (ranging from June 2020 - Jan 2021 - see below) and the close of the reporting period (September 30th, 2021).

For this reporting period the majority of agreed project milestones and deliverables related to establishment of project teams, establishment of formal collaborations and development of critical project specific governance structures, and the finalisation and approval of detailed research plans. RIGHT Call 2 project proposals were originally developed during a pre-pandemic era. The call opened in January 2019 and closed in September 2019. The funding committee met in November 2019 and was one of the last face-to-face stage 2 meetings to be held before the onset of the COVID-19 pandemic. Despite the underlying challenges associated with organisation closures and/or the shift to working from home processes, the contracts for the six projects recommended for funding were in place on schedule by May 2020.

The original timelines for RIGHT Call 2 anticipated that projects would start in June 2020. In May 2020, most organisations were still navigating complex changes to process and functions caused by the sudden move to remote working and a requirement for re-prioritisation of healthcare related resources. The ENHANCE project (NIHR200817) elected to commence project activities in June 2020 as expected, despite the relatively uncertain working context at that time. Their rapid start was possible because they had pre-established connections between the various project partner organisations and tried and tested approaches for remote collaborative working. Moreover, the planned work for the first year of the project was deemed feasible to deliver in a remote working context and consisted of activities assessed as unlikely to be directly affected by the anticipated consequences of the emerging pandemic. The remaining five projects opted to delay the start of project activities until September 2020, in the hope that the global context would be more permissive to planned project delivery by that time. The delay to September 2020 allowed time for the newly contracted organisations and systems that support them to adapt to the 'new normal' working practices and to reflect on the feasibility of their delivery plans in a dramatically altered context. Four of the five projects were able to commence activities as planned in autumn 2020. The start-up of project SUMMIT (NIHR200851) was

further delayed by a Force Majeure incident in August 2020. The decision was taken to delay the proposed start in September because key project partners in Beirut, Lebanon, were diverted to support the response and recovery operations following the Ammonium nitrate explosion at the Port in Beirut on August 4th, 2020. This project was eventually able to commence in January 2021. Thus, at the time of reporting project ENHANCE had been active for 16 months, project SUMMIT had been active for 9 months, and all other projects (DiaDeM, PIECES, SPARK and TRANSFORM) had been active for 13 months.

Project delivery in the context of a continuing pandemic has been challenging for the majority of RIGHT Call 2 award holders. Many of the commonplace delays associated with securing appropriate collaboration agreements and completing the expected due diligence on downstream collaborator organisations were exacerbated by pandemic related closures or limited capacity in research contract offices. Delays to set up of arrangements between collaborators had knock on effects to spend profiles, as organisations were unable or unwilling to disburse funding in the absence of appropriate legal agreements. However, at the time of reporting submission, four of the six projects reported that all expected collaboration arrangements were in place. The other two projects had recently engaged new partners and therefore had a proportion but not all of their expected collaboration agreements in place.

Ongoing travel and social interaction restrictions meant that a significant proportion of planned face to face meetings between project participants had to be redesigned or rescoped to a virtual format. The majority of projects have adapted well to this shift to the virtual world and the new ways of working have proven adequate for the delivery of planned project activities. Nevertheless, it has not been possible to adapt every element of all projects to a virtual format and where remote interaction was not considered feasible or appropriate award holders have rescheduled certain planned activities within their project timeframe. Some activities have been rescheduled with the expectation that the global situation will become more permissive to planned interactions in future years. Where rescheduling was not considered feasible award holders have been encouraged to consider alternative approaches to delivery of their overall objectives.

Project TRANSFORM (NIHR200846) was the most severely affected by the pandemic. The project activities in Africa have been subject to the relatively commonplace delays seen across the portfolio, but the original planned South Asia element of the project has been more severely disrupted. Over the course of the reporting period, it became apparent that the team would be unable to progress any of their planned activities in India. Given the proposed study site was the epicentre of the pandemic in Delhi, the Indian partners

could not guarantee to commit the required resource to the project for the foreseeable future. The project team, in consultation with the Indian partner, ultimately decided that their best option for maintaining a South Asia component to their proposed research was to relocate all planned project activity from India and establish new partnerships in Bangladesh. RIGHT Call 2 funding committee members reviewed the proposed change, confirming that the new partnerships were viable and the revised study plan still compatible with the original objectives. The change was ultimately approved as a variation to the contract. The award holder is now in the process of establishing collaboration agreements with new partners in Bangladesh.

Other less severe changes to work plans were necessary for other projects. For example, the ENHANCE (NIHR200817) team proactively elected to change the location of their field work in Pakistan when the original site was considered at risk of becoming inaccessible / unfeasible due to a rising COVID-19 case rate. The project steering group was able to identify a suitable equivalent site, where epidemiological analysis suggested a more stable COVID-19 infection situation and participation in research was considered less likely to be a drain on the local health service resources. These minor changes had no contractual implications (all partnerships, agreed plans and objectives were unaffected), and ensured that research was able to continue without significant delay.

At the end of year 1 of activity all projects have incurred at least some delay to expected progress, and/or made minor adjustments to their plans. However, aside from the previously mentioned issue with TRANSFORM (NIHR200846), none of the projects have been so significantly disrupted that the award holders have suggested their original objectives and/or partnerships are no longer tenable. Although award holders have made and continue to make efforts to limit the consequences of these early delays, CCF consider it unlikely that the portfolio will complete in the originally agreed timeframe. The majority of RIGHT projects involve sequential development and evaluation of an intervention, with work plans structured around a series of contingent fixed time interval activities. Consequently, each project has a tipping point where failure to start an activity by a certain date precipitates a corresponding delay to final completion date, or a reconsideration of what can be accomplished within the remaining contracted time period and funding envelope. The critical tipping point is reached at different times in different projects. A number of projects have already noted a requirement for an extension and/or a necessity to reduce or redesign planned work to fit the current timelines and budgets. CCF's quarterly reporting and forecasting processes ensure that CCF and award holders continue to work together to understand the consequences of incurred delays and emerging barriers to activities.

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

Based upon CCF's previous experiences with RIGHT Call 1 awards, we expected the pandemic to have a significant impact on the ability of projects to deliver the planned Community Engagement and Involvement (CEI) activities that support inclusion, participation and empowerment objectives. However, despite the enormous challenge of bringing people together in the context of a global pandemic, the majority of RIGHT Call 2 award holders have been able to deliver on the CEI commitments outlined in their original research plans.

The reporting indicates that by the end of the reporting period each project had identified individual and community stakeholders appropriate to the local context and their study design and established at least one functioning community advisory group (CAG) or board (CAB) structure. Whilst the pandemic has, at times, impacted on the ability of these groups to meet in person, they have nevertheless been able to convene and contribute to the project as originally intended. Each of the reported CAGs or CABs involve people with lived experience of the issues addressed by the project. There are also good examples of inclusion of recognised community engagement specialists, community leaders, non-governmental and civil society organisations, faith groups, service commissioners and policy and law makers within the CAGs and CABs, and/or directly engaged within other significant project governance structures and advisory groups (Trial Steering Committees, Project Advisory Committees, External Advisory Boards). These provide a forum through which the identified community stakeholders can be meaningfully engaged with the research agenda. The groups create important connections between the project, the community affected by the conditions and those responsible for local service provision and/or national level policies, therein ensuring that those most affected by the issues tackled within each project have a route to influence both project direction and wider local or national level decision making.

The majority of award holders have defined and reported their CEI target population as people affected by the specific mental health issues targeted by their research. For example, in projects ENHANCE (NIHR200817) and SUMMIT (NIHR200851) the key participants in the advisory boards are people with lived experience of perinatal depression (PND), including women who have direct experience of PND, along with members of their

families and their peer groups. For projects PIECES (NIHR200824) and TRANSFORM (NIHR200846) which focus on serious mental disorders (SMDs), the advisory boards include people with lived experience of psychosis and other SMDs, and for project SPARK (NIHR200842) the high-level Project Advisory Committee (PAC) includes caregivers of children with developmental disorders, and those facing severe challenges and stigma. Overall, RIGHT Call 2 projects have demonstrated positive commitment to the NIHR vision for global health CEI, with some notable examples of good practice:

Project specific example of community engagement and input to research activities [1]

During this reporting period the primary focus of project ENHANCE (NIHR200817) has been development of an app intended to assist community health workers (CHWs) with delivery of the 'Thinking Healthy Programme'; a WHO-approved talking therapy. The team have ensured that the affected communities are at the heart of their research through using a process of Human Centred Design (HCD) to develop the prototype app. The process involved establishing a 'user group' of key community stakeholders to provide key insights and context for the development of the app. The user group is led by two named 'experts by experience.' These women identified the key community stakeholders and defined the Terms of Reference for the group. The group included mothers who had previously suffered from depression (n=4), women who were peers of the depressed women (n=4), husbands of the women (n=3), and community workers (n=2). Over the course of the reporting period this group met 41 times, each time working directly with the research team and technology developers to assess various design options and features and provide critical insight into the intended user / recipient experience of the app. E.g.: Their views about the technological innovation; what they liked and did not like about the content and functionality; their suggestions about its design and content.

Project specific example of community engagement and input to research activities [2]

Despite the restrictions imposed by the pandemic, the PIECES (NIHR200824) project has been able to make good progress in engaging with the communities in Pakistan and India to pilot their intervention "DIALOG+". An integral part of the DIALOG+ pilot involved setting up of Lived Experience Advisory Panels (LEAP) and these have been established in both countries with a good male/female ratio in each of the groups. LEAPs are formed of people with experience of psychosis, their family members and caregivers and the team have carried out various community outreach activities to recruit eligible members, especially those who are marginalised.

The project includes an arts-based participatory approach based upon the 'Theatre of the Oppressed' to explain the research, raise awareness of psychosis and tackle discrimination against people with mental health problems. Over the course of this reporting period the research teams based in India and Pakistan have received training in Theatre of the Oppressed methodologies, and in turn used this novel approach to engage with community stakeholders. So far, the team have managed to deliver 5 face-to-face workshops in Pakistan and 8 virtual workshops in India. The workshops have been well attended despite the challenges of delivering the workshops to a mixed gender group against cultural norms.

Project specific example of community engagement and input to research activities [3]

Project SPARK (NIHR200842) created well connected Project Advisory Committees (PAC) involving key local and national level decision makers as well as individuals with mental health and/or developmental disorders, and the caregivers of children with developmental disorders, in both Kenya and Ethiopia. These PACs ensure that those facing severe challenges and stigma are able to participate in national level meetings on issues that affect them. Zemi Yenus, the founder of the Autism Joy Center in Ethiopia, was a key member of the project team with specific responsibilities for the development and implementation of CEI elements of this project. Zemi sadly passed away in May 2021. Zemi is noted as instrumental in establishing the PACs and creating a supportive environment in which the parents and caregivers can engage and feel empowered to speak up during committee meetings. Although Zemi can no longer participate in the research, her legacy is visible in the work of the SPARK team and their efforts to ensure people affected by autism remain at the heart of project decision making.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1   Aggregated number of outputs by output type.

As this is the first year of activity for RIGHT Call 2 awards, the level of results-based output reporting was expected to be relatively low. Project activities in the first year addressed establishment of key project structures, recruitment of project teams, and refinement of research plans, rather than delivery of specific data, outputs or products. This is to be expected as projects remain at an early stage in their lifecycle and generation of novel data appropriate for publication has yet to occur. Nevertheless, across the portfolio, award holders were able to report generation of 53 individual outputs in the first year of activity. These outputs are summarised in figures 2 and 3.

Figure 2: Reported outputs (by output type) from the RIGHT Call 2 portfolio in year 1

Other (1) 1.9%
Software /Algorithm/ App (1) 1.9%
Social Media (3) 5.8%
Media (3) 5.8%
Project Newsletter (2) 3.8%
Policy Brief (3) 5.8%
Conference Abstracts (2) 3.8%
Presentations (14) 26.9%
Protocol (11) 21.2%
Guidelines/SOPs (4) 7.7%
Participant Materials (6) 11.5%
Training Materials (2) 3.8%
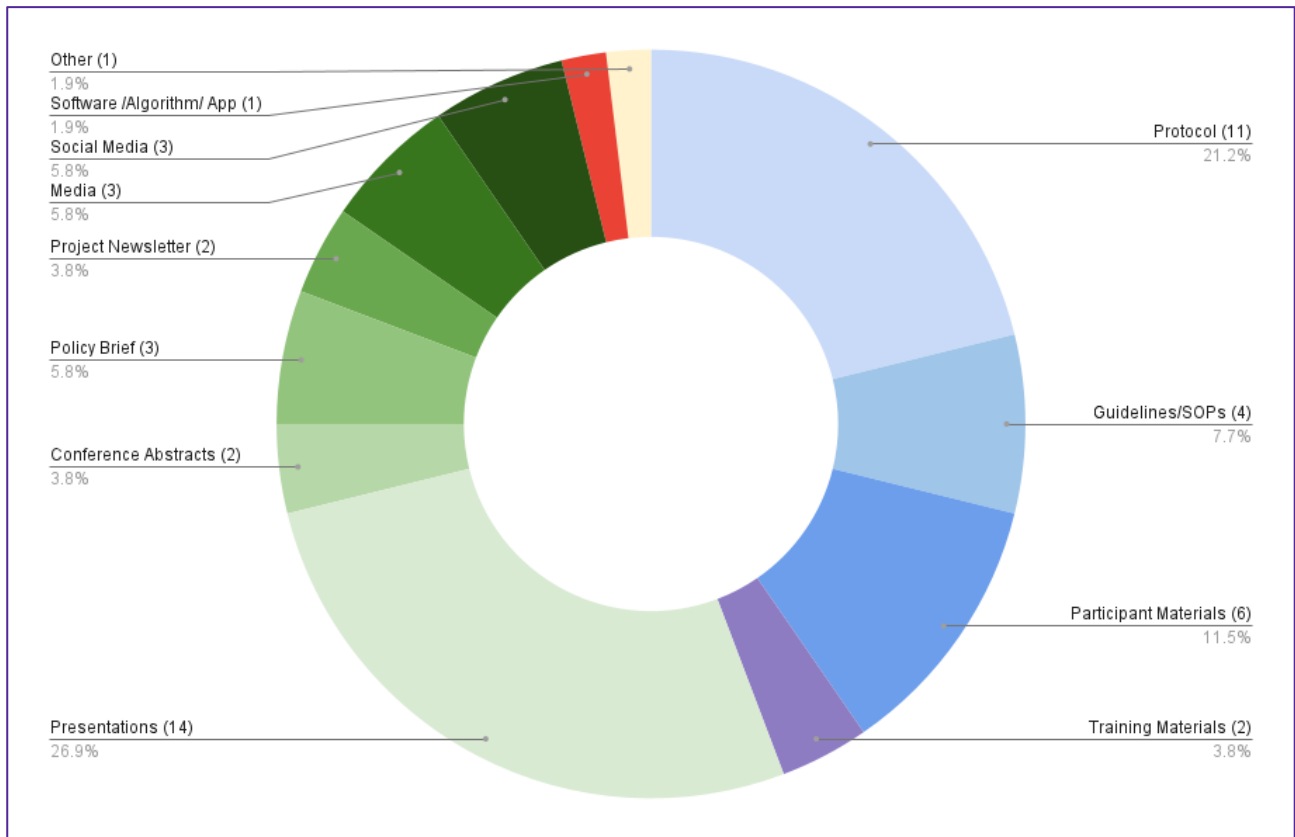
Fifty-four percent (28) of all categorised outputs were products (presentations, conference abstracts, policy briefs, project specific newsletters) designed to disseminate current information about each project's aims and objectives and engage relevant stakeholders. This includes the establishment of project specific websites and social media content (e.g., Twitter accounts) and a number of direct engagements with media via press releases or television interviews primarily related to project specific launch events and one NIHR Evidence article highlighting the work of one of the project teams. Forty-Four percent (23) of outputs were noted to be project specific protocols, guidelines and SOPs and participant materials. These in particular are critical enabling materials that pave the way for the planned activities to develop and evaluate the mental health interventions being investigated through this RIGHT call. One project reported the development of a prototype app.

A number of award holders have developed project specific websites or posted details of their project work within existing websites covering their research specialism and aims. Where websites and social media accounts have been reported, the award holders have reflected the importance of these outputs as open and globally accessible platforms that

support team collaboration, as well as providing a mechanism for wider academic and public dissemination of research outputs.

Project specific outputs example [1]

Work from the DiaDeM project (NIHR200806) is outlined at https://www.impactsouthasia.com/diadem/. This website brings together information and provides a platform for knowledge sharing and collaboration across three distinct projects. (1) An NIHR funded GHR Group called 'IMPACT South Asia' (NIHR reference 17/63/130) which was established in 2018 and focusses on improving outcomes in mental and physical multimorbidity in South Asia. (2) The TB Multimorbidity project (TBMM) funded by UKRI (MRC) (Project reference MC_PC_MR/T037806/1) which seeks to address the needs of people with Tuberculosis who also have other health conditions (multimorbidity) and (3) the RIGHT Call 2 Mental Health DiaDeM (NIHR200806) project which specifically focusses on development and evaluation of a behavioural activation intervention to support those with comorbid depression and diabetes. The addition of this RIGHT call project detail to the IMPACT website is expected to help raise awareness of the project and build connectivity between the DiaDeM researchers and the established community of researchers and stakeholders within the other GHR multimorbidity focussed projects.

A number of award holders reported internal project products such as project meeting reports, photographs, video materials and other data obtained to date. These have not been included in figure 2 or reflected elsewhere in this report as they do not fully meet the NIHR criteria for outputs. Most are materials only relevant to and accessible to the project team at this stage of proceedings. A number of award holders also noted the preparation of academic journal articles that were still under review and/or not yet available in the public domain at the time of reporting. These 'in preparation' journal articles will be included in subsequent Annual Review output statistics when/ if they are approved and published. Although these items were not considered to be outputs at present, the preparation of each of these products is a positive signal of the early acquisition of key data and materials relevant to project delivery and a proactive commitment to timely dissemination and knowledge sharing.

3.2   List of research and innovation outputs produced that are considered **by award holders** to be most significant in contributing towards high quality applied global health knowledge with strong potential to address the needs of people living in low and middle income countries.

All award holders noted specific activities, rather than outputs, to have been the most important feature of their work over this reporting period. For example, the establishment of ways of working between partners and/or the identification and involvement of critical stakeholders in project governance groups. This is to be expected for projects at this stage of their evolution; it is too early to expect a significant volume of new knowledge and tangible outputs arising from the research. Consequently, for this reporting period the outputs specifically highlighted by the award holders were either project and subject matter awareness and profile-raising initiatives such as conference presentations, or the critical protocols and process-related documents that have to be in place to enable planned work to go ahead. Out of all the different kinds of outputs reported these were noted by the award holders to be the most significant in paving the way for the future intended activities of the project.

Project specific outputs example [2]

The DiaDEM team (NIHR200806) noted their presentation at the World Psychiatric Association International Conference in Lahore, Pakistan, as a significant output in this reporting period. The presentation introduced the DiaDeM project and conveyed the importance of considering mental and physical multimorbidity, and specifically depression in diabetes, to an audience of clinicians, mental health professionals, pharmacists, pharmaceutical companies, researchers, medical students and policy makers in Pakistan.

Project specific outputs example [3]

Project SPARK (NIHR200842) highlighted a policy brief targeted to representatives of the Ministries of Health and Education in Ethiopia as a key output from year 1 of their research. The team noted an increasing awareness among policy makers of the needs of families with children with developmental disorders; the new Ethiopian National Mental Health Strategy (2020-2025) lists child developmental disorders as a priority condition for the first time. The policy brief produced by the project team is intended as a useful resource to support officials responsible for planning for development and scale-up of health and education services for children with developmental disorders in the country.

3.3   Lead/senior authorship

There has been a total of 53 reported outputs including two peer reviewed publications generated from the RIGHT 2 portfolio during this reporting period.

For each reported output award holders were asked to identify the author and/or owner by institute and country. Of the 53 reported outputs, thirty-six (~68%) included at least one author based within the UK partner organisation, and 43 (~80%) included at least one LMIC based author. Breaking this down further, 34 outputs were attributed to South Asia based partner LMICs (Pakistan, Bangladesh and India), with a further 8 outputs attributed to Africa and Middle East partner LMICs (Ethiopia, Kenya, Nigeria and Lebanon). This distribution is reflected in Figure 4.

Figure 3: Location attribution of reported outputs from the RIGHT Call 2 portfolio in year 1
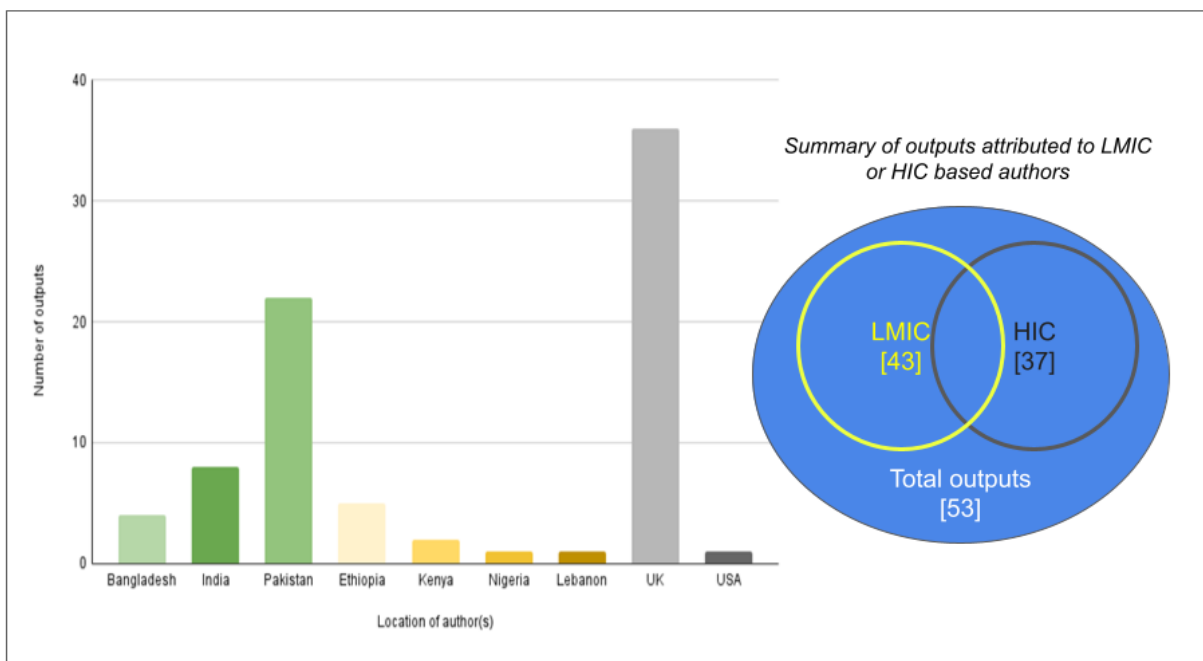
All RIGHT Call 2 awards are contractually managed by a UK-based lead HEI. However, the call was deliberately structured to mandate the inclusion of LMIC based partners in equitable partnerships. Shared responsibility and credit for dissemination of the project findings is an important facet of a project's approach to equity. The involvement of LMIC-based partners in the generation and ownership of approximately 80% of reported early

outputs is encouraging and data on this will continue to be collected in the next Annual Reviews to monitor this.

At the time of reporting only two of the six projects had reported generation of articles for peer reviewed journal publication. There were two articles cited by the SPARK project (NIHR200842) and one by PIECES (NIHR200824). However, none of these articles were accessible in final published format at the close of the reporting period. One had been through peer review and accepted for publication, the others were undergoing review. All three (100%) reported submissions were attributed to female senior authors but only one of the submitted articles (25% of the total) was attributed to an LMIC-based lead or senior author. Both the number of published peer-reviewed academic articles and the relative contribution of LMIC-based researchers is expected to increase in the future, as the partnerships become more established, and the projects begin to generate novel data and findings that warrant dissemination.

Informing policy, practice and individual/community behaviour in LMICs

3.4   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

It is currently too early in the delivery phase of RIGHT Call 2 projects to expect evidence of theme specific policy, practice, or community behaviour outcomes. The key activity expected from award holders during this reporting period was the identification of key stakeholders (e.g.: relevant policy makers, practitioners and communities) and the establishment of the enabling structures and relationships that ultimately facilitate dialogue and impact.

As noted in section 2.3 all award holders have reported successful establishment of structures to facilitate community engagement and involvement. In addition to the inclusion of "people with lived experience" these groups often include local policy makers or service providers that the project is seeking to influence. The breadth of engagement across the portfolio has met our expectations. Local and national level policy makers, health service providers, practitioners and local NGOs are each represented within the governance structures of projects, indicating that award holders have successfully identified and

established connections with influencers considered key to achieving their project's impact objectives.

Reporting from award holders reflected the value of positive two-way dialogue between communities and researchers. Across all projects the various external advisory groups were universally credited with bringing valuable context specific information into the projects helping to shape the direction and expectations of the researchers. Furthermore, there are already a number of notable examples of these meetings directly and tangibly changing or influencing project direction, resourcing and implementation.

Project specific examples of influencing policy, practice and communities [1]

In the SUMMIT project (NIHR200851) the local Community Advisory Boards (CABs) in Kenya and Lebanon provided insights that led to the project devising new training materials for community health-workers, and changes to the plans for local implementation.

"Kenya Community Advisory Board 26.10.2021: The inclusion of policy makers, practitioners, third sector and members of the public in the first CAB meeting in Kenya enabled discussion of how the support of family members for trial participants (e.g. the participant's mother in law) could be encouraged, and how existing training materials for workers providing mental health support could be enhanced to support the study. The meeting also provided an opportunity for the London team to learn more about current MH service provision in Nairobi County."

"Lebanon Community Advisory Board 15.07.2021: The inclusion of policy makers, practitioners, third sector and members of the public in the first CAB meeting in Lebanon created a dynamic discussion about how the trial should be implemented locally and the potential long-term impacts of the study."

Project specific examples of influencing policy, practice and communities [2]

The PIECES project (NIHR200824) reported an overall increase in the scope of their study as an outcome from their first workshops using arts-based participatory approaches to stakeholder engagement.

"For the Theatre of the Oppressed workshops, engagement from the clinical and research team has been surprising and the interest in expanding the direction of using the methodology as a tool for raising awareness, connecting communities and opening

dialogue. Based on the experience so far, teams are shaping their community engagement plans to include some of the techniques as outreach strategies. The scope and ambition of this component of the project has also been increased due to the initial successes".

Other projects specifically reported national and local level initiatives, outcomes or decisions that ultimately increase the chances of their project findings and recommendations being adopted and sustained.

Project specific examples of influencing policy, practice and communities [3]

Vital partnerships have been attained with national level stakeholders in the Government of Bangladesh in relation to project DIADEM (NIHR200806), primarily through their involvement in the project's advisory group (DiaDem Expert Reference Group). Key stakeholders include the Line Director on NCD Control in the Directorate General of Health Services, Ministry of Health and Family Welfare, who has committed to work on facilitating the incorporation of Behavioural Activation into the NCD mental health policy of Bangladesh; The Director General of Medical Education, Directorate General of Medical Education, Ministry of Health & Family Welfare, who has agreed to work on incorporating Behavioural Activation in the undergraduate medical curriculum of Bangladesh; and the Director of the National Institute of Mental Health (NIMH), who provides an advisory role including updating and informing on relevant national data regarding mental health. Similarly, in Pakistan, various national level policy makers and institutes have been contacted and invited to the collaboration. These include representatives from WHO, Punjab Prison and Social welfare departments. These stakeholders attended the DiaDeM launch event and were interviewed as part of the qualitative study.

The expert group also includes critical decision makers at a more local level. For example, the involvement of heads of department or heads of function within specific hospitals in both Pakistan and Bangladesh have been critical to secure commitments for the involvement of their respective facilities and staff in the project. Local level community advisory panels include a valuable mix of people with lived experience, subject matter relevant NGOs, and healthcare professionals and support workers. Collectively, the project's expert reference groups and community advisory panels are ensuring that the project leaders are being guided both by the voices of those affected by diabetes and depression, and those with responsibility and decision-making powers for the health and care systems that serve that population.

Project specific examples of influencing policy, practice and communities [4]

In the SPARK project (NIHR200842); "The inclusion of children with developmental disorders as a priority group within the Ethiopian National Mental Health Strategy strengthens our mandate when working to engage with health workers and health administrators to implement CST (Care-Giver Skills Training). Furthermore, this increases the chances of uptake of findings from SPARK and potential for sustainability."

LMIC and UK researchers trained and increased support staff capacity

3.5   Aggregate level summary across awards of individual capacity strengthening supported by at least 25% NIHR award funding

During the reporting period, RIGHT Call 2 funding contributed to the employment of a total of 164 individuals (82.8 FTE) across eleven countries. Within this overall resource is a subset of individuals that are being specifically supported to undertake relevant professional training or academic programmes of study.

The NIHR Academy definition of GHR Academy Members for the period in question, is "individuals undertaking formal training/career development awards that are competitive, include a training plan, have a defined end point and who are in receipt of at least 25% NIHR award funding". As of 30 September 2021, three of the RIGHT Call 2 projects had identified 27 individuals that met the definition of GHR Academy Member. NIHR CCF expect to see an increase in future years. The majority (97%) of these Academy members are directly employed by an LMIC partner organisation and undertaking the main body of their study in an LMIC location. Fifteen individuals are being supported to undertake recognised professional academic research qualifications (Masters, Ph.D. or post-doctoral training) in a discipline relevant to the study theme. A further 12 individuals are being supported to develop skills in vital research support functions.

A breakdown of the type of training undertaken by NIHR Academy Trainees from RIGHT Call 2 awards is shown in Table 3, and the primary location of these academy members (employer location or site of training activity) is displayed in Figure 4, below.

Table 3: Summary of NIHR Academy Members from RIGHT Call 2 awards

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
MSc/MA	1	100%	100%
PhD	10	90%	70%
Postdoc	4	50%	75%

Professional training for non-research support staff (e.g. research manager, finance, admin, community engagement practitioners etc)	12	100%	58%

Figure 4: Primary location of study and career stage of NIHR Academy Members and other trainees supported by RIGHT Call 2 awards
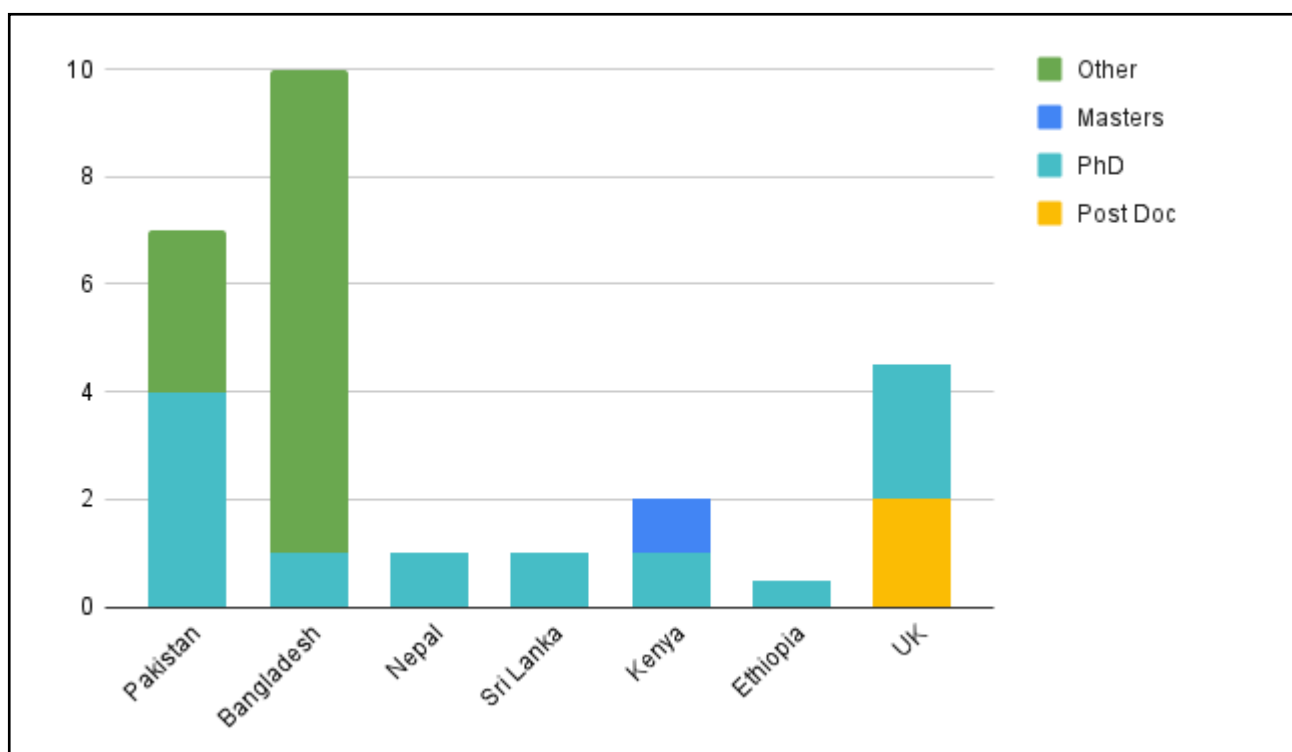
Project specific example of supporting individual capacity development [1]

In the ENHANCE project (NIHR200817) the majority of planned activity and intended outcomes are centred on Pakistan but the capacity development angle of the project seeks to engage researchers in neighbouring countries, Nepal, Bangladesh and Sri Lanka.

"A Collaborative Learning Group (has been established) and is chaired by our LMIC co-Investigator, Dr Siham Sikander. The training needs of our cohort of Fellows is determined by the needs of individual partner organisations based on country-needs."

The partner sites have each developed their own protocols for small projects to be conducted by their trainees . The protocols are of an applied nature and, in addition to

developing capacity of supported early career researchers, will contribute to addressing key research gaps in the delivery of care to women with perinatal depression in partner countries.

Projects SUMMIT (NIHR200851), NIHR200824 (PIECES) and NIHR200846 (TRANSFORM) have not yet recruited or appointed Academy Members, although their original project proposals and workplans include individual capacity strengthening elements. Project NIHR200851 is still at an early stage and expects to appoint trainees that would qualify as Academy Members in the next reporting period. Similarly, trainees are expected for the TRANSFORM (NIHR200846) project. However, this project was unable to establish the planned programme of work in India and elected to establish alternative partnership arrangements in Bangladesh in September 2021. The general capacity strengthening aims of the project are not expected to change and trainees were expected to be in place in both Nigeria and now Bangladesh by the end of the first year of activity. The delay to recruitment of trainees is an understandable if unfortunate consequence of the inability to work in India and the time it will take to re-start the work in Bangladesh.

Project specific example of supporting individual capacity development [2]

Although the TRANSFORM project (NIHR200846) did not report any trainees meeting the definition for Academy Member, they have noted providing and/or enhancing training opportunities for an individual associated with their work.

"We have also provided the Ibadan project manager with a visiting researcher fellow status at Warwick, so she can benefit from all the necessary training required for TRANSFORM from Warwick."

LMIC institutional capacity strengthened

3.6   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 within a national research ecosystem.

Across RIGHT Call 2, 74% of the project supported FTE resource is located in LMIC settings. All RIGHT Call 2 awards are expected to deliver sustainable improvements to local capacity for research and /or mental health care services and systems. At the institutional level there are a variety of activities embedded within each project to build research and service capacity and capabilities in the LMIC partner organisations.

Five of the six projects in this portfolio reported a variety of capacity strengthening initiatives undertaken during the first year of activity. The sixth project noted that their specific capacity strengthening activities were not scheduled to commence until a month after the close of the reporting period. In total, 30 different training events were reported as specific capacity development activities undertaken in the reporting period. Each of these events provided specific learning opportunities for between 4 and 45 individuals, amounting to a total of 467 individual learning experiences. The majority of training events were undertaken as a virtual /remote experience. These training events occurred in a variety of formats, ranging from 1-hour lectures, 1-day tutorials and workshops to multi-day conference type events. The majority of the events were training courses specifically intended to impart knowledge and develop the specific skills required for conduct of the planned research, and attendance was limited to staff directly engaged with and supported by the project. However, a number of the virtual events including workshops for training in specific techniques and a few project-specific conference-like events aimed at raising awareness of the project, were open to a wider audience. These open or wider access events are expanding the impact of the RIGHT Call 2 funding, beyond what was originally envisaged, by providing opportunities for non-project supported staff to participate and benefit from the training on offer.

Project specific example of institutional capacity strengthening activities and outcomes [1]

The PIECES project (NIHR200824) reported specific sensitisation training aimed at those working with people with experience of psychosis. The training was delivered by the India based partners (SCARF) to various Arts partners and researcher teams in Pakistan. The

training has already delivered benefits to the project work. It has provided a mechanism for the different country teams to come together to jointly assess the risks, benefits and challenges of working with patients with experience of psychosis and their carers. The award holders reported the outcomes of the training to include an easier recruitment and retaining process, improved risk understanding and mitigation, and a more empathic outlook from researchers.

Project specific example of institutional capacity strengthening activities and outcomes [2]

Project DIADEM (NIHR200806) reported providing specific training for the research team on recognition of depression. This included work to develop an informational video about diabetes and depression in Urdu and Bangla (with English subtitles) which is intended for use as a key training resource. This team also reported starting work to introduce the researchers, counsellors and supervisors engaged in the project to Behavioural Activation (BA) therapy. These early trainings form the first tier of capacity strengthening activities planned for this project - getting the research teams up to speed with knowledge and know-how that will eventually cascade to healthcare workers involved in delivery of the BA intervention. These initial training sessions were delivered as a hybrid mix of remote and face to face interaction, and the sessions were recorded. Recording the training sessions has provided a mechanism for wider impact – creating a resource that can be accessed repeatedly for refresher training and shared among a wider cohort of trainees.

Project specific example of institutional capacity strengthening activities and outcomes [3]

In the ENHANCE project (NIHR200817) activity specific training in Human Centred Design was provided to the entire research team and their community-based colleagues (termed 'experts by experience') to support their endeavours to create a technology platform to assist with delivery of the Thinking Healthy Programme. The concepts of Human Centred Design are not limited to this particular project activity, and consequently this training has provided the organisations associated with this work with the basic foundations for conducting this kind of design-based research. The approach was also noted to underpin the community involvement work, supporting the experts by experience to become more confident and cognoscente of the value of their input to the research and design process.

"Training on Human Centred Design (HCD) was critical to help all experts by experience involved in the development of the tech-assisted THP. This helped remove barriers and potential inhibitions in contributing ideas openly and freely."

Project specific example of institutional capacity strengthening activities and outcomes [4]

Similarly, project TRANSFORM noted the value of cross-project training initiatives to widen the experience of specialists and facilitate cross-disciplinary and cross-context work:-

"We are working with an interdisciplinary group of scholars with a variety of academic and clinical backgrounds, including social science, psychiatry, public health and social work. By co-developing training material to cover all aspects of WP1 (and aspects of WP2), we have been able to strengthen the team's foundational knowledge about methods for researching contextual understandings of mental health, qualitative and ethnographic research methods, design and analysis, and make effective use of expertise at Warwick and Ibadan to build the capacity of novice researchers".

3.7   Aggregated distribution of support staff (for the purposes of understanding how wider research support responsibilities are divided between LMIC and HIC institutions)

All RIGHT Call 2 projects include provision for LMIC based administrative programme management and financial management support. 75% of all reported support personnel FTE (non-research staff) is based in an LMIC.

Table 4: Research support staff resource supported by RIGHT Call 2 funding

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
Employed in LMICs	16.7
Employed in UK	4
Employed in other HIC	0.05

Equitable research partnerships and thematic networks established/strengthened

3.8   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).

The requirements around partnerships were strengthened following after-action review of RIGHT Call 1, to mandate (rather than encourage) the inclusion of LMIC based researchers as co-applicants for RIGHT Call 2 applications. The RIGHT call remit includes a requirement for equitable partnership, and funding committees are required to assess the composition (expertise, relevance and balance) of the proposed project team when making recommendations for funding. These steps help ensure that the funded projects, although contracted to a UK organisation, include LMIC based researchers in meaningful roles with appropriately recognised responsibilities within the proposed project structures.

The funded projects within the RIGHT Call 2 portfolio each featured between 5 and 9 LMIC based co-applicants (research leaders with specific expertise), representing between 33% and 67% of the total number of named co-applicants in the proposal. Each application included statements of intent around equitable partnerships, involving clear responsibility for delivery of specific elements of the research by LMIC partners.

As the contractor the UK partner is directly responsible for reporting to NIHR, and for ensuring their partners and sub-contractors are compliant with the expectations and contractual terms set by NIHR. This creates an unavoidably hierarchical structure that needs to be considered (and to some extent countered) in relation to the concept of equity in partnerships. Over the course of this first reporting period the projects have focussed on putting in place appropriate governance arrangements that address the legal contractual requirements, but which are also key to facilitating and enabling their commitments to equitable partnership. This includes generating the legal arrangements that underpin the collaboration (Collaboration Agreements, MoUs, sub-contracts), agreeing requirements, processes and responsibilities for management and reporting within each project, establishing representative cross-institutional and/or cross-country committees and groups for driving and monitoring delivery and financial performance, identifying and recruiting critical planned resources.

All projects reported establishing structures and mechanisms that include appropriate representation and responsibility for LMIC partners, honouring the commitment for shared ownership and delivery of objectives and/or specific workstreams across their partnerships. A number of workstreams are directly led by a named LMIC co-investigator. Others are reported as shared responsibility across the project team. In many cases the approaches adopted for managing the work included specific initiatives to encourage the participation of junior researchers, female researchers, and/or non-academic project participants (patient and community representatives), who have been traditionally less visible in research.

Example of project specific arrangements to facilitate equitable partnerships [1]

The DiaDEM (NIHR200806) project reported:-

"All workstreams are jointly led by LMIC and HIC partners. All partner organisations are part of the Programme Management Group (PMG). The PMG is the main decision-making body for the programme. In addition to ensuring all organisations are represented, the PMG involves both senior and junior members of the team. Addressing inherent power imbalances is challenging, given the varied expertise and experience across organisations in LMIC and HIC. Nevertheless, we have taken steps to try to achieve this by distributing roles and responsibilities across organisations. PMG meetings have an agenda circulated beforehand, with opportunity for all partners to add items. Minutes are circulated to the whole group and need to be approved by members. Decision making is therefore open and transparent, with collective responsibility shared by the group."

And as a specific example of arrangements designed to divest greater autonomy and enhance the LMIC role in the management of the project this group noted:

"In a change from original plans, we have appointed a programme manager (a key position) who is from an LMIC, transferring funding from York to IoP to support this. We wish to continue this arrangement, as we think it strengthens equitable partnership working, as well as building LMIC research management capacity."

Example of project specific arrangements to facilitate equitable partnerships [2]

The SPARK project (NIHR200842) is contracted to KCL but the project's internal working arrangements have been structured to reflect the real balance of responsibility. The governance arrangements for this project are such that responsibility for driving the project jointly shared by the UK-based PI and a Kenyan PI. Once a month the central

management committee meets, the co-PIs alternate in chairing these meetings, ensuring equitable sharing of lead responsibilities. The meeting chair sets the agenda but invites agenda item contributions from all other committee members, with representation from Kenya, Ethiopia and the UK.

The SPARK team also host monthly technical meetings, focusing on a specialist topic. These meetings are chaired based on current expertise and roles within SPARK. For example, the Kenyan team leads on activities associated with health economics and implementation science, while the Ethiopian team leads on trials statistics, each meeting supported by additional expert input from UK-based investigators.

Although it is early in project lifecycles there is already emerging evidence of development and expansion of professional networks that should contribute to the overall capacity and sustainability of mental health research within the partner LMICs. As reflected elsewhere in this report each project has established new forums to bring together stakeholders for the purposes of delivering the project. Many of these represent novel connections between previously isolated researcher communities: bringing together different research disciplines and expertise from different institutes countries and contexts, enabling knowledge sharing and opening new opportunities for future collaboration.

There are also new and significant connections between the researcher community and the decision makers for the services they are seeking to influence. These connections at local, national and international levels are considered critical for the dissemination and ultimate uptake of project findings, and if well managed can be expected to endure and/or pave the way for continued dialog and connectivity beyond the life of the project. Similarly, the establishment of project structures facilitating the inclusion of the patient or public voice in research are important to strengthen the capacity in community advocacy for mental health services.

Project specific example of new networks and partnerships [1]

" The SPARK project (NIHR200842) has established an International Scientific Advisory Committee (ISAC), including senior international researchers (from the UK, South Africa, The Netherlands, and India) with expertise in developmental disorders in low resource settings, and representatives of advocacy groups"

3.9   Aggregated HIC/LMIC spend across all awards

Table 5: Distribution of committed funds across all RIGHT Call 2 awards

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC institutions	6,792,555	33%
LMIC institutions	13,791,319	67%
All institutions	20,583,874	100%

4. Value for money

Delivery partner to summarise their approach towards ensuring value for money in how the research is being undertaken.

4.1 Economy

Applicants for RIGHT funding are required to submit a detailed budget alongside their proposal. The budget form is scrutinised as part of the funding decision process, to ensure all proposed costs meet eligibility criteria and are appropriately justified. Award holders have noted use of the NIHR funding guidance for applicants when planning their original budgets.

NIHR CCF conducts a number of assurance assessments to monitor award expenditure. This starts with very thorough due diligence for the lead award holder (the contractor) ahead of contract issue. NIHR further expects the contractors to conduct due diligence on all downstream partners (subcontractors) and report back. Due diligence includes review of the contractor's key policies such as procurement, travel and subsistence, HR, finance, and staff salaries. This review includes value for money considerations.

The quarterly reporting system is intended to support timely monitoring and awareness of project specific expenditure. The QSTOX templates were updated during the reporting period to include a requirement for providing Lists of Transactions (LOT) each quarter rather than at project close. Examining LOTs enables CCF Finance to provide further assurance that award holders spend is in line with expectations and eligibility criteria. The initial request sought LOT information from the start of the project to the close of FY21/22 Q2. 50% of the award holders struggled to comply with the deadlines for this initial request, noting the volume of data and differences in formats and practices across all partners as contributing factors. CCF Finance colleagues continue to review LOT submissions, providing feedback on content and outlining any concerns and actions required as appropriate. LOT will now be a permanent fixture of QSTOX reporting. Although this represents an increase in the amount of detail required each quarter it should save time and burden in the longer term. LOT has always been a mandatory requirement at project close, and this initial experience confirms that award holders find it preferrable to collect and collate data each quarter than providing a single larger return covering a greater time span.

Any contracted organisations may also be selected as part of the NIHR Annual Funding Review (AFR) process and assurance visits. AFR focuses on governance arrangements, financial controls, finance management, finance systems, and compliance and risk management. Five of the six UK contractor organisations involved in RIGHT Call 2 have been assessed via the AFR process within the last five years (between 2017 and 2021). AFR feedback to the contractors supports them to put in place policies and practices that comply with NIHR finance expectations and demonstrate value for money (VfM) in their expenditure.

The award holders have referenced putting in place collaboration agreements that propagate the terms and conditions of NIHR funding throughout their delivery chain, as an example of their approach to ensuring VfM. One award holder has reported use of preferred supplier agreements for procurement of basic consumables at preferential rates as an example. The same team also reported establishing a system where purchase and shipping of consumables and materials by the lead contractor in the UK is considered if this offers better value for money than the same purchase directly from an LMIC partner country.

4.2   Enhanced efficiency

CCF have incorporated specific initiatives into the RIGHT application process designed to maximise the outputs from funded awards. However, at this stage in the life of RIGHT Call 2 awards it is too early to assess the efficiency of conversion of inputs (funding) into outputs, outcomes and impacts (results).

All RIGHT call applicants successful at stage 1 and invited to submit a stage 2 application, are invited to attend an 'Impact workshop', designed to assist applicants to consider the pathway to impact for their research. This enhances the quality of the applications received by encouraging a more consistent and objective articulation of impact across the different proposals. This in turn supports the funding committee to better assess the likelihood for achieving intended impacts and meeting the aims of the call.

Applicants invited to submit a stage 2 application were also eligible to apply to a Proposal and Partnership Development Award. The award provides up to £10,000 to support applicants to undertake exploratory meetings, scoping visits and workshops with their potential partners. This helps to refine project plans, reveal requirements for specific support within a project, and/or enables teams to better understand context specific issues. In this way the award supports award holders to identify barriers or potential

problems ahead of contracting and encourage better planning and resource allocation for management of collaborations. Five of the six funded projects in RIGHT Call 2 applied for and used PPDA. Each application noted the value of the award for improving the quality of their proposal. To further understand the impacts a question was added to the RIGHT Call 2 APR template to elicit evidence from the award holders of whether the PPDA funding had any notable impacts on the efficiency of contracting, project start up and delivery. All recipients noted the value of being able to meet potential partners, and many reflected on the value of being able to physically visit the context for the planned research. Especially considering the subsequent impacts of the pandemic on abilities to travel and meet in person.

Project specific example of PPDA value [1]

Project DiaDEM (NIHR200806) "Having met in person played an important role in allowing us to start on time, despite the challenges, and get Collaboration Agreements signed by all organisations in a timely way. Partner organisations also started working e.g., holding community panels, even before all agreements were signed, again because of the trust we were able to establish early on."

Project specific example of PPDA value [2]

Project SPARK (NIHR200842) "In retrospect the meeting was essential as there was only one further opportunity for the team to meet (during a conference in Addis Ababa held in January 2020); meeting in person has been impossible since due to the pandemic. Meeting virtually throughout the first year of SPARK has worked well, but connections would have been a lot more difficult to establish had there not been the opportunity for in person partnership building in Nairobi in August 2019".

CCF have delivered and/or contributed to cross NIHR activities and initiatives to support knowledge translation, facilitate partnerships and network development and minimise duplication across NIHR. As part of continued commitment to raising standards of compliance and assurance the cross NIHR IP team, supported by CCF staff, ran a workshop in March 2021 supporting award holders to understand IP and assurance issues and expectations. The UK based contractor organisations for all active RIGHT awards (including this RIGHT Call 2 portfolio) were invited to send appropriate project management and research staff to this event. During the course of the reporting period CCF staff also contributed to work to develop public facing advisory materials including the NIHR GHR Safeguarding Policy, and a document outlining Financial Management

Expectations for award holders. These documents were published on the NIHR website just after the close of this reporting period.

CCF worked with colleagues at the NIHR Academy to ensure that relevant RIGHT Call 2 staff were able to attend the NIHR Academy Training Forum events in June 2021, and aware of capacity development opportunities such as the NIHR Academy funding scheme's SPARC (Short Placement Award for Research Collaboration) and PTTA (Presentation and Training Travel Award).

4.3 Effectiveness

The quarterly reporting system is intended to support timely awareness of project specific delays and issues, thereby improving the efficiency of CCF interventions, escalation to DHSC policy leads, and/or decision making.

RIGHT Call 2 awards are expected to deliver benefits (outputs, outcomes and impacts) relevant to the DHSC GHR Theory of Change. The evaluation metrics for these awards are defined by key indicators outlined in the GHR Indicators framework. Relevant data is collected from each award throughout the funding cycle with some key metrics collected via the application form, some collected and updated regularly through quarterly reporting, and others collected via APR processes.

In 2020, NIHR CCF developed a bespoke RIGHT APR template, which seeks to capture data on the key evaluative objective metrics from the DHSC GHR Theory of Change (that are not addressed at application stage or via quarterly reporting), but also enables award holders to reflect against their own project level theory of change, so as to contextualise progress for each individual project. Award holders are contractually obligated to complete an APR. Their report provides us with relevant data and evidence to inform our assessment of the award holder's progress toward intended impacts. The data from award holder APRs reports is analysed and synthesised (along with information from the quarterly reports) to generate this Annual portfolio level review. In June 2021, ahead of issue to the RIGHT Call 2 award holders the APR template was revised following an after-action review looking at the returns from the first round of RIGHT call 1 APRs (see section 7 for further detail). Modifications were made to question format and guidance notes with the intention of improving the clarity of the questions for award holders, and to encourage the reporting of key quantitative data for specific questions. The intention was to create a

more efficient and effective template therein reducing the burden of reporting for the award holder, and the efficiency of review and synthesis by the CCF monitoring team.

4.4   Equity

As part of the commissioning/assessment process for RIGHT awards, consideration is given to the composition of the Funding Committee and the selection of peer reviewers in terms of gender, nationality and geography.

RIGHT has demonstrated that it is possible for funders to design equity into the application process through the meaningful integration of CEI. All Stage 2 funding applications are assessed for evidence of how marginalised/vulnerable communities have been involved in shaping the research proposal. This approach has led to inclusion of community co-applicants who are experienced patient advocates with a long history of championing equity issues locally, nationally and globally. One notable example in the RIGHT Call 2 portfolio was co-Applicant, Zemi Yenus, who was an integral part of the SPARK (NIHR200842) project team. Zemi was a pioneering advocate for children with autism in Ethiopia, and instrumental in the set-up of key governance and community engagement structures within the project. Zemi helped to ensure that the Project Advisory Committee (PAC) was formed of parents and caregivers of children with developmental disorders who were facing severe challenges and stigma. Her involvement as a person with lived experience, empowered other members to speak up and share their experiences and thoughts. Zemi sadly passed away in 2021 but her early work with SPARK is expected to leave a strong legacy and foundation for equitable and ethical engagement of communities.

Other reporting from RIGHT Call 2 award holders has provided good examples of systematically identifying relevant stakeholders (including those who are considered marginalised or vulnerable) through community outreach activities (PIECES, NIHR200824) and conceptual mapping to gain an understanding of the local communities and their behaviours (SUMMIT NIHR200851). And overall, across the portfolio reporting indicates that potentially marginalised and vulnerable community representatives (persons with lived experience of mental health issues) have been involved in an early and sustained manner in the planning, design, development and implementation of the work. Providing evidence that award holders have understood and taken on board the key messages about the expected role of the community and the value of designing ethics and equity into engagement with stakeholders.

The RIGHT APR template demands basic anonymised quantitative demographic data on the research team and support staff, enabling us to monitor the gender and nationality balances in each project over time. The APR template also seeks to elicit information about the nature of communities involved, engaged and /or impacted by the research. In addition, the RIGHT project monitoring approaches facilitate supportive dialog between CCF DPOCs and project teams to promote messaging around equity expectations and share appropriately anonymised examples of good practice. Together the APR data, and quarterly engagement between CCF DPOC and award holders helps identify and understand the equity issues of the projects, and to take these issues into account when reviewing processes or developing support packages.

- How are you (the delivery partner) ensuring that the funded research benefits vulnerable groups to improve health outcomes of those left behind?

During assessment of RIGHT applications, two members of the CCF secretariat independently assess the ODA-eligibility of applications, part of which includes checking for evidence that the research will benefit the most vulnerable groups. The funding committee members and peer reviewers are asked to comment on whether the applicants have considered ethical, safeguarding and gender issues. They are also asked to comment on whether the application includes appropriate sample selection, community engagement and involvement and the potential for impact and scalability of the project to improve health outcomes for vulnerable populations.

The requirement for CEI in the RIGHT awards also facilitates a strong bottom-up approach, supporting the inclusion and representation of marginalised and vulnerable communities affected by the themes addressed in the call. The delivery of activities, outcomes and benefits are tracked throughout lifetime of the award as part of regular reporting and monitoring processes. The APR template seeks specific details on the groups included and engaged through RIGHT, enabling us to track the engagement and empowerment of these individuals throughout the lifetime of the award.

During this reporting period as part of our commitment to support award holders to ensure their research provides benefits to vulnerable groups the CCF CEI team partnered with the Institute of Development Studies (IDS), experts in international development research and citizen participation. This partnership has produced a learning package to support NIHR GHR applicants and award holders to achieve real and sustained engagement with communities and stakeholders. The three-part learning package on meaningful ethical and inclusive considerations of community engagement and involvement, provided award

holders with information about NIHR's approach to CEI and examples of best practice in CEI. These events generated CEI resources and guidance documents on what meaningful, ethical, and inclusive means to CEI practitioners in the field and offered theoretical and practical guidance to researchers. For example, a podcast on *"what does it mean to take a 'leave no one behind' approach to community engagement and involvement in global health research?,"* is a collective reflection on what the practitioners have learned in practice when seeking to meaningfully engage groups and individuals who experience multiple and intersecting forms of marginalisation and vulnerability. The materials are permanently available on the NIHR website, as part of a "CEI toolkit" intended to help researchers understand and deliver NIHR expectations for CEI within Global Health Research programmes. As well as inviting RIGHT Call 2 award holders to participate in the NIHR-IDS co-led events and sharing the resulting resources, the CCF based CEI team have also offered on-going trouble-shooting type support to all RIGHT award holders throughout the reporting period. They have supported award holders by answering CEI related queries, sharing ideas for best practice, and signposting to relevant resources.

As RIGHT progresses, CCF expect to continue to work with Award Holders to generate examples of best practice that can be shared with the wider Global Health Research community.

4.5   List of any additional research and infrastructure grants secured **by LMIC partners** during the course of this NIHR funding

Only one of the projects has indicated LMIC based partners securing additional funding related to the project subject themes during the course of this reporting period.

Table 6: Additional funding for RIGHT Call 2 award LMIC partners

RIGHT project	Funding recipient	Funding source	Funding committed	Title or reference details for funded award
NIHR200842	Aga Khan university (Kenya)	Hilton Foundations	$3.47M USD	Evidence-Based Policy, Planning, and Development – Supporting Children's Holistic Development in Marginalized Communities

5.Risk

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

Table 7: Most significant risks

Risk	How is the risk being managed/mitigated?	Current status
Risk category: Delivery & financial.\n\nDisruption of project delivery due to the global COVID-19 pandemic	CCF manages and monitors RIGHT Call 2 through a system of ongoing communication with award holders, quarterly reporting and re-profiling of scheduled activities and spend where appropriate.\nQuarterly reporting from award holders provides regular assessment of whether award specific deliverables and overall objectives are at risk. Based on analysis from Quarterly reporting we can advise DHSC and the award holder whether progress can be maintained and /or assess the likelihood that extensions and/or significant changes will be required. Where issues are identified CCF DPOCs can then work with the award holder to agree changes and /or mitigations in a timely manner.	ACTIVE (High Risk)\nThe COVID-19 pandemic continues to affect project delivery. All risk registers from award holders reflect this as both a current issue that requires active management and/or an enduring risk. In many cases COVID is reflected as a contributory factor to other specific operational delivery risks* associated with the project.
Risk category: Delivery & Security\n\nDeterioration of local LMIC political and/or security situation prevents delivery	CCF generates project level risk assessments ahead of contracting, utilising information from publicly available sources (e.g.: FCDO travel advice, and Transparency International's corruption perceptions index) to create a baseline assessment of the security and political volatility of each partner country. These assessments are reviewed quarterly. Intelligence from news and situational reports is also considered, as well as the award holders processes for risk identification, mitigation and management, and escalation. CCF reserves the right to increase the frequency or detail of reporting from the award holder in the event of a change in risk (particularly a decrease in stability and increase in the likelihood of no notice events).	ACTIVE (High risk)\n\nAll RIGHT Call 2 projects are delivering work in places with some degree of volatility.\nIn particular, two of the awards involve activities in currently volatile sites (Ethiopia and Lebanon).

Risk category: Delivery - feasibility* and sensitivities Insufficient numbers of patients/participant enrolled in study: trial considered non-viable or unlikely to be statistically robust.	A number of award holders have noted the difficulties of enrolling patients to Mental Health studies, due to known cultural barriers and stigma. Others have reflected that there may be specific regional and cultural factors that make this work contentious or sensitive. Award holder owned risk registers and study plans outline appropriate measures to manage and mitigate these issues. Independent and locally relevant ethical review is a contractual requirement for all studies. Evidence of ethical review is a mandatory deliverable. CCF's quarterly reporting processes ensure regular awareness of progress with trial recruitment and management. (See risk 1 above).	ACTIVE (Medium risk)
Risk category: Financial Exchange rate fluctuations result in insufficient overall budget to deliver all planned work	A document "Financial Guidance for NIHR Global Health Research Programme Contract Holders - Exchange Rates", explains to contractors NIHR's expectation on exchange rates.	ACTIVE (Medium risk)
Risk category: Political UK Aid funding reductions affect UK, LMIC and international partner organisation resources, limiting their ability to participate in the research	CCF manages and monitors RIGHT Call 2 through a system of ongoing communication with award holders, quarterly reporting and re-profiling of scheduled activities and spend where appropriate. (See risk 1 above).	ACTIVE (Medium risk)

It should be noted that all RIGHT Call 2 award holders have successfully navigated the disruption due to COVID-19 throughout the life of their award to date. Project teams have done well to establish successful remote working arrangements and maintain situational awareness across partners during this early start-up phase of work. Award holders have been proactive at reporting risks and issues, and they have been supported to make significant changes to workplans where appropriate. The CCF Quarterly Reporting processes continue to provide important insight into the likelihood of delays and limitations

to immediate planned activities, and on the likelihood of longer-term consequences. As the projects move towards work that necessitates direct engagement with already over-stretched or scarce mental health and care services it is likely that further challenges (and /or opportunities) will emerge. NIHR CCF will endeavour to maintain timely awareness of likely impacts and requirements for change via the established reporting and communication mechanisms that underpin RIGHT award management.

5.2   Fraud, corruption and bribery.

All RIGHT Call 2 award holders are required to have Anti-Fraud, Bribery & Corruption policies. The policies of the contracted award holder are checked as part of due diligence. Milestones are included in the project activity schedules for delivery of appropriate policies where there are none, or where improvements are required.

Award holders are required to check and ensure that their downstream partners (sub-contractors or collaborators) also have these policies in place. Where policies are missing or considered inadequate the contractor is expected to support the partner to develop appropriate policies and mitigation measures. In many cases, as a means to expedite a workable solution for the start of the project the partner agrees, via the terms of the collaboration agreements, to adopt the current policies of the contractor. In this way the partner is able to demonstrate compliance with project requirements and can work towards developing their own institution specific policy in due course.

As part of their APR submission award holders are also asked to report any fraud bribery corruption and/or misconduct issues. There were no issues reported.

5.3   Safeguarding

As part of the APR contractors are required to provide information on any safeguarding incidents or issues which have occurred in the past year. There were no incidents from the RIGHT Call 2 portfolio during this reporting period.

NIHR CCF supported DHSC with the development of NIHR Safeguarding Guidance for contractors. This was issued to all RIGHT award holders on 23/10/2020, and later published on the NIHR website. Designated NIHR CCF staff undertook training to become 'Safeguarding leads' with responsibility for implementing the agreed safeguarding policies, supporting award holders to understand the policies, and ensuring appropriate processes and action in response to incidents or risks.

In addition to dissemination of generic published guidance CCF staff have also supported award holders through answering specific queries around Safeguarding expectations. Safeguarding policies for all contracted award holders are checked during due diligence processes. Milestones are included for award holders without policies, or where these require improvements in line with good practice. Award holders are reminded of their contractual obligation to ensure that terms of the contract (including all requirements for safeguarding) are propagated throughout the delivery chain, via appropriate sub-contracts and collaboration agreements. CCF staff review the draft collaboration agreements ahead of award holders signing them, supporting award holders to make sure that the agreements are properly aligned to the main contract including assurance that safeguarding definitions and expectations are appropriately reflected.

5.4   Please summarise any activities that have taken place to minimise carbon emissions and impact on the environment across this funding call.

The majority of award holders have referenced the impact of the global pandemic on travel as a major contributor to reducing the anticipated carbon footprint of the scheme during the course of the reporting period. Most RIGHT Call 2 award holders have replaced at least one or two planned face to face events with remote or virtual events and note that there may be some benefits (including environmental benefits) to continue delivery in this manner. However, it should also be noted that these forced changes have been delivered as a 'best efforts' alternative to planned face to face to engagements and the overall effectiveness of these formats has yet to be proven. Early anecdotal evidence suggests there have been both advantages and disadvantages to forced adoption of technological alternatives to travel. Virtual delivery of some academic training events has enabled

greater access and participation than could otherwise have been afforded or managed. Thus, suggesting the use of virtual or hybrid platforms for similar events in the future may contribute to a modest but sustainable positive environmental benefit. However, it is still considered unlikely that the virtual or remote formats will be able to entirely replace the need for direct engagement in international collaborative research. Moreover, for sensitive subject matters like mental health research, where stigma can lead to isolation and marginalisation of affected communities, the benefits of direct interaction to support critical situational awareness, foster shared understanding and ownership of issues, and develop influential and impactful relationships that build capacity and capabilities of the participants, cannot be fully replicated by a virtual format.

In other examples of environmental impact consideration, award holders reflected on the general contractor institution policies for travel and resource use, including updates to organisational wide policies in this area, and opening a dialogue with project partners to understand the context for environmental considerations across the project:-

Project specific environmental impacts considerations example[1]

The PIECES project reported "As part of an updated procedure for the UK, we are implementing an Environmental impact assessment screening checklist, provided by the UK Government in their Guidance and Support to assess environmental impact of the research in UK settings. For India and Pakistan, partners are complying with local regulations for sustainability and environmental impact."

6. Delivery, commercial and financial performance

6.1   Performance of awards on delivery, commercial and financial issues

Award holders have complied with NIHR reporting requirements throughout the reporting period. On the whole award holders have provided timely quarterly QSTOX and activity reporting and delivered the majority of mandatory deliverables agreed for their first year of activity. There were between 9 and 12 types of mandatory deliverables for each project, including commencement notifications, due diligence related documents, project specific risk registers, project level theory of change, delivery chain risk maps and organograms, ethical approval documents, IP related documentation, and terms of reference for project steering groups or advisory boards. The number of expected deliverables for each project in this reporting period varied dependant on the scheduling and complexity of certain activities within each individual project. At the close of this first reporting period two award holders had confirmed completion of all their agreed mandatory deliverables, the others were still in the process of finalising specific collaboration arrangements. Delays were largely attributable to relatively commonplace delays in drafting and agreeing terms across a variety of stakeholders, and /or the requirement for revisiting and refreshing the agreements following the introduction of new or changed partner organisation to the project. Although, a number of fully signed collaboration agreements were outstanding, the consequences of the delays were being well managed by contractors and were not expected to be significant in terms of overall delivery.

There were initial delays in Quarterly report submissions for most awards as they worked to familiarise themselves with process and templates, and to establish working practices for convening and collating input from all partner organisations. Their efforts were slowed on occasion by a number of critical staffing absences bought about by the pandemic during the course of the year. However, by the end of the reporting period all award holders were providing timely quarterly submissions and/or proactive notification of issues affecting their ability to deliver to upcoming deadlines. Four of the six awards submitted their Annual Report on time (± 1 day of deadline), the remaining two were between 10 and 30 days late. All reports required some follow up support from CCF DPOCs to clarify content or provide missing input. The process of understanding award holder experience of the APR template and reviewing how CCF DPOCs provide support for this process is ongoing.

On finances, all projects are underspent compared to initial planned budget allocations. The extent of the underspend ranges from 7 to 39%. At the higher end this is a reflection of delays to securing collaboration agreements and setting in place the systems that support payment to downstream partners. This is therefore expected to resolve in the coming year. There is also a pandemic related effect to spend, with some projects unable to deliver planned face to face events or undertake travel as originally expected. Again, this is expected to resolve as the project continues.

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

Yes

If no, please provide details.

N/A

6.3   Transparency - this question applies to funding schemes which include transparency obligations within their contracts.

● Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (https://iatistandard.org/en/iati-standard/). Yes/No

● If these are not yet met, please outline the reasons why.

Each of the RIGHT Call 2 contractor institutions reported efforts being made to ensure compliance with the IATI requirements of the NIHR GHR contract. Three award holders provided evidence of the contractor institutes having already uploaded relevant project details to the IATI registry via portals such as AidStream. Others confirmed the registration of the contractor organisation and training in progress to support the project teams to make an appropriate upload to the system. IATI is noted to be a new requirement for a number of organisations and award holders have reflected that it will take time for organisational level systems to be operational.

At least two of the organisations further noted efforts by contractor organisations to understand the capabilities within partner institutions and identify any requirements for training to support compliance

7. Monitoring, evaluation and learning

7.1   Monitoring

Routine monitoring of RIGHT Call 2 awards is based upon proportionate and risk-based reporting. At present NIHR CCF request quarterly financial reporting via QSTOX (reflecting actual spend and forecasts) and a quarterly update of expected delivery activity and project risk. In addition, the award holders are expected to complete an APR that provides relevant qualitative and quantitative data reflecting their progress toward their key objectives.

Each RIGHT award is assigned a designated point of contact (DPOC) within CCF; a suitably experienced programme manager responsible for monitoring the award. This DPOC monitors contractual compliance, reviews reporting submissions and change requests, coordinates input from supporting functions (Finance, CEI, Impact, Comms) within CCF where appropriate, and provides direct timely support to the award holder. The original plans for monitoring of RIGHT awards included scheduled site visits to the UK contractor starting during the contracting process and continuing throughout the first year of activity. The visits were intended to support DPOC and award holder relationship building, providing a more interactive and less process driven mechanism to build mutual understanding of the issues affecting each project and/or explain the reporting expectations. The concepts for visits included attendance of the DPOCs as observers at project meetings, with an expectation that at least one of the meetings would include LMIC representation. Towards the end of the first year of activity DPOCs were expected to have identified opportunities for site visits to a representative group of the LMIC based project partners over the remaining lifetime of the project. However, contracting of RIGHT Call 2 awards started during the first UK lockdown (March 2020) and there have been limitations or restrictions on both travel and non-essential person-to-person interaction throughout the reporting period. Thus, it has not yet been possible for CCF SPOCs to visit either the contracted UK based institution, and/or to realistically assess opportunities for visits to LMIC based contractors. To ensure this lack of opportunity does not impede progress, award holders and their LMIC partners have been encouraged to proactively reach out directly to the DPOC for support or input as required.

The original workplans for all RIGHT Call 2 projects featured travel by project participants to undertake work within an LMIC site. Despite the ongoing pandemic a number of UK based investigators have been able to make short visits to their LMIC partners but

planning for these activities has been complex and suffered setbacks and last-minute changes, with all parties having to navigate changing local, national and international travel and quarantine regulations. The overall complexity and uncertainty surrounding visits has not been conducive to involvement of CCF DPOCs in either UK or LMIC located site visits. The increased demands on mental health researchers and practitioners during the pandemic have meant project participants do not currently have capacity to support more time and resource intensive face to face visits.

Although face to face visits have not been possible to date, CCF DPOCs have been able to remain appropriately involved in direct project specific meetings. CCF DPOCs have attended a variety of virtual or remote format project meetings including external scientific advisory groups, project or trial steering committees, project management and progress meetings. Depending on the nature of the meeting and the terms of reference for the group, CCF DPOCs have been active participants or observers, and attendance has provided opportunities to establish a supportive relationship between the DPOC, contracted award holder team (project principal investigator and project manager) and their LMIC partners. As noted elsewhere in the report a number of meetings and groups are led by LMIC partners, and thus appropriate attendance and interaction between LMIC leads and DPOC can amplify or reinforce the NIHR values and messaging around equitable partnership.

At this stage of RIGHT 2 progress, it is too early to fully assess the effectiveness of the DPOC support or the role of the RIGHT monitoring processes. However, regular DPOC-Award holder interaction supported by scheduled quarterly activity status updates have ensured up to date awareness of both the immediate and more progressive impacts of the COVID-19 pandemic on each award. These regular activity status reports enable us to better contextualise expected delays to overall objectives and low spend rates and assess project risks or to identify issues that require rapid intervention. This has ensured we can work with the award holder to agree changes to the programme or schedule of deliverables (wherever possible) in an appropriately timely manner. The volatility of the current pandemic remains a challenge to all award holders and forecasts about the feasibility of activities can change with little to no notice. Nevertheless, regular quarterly reporting has been a crucial facet in helping DPOCs determine when the time is right to act on identified issues, and to manage award holder expectations.

7.2   Evaluation

The award holder APRs are the key evidence that NIHR CCF use to assess award holder performance over the reporting year. The CCF analysis of APR content outlining award holder progress toward project and scheme specific objectives, is included in this report.

As noted elsewhere in this report, it is too early in the delivery of the RIGHT Call 2 portfolio to have sufficient evidence to understand the effectiveness of CCF processes and practices.

7.3   Learning

NIHR CCF has continued to work with colleagues from NETSCC, and NIHR academy to establish and update cross centre SOPs, and to share learning from Award Holder reporting.   CCF ensure colleagues at the NIHR Academy have access to the full APR submission from the award holders rather than just the specific section on Capacity Strengthening so as to provide full context for the award holder comments. NIHR Academy colleagues are also invited to provide feedback on the report contents for the award holders.

CCF continues to work across the coordinating centres in the GHR X-NIHR working groups, supporting consistency of data and reporting, assurance policy implementation, and development of agreed frameworks for collating information on outcomes and impacts. Specialist function teams (CEI, Finance, IP) have also supported work in these groups and developed specific training or guidance materials this year to support award holders to understand reporting and management requirements, e.g.; through the development of the CEI-IDS learning package reflected in section 4.4, the regular delivery of IP and assurance workshops to introduce and refresh award holder knowledge of NIHR IP and assurance expectations, and the development of specific documentation outlining the Finance Management Expectations and examples of good practice for award holders.

All processes that support the delivery of RIGHT calls are regularly reviewed and revised, through a process of iterative evidence-based reflection and after-action review (e.g.: post panel wash up meetings and surveys), designed to foster a culture of continuous improvement. This process supports proportionate change to processes, templates and guidance documents used throughout the management of RIGHT awards.

Notable examples of review and learning this reporting period include:

(1) Review of the RIGHT Quarterly Reporting templates to remove the requirement for output reporting. Output reporting was initially part of both Quarterly and Annual Reporting templates. It was decided to remove output reporting from one of the templates to reduce duplicative reporting burdens. Keeping the requirement in the APR rather than the Quarterly templates was considered appropriate to maintain similarity between the APR templates used across the different coordinating centres, and more in keeping with the change in policy that no longer requires advance notification of publications.

(2) Modifications of guidance notes and question format in the APR template designed to specifically elicit quantitative data around key indicators. Review of RIGHT call 1 APR submissions noted difficulties in pulling certain metrics from the narrative style of reporting. Therefore, a more specific question style and template format was developed to encourage award holders to provide the data in a simpler, less ambiguous format.

(3) A specific small-scale project undertaken to assess whether PPDA had the intended benefits for proposal and partnership development. A questionnaire seeking specific details about PPDA processes and award holder perceptions of its value was developed and sent to all those in receipt of PPDA funding (including those that did not go on to secure funding for a full-scale award). The project was undertaken by one of the CCF Graduate Interns to ensure appropriate independence and separation from those responsible for managing and administering the PPDA process. The project concluded in August 2021 and generated five overarching recommendations. Recommendations have been acted upon leading to refinement of the APR template to enable evidence-based reflection from the award holders on the impacts of PPDA in relation to their first year of activity.

- Award holder reflections on lessons learned

The RIGHT APR template includes provision for award holder reflections on lessons identified and/or learned. CCF intended to consider this input alongside other details in their reports to inform our approach to monitoring and our understanding of requirements for additional specific support to award holders. Award holder reflections from their first APRs were dominated by reflections on the difficulties associated with delivering on some of their activities during the current pandemic. These learnings will be shared with current and future RIGHT award holders via communication and discussion with DPOCs where appropriate. Sharing these insights into known difficulties will support delivery and/or better manage expectations and project ambitions during this ongoing crisis.

- What are the key lessons identified over the past year that have not already been covered above for this funding scheme? What worked well and what did not? Where something was not successful what lessons have been learned?

In relation to the pandemic a number of award holders noted that the increased burden on the mental health research community was considerable, and consequently there were challenges securing the commitment or engagement of certain critical stakeholders. Others have provided commentary on the technical challenges associated with remote or virtually delivered project activities, and others on options for ensuring that crucial face-to-face activities can be undertaken in the continuing context of the pandemic.

Project specific learning example [1]

Project DiaDEM reported:

In Pakistan, policy maker contacts were very busy during lockdown, but we still managed to complete interviews with them. They are interested in our work and asked for updates on our progress. Involvement of these key stakeholders in the Community Advisory Panel meetings and interviews, has created strong links and interest from policy makers, the community and other stakeholders."

And

"There were some challenges around interacting with stakeholders. Diabetes depression comorbidity did not appear to be a topic of interest or high priority initially for most of the stakeholders that we approached in Bangladesh. However, through multiple meetings between BADAS, their contacts, and the government, we managed to emphasise the importance of our research towards improving and mitigating this problem in Bangladesh, which was acknowledged by decision-makers and there are now no enduring concerns."

Project specific learning example [2]

The PIECES Project (NIHR200824) reflected on the overall value of direct face to face interaction for project cohesion, noting consideration of options for meetings in third party locations where the COVID context may be more stable and permissive.

"We have also been unable to meet in-person since the start of the project to hold any in-person training and capacity building activities due to travel restrictions imposed by the COVID pandemic. However, we continue to meet virtually as often as possible in order to

ensure that those relationships are maintained and resources and expertise are shared across the group. As international travel restrictions have eased, we have planned Group meeting in January 2022 in a neutral country, to make sure everyone is able to attend. During the meetings we will take the project planning and delivery discussions forward as well as conduct capacity building sessions as requested by the teams."

Project specific learning example [3]

We have struggled with bandwidth related issues on MS Teams and Zoom calls. As a solution to these issues, and as part of our approach to equitable research, we have offered to purchase our Ibadan team mobile hotspots which they can connect to for TRANSFORM related activities. The University of Ibadan medical school have also since upgraded their internet bandwidth.

Project specific learning example [4]

"The nature of remote meetings has allowed us to be much more flexible in inviting external experts to attend and to arrange meetings with a wider range of attendants than would be possible when meetings were face-to-face. For example, in a recent technical meeting we invited an expert from the WHO CST team on child-caregiver interaction video coding, and we have similarly held meetings with international CST experts on assessing CST fidelity and competency. Likewise, we arranged a meeting to discuss local expertise in trial database building and management and had representation from data managers and trial coordinators from Ethiopia, Kenya and the UK, and SPARK early career researchers have started to regularly meet online. It is unlikely that all these individuals would travel internationally to meet together at this frequency; meeting remotely has allowed these more flexible opportunities in mutual learning, allowing for both North-South, South-North and South-South learning."

Project specific learning example [5]

Project ENHANCE was the only one of the six funded RIGHT Call 2 projects that elected to start work as soon as possible in June 2020. Throughout the reporting period this team have been quick to manage and mitigate the disruption threat from the pandemic, noting that the longevity of their pre-existing relationships between the different research teams, and between researchers and the key policy stakeholders in the country where their main activities are being undertaken, has been a factor in enabling the group to get straight into delivery activities and make quick adjustments when needed.

"Our activities build on long-standing relationships between University of Liverpool, government and non-governmental organisations in Pakistan and UK and Pakistani academics working in global mental health for over 15 years.

Our work is aligned to priorities of our partner countries. In Pakistan, the policy impetus for our research is provided by the Ministry of Health and the President's Programme to promote mental health of Pakistanis. We are members of a policy steering group led jointly by the Ministry of Health in and the WHO Country office in Pakistan that oversees implementation of the President's Programme."

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

All award holders were asked to outline their key activities for the coming year in their APR, and to provide an updated schedule of milestones and deliverables for the next 12 months. Delivery of the agreed milestones and deliverables will be tracked by the RIGHT quarterly reporting processes, enabling continued timely awareness of any issues or barriers to delivery throughout the year. Detailed evidence of progress toward overall project objectives and the underlying GHR theory of change will be collected in the Year 2 annual report.

The agreed milestones and deliverables for RIGHT Call 2 award holders during the coming year, reveal that project activity is expected to move from identifying and refining interventions to evaluation of the interventions. Projects with clinical or community-based evaluation of interventions are expected to commence or continue recruitment of study participants. Data collection and analysis is expected to increase, with a commensurate increase in the generation of project specific outputs from all projects. More generally, all projects are expected to continue to identify and engage relevant stakeholders, raising awareness of issues covered in their projects and encouraging context relevant consideration or uptake of project evidence into policy and practice. Capacity strengthening activities are expected to continue with all projects expected to have early career researchers (ECRs) in place within the next six months, and to have further defined the general and bespoke project specific training being undertaken by those ECRs and key project stakeholders including community health workers or lay persons involved in the interventions. These activities will be evidenced by an increase in project generated outputs and other objective metrics collected via the APR process.

The extent to which planned work may be disrupted by the enduring COVID-19 pandemic remains unpredictable. These projects have been successful to date at making adaptations to enable them to monitor the local situation, deliver some face-to-face activities and establish some remote / virtual or hybrid mechanisms to deliver their activities and maintain the involvement of key stakeholders including both people with lived experience and local policy makers. The extent to which these activities can progress and deliver against their original objectives will continue to be affected by restrictions on social interaction and the diversion of key resources and influencers to support the COVID-19 effort. It will also differ across each of the projects as each country will transition from response to recovery mode at its own rate and with differing priorities. As noted elsewhere in the report mental health services are noted to be under increased demand due to the effects of the pandemic. Mental health issues were already recognised as an area of

considerable unmet need in UK and LMIC contexts alike, making delivery of research that involves those resources challenging at the best of times. Although this is a challenging time for the RIGHT Call 2 researchers and service providers, it is also an opportunity to capitalise on increased awareness of Mental Health needs, and the opportunity to influence the local systems to build back better. CCF DPOCs will continue to work with award holders to understand the issues affecting immediate, short-term milestones and deliverables and the longer term aims and objectives of the projects. Moreover, we will continue to monitor the situation to assess the lasting impacts of the pandemic on the underlying assumptions for the NIHR GHR Theory of Change, and the ultimate likelihood of achieving the overall aims of RIGHT Call 2. CCF DPOCs will endeavour to share insights with RIGHT award holders and other NIHR coordinating centres to support a consistent approach to management of GHR awards.