Initial assessment phase

One of the most common reasons for failure when developing new solutions is an incomplete understanding of the problem and the setting in which the solution is to be implemented. Learning is thus a key part of the assessment phase. It involves a problem and context as well as a stakeholder analysis:

– The **status quo assessment** involves identifying the problem(s) that need to be solved in a specific context as well as their interaction(s), cause(s) and consequence(s).

– The **stakeholder assessment** comprises the needs of vulnerable groups and other stakeholders as well as the opportunities and risks for the implementing organization.

– The analysis should also specify what sets a digital MHPSS solution apart from other solutions and assess its opportunities and possible downsides and risks in the context.

We would like to emphasize the importance of due diligence during this phase in order not to create greater vulnerability for our beneficiaries but rather to empower them, by recognizing them as experts and involving them from the outset. The entire project and life cycle must be guided by the principle of doing no harm and ethical considerations.

How will this section help you?

This assessment chapter:

→ **helps you to think of the who, what, why and where of the problem to be addressed**

→ **helps you deepen your understanding of the target group and their ecosystem**

→ **guides you by taking into consideration the needs, interests and resources of your organization and the different stakeholders involved**

→ **helps you explore whether or not a digital MHPSS service is the best approach**

→ **gives you insights into key findings of the assessments phase in the case study of the Sui SRK app**

→ **points out helpful resources and frameworks from the RCRC Movement to conduct participatory and holistic assessments**

Analyse the problem and the context

A digital MHPSS service is not always the best or most appropriate solution for every target group, problem or context. The assumption behind problem analysis is that there are one or more causes for the problem that can be addressed with one or more solutions. An in-depth community-led identification of problems, gaps and solutions will provide answers to the question of whether the digital pathway is the right one in the specific context. This process should be problem-led rather than solution-led. It requires deep understanding of the problem and may mean that the most appropriate solution, especially when dealing with vulnerable populations, might involve basic technologies (e.g. by building on the user's usual devices like their smartphones rather than on large screens or laptops) rather than advanced, cutting-edge technologies. Digital innovation in the provision of MHPSS requires the freedom to experiment and an environment without the fear of failure, a luxury that resource-constrained humanitarian organizations often do not have.

The quality of the problem analysis will be significantly influenced by the way problem owners, but also other relevant stakeholders have participated in the definition of the problem from the beginning. Although this inclusion of different perspectives is resource-intensive and time-consuming, it is essential in order to understand the interests, expectations, needs, opportunities, concerns and other relevant factors from the target group's and/or the different involved stakeholder's point of view. Any digital service needs to be very strongly tailored to them (e.g. narratives, features), as an active management of concerns and expectations is the strongest driver for a later user and stakeholder engagement with the solution.

Guiding questions which can only be answered with the participation of the target group are:

– Who sees this as a problem?

– Who actually has this problem?

– In which contexts is the problem experienced (geographical, thematic etc.)?

– How do they define the problem?

– Where do they see a need for change?

– What is the nature of the problem?

– Why is the problem worth solving?

– How has the same/a similar problem been addressed so far by the target group?

– What problems are not solved by the existing solutions and why not?

These questions need to be answered in a completely open-ended manner without a finished (technical) solution in your mind. After having agreed on the urgency of each problem area and having prioritized the problem(s) to be addressed with the problem owners, innovation methods that involve ideation, iteration and explorative techniques can enhance new ways of looking at the problems and help generate several ideas for impactful and sustainable solutions. There are several helpful resources and tools for innovation in the RCRC Movement (see Helpful resources: Innovation and Participation).

For this, it can also be helpful to find out who has tried to solve a similar problem in a similar context before and how they created successful outcomes. A market or literature analysis can help in mapping evidence-based good practice solutions with a similar objective and examining whether new technology does create opportunities for the specific problem(s) and context. When considering a digital solution, it is worth checking, even in the discoverability phase, whether you can fork existing software, build on evidence-based content, or leverage effective solutions with a proven positive impact that can be tailored and contextualized for your specific target group.

Analyse the target group and the stakeholders

At the same time, a precise assessment of the target group (e.g. problem holders, users, people affected), all important stakeholders (e.g. NGOs and humanitarian practitioners, private sector implementing partners, technical experts) and departments (e.g. ICT, Digital Marketing & Communication, Finances/Fundraising) from within your organization that can and should support your venture must be carried out. This way you can make sure that all relevant voices are heard. Together you can define the exact target groups to be included and the existing state and scale of the problem to be addressed. Guiding general questions here that need to be assessed per target group are:

– How many people are concerned and affected by the problem?

– Who is concerned (subgroups: gender, age, literacy, language, socio-economic, educational, religious aspects) by the problem or involved in the solution?

– What are the life circumstances of the target group?

– What are the specific needs and vulnerabilities of the target group?

– What are the resources and capacities of the target group?

– Does the target group currently access any services, and if so, how?

– What is the cultural and contextual situation in relation to the problem to be solved and potential solutions (existing stigma and taboos around MHPSS)? Which implications does this have on privacy, confidentiality and security issues?

– Who has been investing in addressing the problem so far?

– Who are the relevant stakeholders? What roles do they play?

– What solutions do the various stakeholders propose or want and why?

– How are the target group and stakeholders operating and relating together?

In this way you can expand your understanding of how various stakeholders experience and see the problem. These assessments provide initial indications as to whether a digital approach should be considered at all. They define the goal, the focus and the potential scope of scale of the solution to be developed. At this point, it is important to detect conflicting expectations among different stakeholders. This helps to set the right expectations later in the process.

Analyse the feasibility and the risks

Humanitarian organizations need to understand the commitment required to develop innovative technologies and explore potential partnerships. If a digital MHPSS solution is considered as a compatible approach, further questions concerning the digital specifics need to be answered in order to evaluate whether it a feasible way to approach the problem, taking concerns, fears and hopes of the target group(s) and all relevant stakeholders as well as local, contextual and organizational factors into account. Digital development in the humanitarian ecosystem takes place at a far slower pace than in other sectors. It happens at the speed at which trust is established, since digital MHPSS services require users and relevant stakeholders to trust the solution in order to achieve the intended purposes. Questions to be considered at this point can be:

– Who are the relevant stakeholders close to the social impacts (NGO, MHPSS practitioners, agencies)?

– Who do we want to reach and can we realistically do so (e.g. everybody who owns a smartphone, everybody who suffers from depression)?

– What is the literacy of the target group(s)?

– What is the digital literacy of the target group(s)?

– How is the current digital infrastructure (e.g. Internet connection), Internet access and digital use among the target group?

– Who has access to the required end devices? Who does not?

– What is the current status of digital infrastructure and digital use among your target group?

– For whom is the digital solution (un)available or (un)affordable? And who are we therefore excluding with this approach (e.g. elderly people, women, people with specific needs) and are thus creating new, unwanted inequalities with the planned solution?

– Who do we intentionally want to exclude (e.g. people in a crisis, people with severe mental health conditions) and why?

– What specific measures are needed in order to keep the barriers for the use of a digital solution as low as possible (e.g. online or offline use, mobile or web access, anonymity, user experience)?

– What would be the trade-offs of going from analogue to digital?

– What are the present and future, intended and unintended, social and ecological impacts of a digital solution (e.g. concerning data protection and privacy)?

– What steps need to be taken to address these risks?

– Who is in favour of a digital MHPSS solution and why?

– Who is opposed to a digital MHPSS solution and for what reasons (e.g. fears of technology, confidentiality, lack of control, fear of being replaced by the digital solution)?

– Who will potentially be willing to pay for a digital MHPSS solution?

– How will the digital MHPSS solution be embedded in or linked to the healthcare landscape?

The answers to these difficult questions can help us to identify the intended and unintended current and future risks and negative consequences but also the opportunities for the people directly (target group) and indirectly (e.g. NGO, MHPSS practitioners) affected by the solution (security, relationship etc.). In order to be able to develop an acceptable digital solution, it is important to be aware of the existing concerns and fears, to take them seriously and to address them with both direct measures and communication. A holistic and highly participatory approach that builds up mutual trust and shared understanding across all stakeholders is crucial in order for a digital MHPSS service to be implemented successfully. The affected communities should not only own the problem but also have the decision-making power of the solution.

Digital is not always the best solution and it doesn't need to be an all or nothing decision. A workflow analysis can help you recognize successful analogue processes and clarify what can be digitalized and what can't. A hybrid approach with digital and analogue components could combine the advantages of both care solutions. But if after answering the above questions, a (partly) digital solution appears to be the best (or at least better than the existing solutions), most helpful and fittest approach, learning from and building on existing experiences, open access resources (e.g. no-code software like the DIRECT platform) and evidence-based content, that can be contextualized to and with the target group, this is a more sustainable way forward than reinventing the wheel.

At this point, it is also necessary to assess the opportunities and risks of a digital MHPSS solution for the providing organization, and above all if it is financially feasible. It is important not to plan too densely in a technology project cycle but rather to include enough time and financial resources for the unforeseen. Other expenses that need to be factored in the calculation are the long-term costs for the digital solution after completion (e.g. installing updates, fixing bugs). It is therefore worthwhile, even at this early stage, to develop initial hypotheses for potential business models or a business case and a plan that includes estimated resources and time needed to roll out the innovation with the expected impact of the innovation. Digital MHPSS solutions are rarely financially self-sustaining.

Finally, for a sustainable implementation of a digital MHPSS solution, it is important to understand the structural and regulatory requirements of the greater ecosystem (economically, politically, legally). For this effort, it is indispensable for MHPSS practitioners with experience and know-how in assessing the needs and vulnerabilities of a community to partner from the outset with tech experts with in-depth knowledge of the structural context and a realistic assessment of the feasibility and risks of a proposed technological solution. This is all the more important because at this point it will become necessary to deal with legal frameworks such as Medical Device Regulations (MDR). If the planned digital MHPSS service is to be used for diagnostic and therapeutic purposes, it will be necessary from a regulatory and legal standpoint to obtain medical device certification, a process that can prove time-consuming and costly. To obtain this certification, a process must be followed that, on the one hand, tests the safety, suitability and performance of the software and, on the other hand, ensures the health and protection of users, while also reflecting the professional and ethical standards of the RCRC Movement.

Case study: The Sui SRK app

The Swiss Red Cross aims to enable equal access to psychosocial and psychological care in the face of the growing treatment gap for refugees with a sustainably oriented, participatively developed, low-threshold service. The intervention is intended to reduce the personal suffering of those affected as well as the associated social follow-up costs.

In an initial accessibility assessment, the existing social, political, structural and individual barriers of the target group to care for refugees were analysed. The structural obstacles include:

– a lack of low-threshold early intervention and specialized therapy services for refugees due to a shortage of psychotherapists

– a lack of funding for translation costs

– very long travel distances due to the accommodation of refugees in very remote areas

On the other hand, there are pronounced socio-cultural barriers to accessing care, such as
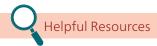
– language barriers

– lack of resources (for transportation tickets)

– lack of childcare

– a mismatch between the Western therapy formats and perceived needs

– lack of awareness (health literacy)

– fear of stigma

A suitable solution must therefore reduce costs and cultural barriers to access for refugees, such as transportation costs, language barriers, lack of childcare and stigma.

In a highly participatory process with a diverse group of potential users of the MHPSS service to be developed, various solutions were considered and examined, such as group programmes, peer-to-peer offers and various digital options. The representatives of the target group have not only identified the problem but also the most acceptable solution. The choice fell on a low-threshold, digital self-help service.

This is particularly due to the fact that digital self-help can be used flexibly, at any time and in any place, 'just-in-time', at one's own individual pace and at no additional cost. Moreover, it reduces costs and barriers to access for refugees, such as transportation costs, language barriers and stigma (thanks to the possibility of anonymous use). Since the offer is to be transdiagnostically applicable and is not to be used for screenings for either diagnostic or for therapeutic purposes, the Medical Devices Regulation (MDR) does not apply here.

Find out more in the next step on Prototyping and Testing!

Frameworks

– ICRC: Programme/project management: The results-based approach
– IFRC: Project/programme planning: Guidance manual
– IFRC: Protection, Gender, and Inclusion (PGI): Operational Framework

Innovation and Participation

– Danish Red Cross: Innovation Management Guide and Toolbox
– Australian Red Cross: The Problem solver's toolkit
– IFRC/ICRC: Guide to Community Engagement and Accountability

Assessment Guidelines and toolkits

– WHO & UNHCR: Assessing MHPSS needs and resources
– IASC Reference Group: Mental Health and Psychosocial Support Assessment Guide
– IFRC: Vulnerability and Capacity Assessment (VCA) toolbox

For more resources, see:

– IFRC: MHPSS evidence building toolkit
– MHPSS MSP: Relevant MHPSS needs assessment guidelines, standards and tools