GRANT ADDENDUM NOTICE

SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE (acting as part of the Crown) of 79 Whitehall, London, SW1A 2NS (the Authority) and GRAND CHALLENGES CANADA / GRANDS DÉFIS CANADA, a not-for-profit corporation duly incorporated having its registered address at 1720-661 University Avenue, Mars Centre, West Tower, Toronto, Ontario, M5G 1M1, Canada (the Grant Recipient)

In relation to: Project Name: Being – A mental health initiative

DHSC ODA Grant Funding Agreement reference number 2022_012

ODA Grant Funding Agreement date 11th November 2022

Addendum Notice no 1

- 1. The Authority understands that projects funded under the Grant Funding Agreement have successfully demonstrated potential for scalable impact.
- 2. As a result, we wish to amend the Grant Funding Agreement to increase the Grant payable to the Grant Recipient from £8m to £9.78m (an increase of £1.78m) as set out in this Addendum Notice with effect from [05-Dec-2023 | 11]3("Wartation Date")
- 3. With effect from the Variation Date the Parties agree the following amendments to the Grant Funding Agreement:

Revised Grant:	The text under the heading "Purpose and Scope of Grant" is amended to enter in a paragraph name "3A" and is amended to read as follows:		
	The Authority will provide funding of up to £9,780,000 (nine million seven hundred and eighty thousand pounds sterling) to the Grant Recipient towards Being – A Mental Health Initiative, which aims to support the mental health and wellbeing of young people through research and innovation with an end goal of creating positive, lasting change in local communities and beyond.		
Updated Payment of Grant requirements	Add new clauses 4.18-4.19 and Annex 3c (attached), as follows:		
	4.18 The Grant Recipient shall declare to the Authority any Match Funding ("Match Funding" defined as "any contribution to the Funded Activities from a third party to the Grant Recipient to meet the balance of the Eligible Expenditure not supported by the Grant") which have been approved or received by Grant Recipient, before the Commencement Date. If the Grant Recipient intends to apply for, is offered or receives any further Match Funding		

	during the Funding Period, the Grant Recipient shall notify the Authority. On notifying the Authority of the Match Funding the Grant Recipient shall confirm the amount, purpose and source of the Match Funding. 4.19 The Grant Recipient shall set out any Match Funding it receives in the format required by Annex 3c and send that to the Authority. This is so the Authority knows the total funding the Grant Recipient has received for the Funded Activities.
Revised Reporting requirements	Amend clause 7.7, as follows: The Grant will be reviewed annually through annual reports produced by the Grant Recipient in line with the reporting schedule in Annex 3 (Payment and Reporting Schedule). This report will take into account the Grant Recipient's delivery (during the Funding Period) of the Funded Activities against the KPIs and/or agreed outputs set out in Annex 6 (Agreed Outputs). As part of the annual review the Authority will have regard to the reports produced by the Grant Recipient in accordance with clause 6.1. Add new clause 7.11, as follows: In line with the UK government's commitment to the Paris Agreement ("Paris Agreement" defined as "legally binding international treaty on climate change adopted by 196 Parties at the UN Climate Change Conference (COP21) in Paris in December 2015, and which came into force in November 2016"), the Grant Recipient will, as part of the regular reporting outlined in Clause 7, provide a proportionate and meaningful summary of how climate and environmental concerns have been considered in design, implementation and monitoring. This will include an assessment of: • any impacts the delivery of the Downstream Partner innovator project might have on climate risk and the environment (including opportunities); and, a summary of any mitigating actions put in place (including how environmental safeguarding concerns have been considered). Any impacts the delivery of the Downstream Partner innovator project might have on exacerbating or reducing impacts on people affected by climate change.
Revised Annexes	Annex 1 'Grant Offer Letter' is deleted in its entirety and replaced with Annex 1 as set out in this Addendum Notice.

replaced with Annex 2 as set out in this Addendum Notice.

Annex 3.a 'Payment Schedule' is deleted in its entirety and replaced with Annex 3.a as set out in this Addendum Notice. Annex 3.c as set out in this Addendum Notice is added to Annex 3.

Annex 2 'Funded Activities' is deleted in its entirety and

Annex 4 'Eligible Expenditure Schedule' is deleted in its entirety and replaced with Annex 4 as set out in this Addendum Notice.

Annex 6 'Agreed Outputs/Long Term Outcomes and Key Performance Indicators' is deleted in its entirety and replaced with Annex 6 as set out in this Addendum Notice.

- 4. Apart from that set out in the table above, the rest of the Grant Funding Agreement, including any previous Addendum Notices, shall remain in full force and effect.
- 5. Terms defined in the Grant Funding Agreement shall have the same meaning when used in this Addendum Notice, unless defined otherwise.

Authorised to sign for and on behalf of the Secretary of State for the Authority



Date 01-Dec-2023 | 4:50 PM GMT

Authorised to sign for and on behalf of the Grant Recipient



Date 04-Dec-2023 | 8:52 PM CET



Date 05-Dec-2023 | 11:37 AM CST

ANNEX 1 - Grant Offer Letter

Science, Research and Evidence Directorate Department for Health and Social Care 39 Victoria Street London SW1H 0EU

Grand Challenges Canada MaRS Centre, West Tower 661 University Avenue, Suite 1720 Toronto, Ontario M5G 1M1

Date: 01-Dec-2023 | 4:50 PM GMT

Dear

The Department of Health and Social Care (DHSC) is pleased to inform you that a grant to Grand Challenges Canada has been approved, up to a maximum of £9.78M, for the project entitled: *Being – a mental health initiative*, set out in the Grant Agreement, at Annex 2 (Funded Activities), and for the outputs defined in Annex 6.

This Grant has been approved for the period of 11 Nov 2022 to 30 October 2026.

ADVICE

This Offer Letter, together with the terms and conditions of the Grant Agreement, and accompanying Annexes together comprise the "Agreement" pursuant to which financial assistance (in the form of the Grant) is given by the Authority to the Grant Recipient. Please read all parts of this Agreement carefully.

ACTION FOR YOU TO TAKE

Please check ANNEX 4 - Eligible Expenditure schedule

Please confirm that the Grant Recipient has read and understood this offer and accepts all the conditions set out in it and the Grant Agreement by arranging for the person with lawful authority to accept on behalf of the Grant Recipient by signing the agreement with an electronic signature through DocuSign.

We look forward to working with you and through funding *Being – a mental health initiative*, working together to help improve the health and well-being of people living in low and middle-income countries.

Yours Sincerely,

Department of Health and Social Care 39 Victoria Street, SW1H 0EU

ANNEX 2 - The Funded Activities

1. Background/purpose of the Grant

The aim of the new mental health initiative called 'Being' at Grand Challenges Canada is to support the mental health and wellbeing of young people through research and innovation with an end goal of creating positive, lasting change in local communities and beyond. In addition, activities funded under this grant will serve to support at Transition to Scale high performing innovations currently funded in Grand Challenges Canada's Global Mental Health program supported by DHSC and Global Affairs Canada. Learnings from these projects, also focused on a community driven, holistic approach to mental health, will provide insights into successful public sector scaling necessary to achieve Being's goals.

2. Background

Mental health challenges disproportionately affect the most marginalized members of society – people living in poverty, women and girls, refugees, young people, and those most at risk of violence and discrimination. While populations in low-and middle-income countries (LMIC's) bear 81% of the global burden of mental ill-health, up to 90% of their mental health needs are not met due to a lack of resources and sufficient infrastructure.

The global mental health burden is magnified for youth living in low resource settings. The majority of mental health challenges – 75 percent – start before the age of 24.³ Poor mental health in youth negatively impacts the development of social connections, cultural belonging, emotional wellbeing, educational opportunities, and economic resources. The majority of these challenges can be addressed and supported if mental health conditions are identified and treated early. These impacts can be further augmented by strengthening early detection alongside prevention initiatives, allowing the mental health field to shift from a reactive to proactive approach to care.

Despite this, and the fact that 40% of the global population is under the age of 24, only 12.5 percent of development assistance for mental health targets youth – this translates to roughly 0.1% of the total development assistance for health.⁴ With the added stressors of the COVID-19 pandemic, this critically neglected cohort needs more investment and innovation. Currently available mental health services and programs are not meeting their needs, thus continued funding in existing approaches will not solve underlying issues. Funded approaches need to be tailored to youth, fit for purpose, and context-driven.

Recognizing this profound challenge, Grand Challenges Canada has supported one of the largest portfolios of global mental health innovations in the world, investing \$54 M CAD to support 103 projects across 42 LMICs since 2011. With the support of DHSC and other funding partners, GCC has embarked on a bold initiative to directly fund and provide technical support to youth led innovation in mental health. GCC believes that the people closest to the challenge are best positioned to solve the challenge. As such, GCC has developed infrastructure to provide targeted support to the young people leading these solutions. With support from DHSC Grand Challenges Canada has invested \$7.47M CAD across 5 transition to scale and 16 seed projects. Ninety five percent are locally led, 89% of seed project are led by young people.

With a growing need for investment in mental health innovation globally, and in particular for young people, Grand Challenges Canada is in the process of expanding the existing Global Mental Health portfolio. Grand Challenges Canada has recently partnered with Foundation Botnar⁵ to lead a new mental health initiative called 'Being– a mental health initiative' or 'Being' focused on research, innovation and implementation to address mental health as a critical aspect of young people's well-being, with a particular focus on emerging stressors for young people, including the impacts of the COVID-19 pandemic, urbanization, climate chance, among others.

DHSC and MHI priority alignment

LMICs.

In addition to funding quality mental health research and innovation in LMIC's, DHSC's focus on supporting health *systems strengthening* and *research capacity strengthening* are aligned with the priorities of Being. With the support of the Government of Canada and DHSC, Grand Challenges Canada has seeded a rich pipeline of innovations and supported many innovation projects through the early stages of transitioning to scale. The most promising innovations require additional capital and expert support to become fully ready to scale. Building on our previous experience and lessons learned, Grand Challenges Canada will support innovations to transition through the necessary steps - establishing evidence, strengthening organizational capacity, securing strategic partnerships and financing via governments and other stakeholders – to achieve sustainable impact at scale.

Being will go beyond Grand Challenges Canada's Global Mental Health Portfolio's initial strategy of scaling individual innovations to more broadly catalyse systems change by understanding the needs and gaps in key contexts and build strategic relationships with funders, implementers, mental health coalitions, and key government systems in order to create long term sustainable access in a targeted and context specific manner. An important component of this will be engagement of policy makers with a direct objective of influencing policy in key contexts over the long term. Grand Challenges Canada is in the process of developing key metrics in partnership with Fondation Botnar's evaluation specialists and in consultation with DHSC MEL lead. An important aspect of this will be measuring the success of the system change objective (note: Grand Challenges Canada co-leads the International Development Innovation Alliance work on systems innovation, which includes better addressing the monitoring, evaluation and learning approaches that are most relevant to tracking change on the systems level). Currently, Grand Challenges Canada collects impact data from all transition to scale grantees via a results-based management accountability framework. Key metrics pertaining to policy currently being collected and collated include, type of government engagement achieved, type of influence to a change in policy, regulation, or legislation; number of manuscripts submitted or published peer review articles. These metrics will be tracked in depth in Being's focus countries. Establishing a multi-funder platform will enhance our vision of a global network working in alignment for systems change by saturating support in key contexts before moving more broadly across

In addition to Grand Challenges Canada's process of investing in transitioning promising innovations to scale, the initial phase of Being will result in stakeholder consultations, workshops, and ecosystem-based research reports for each country/context that identify opportunities and priorities for investment. There is wide variability in the mental health ecosystem (i.e., services available, epidemiology, etc.) across and within contexts, and the scope and design of the early activities will be expected to capture this variability. Findings from these projects will be widely shared with other mental health research and implementation partners external to Being to stimulate coordinated action in the field and any reports will be made available publicly.

3. Aims and objectives of the Funded Activity

Grand Challenges Canada hopes to continue our work with our current partners and envisions a multi-funder approach to drastically change systems related to mental health knowledge and access in low- and middle-income countries. The overall objective of the partnership is to leverage networks among partner funders to support the advancement of innovation within the contexts in which investments are made, particularly with public sector leaders and policy makers.

Being will focus specifically on countries where there are early avenues for partnership and advocacy with a goal of significant system change at the end of investment (e.g. by consulting with policy makers as part of early needs assessments, and by building and facilitating relationships between innovators and government). Ultimately, the goal of Being is not to stop at the initial focus countries

but to set a blueprint for catalyzing mental health Innovations through LMIC public sector systems. To support this goal, GCC will leverage learnings and opportunities within the existing global mental health portfolio, including graduation of TTS projects geared towards broader systems change and health impact._

Fondation Botnar has a global focus, being active in all regions of the world. In developing Being, eleven countries⁶ were selected that could demonstrate proof of concept and had the potential to be regional leaders. The main criteria chosen to proxy for this "potential for success" included political stability, transparency, a recognized need for improvements in child health; potential for digital access for youth, and significant urban growth, with a particular focus on intermediary cities. The foundation's strategy, striving for systemic impact in advancing young people's wellbeing, requires medium to longer term engagement, rather than humanitarian action. Political stability and transparency are key variables for potential success. Upon engagement with the Global Health Research team at DHSC, including data from the portfolio of existing NIHR mental health research investments, Pakistan and Sierra Leone were identified as additional priority countries and will be added to the list of priority countries. Given the anchor funding of Grand Challenges Canada by Global Affairs Canada and potential inclusion of further funding partners, it is possible that additional countries will be added as priority countries.

With over a decade of experience in incubating and transitioning locally led innovation to scale, Grand Challenges Canada has developed a large network across multiple geographies. Critical to the success of this initiative will be further leveraging government connections. The existing missions of the United Kingdom's government in countries of interest will be critical to this objective. Specifically, DHSC's contributions will amplify the impact of Being through connections with government contacts to elevate systems strengthening and build systems for local research capacity building.

The ultimate goal of leveraging these networks is to achieve system integration and public sector uptake of innovations within the identified countries, this will result in targeted and tangible improvements within public health systems. Being enables us to work together with young people to improve their mental wellbeing through research and innovative youth-focused approaches to create a world where young people feel well and thrive.

Objectives of Being - a mental health initiative

- 1. Increase low- and middle-income country (LMIC)-driven research and research capacity to better understand the mental health ecosystem as well as impacts of COVID-19;
- 2. Implement relational wellbeing approaches within mainstream services for young people ages $10 24^7$:
- 3. Increase mental health service coverage through the use of data and digital technology;
- 4. Generate transformative change in mental health approaches at the community level guided by young people; and
- 5. Catalyze adoption of key insights by stakeholders and partners.

DHSC, Grand Challenges Canada and Botnar's mutual focus on building local research and implementation capacity will be at the heart of this initiative. The initiative's focus on young people, wrap-around innovator support, and interest in catalyzing further investment in the field will allow for transformative impact for the mental health and wellbeing of young people. Being will be the anchor point of GCC's Global Mental Health portfolio over the coming seven years. With the solid foundation supported by DHSC and Global Affairs Canada, Grand Challenges Canada is now well-positioned to expand the Global Mental Health Portfolio to include a broader scope of focus, with a goal of systems change characterized by a shift in power towards LMIC researchers and decision makers.

4. Funded Activities

Being will support six work streams that comprise a systematic and integrated approach to youth mental health. Given DHSC's expertise in research capacity building and the strength of DHSC's network, DHSC would provide value to work streams which focus on health systems and research capacity building of young people in LMIC contexts as follows:

Research-focused work streams

- R1: Understand the systemic context of mental health of young people (~9-15 projects⁸)
 - Round 1 Research Understanding the systemic context of mental health of young people.
 This phase will commission and subcontract research by local researchers to identify needs, gaps, barriers, and key stakeholders within each priority country context. Key networks will be engaged with a focus on young people, and critical scaling partners.
- R2: Validate new solutions, promote knowledge transfer and inform implementation and scale-up (~2 projects)
 - The goal of these catalytic grants would be to accelerate the scale and sustainability of mental health innovations and influence systems change for improved mental health outcomes. Target areas will be based on findings and needs identified through the R1 projects.
- R3: Understand long-term mental health impacts on youth and recommend policies which would build resilience in health systems to respond to future pandemics and crises
- Managed by an implementing partner based in the Global South, this will focus on 3 -5
 regional longitudinal grants to understand the long-term mental health impacts of emerging
 stressors on young people's mental health wellbeing.

Implementation-focused work streams

- I1: Innovative approaches to prevention, early detection and care and promotion of good mental health for all & I2: Youth-led innovative approaches to mental health prevention, early detection, mental health promotion and/or support solutions
 - Transition to Scale and early seed funding to support innovations that target the needs identified in R1 in priority countries alongside Transition to Scale grants of innovation funded in the current active portfolio which DHSC and Global Affairs Canada supports. This will include at least one later stage Transition to Scale grant in a Being priority country and several earlier stage Transition to Scale projects aligned with Being's goals and objectives. Please note that innovation projects take longer than 1 year to achieve their objectives.

Being will also benefit from a communication, stakeholder engagement and advocacy work stream although this will not be supported through DHSC funding in order to comply with DHSC eligible uses of funding.

Strengthening Research Capacity – Innovator support platform

As part of Being, grantees will be provided with technical support and peer learning opportunities modelled after Grand Challenges Canada's current innovator support platforms. The innovator support platform provides targeted support on areas critical for success at scale, this includes 1:1 support by experts in monitoring & evaluation, mental health metrics, statistical analysis, etc.

ANNEX 3.a - Payment Schedule

PAYMENT SCHEDULE	Exist	ing	Supplement		Total	
		PAYMENT DATE/		PAYMENT DATE / MILESTONE		PAYMENT DATE / MILESTON E
		MILESTONE		(month and		(month and
IN STALMENT PERIOD	GRANT SUM PAYABL	(month and year)	G RANT SUM PAYABLE	year)	GRANT SUM PAYABLE	year)
November 2022 to April 2023	£2,500,000.00	On signature			£2,500,000.00	paid
Total for Year 1	£2,500,000.00				£2,500,000.00	
Year 2						
May 2023 to October 2023	£500,000.00	May 2023			£500,000.00	paid
November 2023 to April 2024	£500,000.00	November 2023	£600,000.00	November 2023	£1,100,000.00	November 2023
Total for Year 2	£1,000,000.00		£600,000.00		£1,600,000.00	
Year 3						
May 2024 to October 2024	£2,250,000.00	May 2024	£600,000.00	May 2024	£2,850,000.00	May 2024
November 2024 to April 2025	£2,250,000.00	November 2024	£580,000.00	November 2024	£2,830,000.00	November 2024
Total for Year 3	£4,500,000.00		£1,180,000.00		£5,680,000.00	
Year 4						
May 2025 to October 2025	£0.00		00.03		00.03	
November 2025 to April 2026	£0.00		00.03		00.03	
Total for Year 4	£0.00		£0.00		£0.00	
Total for Grant	£8,000,000.00		£1,780,000.00		£9,780,000.00	

Annex 3.c - Match Funding

GRANT FUNDING PERIOD	TOTAL MATCH FUNDING RECEIVED	MATCH FUNDING PAYMENT DATE
Year 1		
Year 2		
Year 3		
Year 4		

ANNEX 4 – Eligible Expenditure Schedule (breakdown of forecast grant expenditure)

	N	A!! 2022 A -	A!! 2024 +-	A!! 2025 A-	A!! 202C +-	
	November 2022	•	•	•		
Currency in GBP	to March 2023	March 2024	March 2025	March 2026	September 2026	TOTAL
DIRECT PROGRAMS COSTS						
Global Mental Health - Seed (I2)	-	-	341,700	170,850	56,950	569,500
Global Mental Health - Transition to Scale (I1)	-	-	2,244,300	1,122,150	374,050	3,740,500
Global Mental Health - Catalytic grants (R2)	-	73,700	442,200	221,100	-	737,000
Global Mental Health Service agreement (R1)	603,000	402,000	-	-	-	1,005,000
Global Mental Health Sub-Partner grant (R3)	300,000	100,000	100,000	-	-	500,000
Global Mental Health Platform	_	110,351	233,475	113,006	32,169	489,000
Travel - Direct Program	17,021	40,851	55,251	55,251	27,626	196,000
Due Diligence	18,195	11,600	63,038	30,512	8,686	132,030
TOTAL - DIRECT PROGRAMS COSTS	938,216	738,502	3,479,964	1,712,869	499,480	7,369,030
DIRECT OPERATIONAL COSTS						
Personnel	119,149	321,586	371,466	371,466	185,733	1,369,400
Material/Supplies	3,892	9,340	12,595	12,595	6,298	44,720
Equipment	4,038	10,897	12,586	12,586	6,293	46,400
Results Management/Communications	13,872	33,294	44,900	44,900	22,450	159,415
TOTAL - DIRECT OPERATIONAL COSTS	140,951	375,116	441,547	441,547	220,774	1,619,935
INDIRECT EXPENSES 8.8%	94,967	97,998	345,093	189,589	63,388	791,035
TOTAL BUDGET (GBP)	1,174,133	1,211,617	4,266,604	2,344,004	783,642	9,780,000

FURTHER GUIDANCE REGRARDING ELIGIBLE EXPENDITURE

All Eligible Expenditure must be claimed net of VAT recoverable from HM Revenue and Customs.

The following costs/payments will be classified as Eligible Expenditure if made for the purposes of the Funded Activity:

- i. fees charged or to be charged to the Grant Recipient by the external auditors/accountants for reporting/certifying that the grant paid was applied for its intended purposes;
- ii. aiving evidence to Select Committees:
- iii. attending meetings with Ministers or officials to discuss the progress of a taxpayer funded grant scheme;
- iv. responding to public consultations, where the topic is relevant to the objectives of the grant scheme. This does not include spending government grant funds on lobbying other people to respond to the consultation;
- v. providing independent, evidence based policy recommendations to local government, departments or Ministers, where that is the objective of a taxpayer funded grant scheme, for example, 'What Works Centres'; and
- vi. providing independent evidence based advice to local or national government as part of the general policy debate, where that is in line with the objectives of the grant scheme.

A payment is defined as taking place at the moment when money passes out of Grant Recipient control. This may take place when:

- I. legal tender is passed to a supplier (or, for wages, to an employee);
- II. a letter is posted to a supplier or employee containing a cheque; or
- III. an electronic instruction is sent to a bank/building society to make a payment to a supplier or employee by direct credit or bank transfer.

The Grant Recipient <u>must not</u> deliberately incur liabilities for Eligible Expenditure in advance of need; nor pay for Eligible Expenditure sooner than the due date for payment.

INELIGIBLE EXPENDITURE

The following costs must be excluded from Eligible Expenditure

- payment that supports for lobbying or activity intended to influence or attempt to influence UK
 Parliament, UK Government or UK political parties, or attempting to influence the awarding or
 renewal of contracts and grants, or attempting to influence legislative or regulatory action;
- II. using grant funds to directly enable one part of government to challenge another on topics unrelated to the agreed purpose of the Grant;
- III. using the Grant to petition for additional funding;
- IV. input VAT reclaimable by the grant recipient from HMRC;
- V. payments for activities of a political or exclusively religious nature;
- VI. goods or services that the Grant Recipient has a statutory duty to provide;
- VII. payments reimbursed or to be reimbursed by other public or private sector grants;
- VIII. contributions in kind (i.e. a contribution in goods or services, as opposed to money);
- IX. depreciation, amortisation or impairment of Fixed Assets owned by the Grant Recipient;
- X. the acquisition or improvement of Fixed Assets by the Grant Recipient (unless the grant is explicitly for capital use this will be stipulated in the Grant Offer Letter);
- XI. Interest payments (including service charge payments for finance leases);
- XII. gifts;
- XIII. entertaining (entertaining for this purpose means anything that would be a taxable benefit to the person being entertained, according to current UK tax regulations);
- XIV. statutory fines, criminal fines or penalties and associated legal costs; or
- XV. liabilities incurred before the date of this Agreement unless agreed in writing by the Authority.
- XVI. Activities which may lead to civil unrest
- XVII. Activities which discriminate against any group on the basis of age, gender reassignment, disability, race, colour, ethnicity, sex and sexual orientation, pregnancy and maternity, religion or belief
- XVIII. Activities in breach of the UK's obligations under the Trade and Cooperation Agreement or the terms of any UK subsidy control legislation
 - XIX. Bad debts to related parties
 - XX. Payments for unfair dismissal and associated legal costs
 - XXI. Replacement or refund of any funds lost to fraud, corruption, bribery, theft, terrorist financing or other misuse of funds
- XXII. Inflation or foreign exchange contingency
- XXIII. Contingency or risk premium

ANNEX 6 - Agreed Outputs/Long Term Outcomes and Key Performance

Indicators The Grant Recipient shall achieve the following milestones and key performance

indicators: Ultimate Outcomes:

- a. Improved mental wellbeing among young people
- Positive systemic change and shifts through country and global networks that continuously drive the research, programmatic/ innovation and policy agendas to improve young people's mental wellbeing in LMICs

Agreed Outputs:

- 1. 9-15 research context mapping projects to understand and generate system awareness of local mental health and wellbeing needs of young people in priority countries.
- 2. ~2 Catalytic grants to fund projects that address the specific needs and gaps as identified through output 1 (context mapping projects)
- 3. 5 7 TTS investments in young people's mental health and wellbeing
- 4. ~5 proof of concept seed investments as part of a larger round of funding supporting young people's mental health and wellbeing
- 5. Ongoing program support activities delivered by the Global Mental Health Platform team includes 1:1 technical support, webinars, and peer learning
- 6. Knowledge about sourcing, supporting, scaling and sustaining mental health innovations created, shared and integrated by GCC through Annual programme reviews to showcase outcomes and lessons learned being integrated from current and prior investments in GMH innovations

Key Performance Indicators / milestones

Milestones/targets	(inc t	timeframe e d	quarterly	annually)
ivilicatorica/targeta	(1110	unionanio c.g.	qualterly,	arii lualiy j

Year 1 (November 2022 - September 2023)R1

context mapping projects underway

R3 scoping and research capacitation Global

stakeholder engagement in Being

Being representation at key ecosystem events

Year 2 (October 2023 – September

2024Countrevel networks engaged

R3 RFP launched; projects selected for fntpCttltc

grant RFP launched

Being representation at key ecosystem events

Year 3 (October 2024 – September 2025)

Ongoing partnership development and stakeholder engagementTTS

projects recommended for funding

Seed projects recommended for funding

Being representation at key ecosystem events

Year 4 (October 2025 – October 2026)Fnal

reports for funded projects

Being representation at key ecosystem events