

# BID SOLICITATION

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Grand Challenges Canada®  
Grands Défis Canada

**BOLD IDEAS WITH BIG IMPACT®**

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## **Bid Solicitation (Subcontractor)**

**Submission Deadline:  
November 17, 2022, 5PM EST**

**RFP Reference Number: RFP-01-2022-10-07**

## Introduction

### GRAND CHALLENGES CANADA'S OBJECTIVE

GRAND CHALLENGES CANADA/ GRANDS DÉFIS CANADA (“**Grand Challenges Canada**”) is seeking Subcontractor(s) to support the Global Mental Health program for up to one year (2023-2024), depending on the needs of Grand Challenges Canada.

The Subcontractors will be responsible for conducting Context Analysis to understand and generate 'system awareness' on local mental health and wellbeing needs of young people, drivers of their vulnerability, and gaps and capacities within the system and evidence base in one or more of 13 priority countries - Colombia, Ecuador, Egypt, Ghana, India (with a focus on Odisha and/or Rajasthan states), Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania, and Vietnam. Subcontractors are to focus on understanding the context and identifying drivers of mental health and wellbeing including personal, societal, and environmental factors. Subcontractors are responsible for taking Context Analysis beyond desk research to gather information from a variety of sources including and not limited to existing literature, consultations with stakeholders, and workshops to generate an ecosystem-based research report to be made public. The Context Analysis should work to identify and engage existing relevant in country networks as well as identifying priorities for both research and intervention implementation in each of the countries.

This work is an integral part to a mental health initiative, a strategic and coordinated systemic approach in supporting young people's mental health and wellbeing through a combination of research and implementation mechanisms. Thus, Subcontractors will play a key role by identifying novel opportunities for priorities and investment in the global mental health ecosystem.

The objective of this “**Bid Solicitation**” is to select a candidate to enter into a contract with Grand Challenges Canada to provide the services described in the “Statement of Work”, attached hereto as Appendix A. All applicants or bidders (“**Bidders**”) are invited to submit a proposal or bid (“**Bid**”) for consideration by Grand Challenges Canada in accordance with the terms of this Bid Solicitation

## Part 1: General Information

### 1.1 Objective

- a. The objective of this Bid Solicitation is to select a vendor(s) to enter into a contract with Grand Challenges Canada to provide the services described in the Statement of Work in a manner that will provide the best value for Grand Challenges Canada's funds, attached herein as Appendix A.

### 1.2 Period of Contract

- a. The resulting contract will be in effect from approximately December 2022 to September 2023 for single-country bids and December 2022 to December 2023 for multi-country bids, with the possibility of renewal or extension for successive one (1)-year term(s) up to a maximum of three (3) years, depending on the needs of the organization.

### 1.3 About Grand Challenges Canada

Grand Challenges Canada is dedicated to supporting Bold Ideas with Big Impact®. Funded by the Government of Canada and other partners, Grand Challenges Canada is driven by the mission to catalyze innovation that saves and improves the lives of the most underserved in Canada and low- and middle-income countries. One of the largest impact-first investors in Canada, Grand Challenges Canada has supported a pipeline of over 1,400 innovations in 95 countries since its creation.

### 1.4 About the Global Mental Health Program

Poor mental wellbeing is a challenge for millions of young people, many of whom experience adversity, poverty and stress caused by various factors, including the COVID-19 pandemic, which worsened these circumstances. Yet the problem predated the pandemic: already 1 in 7 children and adolescents worldwide live with mental health challenges.

For young people, mental health challenges can interfere with building social connections, cultural belonging and emotional wellbeing. They can also impact their access to educational opportunities and economic resources. Yet, despite ever-growing needs, mental health continues to be vastly underfunded and under-resourced: Less than 2% of national health budgets in low- and middle-income countries (LMICs) are spent on mental health. Equally, only 15% of development assistance is dedicated to child- and adolescent-specific mental health.

In LMICs, up to 90% of mental health needs are unmet due to a lack of resources and insufficient infrastructure. Moreover, the existing mental health services do not often meet young people's diverse needs and demands. They do not address the social, cultural and economic drivers that impact mental wellbeing among

youth. There is an urgent need for youth-informed mental health approaches that shift from an individually focused and medicalized approach to one that creates an enabling environment across sectors and supportive communities that cater to the needs of young people.

Investing in evidence-based, effective mental health and wellbeing approaches that focus on prevention, promotion and amplifying young people's voices is essential to address these pressing mental health challenges and create lasting change.

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. Currently supported by Global Affairs Canada and the Government of the United Kingdom (DHSC), Grand Challenges Canada has embarked on a bold initiative to directly fund and provide technical support to, youth led innovation.

## 1.5 About the Mental Health Initiative

**Grand Challenges Canada, United for Global Mental Health, Fondation Botnar and other partners are collaborating on a new mental health initiative that strives to improve young people's mental health and wellbeing.**

Through this initiative, we seek to address the social, economic, and other drivers impacting the mental wellbeing of young people aged 10 to 24 in low-and-middle-income countries to create **positive, lasting change in local communities and beyond**. Given that approximately 70% of the world's population is projected to live in cities by 2050<sup>1</sup>, the Initiative will also have a special focus on the urban and peri-urban contexts in our countries of focus.

We want young people to have the means and agency to promote their mental wellbeing according to their diverse needs and connect to peers, caretakers, service providers and communities without stigma so they can feel well.

### **OUR APPROACH**

We seek to create supportive communities and bring system-level change in priority countries and selected cities through a strategic and coordinated approach that combines the following:

- **NETWORKS** to promote the continuous exchange of new evidence,

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<sup>1</sup>The World Bank. "Urban Development: Overview." *World Bank*, 20 April 2020, <https://www.worldbank.org/en/topic/urbandevelopment/overview>. Accessed 19 September 2022.

innovative approaches and learnings between youth mental health stakeholders globally and locally

- **RESEARCH** to better understand the mental health and wellbeing drivers and needs of young people, validate new solutions and promote their implementation and scaling
- **INNOVATION** of community-based, youth-led and other approaches that address the drivers of mental health, supports prevention and early detection of mental health challenges, and encourages mental health and wellbeing promotion
- **POLICY AND ADVOCACY** to advance research, programs and policies that support the mental health and wellbeing of young people and catalyze change
- **YOUTH ENGAGEMENT** throughout all stages of the initiative to evaluate the effectiveness and sustainability of interventions and ensure youth needs are prioritized

## Part 2: Standard Instructions, Clauses and Conditions

### 2.1 Submission of Proposal

- a. Grand Challenges Canada requests that each Bidder to submit a Bid to the email address outlined in Paragraph 2.2, as early as possible between **October 17, 2022** and **no later than November 17, 2022** (the “Closing Date”). **For greater certainty, Bids will only be accepted from October 17, 2022 at 8 am EST until November 17, 2022 at 5pm EST (bid solicitation period).**
- b. The Bid must include the Bidder’s firm or vendor’s name, a contact name, address, telephone and fax numbers, and email address.
- c. The Bidder may propose a project focusing on a single country with a maximum timeline of nine months OR the Bidder may propose a project focusing on multiple countries with a maximum timeline of twelve months. It should be noted, the contract requirements are the same for both single-country and multiple-country projects with the exception of timing as highlighted.
- d. Grand Challenges Canada requests that each Bid contain a covering letter signed by the Bidder or by an authorized representative of the Bidder. The covering letter should reference the RFP Reference Number. The Bidder’s signature indicates acceptance of the terms and conditions set out and/or referenced herein. The signatory must have authority to commit the organization by making such a proposal. A contract will not be awarded until a signed covering letter from the Bidder is received by Grand Challenges Canada. If the Bidder fails to provide a signed covering letter when requested to do so by Grand Challenges Canada, then the Bidder shall be disqualified from the bidding process and be declared non-compliant.
- e. It is the Bidder's responsibility to:

- i. Obtain clarification of the requirements contained in the Bid Solicitation, if necessary, prior to submitting a Bid
  - ii. Prepare its Bid in accordance with the instructions contained in the Bid Solicitation
  - iii. Submit its Bid by closing time
  - iv. Send its Bid only to the “Contracting Authority” named in Paragraph 2.2 below
  - v. Provide a contact name, address, telephone number and email address in its Bid, as indicated in 2.1b above
  - vi. Provide a comprehensible and sufficiently detailed Bid, including all requested pricing details that will permit a complete evaluation, in accordance with the criteria set out in this Bid Solicitation.
- f. Bids will remain **open for acceptance** for a period of not less than twenty-one (21) calendar days from the Closing Date of the Bid Solicitation. Upon notification to the responsive Bidders, Grand Challenges Canada reserves the right in its sole discretion to extend the bid solicitation period at any time for up to twenty-one (21) calendar days.
- g. Bids and/or amendments thereto will only be accepted by Grand Challenges Canada if they are received at the email address indicated below in Paragraph 2.2, on or before the Closing Date specified herein.
- h. Bids received will become the property of Grand Challenges Canada and will not be returned.
- i. All information within this Bid Solicitation is to be held in confidence.
- i. Except as specifically provided otherwise in the Bid Solicitation, Grand Challenges Canada will evaluate a Bidder’s Bid only on the documentation provided as part of its Bid. Grand Challenges Canada will not evaluate information not submitted with the Bid, such as references to website addresses where additional information can be found, or technical manuals or brochures not submitted with the Bid.

## 2.2 Contracting Authority

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

Attention: Mental Health at Grand Challenges Canada  
Email: [globalmentalhealth@grandchallenges.ca](mailto:globalmentalhealth@grandchallenges.ca)

## 3.1 Late Bids

- a. The Bidder has sole responsibility for the timely receipt of a Bid by Grand Challenges Canada and cannot transfer this responsibility to Grand Challenges Canada.
- b. Grand Challenges Canada will return Bids delivered after the stipulated bid solicitation Closing Date and time referred to in Paragraph 2, Sub-paragraph 1a, unless they qualify as a “delayed bid” (see below).
- c. A Bid received after the Closing Date but before the contract award date may be considered, provided the delay can be proven by the Bidder to have been due solely to a delay in delivery that can be attributed to incorrect handling by Grand Challenges Canada (a “delayed bid”).
- d. Misrouting, traffic volume, weather disturbances, labour disputes or any other causes for the late delivery of Bids are not acceptable reasons for the Bid to be accepted by Grand Challenges Canada.

#### **4.1 Legal Capacity**

- a. The Bidder must have the legal capacity to contract. If the Bidder is a sole proprietorship, a partnership or a corporate body, the Bidder must provide, if requested by the Contracting Authority, a statement and any requested supporting documentation indicating the laws under which it is registered or incorporated, together with the registered or corporate name and place of business. This also applies to Bidders submitting a Bid as a joint venture.

#### **5.1 Rights of Grand Challenges Canada**

- a. Grand Challenges Canada reserves the right, in its sole discretion, to:
  - i. Reject any or all Bids received in response to the Bid Solicitation
  - ii. Enter into negotiations with bidders on any or all aspects of their bids
  - iii. Accept any Bid in whole or in part without negotiations
  - iv. During the evaluation, members of the evaluation team may, at their discretion, submit questions to or conduct interviews with Bidders, at Bidders’ cost, upon forty-eight (48) hours’ notice, to seek clarification and/or verify any or all information provided by the Bidder with respect to this Bid Solicitation
  - v. To award one or more contracts, if applicable
  - vi. Not to accept any deviations from the stated terms and conditions
  - vii. Conduct a survey of Bidders' facilities and/or examine their technical, managerial and financial capabilities to determine if they are adequate to meet the requirements of the Bid Solicitation
  - viii. Contact any or all references supplied by Bidders to verify and validate any information submitted in their Bid, if applicable
  - ix. Correct any mathematical errors in the extended pricing of financial bids by using unit pricing and the quantities stated in the Bid Solicitation

- x. Verify any information provided by Bidders through independent research, use of any government resources or by contacting third parties deemed reliable by Grand Challenges Canada
  - xi. Incorporate all or any portion of the Statement of Work, Bid Solicitation and the successful Bid in any resulting contract
  - xii. Cancel the Bid Solicitation at any time without liability
  - xiii. Reissue the Bid Solicitation without liability
  - xiv. Extend the Bid Solicitation deadline without liability
  - xv. If no compliant Bids are received and the requirement is not substantially modified, re-tender the requirement by inviting only the Bidders who bid to re-submit Bids within a period designated by Grand Challenges Canada
  - xvi. Not to award a contract in part or at all.
- b. Bidders will have the number of days specified in the request by the Contracting Authority to comply with any request related to any of the above items. Failure to comply with the request may result in the bid being declared non-responsive.

#### **6.1 Communications – Solicitation Period**

- a. To ensure the integrity of the competitive bid process, all enquiries and other communications regarding the Bid Solicitation must be directed, by email, only to the Contracting Authority identified in this Bid Solicitation. Failure to comply can, for that reason alone, result in the disqualification of the Bid.
- b. To ensure consistency and quality of information provided to Bidders, significant enquiries received and the replies to such enquiries will be provided to all Bidders, without revealing the sources of the enquiries.

#### **7.1 Costs**

- a. No payment will be made for costs incurred in the preparation and submission of a Bid in response to the Bid Solicitation. Costs associated with preparing and submitting a Bid, as well as any other costs incurred by the Bidder associated with the evaluation of the Bid, are the sole responsibility of the Bidder.
- b. No costs incurred relating to the work before the receipt of a signed contract or specified written authorization from the Contracting Authority can be charged to any resulting contract. In addition, the Subcontractor is not to perform work in excess of or outside the scope of any resulting contract based on verbal or written requests or instructions from any Grand Challenges Canada personnel other than the Contracting Authority. The Contracting Authority is the only authority that can commit Grand Challenges Canada to the expenditure of the funds for this requirement.

#### **7.2 Governing Law**

This Bid Solicitation is governed by the laws of the Province of Ontario and Canada as applicable therein. A Bidder and Grand Challenges Canada shall attempt to



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resolve any disputes, differences or claims arising under the Bid Solicitation in good faith. Any action or proceeding relating to this Bid Solicitation may (but need not) be brought in a court of competent jurisdiction in the Province of Ontario, and for that purpose now irrevocably and unconditionally attorns and submits to the jurisdiction of such Ontario court.

## **Part 3: Bid Preparation Instructions and Evaluation Procedures**

### **1.0 Format of Bid**

#### **Section 1: Technical Bid**

In its technical bid, the Bidder must demonstrate its understanding of the requirements described in the bid solicitation, as well as demonstrate how the Bidder will meet the requirements of the Evaluation Criteria and Basis of Selection, as described in Appendix B. The technical bid must not exceed 10 pages including the cover sheet and any appendices.

#### **Section 2: Financial Bid**

The Bidder must submit its financial bid in accordance with the Basis of Fees, attached herein as Appendix C. The total amount of any taxes (e.g., the Harmonized Sales Tax (HST), Goods and Services Tax (GST), etc.) is to be shown separately, if applicable.

### **2.0 Evaluation Procedures**

- a. Bids will be assessed against all mandatory and rated requirements identified herein and evaluated in accordance with the evaluation criteria specified in Appendix B.
- b. Any firm currently providing audit services to Grand Challenges Canada cannot be considered for this Bid Solicitation, due to the need for independence and perception of independence.

## Appendix A: Statement of Work

### A. Context Analysis, Stakeholder Consultations, Network Strengthening: Understanding the Systemic Context of the Mental Health of Young People & Collaboration to Catalyze Change

This Bid Solicitation seeks to engage for hire in the role of:

- Subcontractor

### B. Objectives

The specific objectives for this bid-solicitation are:

- To map available evidence regarding the mental health among young people in the identified priority countries, including context-specific wellbeing drivers of mental health, perceptions of mental health, predominant mental health and substance use issues, related programs and interventions, policies, key stakeholders, and networks
- To identify gaps in evidence regarding the mental health among young people and highlight future opportunities
- To conduct stakeholder consultations to fill-in information gaps and identify priority research and intervention needs, including pathways to scale for innovative solutions
- To bring together diverse interest groups to identify a mental health agenda with the potential to catalyze change in the countr(ies) of interest – ranging from young people with lived experience to relevant government representatives.

### C. Eligibility

- Entity must be based in a low-or middle-income country (LMIC) or be a partnership with the lead entity based in an LMIC
- Proposal is focused on the Analysis of Available Mental Health Information, Stakeholder and Network Engagement, in one or more of the thirteen countries: Colombia, Ecuador, Egypt, Ghana, India (with a focus on Odisha and/or Rajasthan states), Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania, and Vietnam

### D. Scope of Work

Based on a relational approach to wellbeing (see Appendix D for a description of main principles), subcontractors are required to conduct Context Analysis, and Stakeholder and Network Consultations to provide a systemic understanding of the mental health context of young people in their country or countries of expertise. The following components outlined below must be included in the proposed plan and a description of how each component will be conducted is required.

The aim of Component 1, **Analysis of Available Mental Health Information**, is to collect and collate existing evidence and identify gaps in information regarding

mental health among young people. The overall aim is to use the collected information as a starting point for discussion for Component 2, **Stakeholder Engagement and Network Consultation**. Key stakeholders from a variety of sectors, organizations, as well as individuals will be invited to share and discuss their perceptions about the collected information, with an emphasis on filling information gaps and enriching the available evidence. The convening of key stakeholders will also serve as a starting point for mapping and connecting mental health networks in the countr(ies) of focus with the aim of catalyzing change in the field of mental health.

1. **Analysis of Available Mental Health Information (approximately 20% of total time / effort)**

**Objective 1.1:** To identify, collate and map existing information regarding the mental health among young people, including but not limited to, academic / peer reviewed literature and grey literature (e.g. reports, policy literature, working and white papers, newsletters, government documents, speeches etc.)

- a. **Predominant Mental Health Issues and Conditions in the Country:** An overview of the predominant mental health issues and conditions that impact the wellbeing of young people. This may include diagnosed and/or self-identified mental health conditions (e.g. anxiety, depression, suicide etc.)
- b. **Wellbeing Drivers of Mental Health:** An overview of the country's context that may impact the experiences of young people and their mental health. Based on a relational approach to wellbeing, the below drivers (personal, societal, and environmental) should be explored depending on the country context and current circumstances. Analysis could include, but is not limited to, specific information about:
  - i. **Personal Drivers** shape how people respond to situations that they are in. Factors such as personality, personal history, social identities, and interactions with others in close relationships and within the community influence an individual's actions. However, it should be noted, these factors and actions are also heavily influenced by societal and/or environmental drivers.
    1. **Vulnerable Groups:** Which vulnerable or marginalized groups are particularly affected by or at risk of developing mental health issues in the country of focus (e.g., Indigenous populations, people with disabilities, domestic workers, migrants, women and girls, people who use a substance, LGBTQI, ethnic / religious minorities, young parents etc.)?
    2. **Personal Histories:** What types of childhood experiences have impacted the mental health among young people in the countr(ies) of focus?

- ii. **Societal Drivers** shape the circumstances to which people must respond. These include factors such as the organization of the economy, social inequalities, social norms, and culture, policy and historical or ongoing conflict.
1. Prominent Societal Drivers: What prominent societal drivers impact mental health among young people in the country? Are substance use issues a significant contributor to mental health challenges? How might culture and values, immigration, caste, gender norms, poverty, homelessness and low socioeconomic levels affect mental health?
  2. Perceptions of Mental Health: How is mental health understood and conceptualized among young people and the broader society (e.g. from a biological, psychosocial and / or spiritual perspective)? How prevalent is mental health stigma and discrimination? How is mental health stigmatized and discriminated against in the countr(ies) of focus?
  3. Political and Historical Conflict: Are there current conflicts in the country? Is there a history of internal conflict between sub-populations? How has this impacted the mental health of young people?
  4. Mental Health-Relevant Policies: What types of government mental health-relevant policies exist (e.g. policies that have a direct or indirect influence on mental health)? Is there willingness from the government to prioritize / address mental health issues, including budget allocation? Have associated mental health action plans and targets been developed and are they being tracked? Who was involved in determining mental health country priorities (i.e. experts, researchers, young people, other actors / stakeholders etc.) and what process was followed? What progress has been made?
  5. Mental Health Programs & Interventions: What mental health-related programs, interventions, and treatment options are available in the community, public and private sectors of the health and other systems (including the type, evidence, impact, availability)?

\*\*A diversity of programs, ranging from prevention (e.g. resilience building interventions in school settings), promotion (e.g. national or school level awareness raising mental wellbeing programs) and/or treatment (e.g. online cognitive behavioural therapy provided by a social worker) are important to include (if available in country).



- iii. ***Environmental Drivers*** shape the material contexts and physical resources that wellbeing depends on. Factors such as the built environment, climate change, biodiversity, pollution, ecological sustainability, and COVID-19 have an impact on human interaction and wellbeing.
  - 1. ***Urbanization***: How does urbanization impact the mental health of young people? (e.g. centralization of services, competition for employment, lack of support systems for migrants, use of technology, influence of social media, urban violence, lack of recreative spaces, availability of green spaces etc.)
  - 2. ***Climate Change***: How have shifts in temperature and weather patterns had an impact on mental health? (e.g. increases in temperature, increased drought, more severe storms, loss of biodiversity, less food production, climate anxiety about the future etc.)
  - 3. ***COVID-19***: How has COVID-19 impacted the mental health among young people? (e.g. COVID-19 restrictions and lockdown, access to green spaces, closure of schools, loss of employment, limited access to services etc.)
  - 4. ***Digital and Communication Environments***: How does the mass media impact public perceptions of wellbeing, mental health and illness? (e.g. email, social media, social network sites, online and offline games and gaming communities, local and international newspapers, broadcast media, blogs, movies etc.)
  
- c. ***Engagement of Young People***: How are young people currently engaged and supported to play a role in mental health? Are young people included in decision-making related to policy or practice? How does the cultural context impact the role of young people? Which groups are currently being engaged? Which groups are hard to reach? How should they be engaged? What are the potential starting points and networks for engaging young people in mental health initiatives? Which stakeholders are engaging young people in their mental health initiatives? How are they doing this?
  
- d. ***Mental Health Innovations & Pathways to Scale***:
  - i. ***Existing Innovations***: What mental health innovations currently exist within and outside the health system (innovations may be defined as “new or different, successful and cost-effective ways of delivering better mental health” related programming, services and care that “lead to new understandings, directions or breakthroughs” and/or “increases the efficiency and efficacy” of existing programming, and/or “improves the quality of life and

wellbeing” of local populations.”<sup>2</sup>)? Who is developing and leading these innovations? What are some promising examples of ready to scale community-based models?

- a) **Digital & Artificial Intelligence (AI) Technology:** What is the role of technology in mental health-related innovations, if at all? How many and what types of technological mental health related innovations exist (e.g. analogue, digital or AI enabled)? What policies exist to support the development of digital / AI technologies for mental health-related innovations? What policies exist to regulate technological mental health-related innovations such as privacy, safeguarding, commercial interests etc.? What is the role of the government in provision of technology related innovations? What is the role of the private sector?
- ii. **Pathways to Scale:** How have existing mental health innovations been scaled? Are they relatively sustainable? What is the starting point to scale? What is the role of private industry in the development and support of innovations? Are there specific business models which have supported the sustainability of innovations? What types of innovations are most likely to be supported or financed by private entrepreneurship? By governments? By other external funding sources? Are there specific bottlenecks that have hindered or prevented the scaling of innovations? What regulations may encourage or prevent scale up? What lessons have been learned from the failure to sustain innovations in the country of focus?
  - a) Subsection on financing for mental health, what models and resources currently exist? Where are the major sources?
- iii. **Scaling Partners & Facilitators:** Who are the critical actors to engage in scaling? Are there avenues to scale and sustainability within the private sector, including for-profit business solutions? How engaged is the public sector? How much advocacy is required? Is the primary health care system structured in such a way that mental health integration is feasible? How can services be implemented / strengthened across varying levels of care? How much structural change is required? What opportunities exist in the community? Are there partner organizations (NGOs, multilaterals) who would be able to fill short- to medium-term gaps?

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<sup>2</sup> Definition adapted from the Mental Health Foundation (retrieved from <https://mentalhealthfoundation.ca/about/innovation-and-technology-in-mental-health/#:~:text=What%20is%20a%20mental%20health,delivering%20better%20mental%20health%20care.>)

\*\*Consider needs, including information systems, human resources, health financing, etc., and where appropriate, build off existing sources of data.

e. **Mental Health Key Stakeholders and Networks:**

- i. **Key Stakeholders:** Who are the key stakeholders in the mental health ecosystem? How do government ministries collaborate on mental health initiatives and programs and is there a lead ministry? Who is ultimately responsible for different mental health related areas? Where does the necessary technical expertise to implement programs exist (public sector, private sector, etc.)? Are there other international or national funders interested in supporting young people's mental health in the country? Is there potential to leverage their support to engage additional partners? Which stakeholders are most likely to take action? In which areas can momentum be accelerated to facilitate change?
- ii. **Key Networks:** What mental health-relevant networks and broader health networks connected to mental health exist in the country? What type of mental health related work do they focus on? What groups represent patients or other related stakeholders? What groups represent care providers? What are the regulations promoting or restricting the actions of these networks?

**Objective 1.2: To identify gaps in available information and determine critical evidence necessary for future efforts to address young people's mental health**

Based on an analysis of the collected information, the subcontractor will identify current gaps in information that may be necessary for moving the mental health agenda forward in the countr(ies) of focus. This process may include a formal analysis (e.g. gap analysis or SWOT analysis) or an informal process. It should be noted that the outcomes from Component 1 will be used as the basis for engaging and consulting with mental health stakeholders as part of Component 2.

**Outcomes:** The following outcomes are expected per country from the first component:

- 1) Preliminary country profile & analysis
  - a. Visual Mapping: Development of a local visual mental health ecosystem map that identifies key stakeholders, drivers, services and relationships and the connections between these groups.
- 2) Gap analysis of available information

**2. Stakeholder Engagement, Consultation, and Network Strengthening (approximately 80% of total time / effort)**

- a. **Stakeholder Engagement & Consultation (approximately 40% of time / efforts):** Based on Component 1: Analysis of Mental Health Key Stakeholders and Networks, the subcontractor will connect with and engage organizations, partners, and networks relevant to young people's mental health and wellbeing at the local and national levels. To note, it is extremely critical to engage relevant actors beyond the health sector to ensure a range of stakeholders are consulted and diverse opinions are gathered.

**Objective 2.1:** To convene stakeholder groups to better understand collected materials and gaps in information from Component 1 (a. wellbeing drivers of mental health, b. engagement of young people, c. mental health innovations & pathways to scale, and d. mental health key stakeholders). This objective is meant to build on and expand on evidence gathered in Component 1 with additional information not available through the literature. Context-driven research questions of interest to public sector partners will be identified, as well as existing and new ideas for mental health innovations that can be scaled to improve the effectiveness of mental health programming.

**Objective 2.2:** To gather insights from key mental health stakeholders regarding their interests, expertise, readiness to take action and willingness to collaborate with other stakeholders to move the mental health agenda forward.

**Outcomes:** The following outcomes are expected per country:

- 1) Mid-Term Report: Stakeholder perspectives on existing evidence and gaps in knowledge (Includes expanded versions of previously submitted reports)
- 2) Stakeholder interests, expertise, readiness, and willingness to take action and collaborate with other stakeholders

**b. Network Strengthening (approximately 40% of total time / effort)**

Key stakeholders will determine how to best strengthen existing networks and collaborate to develop and nurture community and leadership support for addressing mental health issues in the country of focus. More specifically, the subcontractor will facilitate consensus building among key stakeholders (by working/supporting lead stakeholders engaged in mental health) to identify priorities for research, innovative interventions and initiating and catalyzing change. Consensus building may occur in a variety of ways and use various approaches. For instance, the Delphi method, surveys and other tools may be employed to facilitate the consensus building process among stakeholders.

**Objective 3.1:** To consult with key stakeholders to assess and prioritize needs, barriers and steps required to catalyze change. Some areas to consider include:

- a. ***Forecasting Needs and Opportunities:*** To identify the most pressing mental health needs for young people in the country and opportunities for addressing these needs. For instance:
  - i. What are the most pressing current and future problems facing young people in the country and specifically in urban environments?

- ii. What actionable recommendations can be provided for key partners to address future mental health and wellbeing needs?
  - iii. How might local needs evolve?
  - iv. What opportunities exist for outreach and engagement to address these needs?
- b. **The Way Forward:** To identify how key stakeholders and networks can work together to ensure young people's mental health and wellbeing is prioritized
- i. Which stakeholders should be involved? Who is currently missing from the consultations?
  - ii. What mechanisms exist or should be put in place to facilitate collaboration?
  - iii. How can stakeholders push the mental health agenda forward?
- c. **Recommendations:** To identify existing opportunities that should be prioritized and funded by government, public or private sector. Key stakeholders and networks must also determine how best to widely disseminate recommendations and to whom.

**Outcomes:** The following outcome is expected per country:

- 1) Consensus building outcomes: highlighting pressing current and future needs and opportunities, priority next steps and how best to disseminate identified recommendations

## E. Deliverables Per Country

### 1. Five Reports

#### a. Three Monthly / Bimonthly Reports:

- i. Preliminary country profile & analysis (5-10 pages)
    1. Visual Mapping: Development of a local visual mental health ecosystem map that identifies key stakeholders, drivers, services and relationships and the connections between these groups.
  - ii. Gap analysis of available information (1-2 pages)
  - iii. Consensus building outcomes: highlighting pressing current and future needs and opportunities, priority next steps and how best to disseminate identified recommendations (3-5 pages)
- b. **One Mid-term Report** (maximum of 15 pages)
- c. **One Final Report:** At minimum, the final report must include the methodology for both components, all monthly and bimonthly report information and all outcomes and results (maximum of 20 pages)

2. **Presentation:** Based on the outcomes and results, the presentation should identify next steps (i.e. agendas) in terms of future research areas, validation processes required for future initiatives, policy areas of focus, and future strategies for encouraging the development and scaling up of mental health innovations (i.e. terms of reference for newly developed innovation-related

networks / coalitions, innovations ready for scaling etc.) (maximum of 30 slides)

3. **Public Good Report:** The content of this report should include information that may be useful for those working / existing in the national mental health ecosystem. The subcontractor will be required to include a national-level dissemination plan for the report, and highlight the role of Grand Challenges Canada and United for Global Mental Health in supporting these efforts (maximum of 10 pages)

## F. Timeline

Activity	Timing for Single-Country Projects (9 months)	Timing for Multi-Country Projects (12 months)
Eligibility Screen and review	Nov-22	Nov-22
Negotiations	Nov-22 to Dec-22	Nov-22 to Dec-22
Project Period	Jan-23 to Sept-23	Jan-23 to Dec-23
First Monthly / Bi-Monthly Report (Component 1: Preliminary country profile & analysis)	Feb-23	Feb-23
Second Monthly / Bi-Monthly Report (Component 1: Gap analysis of available information)	March-23	April-23
Mid-Term Report (All findings thus far plus Component 2: Stakeholder perspectives on existing evidence and gaps in knowledge)	April-23	June-23
Third Monthly / Bi-Monthly Report (Component 2: Stakeholder interests, expertise, readiness, and willingness to take action and collaborate with other stakeholders)	June-23	Aug-23
Fourth Monthly / Bi-Monthly Report (Component 2: Consensus building outcomes, pressing future needs and opportunities, priority next steps and how best to disseminate identified recommendations)	Aug-23	Oct-23
Final Report	Sept-23	Sept-23 to Dec-23
Presentation	Sept-23	Nov-23 to Dec-23
Public Good Report	Sept-23	Nov-23 to Dec-23

## **Overview of Support**

The selected Subcontractors will report to the Contracting Authority and will define the process and implement the infrastructure needed to provide the contracted services.

## Appendix B: Evaluation Criteria and Basis of Selection

### Evaluation Criteria and Process

Only those Bids that meet all mandatory requirements identified in this Bid Solicitation will be further evaluated, based on the criteria listed below.

The Bid should be concise and should address, at a minimum, all mandatory criteria identified below. It is suggested that the Bidder address these criteria in sufficient depth in the Bid.

The Bid must identify the qualifications and experience of the personnel who will carry out the tasks, by systematically addressing each of the experience criteria as detailed below.

The profile and condensed resume with relevant experience for each proposed resource must be included in the Bid.

For each resume submitted, the Bidder should ensure that:

- i. The name of the individual is clearly indicated
- ii. The resume clearly demonstrates where, when and how the stated qualifications/experience of the individual were acquired.

For evaluation purposes:

- **Where** means the name of the institution, as well as the position/title held
- **When** means the start date and end date (e.g., from January 2000 to March 2002) of the period during which the individual acquired the qualifications/experience
- **How** means a clear description of activities performed and the responsibilities assigned to the individual in this position and during this period.

Listing experience without providing any supporting data will not be considered to be “demonstrated” for the purpose of this evaluation. Full details should be included that describe the number of projects completed and in progress, the period of the work performed in number of months and years in past and present employment, etc.

### Mandatory Criteria for Technical and Financial Bid

In addition to those elements described above, the Bidder shall also provide:

1. **Basis of fees**, which will be evaluated separately, as described in Appendix C
2. **History of the firm and location**, affiliation with any relevant partners or networks, size, etc.
3. **Description of support team**, including bios, relevant experience and specific expertise that they will bring to this role – this section should demonstrate the ability of the firm to deliver on the specific items outlined in **Deliverables** in Appendix A
4. **Description of support process**, including specifics regarding the level of responsiveness that Grand Challenges Canada can expect on a regular basis –

this section should include details about measures in place for when the primary contact/support staff are not available.

5. **Two (2) client references ONLY**, for whom you have provided the services described in the statement of work – any Bidder who provides less or more than (2) references will be automatically disqualified from the bidding process and be given no further consideration.
6. **Value-added services**, including whatever the Bidder may want to add to its proposal.

## Scoring Rubric for Evaluation

### 1. Experience (40%)

- a. Functional or technical, sectoral, geographic - does the bidder have the expertise in relevant areas:
  - i. Functional expertise needed to accomplish their proposed deliverables (i.e. Context Analysis, research, stakeholder engagement, dissemination)?
  - ii. Technical expertise needed to accomplish their proposed deliverables (i.e. youth mental health including different conditions and approaches to address them, impacts of different drivers and stressors on youth mental health, global mental health landscape including key stakeholders, mental health assessment tools for diverse settings, etc.)?
  - iii. Sectoral expertise: has worked with or shows demonstrated understanding of local and national stakeholders, strategies and developments within the field?
  - iv. Geographic/location-based expertise necessary to accomplish their proposed deliverables? (i.e., in low- and middle-income countries specifically in countries of interest: Colombia, Ecuador, Egypt, Ghana, India, Indonesia, Morocco, Pakistan, Romania, Sierra Leon, Senegal, Tanzania and Vietnam)?
  - v. An understanding of global and local external stakeholders, strategies, and developments within the mental health field?
  - vi. Experience working effectively within complex governance structures?
- b. Is the Bidder an effective, results-driven leader/team with the proven capacity to deliver on their objectives?
- c. Is the team structure appropriate with clear management and accountability structures?

### 2. Fees (30%)

- a. Are the scope of the proposed work and the funds requested reasonable and commensurate with the proposed goals?
- b. Does the proposal represent a particularly thoughtful and efficient use of resources?
- c. Are the funds requested allocated to personnel/work in relevant LMIC-settings?

### 3. Ability to achieve program goals (30%)

- a. Does the proposal show strong feasibility to move forward the key deliverables on schedule? (i.e., ability to engage relevant stakeholders including youth, public and private sector, and deliver final research outputs)

- b. Does the proposal clearly articulate the key activities needed to achieve these deliverables?
- c. Will the completion of the proposed activities and deliverables help the Mental Health Initiative achieve its goals?
- d. Is there clear engagement of relevant stakeholders, including a specific focus on people with lived experience and young people with appropriate safeguarding mechanisms in place?

Evaluation of Bids will also be guided by the Objective and Principles of Grand Challenges Canada's Contracting & Procurement Policy, found at [www.grandchallenges.ca/funding-opportunities/resources/](http://www.grandchallenges.ca/funding-opportunities/resources/).

Based on the evaluation of the criteria described above, competitive Bids could be invited for an interview. The purpose of the interview would be to further assess the capacity of the Bidders to best deliver the scope of work.

## **Appendix C: Fees**

Bidders are required to provide their estimated fees in Canadian dollars, excluding applicable taxes, for each deliverable listed in Appendix A. Bidders are requested to provide the hourly fee for personnel involved in delivering the proposed deliverables.

## Appendix D: A Relational Approach to Wellbeing & Mental Health

### Main Principles

#### 1. A positive orientation

A wellbeing approach to mental health emphasises health, rather than illness. It therefore aims to promote positive mental health by supporting people in securing their needs:

- to uphold the safeguarding of all vulnerable persons
- to avoid abuse and have a sense of dignity
- to move from a sense of isolation to a sense of togetherness or belonging
- to overcome helplessness and to gain a sense of control
- to avoid suffering and gain a sense of purpose

#### 2. An inclusive approach

A relational approach recognizes that mental health is a continuum – everyone has strengths and everyone experiences difficulties.

Some will need an intervention to deal with a particular issue. While this may manifest in psychological terms – for example, anxiety – it may reflect other problems – for example, unemployment. In such cases it will be at least as important to address the social or economic issue, as the psychological one.

A smaller group may have a mental illness that requires a psychiatric intervention. These people also, however, have the needs and strengths of the other two groups, and so should be linked to resources that enable them to continue or resume participation in their communities.

Everyone may move back and forth between these three groups.

#### 3. An integrated approach

Mental health is intrinsically linked to our life in community. This means that communities and institutions need to be structured and function in ways that help promote positive mental health. This has significant implications for how we organise schools, hospitals, universities, job centres, housing estates, town planning, etc.

#### 4. A rights-based approach

The right to positive mental health is part of the broader right to enjoy good health. If people become ill, this means that they have a right to be offered appropriate treatment and the information to decide whether to take this up. Those who care for them also have the right to the economic, social and other forms of support that they need to fulfil this role.

#### 5. A community-based approach

Individualised therapy is neither appropriate nor affordable in all contexts. Community-based care needs to ensure that people suffering mental ill health are connected to

resources within their communities that can support them. It also needs to work with communities to ensure that they are sensitive to the mental health needs of their members. This is likely to be particularly important if mental health interventions are to be sustained in areas where mental health services are hard to access.

#### **6. A culture-aware approach**

Culture makes a difference to the way that mental health is perceived. This affects the labelling and perceived prevalence of mental ill health, obscuring its incidence in some contexts and accentuating it in others. It also affects how mental illness or disability is diagnosed and responded to: as a clinical condition to be medicated; as a sign of spiritual affliction to be purged or blessing to be honoured; as a personal quality to be accepted and lived with; as a source of shame to be hidden, denied, discarded or expelled.

#### **7. A socially and politically aware approach**

Mental ill health may manifest itself and be perceived differently by gender, race/ethnicity, age, class, sexuality and other social characteristics. Mental illness may also have social consequences. For example, a high proportion of homeless people all over the world suffer mental ill health. There are also clear, multi-directional links between mental ill health and poverty and inequality more broadly.

#### **8. A holistic approach**

A relational approach to wellbeing emphasises the integration of subjective, relational and material dimensions of mental health. It sees these as co-constitutive, not substitutable. It therefore resists subjective wellbeing approaches that represent people as 'poor but happy', or maintain that material poverty can be discounted against the 'relational richness' of lives lived in economic hardship.