

## Participant-Level Experience

We present here the experience of a *hypothetical* participant, named Grace, who is working as Head of the Directorate of Policy, Planning and Human Resource Development in the Ministry of Health and Human Services. Grace is a career civil servant, having worked her way up the ranks in the Ministry in the years following independence in 1990. She is responsible for human resource policy, recruitment, and training within the Ministry.

Under the *Initiative's* working partnership with the Ministry, formalized through a signed Memorandum of Understanding, we allocate one third of the space in each Innovation Lab cycle for Ministry personnel. Given her pivotal position within the Ministry, Grace is identified as a prime candidate to participate in the Innovation Lab.

Over several weeks, our Namibia-based core team meets numerous times with Grace and her supervisors to explain the *Initiative*, to begin building trust, and to consider the terms of Graces' participation in the project. We explain that participation involves a 50-day commitment. Project work is to be sequenced in a number of modules lasting 3-5 days. In the weeks between modules, Grace will carry out her everyday work responsibilities. Modules will alternate between workshops and fieldwork. Graces' time commitment after the 9-month Innovation Lab will depend on the nature of the innovation projects and Grace's interests and commitment.

Grace is interested in participating in the project because she is frustrated...frustrated that resources continue to get stuck in the Ministry and are not getting down to local health units...frustrated that young mothers keep dying needlessly...frustrated that she can't keep qualified staff in local health clinics. Grace is energetic and passionate about her work, but feels somehow that everything is frozen, that "the system" won't let her do what she knows is right. Grace says she's also interested in developing her own skills as a leader. She's curious to see how the Innovation Lab will work and how she could possibly bring the approach back to her office.

With her participation secured, Grace participates in a range of integrated Innovation Lab activities described below. Grace and her 34 colleagues in the Lab Team are tasked with identifying strategies that would help reduce maternal mortality in Namibia.

- **Lab Launch & Foundation Workshops:** Grace attends the Lab Launch event, during which she is introduced to other lab team members. It is the first time she is sitting in a room where ranking government personnel are sitting side by side with senior representatives from business, civil society, and community. With her new lab team colleagues, Grace begins the process of understanding the broader health system from multiple perspectives. The team reviews and adds to the systems analysis our Namibian core team prepared. Participants begin to work on a series of iterative Problem Statements and Solution Concepts, to be revised continually throughout the process.
- **Personal Leadership Development:** Grace participates in a 360 degree leadership and skills review. Grace scores low on some technical skill indicators (budgeting and financial management) as well as on some leadership measures (ability to adapt to change, to take risks, to communicate an inspiring vision to others). Attitude surveys reveal that Grace is prone to see herself as a victim in the face of big institutions and big challenges. An individualized leadership development and skills building plan is created for Grace. Over the following 9 months, she participates in a number of separate modules on budget and financial skills with other lab team members with the same deficit. She also participates in a number of workshops focused on building leadership skills and shifting some of the unproductive mindsets that limit her development as a leader. Grace is assigned a mentor who will stay with her throughout the project, reinforcing what she learns, helping her to shift her mindset from victim to change maker, and enabling her to apply new skills and tools to her everyday life and work.
- **Learning Journeys:** With sub-sets of her lab team colleagues, Grace participates in two learning journeys. One is to a health clinic in remote Katima Mulilo at the tip of the Caprivi Strip. On this journey she meets with health clinic workers, new mothers, families of women who have died in child birth, community leaders, and local government officials. In her years at the ministry, Grace has rarely had the chance to get to the field, and the visit, particularly to the families who have lost loved ones, makes a deep impression on her. She hears many complaints from health workers about compensation. She also sees more clearly the decoupling of performance and compensation. Her second visit is outside Namibia, to a regional health center on Cape Verde, which has a maternal mortality rate about half of Namibia's. She learns that the Cape Verdian health ministry

has instituted an early warning system to monitor high risk pregnancies. For Grace, the opportunity to learn first hand of practices outside her home country is an opening experience and from it she gains a fresh perspective on challenges in Namibia and some important new ideas.

- **Systems Modeling & Scenario Planning:** Grace and her fellow lab team members synthesize their learning journey insights through a series of systems modeling exercises. In one exercise, participants graphically depict a representation of the Namibian health system, showing how it is currently set up to address maternal mortality. The model provides Grace and her colleagues with greater ‘systems-sight’ and the ability to perceive with greater clarity critical bottlenecks and constraints (like staff turn over, under-qualified staff, poor information, weak communication) that lock the current system into old patterns of operating. The team also works to model a health system of the future. Comparing the two, the Lab Team begins to generate some early ideas for interventions and systems improvement.

The Team brings insights from the systems model work into a Scenario Planning exercise where they combine variables into three distinct scenarios for maternal mortality, which they name after native animals: *The Eland* (rapid reduction in maternal mortality...when threatened, Elands form a protective circle around pregnant females and calves), the Desert Elephant (slow progress in reducing maternal mortality), and the Warthog (maternal mortality continues to worsen). Grace and her colleagues see more clearly the drivers and combination of variables that could bring about these scenarios; they decide to work towards making *The Eland* a reality in the country.

- **Nature Retreat:** Grace and the Lab Team spend a week in the Khaudom Game Reserve. It is an opportunity for Grace and the team to reflect on their experience of the preceding weeks, to process all that they have seen and learned. The team is guided through a process of letting go of old assumptions in order to allow new insights and ideas to emerge. The centerpiece of the week is a three-day solo experience in nature. Grace embraces the solo as an opportunity to reflect on her life and career, to reconnect with her passion for healing that motivated her to join the health field so many years ago. She thinks back to the clinic she visited in Katima Mulilo and emerges with more energy and a deeper commitment than ever to work with others to serve her country, to use what influence she has to improve clinics throughout the country.
- **Innovation Workshop:** Grace and others return from the nature retreat to share their experiences and ideas for ways they could improve the country’s maternal mortality situation. They engage in an expansive brainstorming exercise. Lab team members are encouraged to be creative, as even off-the-wall ideas may contain a kernel of innovation. Ideas are combined, grouped, and synthesized. Teams form around four concepts which respond to previously identified break-downs in the system: early warning, girls’ education, information systems, and remote health clinic staff performance incentives.
- **Change Initiative Prototyping:** Grace chooses to work on the health clinic staff performance team, since that is the area most closely related to her ongoing work responsibilities. She is joined by a human resource manager from a local mining company who has experience with employee incentive programs, as well as by two other Ministry staff and two non-profit health leaders.

The team engages in analytical work, performing surveys and interviews with clinic workers to understand the mix of offerings that would provide incentives for experienced and qualified clinic workers to stay in remote locations and to focus attention on lowering maternal mortality. Grace and her sub-team are put in contact with human resource managers from health systems outside Namibia who have experience with incentive programs. The team distills the analysis and scoping work into a prototype concept, detailing what incentives could be offered to health workers, such as a bonus and promotion program for clinic workers who stay on in remote clinics and who successfully put in place known procedures to reduce maternal mortality. Grace puts her new financial planning and budgeting experience to work in developing the model. Equipped with the experience of the Innovation Lab, and with the coaching and support she’s received from her mentor over the past months, Grace takes the risk of assuming a leadership position within the sub-team. In this environment, Grace can flex new muscles, and try out some new ways of interacting with others.

The team’s prototype model is tested in focus groups with Ministry, provincial, and clinical teams. Based on the feedback, the prototype is revised, re-tested with another set of focus groups, and revised one last time.

- **Change Initiative Piloting:** Grace and her team take the prototype plan and transform it into a pilot model, identifying geography, target clinics, baselines, and an execution plan. The team brings the Minister of Health

and the Prime Minister on as champions for the pilot process. Both will be watching closely. Grace and her team launch the pilot project in 26 health clinics, two in each of the country's 13 health regions.

Namibian project staff provide support to Grace and others in support to design, manage, execute, and assess the pilot, using the pilot as an opportunity to transfer additional management and leadership skills that are immediately applied on a live case. The pilot takes place over 12 months, after which staff retention and maternal mortality data are collected from participating clinics and compared with non-participating clinics. If proven effective, the incentives program is taken up as national health human resource policy.

Once a quarter, Grace reconnects with the Innovation Lab team, now transformed into the Namibian Health Innovations Network, to cross-fertilize ideas between pilot projects and to continue to keep sharing ideas for improving Namibia's maternal mortality situation.

At the end of the experience Grace emerges with:

- A shift in identity from being frustrated and victimized by a dysfunctional system, to being a change maker and innovator, a person who prides herself in coming up with an idea and taking it all the way from concept to implementation;
- A shift in perception of others working in the government health system, business and civil society, from competitors to potential allies;
- Improved budgeting, financial management, project design, project management, team work, analysis, problem solving and leadership skills;
- Greater insights into to how the health system operates and her role in improving it;
- Greater awareness of her own strengths and weaknesses;
- Deeper reservoir of life experience to use in exercising choice and judgment;
- The experience of designing and executing a real-life innovation and change process.
- Deeper sense of commitment and motivation to her work.