Department of Health & Social Care

Grand Challenges Canada - Global Mental Health Program Annual Report and Review - 2020/2021

NIHR Global Health Research Portfolio

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Contents

Annual reporting and review process

This activity has been supported by the UK aid budget (Official Development Assistance, ODA) as part of the Department of Health and Social Care (DHSC) 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 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. Within these common sections, sub-sections have been included to enable us to monitor progress against planned activities, test our portfolio Theory of Change using evidence collected on outputs and outcomes in accordance with the NIHR GHR portfolio results framework. There are also sections on value for money, risk management, financial reporting, monitoring, evaluation and learning updates.

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

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. DSHC summary and overview

1.1 Brief description of funding scheme

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

Re-launched in 2019 the GMH programme aims to build on previous success through two key funding schemes, (a) seeding innovation in youth mental health and (b) investing strategically at transition to scale. The Seed funding aims to source bold ideas for transforming youth mental health in LMICs and build a new pipeline of youth mental health initiatives. The Transition to Scale (TTS) scheme aims to increase the availability of quality, evidence-based mental health services by transitioning to scale the most promising mental health innovations that show evidence of impact in symptom severity, level of functioning, and/or mental wellbeing. More broadly the GMH Programme aims to establish GCC as a leader in the global mental health innovation ecosystem to ensure innovations have the partnerships and support needed to achieve sustainable impact at scale at the end of their funding period. Finally wrapping around each innovation is the aim to build a learning community to share best practices, strategies, and to disseminate knowledge.

As Global Affairs Canada has included funding to the GMH programme in its institutional support grant, both schemes are currently open to organisations based in LMICs, the UK and Canada but must be implementing entirely in LMICs, and look for approaches that are culturally sensitive, community driven and innovative.

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

Over the past 12 months GCC has progressed from the re-launch of the GMH Programme through a record-breaking request for proposals for the seed funding call with 1,068 eligible applications from 91 countries, to making new awards across Seed and TTS research calls. Additionally, GCC has engaged with key stakeholders across the global mental health ecosystem such as the International Alliance for Mental Health Research Funders who will be able to support award holders and their innovations as they carry out their projects.

GCC ran a seed funding call peer review and panel process which included young people with lived experiences and youth mental health advocates who reviewed each application

particularly speaking to the inclusion of youth in the projects. The first seed funding call having received over 1000 applications demonstrates the high demand for start-up grants of this kind in mental health in LMICs, particularly during the COVID-19 pandemic. From the first GMH Seed funding call,12 grants have been fully contracted across a range of countries and local contexts ranging from a slum and rural health community led mental health initiative in Nigeria to youth friendly Schizophrenia research and services in India.

Of the TTS grants five projects have been approved for funding and three projects grant agreements have been fully contracted. The three projects *are:* embedding The Banyan Home Again programme in India*;* integration of mental health support for antenatal and post-partum health care visits in Libera through The Liberian Centre for Outcomes Research in Mental Health*;* and*,* a Partners In Health cross-site Mental Health Programme focusing on increasing the reach and quality of evidence-based culturally adapted mental health support and ensuring that health systems are equipped to support and manage quality mental health care with Socios en Salud Sucursal del Peru.

GCC has contributed to the DHSC GHR principle of funding high-quality research that directly addresses the diverse needs of people in low and middle income countries (LMICs), directly funding local researchers to improve the lives of those living with or at risk of mental disorders. From the seed and TTS awards 95% of funding is committed to LMIC institutions, and of the seed awards 45% of the selected projects are from youth led organisations.

On research capacity strengthening for researchers, GCC is developing a Global Mental Health Learning Platform intended to provide tailored support, mentorship, coaching, networking and learning opportunities for researchers and research support staff. Two organisations citie*s*RISE and Truepoint*,* who have delivered a similar platform for another GMH programme*,* have been contracted to provide the service which is due to be up and running for the seed and TTS awards this year.

GCC GMH is at the inputs and activities stage of its results based management and accountability framework and Key Performance Indicators. Over the next 12 months we hope to observe evidence of GCC GMH achieving its intended outputs and outcomes. The programme will report on its progress in the next annual review

1.3 Performance of delivery partners

GCC has kept DHSC well informed of progress across the GMH Programme. The quarterly narrative and financial reports are timely and offer a useful overview of activities. Following the Institutional Grant from Global Affairs Canada, GCC has set up quarterly cross-funder meetings to receive joint updates and discuss activities and approaches that apply across the jointly funding portfolio and to increase areas of alignment.

In the setup of new contracts and negotiating grant agreements GCC has requested clarification where needed and sign off on documents such as; confirming due diligence processes for a downstream grant holder, on the DHSC definition of what a fixed asset includes and the extent to which value added tax contract clauses are appliable to grant holders outside of the UK. Of note, concerns around the standard DHSC GHR Intellectual Property clauses arose whilst working through a grant agreement with an indigenous youth-led organisation based in Colombia. GCC set out proposed changes and worked with the DHSC partnership manager to reach an additional clause and compromise which preserved Indigenous knowledge, learning from this is captured below.

GCC has been responsive and transparent in reporting delays to contracts commencing and navigation of issues arising due to the Indian Government's Foreign Contribution Regulation Act, a law which adds regulation to how non-profits in India can receive foreign funding. GCC worked closely with grant award holders and legal counsel in India to ensure that all award holders were compliant and still able to meet the objectives and outcomes as set out in their grant agreements, keeping DHSC informed of progress throughout.

GCC also readily provided additional data on diversity attributes of grant holders and panel members to contribute to the DHSC Global Health Research's Equality, Diversity and Inclusion working group and assessment of the portfolio.

This year GCC has secured renewed investment from the Government of Canada in the Global Mental Health programme spanning 7 years and including distinct support to additional grants, the Global Mental Health Learning Platform and operational support. GCC has acknowledged DHSC as an invaluable partner in enabling the restart of the programme and renewed investment (detail in section 3.11).

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

Three key lessons have been identified from GCC GMH that will be considered across DHSC/NIHR Global Health Research:

Lesson 1: GCC has set up quarterly cross-funder meetings with GAC following the issuing of the quarterly programme report have been a very helpful mechanism of sharing learning, increasing alignment and bilateral engagement with another major international development funding organisation. This is a useful model for the management of other partnerships where funders seek to increase collaboration and alignment across a programme.

Lesson 2: GCC has taken great consideration and care to engage and include youth representatives across the scoping, formatting the call, call guidance, screening and panel for the seed funding awards which has been very informative in the development of the

DHSC - NIHR GHR's Community Engagement and Involvement (CEI) strategic approach. This is likely to be effective for greater inclusion of other under-represented groups across the portfolio and continued cross learning and engagement as the portfolio wide strategic approach develops would be very helpful.

Lesson 3: In engaging with concerns of the downstream indigenous youth-led organisation based in Colombia, careful consideration of the cultural context in the clauses regarding intellectual property and licensing and proposing a way forward. The DHSC GHR partnership manager was able to escalate the additional clauses with DHSC IP leads and contracting to find a resolution which preserved indigenous knowledge and maintained the required IP from a DHSC perspective. From this programme DHSC has created an adapted clause that can be used in contracts with indigenous groups to explicitly preserve the rights of indigenous knowledge. This learning has been captured and shared in a teach in with the DHSC GHR team.

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

Recommendation	Owner	Timeline
Continued engagement and shared learning on the DHSC-NIHR GHR Community and Engagement strategic approach	DHSC	Over 2021/2022

2. Summary of aims and activities

2.1 Overview of award/funding call aims

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

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 poses new and unique mental health challenges while also highlighting existing gaps in mental health services, supports and understanding. The challenges statement is as follows, "We seek bold ideas to meet the mental health needs of the most vulnerable young people aged 10 to 24 years. We are specifically looking for innovative approaches to enhance mental health literacy and/or provide youth-friendly services while accounting for the complex social and environmental factors that contribute to young people's mental health and wellbeing.

Approaches should be culturally sensitive and community driven." The first round request for proposals launched May 2020, with initial projects starting in March 2021.

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. Applications are accepted by invitation only and reviewed by external experts for impact before being considered by our Investment Committee and approved by our Board of Advisors for funding. To date, 5 TTS projects, totalling $3.5M CAD have been approved for funding with support from NIHR.

2.2 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?
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	FY 2020/2021	Launched May, 2020, peer review in August- October, 2020, list of proposals recommended for funding in December 2020, with grant negotiations kick off. First projects starting March 2021. On track; 12 projects' grant agreements fully contracted; 1 additional project approved for funding; 5 ongoing grant negotiations (including 2 projects to be funded by the Government of Canada) expected to sign between April - June 2021	
Global Mental Health Transition to Scale funding	FY 2020/2021	First TTS projects brought for approval June 2020. Two projects approved each subsequent quarter (September 2020, December 2020). On track; 3 projects' grant agreements fully contracted; 3 additional projects in grant negotiations (2 - NIHR, 1 - Government of Canada). Total goal 10 - 15 dependent on phasing, half funded by DHSC, at least half funded by Government of Canada	

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

The scope and areas of focus for The Global Mental Health Grand Challenge: Mental health and wellbeing of young people funding call was developed with input from young people with lived experiences, youth mental health advocates and subject matter experts, including: thought leaders, service providers and past Grand Challenge Canada Global Mental Health innovators. This process was detailed in the 2019/2020 annual report. The Request for Proposals closed in May 2020. The focus of the call was on innovative approaches to enhance mental health literacy and/or provide youth-friendly services. We received 1,089 applications of which 1,068 were deemed eligible. This is the highest number of applications ever submitted for a funding call at Grand Challenge Canada. We believe this further demonstrates the need for this type of funding and the unique and critical role played by Grand Challenge Canada's Global Mental Health program in the mental health ecosystem.

Grand Challenges Canada also engaged with various stakeholders to review and select the final funded projects. Focusing on ensuring young people from diverse contexts were involved at all stages of review (innovation screen and final review panel). The innovation screen was conducted by Grand Challenges Canada staff and the young leaders from the Lancet commission for Global Mental Health and Sustainable Development[1]. Grand Challenges Canada staff trained the young leaders and provided an open forum for the leaders to connect with other Grand Challenges Canada staff beyond the Global Mental Health program to learn about their work and other opportunities for involvement.

The top applications from the innovation screen were assigned to our panel of external reviewers. Our external review panel was made up of individuals with expertise in three domains 1) business: digital health solutions, scaling mental health programs in diverse settings, mental health funding in low- and middle-income countries, 2) science: global mental health, youth mental health and 3) young people with lived experiences. Reviewers were split evenly by low- and middle-income countries and high-income countries as well as gender. We purposely structure our review panels in such a way to allow for diverse perspectives and opinions, in particular the opinions of individuals from the communities whereby these projects will occur. By doing so we are able to highlight barriers and concerns that may not be clear to experts from other contexts allowing us to ensure the projects we select will be relevant to the communities in question. For example, during the review process, an LMIC based reviewer was able to provide insight into why a proposed innovation may face implementation challenges given the difficulty of working in institutional spaces such as universities where discussions around mental health are stigmatized and may inadvertently create risks for participants.

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[1] https://globalmentalhealthcommission.org/youth-campaign-team/

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1 Aggregated number of outputs by output type.

Not appliable at this time as grants are in early stages- January - April 2021 start dates. *First reports of outputs expected in July and October 2021.*

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

As above.

3.3 Lead/senior authorship

As above.

Informing policy, practice and individual/community behaviour in LMICs

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

Not applicable at this time as grants are still in their early stages, but Grand Challenges Canada's Global Mental Health Program does have reporting items in our results management framework that requires grantees to report on various types of engagement. It reads as follows: "Please select whether you will engage with stakeholders. Then describe all stakeholders you are engaging and any active efforts to ensure that your ideas/findings inform and potentially change the general discourse or ideas about something, including the attitudes of stakeholders, the processes of developing policy, policy content, and the behaviour of people affected by the policy." There are follow up questions to ascertain the specific type of engagement event that occurred, and whether/which government decision-makers may have been involved.

Not yet available at the time of writing. First reports are expected by grantees in July and October 2021

LMIC and UK researchers trained and increased support staff capacity

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

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
BSc			
MSc			
MD			
Mphil			
PhD			
Postdoc			
Professional training for non-research support staff (e.g. research manager, finance, admin, community engagement practitioners etc)	49 - Individual capacity strengthening, including: community mental health worker training, clinical capacity building, psychosocial rehabilitation training and substance use disorder training. All training is for health care providers and community health workers.	100%	N/A - at this time we do not collect the demographics data for this indicator
Other			

LMIC institutional capacity strengthened

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

Not applicable at this time as grants are still in their early stages, but Grand Challenges Canada's Global Mental Health Program also as above, has included specific reporting requirements for our grantees on a number of relevant items, including: number of jobs created, number of staff trained, number of staff who report a change in knowledge, number of facilities implementing the program, changes in attitudes of stakeholders, changes in processes of policy development, policy content and/or the behaviour of people impacted by the policy.

Not yet available at the time of writing. First reports are expected by grantees in July and October 2021

3.7 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
Employed in LMICs	Total: 104 - for fully contracted awards only 68 The Banyan support staff (1 project lead, 1 research team member, 2 research assistants, 3 social workers, 60 personal assistants, 1 case manager) 12 Socios en Salud Sucursal del Perú support staff (1 project manager, 2 psychologists, 4 community health workers, 1 case manager, 4 community mental health workers) 2 Green String Network Support Staff (1 project coordinator, 1 project officer) 1 Syrian American Medical Society Foundation support staff (1 project coordinator) 5 Sense International India support staff (2 psychologists, 1 lead researcher, 1 capacity building trainer, 1 sign language interpreter) 6 Sembe World support staff (1 Project lead, 1 psychosocial, 1 project procurement and logistics officer, 1 monitoring and evaluation coordinator, 1 communication assistant, 1 project administrative coordinator) 7 Schizophrenia Research Foundation support staff (1 program coordinator, 6 research assistants)

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
	3 Free Yezidi Foundation support staff (1 psychologist, 2 social workers)
Employed in HICs	3 Grand Challenges Canada program staff (1 Program Officer, 1 Program Associate, 1 Program Analyst) additional support staff (management, legal, finance, knowledge management) who support the program part time

Equitable research partnerships and thematic networks established/strengthened

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

Grand Challenges Canada signed 15 Global Mental Health grants between January 2021 and March 2021. As projects launch, we are focused on developing our technical support platform, the Global Mental Health Learning Platform, which will provide tailored one-on-one support, mentorship, cohort coaching and learning opportunities. The Learning Platform team, made up of experts from citiesRISE and Truepoint, will also provide partnership and research development support. This model is based on our successful Saving Brains Learning Platform, which has served to not only catalyse the field and bring together other funders, but has also proven to be critical to grantee success, and has allowed innovators to collaborate and leverage each other's knowledge, skills, and networks. A key component of this work is the development of a learning community that will allow all grantees to engage with each other and learn from one another's work. Originally, we had planned for at least one in person learning meeting a year to allow our grantees to come together in person to workshop different challenges and ideas as a group. Due to the COVID-19 pandemic in person workshops do not appear to be safe or feasible for this coming year and while we hope to resume these meetings in the future, in 2021/2022 we have planned 5 different virtual learning events. In the future, we anticipate in person meeting to take place alongside conferences in the global mental health field allowing us to support our grantees to attend these global events, showcase their work and meet with other researchers in the field.

3.9   Delivery chain map provided.

3.10   Aggregated HIC/LMIC spend across all awards

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC institutions	£144,935.36 GBP $249,999.00 CAD	5%
LMIC institutions	£2,737,269.41 GBP $4,721,516.00 CAD	95%
All institutions	£2,882,204.77 GBP $4,971,515.00 CAD	100%

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

Another critical advancement this year has been renewed investment from the Government of Canada in Grand Challenges Canada's Global Mental Health program. This investment spans 7 years and included support for additional grants to innovators, support for technical assistance through the Global Mental Health Learning Platform, and operational support to Grand Challenges Canada. DHSC has been an invaluable partner whose support enabled us to restart the Global Mental Health program in 2019.

Mental health was on track to be the largest contributor to the global burden of disease by 2030 before COVID-19, a situation now only further exacerbated by increased needs and disruptions to health service delivery. These effects have served to highlight the pressing need for mental health funding and innovation and has focused mental health in the international health discourse. Our goal at Grand Challenges Canada is to be able to continue to grow the Global Mental Health program, building out our network and allowing for further funding towards critical mental health innovation.

GCC GMH Programme partnership with DHSC has agreed outputs, long term outcomes and key performance indicators agreed as part of the grant agreement which was developed into a Results- based Management and Accountability Framework (RMAF) with input from the DHSC GHR Monitoring and Evaluation lead. The RMAF includes end-user

measures, facilities and sites, intermediary measures, outreach measures and stakeholder engagement measure among others.

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.

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

As grants have only recently been awarded, we are approaching this on a case by case basis ensuring appropriates due diligence is conducted on any and all purchases. All grantees are required to provide copies of procurement policies for review during grant negotiations and we require open calls and competitive bidding over certain item specific value thresholds. See here for Grand Challenges Canada policy which flows down to organizations we fund

4.2   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?

As above, this is has not yet begun but will be supported by the Global Mental health Learning Platform, who alongside Grand Challenges Canada, will have visibility on all grantee activities and will be well placed to support partnerships on an ongoing basis

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

Now that grants have been awarded, we will be able to begin assessing effectiveness of value for money outcomes via individual project reporting as well as portfolio wide results management framework reporting. We have an indicator in our results management framework that specifically asks grantees to detail cost efficiencies achieved during the lifetime of the project. Options include efficiencies in terms of service delivery, production or other with space for the grantee to elaborate and provide details. We will be in a position to begin reporting on this indicator in future reports and expect to see increased efficiencies in our Transition to Scale versus seed portfolio. Including this indicator specifically focused on cost efficiency and value for money has signalled to our grantees the importance of this element. We will continue to work with them and our learning platform to support these efforts

4.4   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.

Grand Challenges Canada is in the process of reviewing policies related to environmental sustainability. Once finalized we will provide updated information. Our current approach can be found [here](#).

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

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

Out of the 15 executed Global Mental Health projects for this reporting period, 10 projects have achieved a Human Rights and Inclusion Score of Grade A and 5 projects have achieved a score of Grade B,

Gender equality: 6 projects received a 0, 8 projects received a 1 and 1 project received a score of 2.

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

Grand Challenges Canada is committed to saving and improving the lives of the most underserved people in low- and middle-income countries. Any funding we disburse must primarily impact marginalized communities and that principle is incorporated into our organizational and granting structure. Core to all grants evaluation processes is how the funded work will impact the health of the most vulnerable people in any given context. A component of our Transition To Scale grant due diligence process is the question of what type of impact the funded work could have. Specifically, will this have a large impact and on what population. This is critical to both our team's recommendations and our Investment Committee and Board of Directors' decision making. Within our seed funding structure we specifically ask how the innovation in question will benefit the most vulnerable

and once more this project impact is one of our key review criteria we consider both at the internal and external review phase.

4.5 List of any additional research awards secured **by LMIC partners** during the course of this NIHR funding - including value, funding source, lead institution and country, what % of additional funding allocated to LMIC partners, HRCS code. (leave blank if not applicable)

Award	Funding source	Amount (GBP)	Lead institution name and country	% of additional funding allocated to LMIC partners	HRCS code
Transition to Scale (TTS)	Rural India Supporting Trust	£1,347,951.76 GBP	The Banyan India	100%	
TTS	Government of Andhra Pradesh	£75,231 GBP	The Banyan India	100%	
TTS	Bajaj Allianz General Insurance Company Co. Ltd	£144,675 GBP	The Banyan India	100%	
TTS	Many Voices Collaborative Funding	123,668.19 GBP	Socios en Salud Sucursal del Perú Peru	100%	

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
COVID-19 potential disruptions	Disruptions due to COVID-19 may impact program spend given potential delays, lockdowns or staff illness experienced by innovators. To mitigate this risk, we have asked innovators to budget for appropriate PPE and where possible have built in extended timelines and milestone flexibility. Each proposal brought forward is also asked to consider and plan for potential COVID-19 delays. We will handle potential innovator delays on a case by case basis considering individual country contexts. We will also continue to actively seek projects that are COVID-19 resilient and address needs in light of the pandemic's mental health impacts. Where some Grand Challenges Canada operational spending (i.e. travel) has been put on hold we will reallocate to other areas where appropriate, for example, to our learning platform to be able to provide additional supports and resources to our innovators.	We will continue to monitor the situation, keeping DHSC updated, and will shift priorities and timelines as needed.
Program management: potential Grand Challenges Canada staff illness, team resilience	Grand Challenges Canada staff have been working from home since March 2020, conducting all activities virtually. Canada is the process of providing vaccines, all eligible individuals will receive a first dose by the end of June 2021 and a second by September 2021. Grand Challenges Canada will continue to operate virtually until management deems it safe to return to the office, and with a plan in place to ensure any necessary public health measures are in place. Should staff become ill, we will prioritize upcoming program needs and draw on other staff as needed.	Will continue to monitor staff wellness, and shift priorities as needed.

Risk	How is the risk being managed/mitigated?	Current status
	Grand Challenges Canada is mindful of the ongoing stress working during a pandemic can cause. Staff are encouraged to set working hours that align with their home schedule, staff are able to flex Friday afternoons should they like and additional wellness and burnout resources and supports have been made available.	
Insufficient applications/ high quality applications	Transition To Scale applications are by invitation and only extended to institutions and projects from our pipeline or the pipelines of trusted partners. All applications are reviewed by three external scientific experts before additional due diligence begins. We typically expect a 1/3 drop rate during the review and due diligence process and plan accordingly. For seed applications, Grand Challenges Canada relies on its established networks, including a strong presence in the mental health field, to distribute request for proposals. Request for proposals are translated into multiple languages to ensure accessibility to populations of interest. Materials for round 1 were translated into French, Arabic, Spanish and Swahili. Grand Challenges Canada uses regional consultants as needed to ensure broad geographic reach. Outreach includes webinars in local languages, connecting with local media to ensure details are widely circulated.	Transition To Scale: We will continue to monitor application intake and results of reviews. Should a higher drop rate be noted, we will increase the intake rate. Seed: We will scope out a similar outreach strategy when launching round 2. Round 1 was highly successful, with both a record breaking number of applications (1,068 eligible) and the highest innovation screening averages seen at Grand Challenges Canada, demonstrating both reach and quality.
Shifts/delays in implementing the program: sourcing reviewers and in-person events	Given the reality of the current COVID-19 global landscape a number of activities key to the over GMH program rollout will likely continue to be impacted. Various mitigation strategies have been implemented including: a protracted timelines for sourcing reviewers, a lighter lift online review, developing a pool of interested reviewers to allow for flexibility should individuals be over capacity, and replacing in-person events with online	Will monitor ongoing outbreaks in different countries/regions and continue to plan accordingly

Risk	How is the risk being managed/mitigated?	Current status
	meetings shorter in duration, but at an increased rate, for example, our Learning Platform cannot hold an inn-person community meeting this year so will instead schedule 5 virtual learning events over the course of the next 16 months	

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

None

- Aggregated credible allegations

	Total number of credible allegations:
Made against any NIHR funded awards	None
Made against any NIHR funded awards and investigated by delivery partner	None
Made against NIHR funded awards and reported to NIHR/DHSC	None

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 have been made, will continue to monitor 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	None
Raised against any NIHR funded awards and investigated by delivery partner	None
Raised against NIHR funded awards and reported to NIHR/DHSC	None

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

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

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

Out of the 15 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.

6. Delivery, commercial and financial performance

6.1   Performance of awards on delivery, commercial and financial issues

Included in the delivery chain map.

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

- Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (please refer to https://iatistandard.org/en/iati-standard/). Yes

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

Yes - please see Grand Challenges Canada recent annual and financial report as examples.
https://www.grandchallenges.ca/wp-content/uploads/2021/01/Annual-Report-2019-20-EN.pdf

http://www.grandchallenges.ca/wp-content/uploads/2020/08/March-31-2020.pdf

7. Monitoring, evaluation and learning

7.1   Monitoring

- Monitoring activities throughout the review period and how these have informed programming decisions.

GCC GMH Programme partnership with DHSC has agreed outputs, long term outcomes and key performance indicators agreed as part of the grant agreement which was developed into a Results- based Management and Accountability Framework with input from the DHSC GHR Monitoring and Evaluation lead.

Initial reports from seed grants are due in July of 2021 and reports from all projects are due at the end of October 2021 which are expected to include initial outcomes and reporting of indicators.

7.2   Evaluation plans and activities that have taken place across awards throughout the review period.

As above.

7.3   Learning

Global Mental Health Program Grants have only recently awarded, however at the award level Grand Challenges Canada has engaged with the broader mental health ecosystem to share lessons learned from our program relaunch. This has included a panel discussion on engaging young people at a meeting of the International Alliance of Mental Health Research Funders, co-chairing a working group for the same Alliance on integrating the views of people with lived experience, and coordinating a learning track at the Grand Challenges Annual Meeting with the Wellcome Trust focused on young people's mental health, how to work with youth and new lessons emerging during COVID-19. We plan to continue to share lessons from the Grand Challenges Canada Global Mental Health program in the coming year, including showcasing learnings from our innovators.

- Key lessons

Grand Challenges Canada's model is built on supporting those closest to the challenge in question as we believe they are best placed to come up with relevant and sustainable solutions. For the youth mental health seed funding we expanded on this, engaging with young people from diverse contexts to not only act as reviewers, but to also support the

structuring of the program funding itself. We then took this one step further by including the prioritizing of youth-led projects and youth-led organizations within the review criteria itself. At the time we were unclear how successful we would be in sourcing high quality applications from youth-led organizations. However, 46% of applications were from youth-led organizations, which flowed down to the selected projects, 45% of which are from youth-led organizations. By broadening accessibility, specifically targeting youth networks, and listening to suggestions from young people - including allowing for targeted monitoring and evaluation support and providing support in drafting financial policies - we were able to far surpass our internal target of 20% youth-led projects. We plan to build on this success for round 2 and will continue to share with the broader global health community ways to work more directly with target populations.

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

Award	Key milestones/deliverables for coming year
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	First round grants fully contracted March 2021; 3 projects remain in negotiations, expected to sign by the end of Q1; Second round request for proposals anticipated launch October, 2021 (funded by the Government of Canada).
Transition To Scale (TTS) Global Mental Health funding	First grants approved in June, 2020; 3 projects ongoing; 3 in negotiations, expected to sign by the end of Q1 (2 funded by DHSC, 1 by the Government of Canada); Anticipate brining 2 additional projects funded by the Government of Canada for approval this fiscal year.

7.5   Any other comments/feedback/issues to flag to NIHR/DHSC? This could include any suggestions on anything the delivery partner could do to improve its support for award holders, or on anything that DHSC could do to better support the delivery partner.

 DHSC has been a supportive partner. Of particular value has been the high degree of availability and guidance from DHSC staff to work through any questions we have, and the flexibility when changes or delays have occurred. This has been of even greater importance during the ongoing COVID-19 pandemic.