



Planning phase

Do not rush into the planning phase before you have fully understood the complexity of the problem, the systems and networks involved with all their interests, needs, fears, interactions, and the opportunities of a digital MHPSS solution. Only once the problem has been defined and the scope of the problem, the target group and the context have been fully understood, and the digital approach has proven to be the best solution for the problem to be solved in the given context, should you enter the planning phase. A prerequisite for the effectiveness of a digital MHPSS service is that it reaches the target group(s), effectively addresses their needs and is accepted by them. With this in mind, the goal is to gain a common idea of the mission-led (not tech-led) product based on the insights from the initial assessment phase and a realistic financial and contextual estimation.

The processes described in this planning section can take several months or longer. We divide them into three major steps:

Step 1 – Bring the right people together before you start

Step 2 – Define and monitor the desired change

Step 3 – Prototype and validate

Step 1 – Bring the right people together before you start



How will this section help you?

This section:

- helps you build the project team with the required skills
- gives you insight into who was involved in the development of the Sui app at the Swiss Red Cross
- points out helpful resources and frameworks for Innovation Management and Community Engagement

Developing a suitable and sustainable digital MHPSS solution requires a wide range of socio-technical expertise and skills. Success therefore depends heavily on putting together a diverse project team, involving the right partners and clarifying the roles, responsibilities and expectations for all the parties involved in the agile process of ideation and validation.

- The **project team** of the service provider should ideally encompass:
 - MHPSS practitioners with a deep understanding of the target group’s culture and language
 - at least one member of the target group itself
 - a person with technical and UX/UI expertise as product owner, who understands the language of the tech partners and is able to translate for the MHPSS and the tech professionals
 - a person with expertise in business models, preferably with an understanding of digital innovative solutions supporting the sustainable implementation of the digital MHPSS service
 - members of the different relevant departments of your organization (e.g. M&E Focal Point or Research Department, ICT, Marketing, Fundraising, Health and MHPSS Focal Point, Data Protection, Information Security)
- The **target group** should not only play the main role during the assessment phase, but also be involved

as information owners at every step of the agile planning and validation process, thus enabling feedback to be incorporated on a regular basis. They should be involved not only as an advisory board, but also as co-creating and decision-making experts led by their lived experience. This kind of co-design with the target group in a participative and collaborative process based on ethical considerations takes time, as you can only proceed at the speed of trust in order to ensure ownership and stimulate citizen-driven innovation.

- Moreover, it is essential to engage in principled partnerships in order to benefit from the diverse expertise of, and synergies with, different entities in digital MHPSS. The early involvement of **local partners, community actors and important stakeholders** (e.g. NGO from the healthcare or social welfare sector, national or regional governments such as the Department of Public Health and Care) from different sectors, disciplines and backgrounds is required in order to develop a consolidated implementation strategy on how to embed and sustain the digital MHPSS solution holistically in national strategies and existing structures. Many digital products fail, not because they were not innovative or useful, but because the system they were supposed to exist within did not support them. Therefore, make sure to build multidisciplinary partnerships with practitioners and experts from the outset to be able to cater to the complexity of the context, to enhance referral options to specialized services in order to leverage input gaps, to guarantee sustainable maintenance and to advocate for de-stigmatization and enhanced legislation. Ensure that you are aware of the concerns, fears and scepticism of the different partners and experts concerning the digital pathway and actively address them by building trust and engaging them in the feedback loops.

– Increased reliance on digital solutions entails a certain dependence on private companies to perform complex technological tasks. It is therefore very important to critically assess any business/humanitarian partnership. It is worth choosing **vendor partners**, such as tech developers and UX/UI designers, who have proven expertise in digital MHPSS and humanitarian services (e.g. high data protection, value-driven and evidence-based solutions, non-commercialization of services and user data). Moreover, according to the LSE report¹, the following IRCRCM guidelines also need to be taken into consideration:

- Private companies should assist the humanitarian organization in fulfilling its mission and not their own business interests. Particular caution should be observed with regards to non-commercialization of data.
- The business partner must not be engaged in activities that are inconsistent with the Movement's objectives and principles and should not endanger its neutrality and independence. Companies that could compromise the reputation, and impartiality of the Movement, e.g., by being materially involved in armament or health-endangering activities or contributing to humanitarian emergencies, are unfit for partnerships.

Any vendor partner needs to be involved early on, as the development of content must go hand in hand with the technical features and the design. Trust and a shared understanding between the project team and the vendor partners on how the needs of the target group can be best accommodated within a digital service are crucial for success.

- Finally, it has proven to be very helpful to involve **academia** in order to build on existing research for needs assessments, developing content or UX/UI based on evidence-based methods, and conducting monitoring, evaluation and research. This can include individual projects, master's theses, PhD or postdoc programmes.



Case study: The Sui SRK app

Step 1 – The Sui team

The SRC enlisted a technology consultancy company, private foundations and academics in the project, on the assumption that different skill sets, perspectives and capabilities across sectors and stakeholders would lead to a useful, ethical and responsible digital MHPSS service. The interdisciplinary project team itself consists of two psychologists (one of whom also holds a Bachelor's degree in computer science), a PhD student in psychology from the University of Bern who was scientifically monitoring and evaluating the project, a social worker, and a migration specialist and intercultural consultant, who himself is a refugee from Syria. All five team members have a broad background of experience in working with refugees. The team was supported in strategic matters by a sounding

board consisting of various experts from within the SRC as well as from relevant federal departments and partnering NGOs. Finally, and most importantly, a diverse user advisory board from the Arabic-speaking target group was involved in all of the decision-making through a participatory process of prototyping (with mockups on paper and in Figma of screens, navigation, usability, UX/UI, visual graphics, virtual buddy/mascot and onboarding) and validating.



Helpful Resources

¹Neidhardt, C., Palacios Mateo, S., Schmidt-Gödelitz., F. & Tsang, L. (2022). Digital Mental Health and Psychosocial Support (MHPSS): Challenges and Best Practices. The London School of Economics and Political Science (LSE).

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](#)

Step 2 – Define and monitor the desired change



How will this section help you?

This section:

- helps you synthesize your learnings and insights from the assessment to formulate a clear hypothesis of the change you are seeking and develop a plan to monitor the outputs and outcomes
- gives you insights into how desired changes were defined in the Sui case study
- points out helpful evidence-building resources and frameworks for monitoring change

Based on the learnings from the assessment phase and a clear definition of the problem to be solved, you should now gain clarity about the goals and objectives to be achieved through a new MHPSS service (e.g. improved functioning, improved subjective well-being or a reduced distress level, an improved ability to cope with problems, enhanced social behaviour, or increased social connectedness).

To ensure safety, improve service delivery and contribute to the frontier of knowledge in digital MHPSS, the experts from the RCRC Movement interviewed as part of the LSE study recommended ramping up the collection and evaluation of data from the digital MHPSS services in partnership with universities. For this purpose, you need (ideally with the support of an academic partner) to develop a stringent conceptual framework with a clear theoretical rationale that helps you summarize what the MHPSS solution intends to do and how, what the key assumptions are, and what outputs and outcomes will be monitored and evaluated based on the specified indicators and means of verification (use standard indicators whenever possible). When developing your conceptual framework, involve all the above-mentioned parties. An evaluation of the impact of your digital MHPSS service does not only help you to legitimize the effects of your service to your own organization,

your funders, important stakeholders, the political decision-makers and the public, it will also help you in particular to improve the impact of your service on the target group(s).

The Logical Framework Matrix describes:

- the **inputs**, such as the financial, human, material (e.g. digital infrastructure/software or existing evidence-based content) and intellectual resources used to develop and implement the solution, as well as the results from the initial assessments
- **all activities** undertaken in the delivery of the MHPSS solution, such as the development and proof of a concept for your MHPSS service, the development and provision of the content for the digital service, the translation and cultural adaptation of the content for different target groups, the (further) development of the software, and testing with the team, target group(s) and relevant stakeholders
- the **outputs**, which are the direct products/deliverables of the activities undertaken, such as the digital MHPSS service itself with reliable psycho-educative information and evidence-based exercises, the number of different target groups to be reached thanks to translation and cultural adaptation of the digital service, and the number of people per target group reached by the digital service within a defined time frame
- the **outcomes**, such as short and medium-term changes in terms of knowledge (e.g. better awareness of their mental health condition or improved health literacy), attitudes (e.g. reduction of self-stigmatization), behaviour (e.g. faster access to support, adoption of self-help/coping strategies) and circumstances (e.g. faster access to intercultural interpreters during health consultations, faster assignment to suitable MHPSS services thanks to the cultural sensitization of gatekeepers) in the target group(s).

Once the goals and objectives as well as the underlying framework of the digital service have been established, it's time to develop a Monitoring & Evaluation (M&E) implementation plan on how and when you will monitor and evaluate them. This plan ensures that the M&E activities are integrated into each stage of the development cycle. Digital MHPSS services offer great potential for incorporating the automated assessment of data for M&E (with active and informed consent of the user) such as user tracking, mood tracking, user meta-data, inbuilt online questionnaires and big data analysis, as well as buttons for qualitative feedback. An M&E plan for your digital MHPSS service contains information about:

- the **indicators** from the Logical Framework Matrix and the detailed definitions of any terms used in the indicators to allow for precise and reliable measurement. Build your M&E plan using existing indicator sets for the evidence-based M&E of your digital service (see resources). All indicators need to be cross-culturally validated and translated into local languages.
- the **data collection methods/tools** and sources of information: the M&E approach and method is determined by the audience and purpose of the evaluation. If possible, use a mixed-methods approach to gather quantitative and qualitative data. This combination helps to ensure that programmes are further adapted and honed.
- Quantitative, numerical data collected through structured questionnaires via experimental (e.g. RCTs), quasi-experimental (e.g. pretest/post-test comparisons), observational (e.g. prospective cohort) and descriptive (e.g. cross-sectional) studies is used to provide information on the

number of people receiving support and any changes in their psychological and psychosocial well-being over time (i.e. comparing one point in time to another point in time).

- Qualitative data is gathered from semi-structured focus group discussions or individual in-depth interviews. Through structured observations, the use of the digital service by users in their everyday environments can be documented. The experience thus gathered from individuals adds meaning and detail to the numerical data, as they give insights on the how and why and provide an understanding of attitudes, beliefs, motives and behaviours.
- the **frequency of the data collection**,
- the person(s) responsible and accountable for the data collection and analysis.

Once you are clear about the conceptual framework and the M&E plan, it is time to conduct (or to have your academic partner do it for you) a **baseline study** to measure the initial conditions before the launch of the digital MHPSS service. The benchmark data from the baseline is used for comparison with the endline study later on to help determine the degree to which the service has fulfilled its objectives. There is no one way to do a baseline study, and it will depend on a variety of project-specific factors, ranging from specific indicators to time and budget. Regardless of the method chosen, it is critical that both the baseline and endline studies use the same indicators from your Logical Framework Matrix and the same measurement methods so that they can be consistently and reliably measured and compared at different points in time.



Case study: The Sui SRK app

Step 2 – The desired change with the Sui SRK app

The following hypothesis formed the basis of the SRC project: we believe that with a low-threshold, multilingual and culturally adapted digital MHPSS solution for refugees in Switzerland, more refugees can be reached sooner with psychological and psychosocial support to enable them to have equal access to mental health care and to sustainably improve their quality of life. This is to be achieved through the following measures:

- Testimonials to help users recognize mental stress and to address stigma, thereby lowering the barriers to the early utilization of low-threshold support
- Exercises in emotion, problem and stress management to reduce the burden of symptoms in everyday life or prevent the worsening of symptoms, and strengthen the health literacy of those affected
- Providing psychoeducation relevant to their lives as well as referrals to local support services to restore the sense of control and security of those affected and strengthen their sense of self-efficacy
- Strengthening the resources and skills of those affected by providing mechanisms for coping with post-migration stress in a self-directed and guided way

In the context of a randomized controlled trial (RCT), the PhD student from the University of Bern assessed the initial conditions of 170 Arabic-speaking refugees in Switzerland in terms of their subjective quality of life, burden of symptoms (somatic symptoms, depression, anxiety and PTSD symptoms), post-migration life difficulties and self-stigmatization. The benchmark data from this baseline was used for later comparison in what is known as a three-armed waiting list design, where the self-guided use of the app was compared with peer-guided use and a control group not using the app (people on a waiting list).

Find out more about the results of the RCT in the case study section of the Implementation and evaluation phase.



Helpful Resources

²Neidhardt, C., Palacios Mateo, S., Schmidt-Gödelitz., F. & Tsang, L. (2022). Digital Mental Health and Psychosocial Support (MHPSS): Challenges and Best Practices. The London School of Economics and Political Science (LSE).

PMER Guidelines and tools

- Danish Red Cross: [Innovation Management Guide and Toolbox](#)
- IFRC: [Programme Project Planning Guidance Manual](#)
- IFRC: [Monitoring and evaluation framework for psychosocial support interventions - Indicator guide](#)
- IFRC: [Framework for Evaluations 2024](#)
- IFRC: [PMER \(planning, monitoring, evaluation, reporting\) Pocket Guide](#)
- IFRC: [Baseline Basics](#)
- WHO: [Monitoring and evaluating digital health interventions: a practical guide to conducting research and assessment](#)

Cultural adaptation

- IFRC: [MHPSS evidence building - PS Centre \(Webinar: Cultural adaptation under Key considerations\)](#)

Step 3 – Prototype and validate



How will this section help you?

This section:

- helps you – based on the change and output envisaged – use your creativity to prototype possible solutions and to test, validate and iterate them with team members, stakeholders, and – most importantly – your target group until you arrive at a validated service
- gives you insights into the process of ideation and validation with the Sui app at the Swiss Red Cross
- points out helpful frameworks for prototyping, contextualizing and validating safe solutions

Now it's time to generate ideas for solutions that will achieve the desired change, challenge your assumptions and select which solutions are to be further pursued. The whole development process of any digital MHPSS service needs to be guided by the two important principles:

- The *human-centred, humanity first* approach in terms of ownership, accessibility, sustainability and scaling. This implies an iterative and highly participatory process that centres on the target group(s) and other key stakeholders and empowers them to actively participate as experts and decision-makers with the aim of fostering a shared understanding.
- The *do no harm* approach and ethical values in terms of privacy, confidentiality and security. This means promoting safety and dignity throughout the steps of planning and designing the solution in order to foster trust.

Ethical development must be intentional; it does not just happen. Experts from the RCRC Movement cited in the LSE report³ make the following three recommendations to promote sustainability, safety and trust:

- Make use of the unique advantage of digital tools by building on existing open-source platforms (e.g. the [DIRECT](#) platform, developed by the Swiss Red Cross in cooperation with the Freie Universität Berlin) to ensure an ethical governance of technology. Secondly, focus on available resources by adapting existing, evidence-based, effective and safe digital services (e.g. Step-by-step from the WHO or Sui from the Swiss Red Cross) to the local culture and context instead of developing services from scratch, in order to warrant use and effectiveness of the services. This avoids repeating resource-intensive lessons learned and creating unsustainable technology.
- Make privacy rights and protection of personal data your top priority, with the users being transparently informed which data is being collected, why and how it will be stored (e.g. tracking, end-to-end data encryption, informed and active consent, decentralized data storage, co-ownership of user data, and anonymity).
- Build up referral systems along the MHPSS pyramid to assure the continuity of care, especially for crisis intervention (e.g. emergency plan or button), since a major limitation of digital MHPSS solutions is the lack of options to react adequately to acute crisis situations, such as instances of suicidal ideation.

It is advisable to move forward in small steps, prototype by building low-effort, high-value versions of possible solutions (e.g. on paper, on Figma or similar) and test them with team members, stakeholders and – crucially – the target group. This again implies a meaningful human-centred and participatory approach to ensure an understanding of users' needs and their response to the different solutions. Thanks to this involvement, a culturally and contextually adapted solution can be developed using a conceptual framework for cultural adaptation such as RECAPT (see resources) that ensures accessibility and guarantees the freedom of the target group(s) to control and use the technology, considering that access varies depending on gender, age, literacy, language, social norms, disability, migration and/or displacement status, living situation and location.

Usability testing in live settings takes a lot of time, but it is the most important part of this phase. It can take place in the form of focus groups, surveys, informal consultations or other forms of exchange. Through prototyping, validating and iterating, you can make sure that you speak the same language within the project team and with all involved partners (e.g. tech partners, practitioners and the target group) and that you share a common purpose.

At the same time, it helps you – with a comparatively small investment – to gain an initial idea of whether the solution achieves the desired effect (proof of concept). Until you arrive at a validated digital MHPSS service, you will most probably need to conduct several rounds of iterations to gather feedback on the relevance and functionality and obtain answers to questions such as:

- How do(es) the target group(s) interact with the digital solution?
- What happens when they use it for the first time?
- What brings them back? What did they enjoy?
- What was lacking?
- What was learned?
- What was longed for?

This way, you can find out where to adjust, adapt and improve and where to persevere. Systematic contextual and cultural adaptation processes are required for the usability (e.g. performance speed, flexibility, clarity and ease of use), design and content (e.g. topics, language, metaphors, concepts of disease, stories for social modelling, exercises) as well as for the needs and expectations concerning the medium through which the service is provided. Content and tech go hand in hand and should therefore also be tested concurrently to improve later uptake.

Prototyping different pathways also enhances acceptance and adherence, thus creating the opportunity for greater impact. Adherence is the weak point of digital MHPSS solutions. Digital services are often not used enough to be effective due to a lack of incentives or an incompatibility with the users' daily lives. There are various ways of increasing engagement and adherence (e.g. gamification, peer support, reminders/notifications and interactive features such as tracking). Testing is the way to find out what works for the target group in the respective context.

Case study: The Sui SRK app



Step 3 – Prototype and validate

The smartphone is a particularly suitable medium in the context of forced migration, since a very high proportion of refugees in Switzerland has access to a mobile device and is very adept at using it. But because not all asylum shelters provide internet access, offline capability of the service is important. In the end, a native app was chosen as the medium for the delivery of the MHPSS service, as it enables refugees to use it – once downloaded – without an internet connection.

The app was first developed in Arabic only (in addition to German) to enable the validation of the content and implementation with the context, culture and language of **one** target group before adapting the app to the language, context and culture of other refugee groups. [Here](#) you can learn more about the process of cultural adaptation applied to the Sui SRK app.

In this human-centred development process, the target group was opposed to the initial solution of a self-directed, purely psychological self-help app, which would have best suited the SRC's objectives based on the assessment by experts.

Two key pieces of feedback from the target group were crucial to this decision:

1. The target group made it very clear that they are not in need of a psychological self-help app containing only psychoeducation and exercises.

Post-migration stressors were higher on their list of priorities. Instead, they expressed a great need for information about life in Switzerland. The desire for orientation was given more weight than psychoeducational content and psychological self-help exercises.

The SRC therefore partnered with different NGOs in the migration and asylum sector that provided reliable information on ten topics (see yellow boxes below) chosen by the target group which are relevant to their situation. The storyline and the content provided are based on the needs assessment, and the language and formats of delivery (e.g. testimonials, films, podcasts) are adapted to the level of literacy/knowledge of the target group.

However, throughout the information sessions we refer to psychoeducational content normalizing and destigmatizing mental health problems by means of testimonials and storytelling, and suggest evidence-based, transdiagnostic self-help exercises. The psychological content focusing on post-migration stress (see green boxes below) was prepared by the University of Bern and is based on exercises from WHO open-source programmes (Self-Help Plus and Problem Management Plus) or the SRC's outpatient clinic for victims of torture and war.

Selfhelp			Support	Information					
Stress	Chronic pain	Emotion regulation	Peer support	Asylum process	Family reunification	Staying healthy	Work and Education	Finances	
Sleep	Resources	Audio exercises	Contacts/ addresses	Residence status	Health care system	Social integration	Housing	Emergency contacts	

2. In addition, the target group expressed a great desire for exchange among peers and for personal support. To meet this need for interpersonal interaction we decided to train helpers from the same target group to offer peer support (see grey boxes above). These peer helpers share the background of experience with the users. Having experienced similar difficult life circumstances or psychological problems, peer helpers can offer a kind of guidance that is perceived by those affected as true-to-life, credible,

solution-oriented and non-stigmatizing. Users can identify with the peer helpers, which in turn serves the community idea of the service. The peer helpers answer individual questions and offer psychosocial support in their language via a secure in-app chat.

Based on these inputs from the target group, the Logical Framework Matrix for the Sui SRK app needed to be adjusted. A simplified version is shown below:

Input	Activities	Output	Outcome	Impact
<ul style="list-style-type: none"> - Financial resources - Human resources from HQ - Digital infrastructure (DIRECT) - Market and literature analysis from the conception phase - SWOT and stakeholder analysis - Evidence-based content from WHO and SRC outpatient clinic 	<ul style="list-style-type: none"> - Optimisation of the based on the study results - Development and provision of the Sui app in a total of 7 target languages relevant to Switzerland - Cultural adaptation content, review and testing of content and language with all target groups 	<ul style="list-style-type: none"> - All the content of the Sui app has been translated into 7 languages and adapted to the various target groups in a culturally and context-sensitive manner - Reliable and up-to-date information on topics relevant to the living environment is available in 7 languages - Psychoeducational information and self-help exercises are available in 7 languages - Peer helpers are trained and supervised to answer question, to refer users to existing local health care and social services and to offer psychosocial support in 7 languages through the in-app chat 	<p>Use of the app</p> <ul style="list-style-type: none"> - In 2025, Sui will be used regularly by at least 10 000 refugees. This corresponds to just under 10% of the target group <p>Knowledge</p> <p>The users of Sui</p> <ul style="list-style-type: none"> - feel better informed about their rights and obligations and their own situation in the host country Switzerland according to their needs - report an improved sense of control and more competence in dealing with pre-, peri- and post- migratory stress - understand how they can improve their psychological and psychosocial well-being and reduce their symptom burden - know where they can turn for support in their region <p>Attitude</p> <ul style="list-style-type: none"> - are motivated to make earlier use of health care and social services. - consider the app as a valuable resource for coping with everyday life and post-migratory stressors <p>Behavior</p> <ul style="list-style-type: none"> - are making more use of professional help 	<p>A contribution has been made to</p> <ul style="list-style-type: none"> - improving the health literacy and quality of life of refugees in Switzerland - improving the linguistic, social and professional integration skills of refugees - increasing the quality and quantity of mental health care - reducing social follow-up cost (thanks to means to reduce the treatment gap)

When deciding on a software, it was important to the SRC to build on a partnership that would enable the sustainable operation of the platform. For this reason, the SRC entered a cooperation with the Freie Universität Berlin (FU) using DIRECT, a versatile, reusable, open-source software ensuring a balance between standardization and customization options. The user-centred design allows rapid prototyping and deployment of apps with a focus on mental health respecting the EU General Data Protection Regulation (GDPR). DIRECT is the result of many years of development at the FU with several global partners such as the WHO. It enables crea-

tors to publish an app without the need for any programming and provides a separate admin panel for user and study management. DIRECT is a sustainable software shared with a growing community.

Learn more about the DIRECT platform in this [fact-sheet](#) and this [video](#).

Find out more about the Sui SRK app in the next step on Implementation!



Helpful Resources

³. Neidhardt, C., Palacios Mateo, S., Schmidt-Gödelitz, F. & Tsang, L. (2022). Digital Mental Health and Psychosocial Support (MHPSS): Challenges and Best Practices. The London School of Economics and Political Science (LSE).

Protection Policies and Frameworks

- IFRC: [Protection, gender and inclusion policy](#)
- IFRC: [Protection, Gender, and Inclusion \(PGI\): Operational Framework](#)
- IFRC: [Policy on the Protection of Personal Data](#)
- IFRC: [Data protection: overview and best practices](#)

Cultural adaptation

- IFRC: [MHPSS evidence building - PS Centre \(Webinar: Cultural adaptation under Key considerations\)](#)
- RECAPT: [Cultural Adaption of Psychological Interventions](#)

Prototype and Ideate

- Danish Red Cross: [Innovation Management Guide and Toolbox](#)
- Australian Red Cross: [The Problem solver's toolkit](#)