Department of Health & Social Care

Grand Challenges Canada - Global Mental Health Program Annual Report and Review - 2022/2023

Published 2024

NIHR Global Health Research Portfolio

Contents

Annual reporting and review process

This activity has been supported by the UK Official Development Assistance (ODA) as part of the National Institute for Health and Care Research (NIHR) Global Health Research (GHR) portfolio.

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

The main sections of the template have been developed in accordance with cross-funder common reporting practice and will be used to provide accountability for the use of public money, meet Official Development Assistance transparency and compliance requirements. The template has three main components:

- Section 1 captures DHSC's and the Delivery Partner's overall assessment of funding scheme performance over the last 12 months.

- Sections 2-3 focus on monitoring progress of awards against planned activities, outputs and outcomes (in accordance with the portfolio Theory of Change and results framework).

- Sections 4-7 focus on the delivery partner's management of value for money, risk, financial reporting, monitoring, evaluation and learning updates.

The process for completing this template involves the following steps:
1. Delivery partners ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.

2. Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template.

3. This report is then shared with DHSC for comment and feedback.

4. DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the last 12 months, identify

lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions. Please write this summary with a public audience in mind, assuming no prior knowledge of the funding scheme.

5. Annual review signed off and published.

1. Programme Summary and overview

1.1   Description of the funding schemes aims and activities

Grand Challenges Canada's Global Mental Health program funds grants at two levels, seed and Transition to Scale (TTS).

Seed funding: A Global Mental Health Grand Challenge: Mental health and wellbeing of young people. The highest burden of poor mental health occurs just as youth are establishing the social, cultural, emotional, educational, and economic resources on which they will depend to maintain health and wellbeing for the rest of their lives. COVID-19 has presented a new set of challenges for youth mental health, while also highlighting existing gaps in mental health services, support and understanding. The challenge statement is as follows, "We seek bold ideas to meet the mental health needs of the most vulnerable young people aged 10 to 24 years. We are specifically looking for innovative approaches to enhance mental health literacy and/or provide youth-friendly services while accounting for the complex social and environmental factors that contribute to young people's mental health and wellbeing. Approaches should be culturally sensitive and community driven."

The first round request for proposals launched May 2020, and 16 NIHR-funded projects totalling £2,313,229.70 were contracted with implementation starting in 2021. As of March 30th 2023, eight projects have concluded implementation, with final results validation, report reviews and project close-out underway. A number of projects are being assessed for fit with GCC's Transition To Scale funding program, with one project having recently graduated from Seed to TTS funding with the approval of a TTS1 investment in the Sembe project in March (community-based prevention initiative creating mental health supports for at-risk youth in conflict-affected communities in Northern Cameroon). The second round funding request (funded by Global Affairs Canada) launched in October 2021, and contractual negotiations were initiated with 20 projects totalling $4,992, 307 CAD in April 2022 and finalized over the course of the 2022-23 fiscal year, with all contracts signed by March 31st, 2023.

Transition to Scale funding: Grand Challenges Canada's Global Mental Health Program supports bold ideas to transition to scale high impact innovations that support the mental health needs of individuals in low- and middle-income countries. The Transition to Scale program specifically looks to fund bold solutions that provide evidence-based, person-centred mental health services in community-based settings. Areas of particular focus

include approaches that improve the integration of mental health care across a range of areas, meeting people where they are, including via: education, primary health, and social care settings. Innovations must be culturally sensitive, community driven, and are required to demonstrate meaningful engagement with people with lived experiences and stakeholders from the outset. To date, 5 TTS projects, totalling £2,050,832.36 have been funded by NIHR with 2 having concluded at the end of 2022 and with 3 still underway. Final results validation and project close-out is underway for the two recently closed projects. An additional 5 TTS projects totalling $5.4M CAD have been approved for funding with support from the Government of Canada through Global Affairs Canada, one of which (Sembe) was previously seed funded by the NIHR.

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

This review marks three years since the first round seed funding request for proposals was launched in May 2020 under the Global Mental Health programme (GMHP). Of the 16 NIHR-funded seed projects, eight have concluded implementation as of March 2023. Of the five transition to scale (TTS) projects funded by NIHR, two have concluded as of March 2023. Final results validation and project close out for these concluded projects is currently underway.

The GMHP is performing very well against its objectives. The programme has exceeded its stated goal to fund 30 seed innovations in youth mental health over two rounds, by funding 38 in total. With eight TTS projects currently contracted (five of which are NIHR-funded) and two in grant negotiations, the goal is on track to fund 10-15 TTS projects, of which at least half are funded by NIHR. GMHP representation at key events has also been strong, including through hosting a mental health track at the Grand Challenges Annual Meeting in Brussels in October 2022, and involvement with the International Alliance of Mental Health Research Funders.

The GCC GMH programme team have developed a specific results-based management and accountability framework to carry out detailed monitoring and evaluation of projects and innovators across the programme. There have been large improvements across all indicators in this framework since FY 21/22, and GCC estimate 945 lives have been improved as a result of accessing NIHR-funded innovations since the start of the programme, which is a remarkable increase of 751 lives compared to the previous financial year, demonstrating that the project is accelerating impact as it progresses.

In addition, NIHR-funded projects have been supporting the delivery of outputs and outcomes in the GHR portfolio theory of change. Several seed and TTS projects have contributed to influencing policy and practice in relation to mental health. For example, one TTS project (The Banyan) led the collaboration to support the passing of the first Mental Health and Social Care policy in Meghalaya state in India, which is only the third state in India to have such a policy.

In terms of capacity strengthening and building equitable partnerships, the Learning Platform, currently managed by CitiesRISE, is providing a useful space for innovators to interact with leading researchers to learn and seek feedback on their work, as well and network with other LMIC-led organisations to form equitable partnerships and share lessons learned, and has been recognised by award holders as a valuable tool.

All projects have demonstrated impressive efforts to include communities, specifically underserved, vulnerable groups, and adapt the project based on their needs. Projects have been using methods such as focus group consultations, human centred design and co-creation of products to achieve this. In addition, projects have been supported to integrate equity principles, for example through technical support from a gender equality advisor, to ensure the delivery of their mental health programmes though a diversity and equality lens.

Through increasing presence at key events in the global mental health space, projects are being given opportunities to disseminate and exchange knowledge, which will be of rising importance as the projects progress to a more mature phase.

1.3   Delivery Partner and DHSC to summarise action taken against key recommendations from previous annual reviews over the last 12 months.

Recommendation	Owner	Timeline
Continued engagement in the development of the GHR annual reporting and review processes	GCC	Across 2022 – Complete.
Shared learning on monitoring and evaluation processes	GCC	Autumn 2022 – see lessons learned section of current report for more information.

1.4   Performance of delivery partners.

GCC have kept DHSC very well informed of the progress of the GMH programme, providing timely financial and narrative reports summarising activities and performance against objectives. They have been proactive in keeping DHSC up to date on any issues, including on the steps taken to resolve a potential financial management issue with a downstream partner.

GCC have also been very responsive to *ad hoc* requests for information, particularly in the context of shifts in the management of the partnership on DHSC's side.

In addition, GCC GMH programme team have been very open to engaging with colleagues across government, including FCDO, on broader UK-funded mental health programming in LMICs.

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

The GCC Team have continued to reflect on improvements to impact measurement for mental health programmes, with the iterative revision of the results management and accountability framework to capture the impact of initiatives focused on prevention and promotion of wellbeing. This has included the addition of resilience as an indicator to capture impact from projects aiming to improve young people's resilience. Further to this, lessons will be learned from engagement with an external expert on impact evaluation, regarding identification of metrics which are context-relevant and accessible. To feed into DHSC's continued learning around impact evaluation for the Global Health Research portfolio, it would be helpful if the outcomes from this work are shared with DHSC.

GCC have also engaged in discussions with DHSC over the revisions to the annual review process. DHSC would welcome any further recommendations on how we can get better insight and data from the GMH programme whilst remaining consistent with the Global Health Research portfolio monitoring and evaluation systems.

1.6   Key recommendations/actions for the year ahead, with ownership and timelines for action.

Recommendation	Owner	Timeline
Share lessons on impact measurement with DHSC, following conclusion of the work by the external impact evaluation expert	GCC	To be included in final report to DHSC in April 2024
Continued engagement on monitoring and evaluation processes, including the annual report and review	GCC	Throughout 2023

2. Summary of aims and activities

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

Award	Agreed milestone dates	Current status of progress against milestones/deliverables	If the award is not on track to contribute to expected outcomes and impacts, why not? What are the potential impacts of this and how have plans been revised to accommodate this?
Round 2 seed projects funded; Round 1 seed projects begin to close	Year 3 (April 1, 2022 – March 31, 2023)	**Achieved** **Round 1:** 16 NIHR-funded projects fully contracted through first seed round in 2021, and 2 projects funded by Government of Canada. 8 NIHR-funded projects have ended, and implementation is still underway for the remaining 8 projects. Final results validation and project close-out underway for recently closed projects. **Round 2:** Second seed funding round launched in October 2021 and negotiations complete for 20 seed projects funded by Government of Canada. Goal: 30 seed innovations funded in youth mental health over 2 rounds (exceeded; 38 funded).	
TTS projects receive funding (per project-specific milestones)	Year 3	**On track** 8 projects fully contracted (5 NIHR; 3 Government of Canada); 2 additional projects in	

		grant negotiations (Government of Canada). One NIHR-funded TTS project ending in 2023 (Waves for Change) is being evaluated for reinvestment in June; one NIHR-funded seed project was approved for graduation into the TTS funding program in April (Sembe) and additional projects are being evaluated for graduation to TTS. Goal on track: 10 - 15 TTS projects dependent on phasing, half funded by NIHR, at least half funded by Gov't of Canada.	
GMH representation at key ecosystem events	Year 3	**Achieved** GCC continues to build substantial momentum: 1. Hosted a Mental Health Track at the Grand Challenges Annual Meeting in Brussels in October 2022. With over 65 attendees (both in-person and virtual), the event was well-attended, including by 21 innovators (19 NIHR funded) as well as a delegation of Indian Parliamentarians from India's Policymakers Forum for Mental Health, and other funders and key stakeholders. GCC team co-moderated a panel discussion on youth-led mental health innovation featuring 4 NIHR-funded innovations alongside citiesRISE. 2. Continued membership on the Common Measures Board at the International Alliance of Mental Health Research Funders (IAMHRF). 3. Recent publication: "Lived experience involvement in research funding: taking a more systematic approach"	

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which the GCC GMH team contributed to through the previous year's participation co-chairing the IAMHRF Lived Experience Working Group.

4. Continued membership on IAMHRF Steering Committee.
5. Attended World Mental Health Day event in Nairobi, Kenya in October 2022, hosted by citiesRISE in partnership with multiple local mental health organizations.
6. Panellist at a cross-funder session on GMH Research Capacity Strengthening Activities at NIHR Global Health Research Training Forum in April 2022.
7. Panellist on Mental Health Access in Urban and Rural Settings at Glasswing Mental Health Conference in Latin America – April 2022.
8. Reviewer of evidence-based mental health innovations on UpLink Youth Mental Health Challenge Selection Committee (World Economic Forum) - May.
9. Panellist on United for Global Mental Health webinar Oct 25th to discuss opportunities and momentum in the global mental health space.

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2.2   Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and of the extent to which award holders have changed their plans to reflect individuals/communities needs when identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination.

As of 2022-23, NIHR-funded health projects have implemented 290 community engagement, outreach, and awareness campaigns (+146 from FY 21-22), reaching 518,565 end-users, intermediaries, and other community stakeholders to date (+202,071 from FY 21-22). Community engagement activities spanned radio and television campaigns, distribution of printed information materials, in-person outreach events, online campaigns, and telephone campaigns. A variety of end-users were reached, including parents and caregivers of youth, youth seeking mental health supports and services, and local decision-makers and government.

Projects continue to be adapted as a result of community engagement and involvement efforts to respond to the changing needs of vulnerable and underserved groups. For example, through focus group consultations with local women, the Sembe team identified challenges during the seed funding implementation period with ensuring gender parity among community leaders participating as lay counsellors at community-based mental health listening cells. Listening cells are psychosocial support hubs based in communities (typically housed within existing community social centres) where community members can safely and anonymously access mental health supports from a lay counsellor. As a result, several measures to enhance women's participation were implemented based on consultations with women community members, including drawing up listening cell attendance schedules to allow for better household planning, as well as adapting the division of tasks to accommodate for varying literacy levels such as involving women more in areas in which they presented greater strengths such as active listening and counselling in local languages as well as providing counselling training in interactive ways to promote greater accessibility.

YLABS STUDIO LTD carried out extensive human centred design research with youth to develop the Tegura Ejo Heza innovation. As part of this process, the team provided high-resolution materials and products to youth to use over several weeks and give feedback to the design team for further improvement. The team collected user feedback on three live prototypes: Bohoka (a digital self-learning platform for mental health wellness), Turi Kumwe (a peer-to-peer system for mental health information and services), and Mfasha (a series of comics that follow the stories of young people on their mental health journeys) to inform the final prototype of the Tegura Ejo Heza program, with a focus on general mental health awareness and normalizing seeking support for mental health.

A key part of Reinserta un Mexicano Asociación Civil's project involves working with formerly incarcerated youth who are part of the organization's Reintegration Day Treatment Program to co-create mental health focused podcasts. Through their

engagement, the team recognized the need to address issues of gender-based violence and negative gender attitudes which are normalized for these youth in part by the environments in which they live. This need was addressed by providing training to workshop facilitators so that they could generate dialogue on these topics and spaces were created for participants to reflect on the violence that women experience daily, masculinities, and the social expectations that are held about men and women.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1   Aggregated number of outputs by output type. *Note that we are interested in a broad range of outputs*

Output type	Total number across all NIHR funded awards (cumulative number since funding began)
Assay/cell line/antibody/biomarker	
Book chapter	1 (Book Chapter published based on Syrian American Medical Society Foundation project (Chapter 15): https://global.oup.com/academic/product/psychological-perspectives-on-understanding-and-addressing-violence-against-children-9780197649510?cc=gb&lang=en&#
Whole book	-
Checklists/scales	-
Cochrane review	-
Conference abstract	-
Conference poster	4 (Innovators that presented at the poster session at the Grand Challenges Annual Meeting included; Slum and Rural Health Initiative, Green String Network, The Banyan, and Waves for Change)
Database	-
Diagnostic test	-
Feature article	-
Panel Discussions	5 (4 innovators presented on a panel on meaningful youth engagement in mental health innovations at the Grand Challenges Annual Meeting (Waves for Change, Sembe, Teenergizer, YLabs); 1 innovator (Teenergizer) presented on a panel discussion focused on youth mental health at the World Health Summit.

3.2   Externally peer-reviewed research publications.

	Total **number across all NIHR funded awards (cumulative number since funding began)**	% of total number of externally peer-reviewed research publications
Number of externally peer-reviewed research publications that are open access	1 (Publication by Slum and Rural Health Initiative: Olufadewa II, Adesina MA, Oladele RI, Ayorinde TA. "Watching my family being killed by terrorists made me really depressed": Mental health experiences, challenges and needed support of young internally displaced persons in northern Nigeria. J Migr Health. 2022 May 29;6:100121. doi: 10.1016/j.jmh.2022.100121. PMID: 35694419; PMCID: PMC9178342.	100
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	1	100
Number of externally peer-reviewed research publications with a female lead or senior author	1	100

Informing policy, practice and individual/community behaviour in LMICs

3.3   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

Indicator	Description	Achieved Results to Date by NIHR-funded Innovations
# of lives improved	Number of end-users experiencing a measurable improvement in mental health as a result of accessing NIHR-funded innovations	945 (100% of whom are aged 10-24). This is an increase of +751 lives improved from FY 21-22. These results have been achieved by 24% of funded innovators with validated lives improved results to date,

		including the Syrian American Medical Society Foundation, Reinserta un Mexicano Asociación Civil, Sembe, and Waves for Change.
# of end-users accessing mental health innovations	Number of end-users who have been reached through NIHR-funded mental health innovations	19,794 (85% of whom are aged 10-24). This is an increase of +11,316 end-users from FY 21-22. These results have been achieved by 53% of funded innovators with validated access results to date, including Child's I Foundation, the Eurasian Union of Adolescents and Youth Teenergizer, Green String Network, Reinserta un Mexicano Asociación Civil, Schizophrenia Research Foundation (India), Sembe, Sense International India, Slum and Rural Health Initiative, Syrian American Medical Society Foundation, Waves for Change, and YLABS.
# of end-users receiving mental health education	Number of end-users who have engaged in mental health or psychosocial education or have received educational materials from NIHR-funded innovators	3,500 (96% of whom are aged 10-24). This is an increase in +2,498 end-users accessing mental health education from FY 21-22 These results have been achieved by 33% of funded innovators with mental health education results to date, including Child's I Foundation, Eurasian Union of Adolescents and Youth Teenergizer, Free Yezidi Foundation, Reinserta un Mexicano Asociación Civil, Sembe, Syrian American Medical Society Foundation, and YLABS.
# of end-users with improved knowledge of mental health	Number of end-users reporting improved knowledge as a result of accessing mental health or psychosocial education or receiving education materials from NIHR-funded innovators	592 (100% of whom are aged 10-24). These results have been achieved by 14% of funded innovators with knowledge change results to date,

		including Eurasian Union of Adolescents and Youth Teenergizer, Reinserta un Mexicano Asociación Civil, and Sembe.
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The Banyan (TTS project) had success with state-level policy influence in India. The Meghalaya Cabinet on November 29, 2022 passed its first ever Mental Health & Social Care Policy, becoming the first state in the Northeast and the third state in India to have such a policy. The vision of the Meghalaya Mental Health and Social Care Policy is to promote overall mental health and well-being and facilitate appropriate access and care pathways. Dr. Vandana Gopikumar and Dr. Kishore Kumar from The Banyan co-chaired the Committee and collaborated with the Madras School of Social Work and Tata Institute of Social Sciences among other global partners to write the policy. The entire collaboration was led by The Banyan. This policy supports and responds to the needs of a large underserved indigenous population, and is available online here. The Home Again model is recommended as a long-term inclusive care option in the implementation strategy. The Banyan's Home Again program creates choice-based, inclusive living spaces for individuals with persistent and severe mental health issues. These shared rented homes provide 3-5 individuals with peer support and are linked to a range of allied support services, including social care, skills development, access to resources and healthcare, and onsite personal assistance.

Pakistan Institute for Living and Learning (PILL; TTS project) has made significant strides in influencing mental health policy and implementation in Pakistan's Sindh province. In November, PILL and a University of Manchester delegation met with the Provincial Minister of Sindh for Health and Population Welfare (Dr. Azra Fazal Pehchuho) and key representatives of the Sindh Health Department. The draft policy and implementation plan, submitted by PILL, is under review by the Minister and law departments, and the team anticipates the policy will launch later in 2023.

In Cameroon, Sembe (seed project) signed Memorandums of Understanding with 3 district hospitals to engage skilled psychologists who could be utilized as part of the project's referral chain for project end users who require more specialized care than can be provided by lay counsellors at the community "listening cells".

Eurasian Union of Adolescents and Youth Teenergizer (seed project) team led a dialogue with young people on mental health in February 2022. The dialogue was attended by the First Lady of Ukraine and national and international partners and emphasized the need for comprehensive multisectoral cooperation on mental health. The team also organized a

dialogue titled "Tell me honestly, how are you?" held in November, 2022 with the support of the First Lady of Ukraine and UNICEF. The discussion was devoted to developing the National Mental Health and Psychosocial Support program in Ukraine.

Child's I Foundation (seed project) signed a partnership agreement with the Uganda Parliamentary Forum for Children which will focus on advocating for new legislation and improving existing policies and laws related to children without parental care. The team has also secured funding for a workshop in partnership with Uganda Care Leavers and the Association of Care Leavers Africa. The workshop will bring together other care leaver networks from countries in Africa to learn about the innovation and its components and explore potential for scale.

LMIC and UK researchers trained and increased support staff capacity

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

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
BSc			
MSc			
MD			
Mphil			
PhD			
Postdoc			
Total Professional training for non-research support staff (e.g. research manager, finance, admin, community engagement practitioners etc)	2,584 (+931 from FY 21-22)- Individual capacity strengthening, including: community mental health worker training, clinical capacity building, psychosocial rehabilitation training and substance abuse disorder training. All	100%	66%

	training is for healthcare providers, community health workers, social workers, and other community actors as intermediaries delivering mental health interventions.		
Facility-based health workers (ex. physicians, nurses, etc)	387 (+55 from FY 21-22)	100%	55%
Non-facility based health care workers (ex. community health workers)	1,020 (+407 from FY 21-22)	100%	83%
Non-health service providers (ex. teachers)	462 (+53 from FY 21-22)	100%	61%
Family Members & Caregivers	324 (+207 from FY 21-22)	100%	70%
Other	391 (+201 from FY 21-22)	100%	46%
	117 Wellbeing Champions (Child's I Foundation)	100%	50%
	24 Volunteer community facilitators (Green String Network)	100%	50%
	10 Youth trained to produce radio programs (Reinserta un Mexicano Asociación Civil)	100%	10%
	42 community actors (aged 35 and under) (Sembe)	100%	36%
	45 Peer Leaders (Syrian American Medical Society Foundation)	100%	60%
	20 Volunteer facilitators (Uganda Network of Young People Living with HIV/AIDS)	100%	65%
	121 community coaches and surf coaches (Waves for Change)	100%	39%
	12 Wellness Warriors and youth mentors (YLABS)	100%	50%

LMIC institutional capacity strengthened

3.5   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.

To date, 293 sites/facilities are implementing innovative mental health services. This is an increase of 112 from FY 21-22. Sites for implementation include a wide range of locations where end-users live, convene and/or access services, such as community centres, health facilities, schools, virtual platforms, community homes, and custody detention centres. In each of these sites, trained intermediaries are available to facilitate access to mental health services provided by NIHR-supported innovations. To provide an example of a project that is well on the way to facilitating integration of a locally-driven mental health initiative into broader national programming, throughout 2022, Waves for Change (TTS project) strengthened relationships with local government departments in Cape Town, including the Western Cape Departments of Health, Social Development and Cultural Affairs and Sport. Additionally, The South Africa Department of Social Development signed a letter of endorsement of Waves for Change's 5 pillar method innovation for young people's mental health and wellbeing, integrating the program into the government's recognized referral pathway. This is a big step towards greater recognition of the innovation at a broader systems level. Government departments of health and social development visited the Waves for Change team's Khayelitsha township site in August 2022 to explore further collaboration opportunities. Following additional government engagement at the team's October annual dissemination and learning event in Cape Town, Waves for Change has been invited to apply for funding from the government under the community based mental health services element of the Health is Everybody's Business initiative. These public sector advancements are part of what GCC sees as promising from a sustainability perspective, and will be a key part of the June Investment Committee proposal for an additional TTS investment in Waves for Change. For additional context on how the government views the Waves for Change intervention in the context of the Khayelitsha community mental health framework, see this video recording of the event. From 24 minutes onwards, listen to guest speakers Neeshaan Peton (Primary Healthcare Manager, Department of Health) and Stella Mokitimi (Clinical Program Coordinator: Mental Health, Khayelitsha Eastern Substructure) share their experiences working with Waves for Change and the critical gap the organization fills to addressing mental health supports for at-risk young people in Khayelitsha.

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

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months - *note that this may not be a whole number depending on institutional employment policies**
Employed in LMICs	Total: 194 full-time staff (+116 from FY 21-22).
Employed in HICs	3 Grand Challenges Canada program staff (1 Portfolio Manager, 1 Program Associate, 1 Program Analyst) supported in part by NIHR funds, additional support staff (management, legal, finance, knowledge management) who support the program part-time

*e.g. if an institution employs 5 support staff, of which 3 work full time for 12 months, 1 works full time but leaves after 6 months, and 1 works 1 day/week for 12 months, the total reported would be: 3 + (1*0.5) + 0.2 = 3.7 FTE

Equitable research partnerships established or strengthened

3.7   Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research

The learning platform continues to facilitate equitable and meaningful learning opportunities for young researchers and implementers of global mental health projects through the various offerings, including peer to peer learning opportunities. Over the last year, the diversity of innovators and focus on collaborative learning enabled the coming together of organizations that might not traditionally or organically collaborate or share learnings. The platform's extensive network includes mental health researchers, and innovators can benefit from engaging closely with leading researchers to learn and seek feedback on their work, including approaches to monitoring and evaluation. For example, when a youth-led team, Sembe, in Northern Cameroon was experiencing some challenges navigating how to interpret their project endline data, citiesRISE, who manage the current learning platform, was able to bring in Mark Tomlinson, Professor and Co-Director of the Institute of Life Course Health Research at Stellenbosch University, to support the team with refining and clarifying their approach to thresholding and analysing WHO-5 wellbeing data, supporting the team's capacity to effectively interpret and communicate results to key stakeholders.

Examples of innovations making contributions to the community of practice that support equitable partnerships and south-south learning include YLabs and Waves for Change sharing in-depth case studies about their strategies and approaches for engaging youth leaders in the design, development and delivery of their projects. Waves for Change, OPIAC, Green String Network and Pakistan Institute for Living and Learning shared in-depth case examples of their organizational strategies and approaches for cultivating cultures of team wellness and integrating principles of well-being and healing into their engagement with organizational team members. Child's i Foundation shared examples of advocacy efforts and their leadership of field-level mobilization around shifting system approaches for supporting youth in care across African countries.

Beyond the value of camaraderie and shared learning, innovators that participated in multiple platform offerings, especially those with a high level of collaboration with others, saw opportunities for partnership and learning around similarities in their work, whether regional clusters and resource sharing, or organic sub-communities centred around innovations addressing youth in care systems (SCARF, Reinserta, Child's I Foundation), or innovators supporting youth in conflict settings (Free Yezidi, Sembe, Lebanese American University, Teenergizer), it is clear that the learning platform adds value to innovators by identifying common ground and opportunities to share lessons and best practices. The value provided by the community of practice to innovators and to the field is expected to grow as the community continues to increase in size and diversity, and as sub-communities emerge to bring innovators together around deepened common themes or areas of focus.

These reflections are well captured by a quote from Sembe's final progress report to GCC: "The most valuable support has been the case-clinic calls which enabled us to share hands-on experiences with other innovators and receive insightful orientations from experts on the learning platform. The work of the Green string Network, one of the innovators on our call, inspired us to deepen our understanding of mental health from the local perspective and identify local appellations to this term which is quite new to our target communities. The scale up webinar followed by a one-on-one coaching session helped us to reflect and determine what we want to do in the next phase of our innovation."

3.8 Aggregated HIC/LMIC spend across all awards

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC	£147,099.06 GBP	5%

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
institutions	$249,999.00 CAD	
LMIC institutions	£4,246,957.53 GBP $7,217,824 CAD	95%
All institutions	£ 4,394,056.59 $ 7,467,823 CAD	100%

4. Value for money

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

- Economy - how are you (the delivery partner) ensuring that funding is being spent on the best value inputs?

- Enhanced efficiency - how are you (the delivery partner) maximising the outputs (research and innovation outputs, knowledge exchange, strengthened researcher and support staff capacity, strengthened partnerships/networks) for a given level of inputs?

- Effectiveness - how are you (the delivery partner) assessing that the outputs deliver the intended outcomes?

During GCC's Fiscal Year 22-23 (April-March), five spot-check audits were completed on NIHR-funded projects. Four spot-check audits had satisfactory findings, resulting in no audit adjustments. The remaining spot-check audit that resulted in an audit adjustment is detailed under section 5.2 of this report.

In addition, there are five spot-check audits in progress, which we expect to complete in the upcoming Fiscal year 23-24An update on the findings from these spot-check audits will be shared in the next annual report.

Efficiencies are realized through the group-based technical assistance and learning offerings made available to innovators through the learning platform.

As the Global Mental Health Portfolio at GCC grows and evolves, GCC is expanding upon the way that mental health outcomes and impact are assessed. This also involves revising the results management and accountability framework to ensure that the framework remains relevant to capture the specific mental health outcomes innovations are influencing, particularly initiatives focused on the prevention and promotion of wellbeing. In 2022, GCC incorporated resilience as an additional indicator into the RMAF framework to broaden the definition of a life improved in the results framework for innovators focusing on improving young people's resilience. Currently, the Global Mental Health team and the Knowledge Management & Translation Team are working with an external consultant

specializing in impact measurement to expand and review our impact measurement guidance for innovators, with the aim of encouraging innovators to identify and apply metrics that are meaningful and accessible within their unique contexts. We look forward to sharing the outcomes of this work, which will also inform our approach under Being.

4.1   Equity

Please summarise any activities that have taken place to ensure everyone is treated fairly as part of the application process and within funded research teams, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital status, transgender status, age and nationality.

No new applications were reviewed during the FY 22-23 period.

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

Support was provided to integrate principles of equity into funded projects.
Two TTS innovators received support from GCC's gender equality advisor to conduct gender analyses and create meaningful gender equality strategies to support the delivery of their mental health programs with a diversity and equality lens. Liberia Centre for Outcomes Research in Mental Health and Pakistan Institute for Living and Learning (PILL) received technical support in 2022.

PILL was featured as a guest speaker at a peer-to-peer community of practice event in January, in which GCC innovators from around the world and from across areas of focus convened online to learn about engaging men and boys in the promotion of gender equality. During this event, the team showcased the unique ways in which the NIHR-supported Learning through Play Plus Dads initiative focuses on fathers and addresses the importance of co-parenting approaches. The team discussed how the program's focus on psychoeducation, anger and stress management speaks to the needs of fathers in the communities they work in. Additionally, the team shared practical tips for engaging men and boys in programming, such as the importance of scheduling events after working hours and on weekends.

The Waves for Change TTS innovation stands out as a particularly strong example of a team that is working to meaningfully integrate gender equality considerations into the surf

therapy program for girls. Last year, the team surfaced a challenge of adolescent girls missing surf therapy during their periods. GCC connected Waves for Change to Be Girl, a TTS menstrual health innovation GCC has supported in Mozambique, and Waves for Change has since ordered Be Girl's quick-dry period panties to distribute to adolescent girl end-users as a means to remove barriers to girls accessing the service. Also, the team identified that girls were dropping out from the surf therapy program due to their hair getting wet in the ocean and not having protective covers such as swimming caps that fit and are tailored to the various protective styles done on Black African hair. In response, Waves for Change identified a values-aligned partnership with a South African provider of swim caps aligned with Waves for Change's core values of creating safe and inclusive spaces, giving young people a sense of belonging, and the company's goals of opening up access to water activities. More [here.](here)

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.

Risk	How is the risk being managed/mitigated?	Current status
Expansion of GMH portfolio and increased personnel required to deliver expanded scope of work to additional funders	With the growth of GCC's Global Mental Health portfolio with the signing of 20 new seed agreements funded by the Government of Canada, and the launch of the Being initiative, GCC has expanded the Global Mental Health team to ensure the program is well-resourced to deliver on ambitious scale-up targets. In FY 22-23, a new Associate Director position was created to oversee the growing program. In addition, one new Program Officer, two Program Associates, one Program Analyst and an Associate Communications Officer were hired to support the growth of the portfolio.	GCC management to continue to forecast personnel needs required to deliver a high-quality GMH programme, and support program team with hiring highly qualified key personnel.
Promising innovations fail to secure follow-on funding, or are not sustained	The GMH portfolio has invested in 38 promising seed investments over two rounds. With such a large pipeline, GCC can provide further funding and support to only the most promising seed innovations at the Transition to Scale phase to those innovations that are aligned with the focus of Being and the future direction of GCC's Global Mental Health portfolio. The Learning Platform provides capacity-building support to innovators with a focus on fundraising and strategic partnership development to support the transition to GCC's Transition To Scale portfolio and to enable projects to further engage with other funders and strategic partners. This support is critical for early-stage and youth-led teams with limited fundraising experience. It is a challenge for many promising projects to secure funding for financial sustainability given the dearth of global mental health funding available, and GCC has exercised flexibility with match funding requirements where appropriate.	GCC's partnerships with other funders make it possible for GCC to make introductions of promising seed projects to other organizations which specialize in funding later stage investments. The GMH team continues to facilitate introductions to other funders for promising seed innovations. Green String Network, for example, was introduced to Vitol Foundation at the Grand Challenges Annual Meeting in Brussels, who are currently evaluating Green String Network for fit with Vitol's health portfolio. These hand-offs happen on an ad hoc basis, and we anticipate making more connections as projects conclude and

Risk	How is the risk being managed/mitigated?	Current status
		final results are validated, particularly for promising projects that may not be a fit for TTS funding.
End-users in target geographies do not access available mental health services and innovations due to stigma and other unaddressed barriers	Mental health is stigmatized in many parts of the world, particularly in low- and middle-income country settings. There is a risk that youth and other end-users will hesitate to access available mental health supports and services in country contexts in which mental health challenges are highly stigmatized.	Project teams employ several strategies to tackle stigma in their implementation settings to promote uptake of solutions. For example, focusing on promoting overall wellbeing and integrating mental health awareness-building activities into other youth-friendly activities (e.g. sports, arts) has been beneficial for driving service uptake and destigmatizing mental health at the project-level.
Lack of government commitment to addressing mental health in LMICs can impact the long-term success and sustainability of funded projects.	With less than 2% of national health budgets spent on mental health globally, and even less in LMICs, public sector scaling pathways for innovations funded under the Global Mental Health Programme are limited. However, post-COVID, government interest and appetite to address mental health is growing. Innovators are pursuing public sector scaling pathways to integrate services into existing healthcare and education systems, and looking outside of the Ministry of Health for partnerships. For example, in addition to working with the Western Cape Department of Health, Waves for Change has deepened relationships with the Departments of Social Development and Cultural Affairs and Sport as key public sector actors with a mandate to promote youth wellbeing. Diversified revenue strategies that include realistic projected public sector funds alongside philanthropic and service contract funding are key financial sustainability pathways for global mental health innovations.	Innovators are exploring and testing multiple scaling pathways for global mental health innovations that look beyond the public sector. Replication partnerships through mission-aligned non-profit and community-based organizations, underpinned by a strong fundraising function, offer additional scale and sustainability pathways for mental health innovations in contexts where public sector funding for youth mental health is limited.

Risk	How is the risk being managed/mitigated?	Current status
Wellbeing of project teams and the young people they work with may be impacted by the content they interact with through funded work.	Youth project leaders have at times found it challenging to navigate the emotional burden of working in mental health, particularly when they have deep connections to impacted communities. Adequate support is necessary to ensure the wellbeing of innovators and their teams, particularly when young people are meaningfully involved in leading the implementation of mental health innovations in challenging contexts. Innovations must ensure that sufficient resources are allocated to the appropriate supervision, support and capacity-building of young people.	Project teams employ several strategies to ensure that youth wellbeing is supported, including meaningful compensation of young people for their involvement in the delivery of innovations. Teams are supported by GCC to utilize project funds to promote team well-being where appropriate. Specific youth-focused learning platform offerings focus on team and organizational wellbeing, providing useful spaces for innovators to share best practices and identify areas for improvement to ensure the wellbeing of their teams and the young people they work with.

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

●   their approach to handling accusations of fraud, corruption and bribery (if not covered in previous reports)

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

GCC is committed to promptly informing its funders of accusations of fraud, corruption and bribery. We take these situations seriously and are committed to independently verifying any allegations we receive and to rectifying any adjustments that arise as a result of such investigations. We are committed to keeping funders up to date on the findings of our investigation. We have developed an Allegations and Adjustments Reporting Framework which established our process to flag, investigate and resolve accusations of fraud, corruption and bribery. In summary, the framework covers the areas below:
-Definitions of accusations of fraud, corruption and bribery

-Process to deal with accusations of fraud, corruption and bribery, including steps when a flag is raised, external investigation conducted by external audit firms on-site (where possible)
-Process to address unresolved issues with spot-check audits and unrectified audit adjustments
-Funder reporting

No changes have been made in the last year to GCC's anti-corruption strategy.

- Aggregated credible allegations

	Total number of credible allegations:
Made against any NIHR funded awards	1
Made against any NIHR funded awards and investigated by delivery partner	1
Made against NIHR funded awards and reported to NIHR/DHSC	1

5.3   Safeguarding

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

No changes made, will continue monitoring safeguarding policies of all grantees.

- Aggregate summary of safeguarding issues that have arisen during the reporting year

	Total number of safeguarding issues
Raised against any NIHR funded awards	0

	Total number of safeguarding issues
Raised against any NIHR funded awards and investigated by delivery partner	0
Raised against NIHR funded awards and reported to NIHR/DHSC	0

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

No changes since last year's report:

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

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

Out of the 21 executed GMH projects for this reporting report, all projects have been assigned an environment score of C, indicating low environmental impacts and no activities related to physical works.

GCC does not collect project-level data on carbon emissions.

6. Delivery, commercial and financial performance

6.1   Performance of awards on delivery, commercial and financial issues

All seed and TTS grants have been signed, fully executed and multiple payment tranches have been released. GCC is a milestone-based funder and continues to release subsequent payments based on individual grantee progress and projected financial needs on a quarterly or semi-annual basis, depending on the reporting schedule set on an individual project level basis. Innovator financial reports include cost projections for the subsequent payment period. Given the timing of the DHSC/GCC report and the GCC innovator reports, including the time it takes for the GCC team to verify innovator financial spend and projections, there is a 1 - 2 quarter lag in capturing and reporting innovator tranche payments in the DHSC/GCC financial report. Programs spend will continue as projected over the next 6 months after which all projects will close out as per the terms of the agreement and no cost extension.

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

● Delivery partner to provide the percentage of awards that are meeting International Aid Transparency Initiative (IATI) obligations (please refer to https://iatistandard.org/en/iati-standard/).

● If not 100%, please outline the reasons why.

GCC's IATI obligations have been met: See here and here.

GCC's Annual Report 2021/22: https://www.grandchallenges.ca/wp-content/uploads/2022/11/Annual-report-2021-2022.pdf

GCC's Financial Statements 2021/22: https://www.grandchallenges.ca/wp-content/uploads/2022/08/Financial-Statement-2021-2022.pdf

7. Learning from Monitoring and Evaluation

7.1 Learning

What learning processes have been used by the delivery partner over the past year to capture and share lessons, new evidence and know-how?

In person meetings:

In October 2022, the Global Mental Health Team, citiesRise, and the Knowledge Management and Translation team collaborated to facilitate an M&E workshop with innovators at the Grand Challenges Annual Meeting in Brussels. The workshop focused on reflecting on key questions related to lessons learned in impact measurement, with a particular focus on learnings from the use of standardized evaluation tools such as the WHO-5 and PHQ-9. The workshop allowed innovators from across contexts to compare experiences in using these tools, and offer suggestions on how GCC can continue to support innovators in developing robust M&E practices, especially amongst innovators with seed funding in the nascent stages of their work.

With travel opening up more in 2022, the GCC team was able to visit two NIHR-funded mental health innovations in person to learn more about the projects:

Green String Network. On October 11th 2022, GCC Portfolio Manager Brittney Dudar visited Green String Network's (GSN) offices in Nairobi. GSN's work sits at the nexus of mental health and peacebuilding. GSN's innovation, Kumekucha Quest, is a practical, hands-on approach developed by GSN which presents the key concepts of an introduction to the effects of toxic stress and trauma, coping mechanisms, forgiveness, healing, reconciliation, and resiliency, incorporating cultural stories and artwork to address mental health and promote wellbeing of young people. They work in partnership with Samba Sports Youth Agenda, a community-based organization in Kwale County, to deliver the program to at-risk adolescents, increase young people's understanding of trauma and mental health, teach practical skills for emotional regulation, and promote wellbeing. The site visit provided a unique opportunity to meet members of the team, better understand some of the educational material used to support implementation, and learn more about some of the challenges the team is navigating including determining a viable scaling

pathway and identifying additional partnerships through which to scale Kumekucha Quest.

The Banyan. In December 2022, Knowledge Management & Translation Manager Abigail Speller visited The Banyan's office and implementation sites in Chennai, India. Funded at transition to scale (TTS), The Banyan provides comprehensive mental health services across street-based settings, hospitals, shelters, community outpatient care and long-term living arrangements. During the visit, Abigail had the opportunity to visit several homes in the Chennai area for clients with varying levels of support needs. Visiting these sites was extremely helpful for understanding The Banyan's approach to including the perspectives of people with mental health issues in the design and day-to-day aspects of programming. It also provided an opportunity to speak with end-users and intermediaries, and to learn from the implementation team about their approach to data collection and management.

- Key lessons

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?

Challenges measuring the impact of prevention and promotion focused interventions. Impact measurement for mental health prevention and promotion continues to be an area of learning for GCC. Historically, GCC's GMH portfolio has largely defined "lives improved" as the number of individuals using mental health innovations that experience a measurable improvement in mental health outcomes (I.e. depression, anxiety, well-being, functioning) using scales such as PHQ-9 and WHO-DAS. With the focus of the GMH portfolio shifting towards youth-focused, youth-led mental health initiatives that prioritize mental health prevention and promotion, GCC has become aware of the need to expand the GMH portfolio's definition of lives improved to allow for innovators to draw from a broader list of measurement tools to detect impact. In 2021, we integrated resilience measures in to our impact measurement approach as a step towards expanding our approach to impact measurement.

As project-level final results have started coming in from downstream partners, we have learned that innovators are navigating a number of challenges related to measuring and analysing results to understand the extent to which mental health interventions are having the desired impact on individual level mental health outcomes. The measurement landscape for mental health prevention and promotion initiatives is fragmented, and

establishing clear cut-offs and thresholds for interpreting data is a challenge for innovators, and little global consensus on common measures exists when compared to some of the consensus-building that has taken place at the IAMHRF Common Measures Group for more clinical interventions. With the intention of continuing to learn and iterate on our impact measurement approach, we are now in the process of seeking external impact evaluation guidance to support implementing changes to GCC's internal SOP for measuring impact in the GMH portfolio, with a particular focus on prevention and promotion of wellbeing in alignment with the Being initiative and future direction of the portfolio. More updates on the outcomes of this work will be shared in the final report to DHSC in 2024.

Significant resources required to adapt mental health interventions to local and cultural contexts. Innovations require significant consultation and iterative adaptation processes to ensure culturally appropriateness, particularly in challenging community-based contexts in which mental health is highly stigmatized and literacy levels vary. These adaptations can be time and resource-intensive. Innovators require donors like GCC to be flexible with funding milestones and award timelines to accommodate the consultative nature of ensuring mental health interventions are tailored to the unique needs of the end-users, beneficiaries and intermediaries accessing and utilizing funded innovations.

Continued benefits of a dedicated technical assistance and learning platform.
Innovators experienced the greatest benefits from the platform support in 3 main areas:

1. Community of practice. Innovators working in communities are often isolated from each other and a safe, trusted space for connecting with the platform team and other innovators brought significant value. Several innovators actively contributed case studies and other lessons learned. The community of practice is also developing as a significant space for supporting advancements in the broader field.
2. Targeted capacity building. While there are several areas of shared capacity building needs, innovators benefitted the most when they could learn from each other's specific cases or receive targeted coaching from peers and/or faculty on their own specific challenges and opportunities. Fundraising is an area where additional targeted capacity building support from the platform could bring significant value.
3. Connections to broader shifts and trends in the global mental health field. Mental health, particularly youth mental health, is a very rapidly evolving field and a nascent one compared with other health and development issue areas. Innovators benefit from connecting with rapid advancements in the field while also contributing their own case studies and lessons learned. One example of a shift in the field that several innovators

have connected with via the platform is the shift from clinical care alone to integrating promotion and prevention, and focusing on well-being and flourishing.

7.2   Key milestones/deliverables for the awards for the coming year

Award	Key milestones/deliverables for coming year
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	Continue to monitor progress of round one and two seed grants, including providing technical supports via the GMH Learning Platform. Ensure final validation and close-out of 16 NIHR-funded round one seed projects and evaluate potential opportunities for reinvestment at TTS under the new DHSC agreement (*Being – a mental health initiative*).
Transition To Scale (TTS) Global Mental Health funding	3 NIHR-funded projects ongoing, with two recently closed. Ensure final validation and close-out of all NIHR funded awards before next year's final report on the GMHP, and evaluate potential opportunities for reinvestment at TTS under the new DHSC agreement (*Being – a mental health initiative*). 3 Government of Canada projects ongoing and 2 in negotiations.
GMH support platform deployed to support learning community of GMH innovators; innovators accessing technical assistance from GCC and GMH Learning Platform	GMH Learning Platform to continue delivering offerings on a regular basis to seed and TTS innovators, adapting the offerings in response to dynamic needs at project level. Final learning and insight report under current citiesRISE contract due to GCC in September. Two external facing learning briefs on platform activities to be produced and made available externally.
GMH representation at key ecosystem events	GCC's ecosystem representation for the upcoming fiscal year will largely be integrated with the Being initiative. GCC is participating in the upcoming Global Mental Health Action Network Annual Meeting in Cape Town in June, as well as the upcoming Women Deliver conference in Kigali, with plans for GCC's participation currently being finalized.