Some Ideas & Approaches to rewire intangible software in health systems
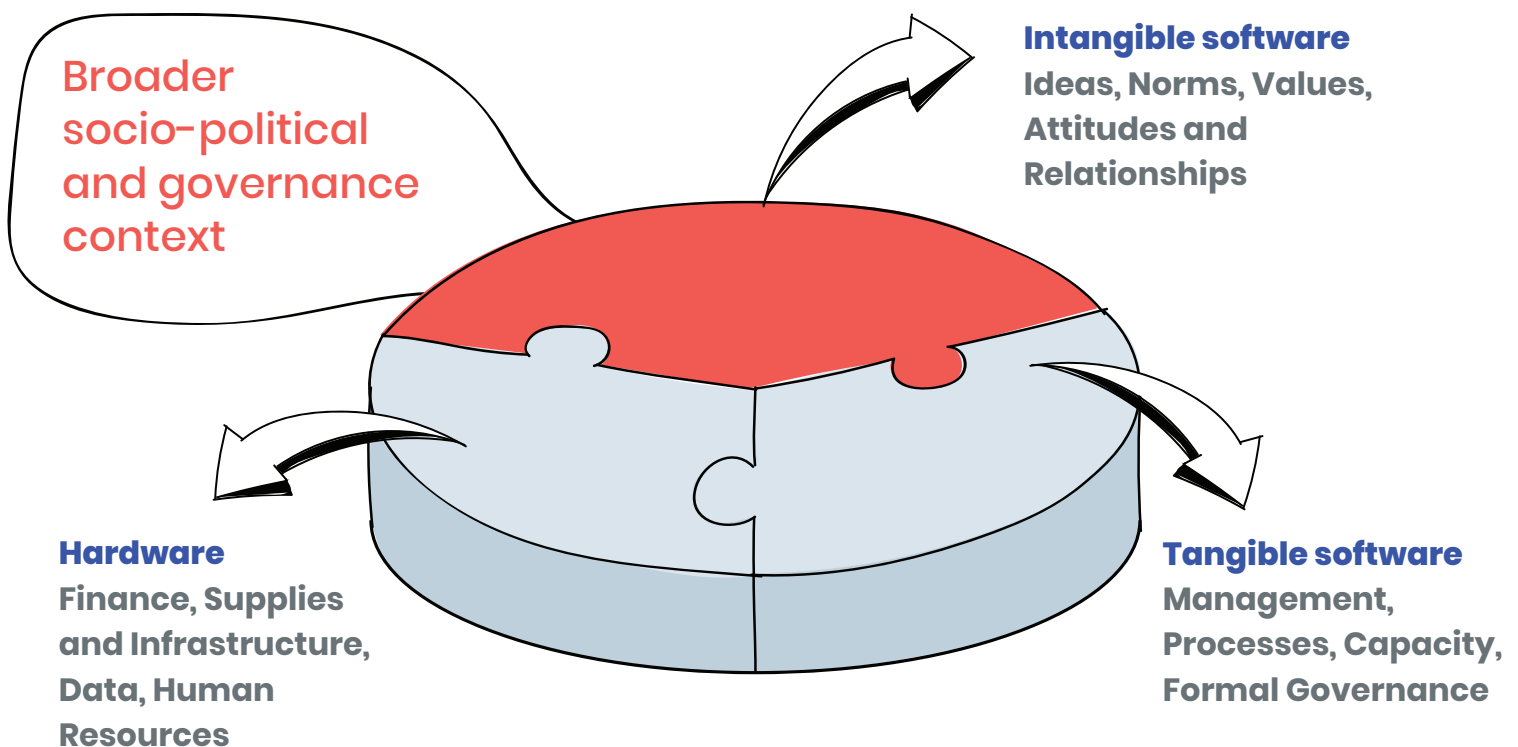
Why is working with intangible software important?

Broader socio-political and governance context

Intangible software
Ideas, Norms, Values, Attitudes and Relationships

Hardware
Finance, Supplies and Infrastructure, Data, Human Resources

Tangible software
Management, Processes, Capacity, Formal Governance

Health systems can be considered as comprised of hardware (human resources, infrastructure, financial inputs), tangible software (capacities and formal processes) and intangible software components (values, norms, attitudes and relationships) - all of which are interdependent in many ways.

'Hardware' solutions by themselves cannot succeed beyond a limit; for perverse intangible software can undermine many policy solutions.

It is not a choice between strengthening hardware or software. Working with both is needed for building strong and resilient health systems.

# Can we rewire intangible software? If so, how?

YES, WE CAN !

'Rewiring' approaches recognise the 'human element' in health systems. Health workers are not robots who carry out tasks mechanically; but individuals with agency who are capable of self-mastery, learning, visioning, collaborating, adapting to and leading change.

ZARA HATKE?

Rewiring approaches are less about putting in place 'new' interventions and more about tweaking many of the existing approaches to doing things. It is not about 'what to do' but 'how to do' things zara hatke.

## Approaches intended to enable visioning, leading, inspiring
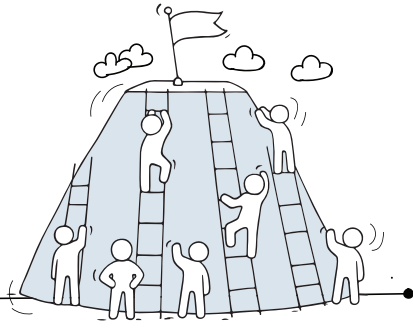
Leadership 'hatke' trainings with incentives for more learning opportunities: Such trainings have been attempted to give people recognition as 'leaders' and inculcate the technical skills needed to be leaders. When conducted zara hatke, these trainings also provide safe spaces for joint reflection and bonding among healthcare workers. (One such training also provided further educational opportunities to those who were interested)

It is one champion who can nurture others: These interventions expose health staff to inspirational real-live examples in the health system and enable champions to nurture others.

"When you go and see the best, that makes an everlasting impact" New recruits into the public health system were exposed to exemplars during their induction training. These approaches expected exemplars to provide a model for young recruits to emulate and get inspired

"No one wants to feel like their job is meaningless" Rather than treating health workers as 'automatons', informal gatherings and discussions have been tried to help health workers understand the values that drive the work that is assigned to them. Such sessions that focus on communicating overarching visions behind policy solutions are most often added to existing technical or operational training programs.

Approaches targeted at analysing and engaging with evidence
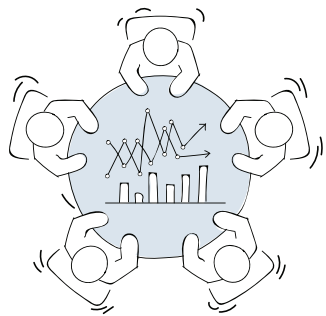
Journal clubs and cross-sectoral learning *hubs* have been used to promote learning and reflection.

"Help routine data speak differently through 'eye-opening' workshop" Workshops have been tried to help people look at routine data through different lenses, example- to examine health inequities. What was earlier considered boring data acquired new meaning at these workshops.

"Reinforce local achievements through data": Local "positive" discussions on achievements based on local data have been tried.

Approaches targeted at navigating contextual complexities

Working with think-tanks: A think-tank working in collaboration with the government helps to enable reflection on moving forward.
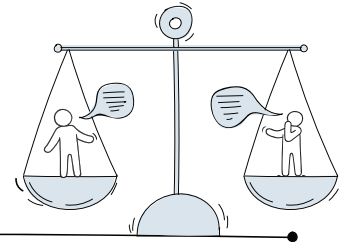
Buddy systems These systems pair a young recruit with a champion or exemplar in the system who serves as a mentor and supports them through complex decision-making.

Put people in a safe box outside of work to reflect: No targets, no check-lists These interventions aim at providing informal reflective spaces that are safe. These put people from different cadres (having different roles) in a box outside of their workplace and attempt to facilitate their thinking process. No targets or checklists are used or discussed.

ZARA HATKE
Approaches that have been tried to rewire intangible software in public health systems

Approaches targeted at enabling collaborative work and breaking power/gender hierarchies

Training on soft skills, public speaking, speaking in English (these trainings aimed at building confidence and pride). Example-Nurses who were culturally hesitant to take up leadership positions reportedly felt more confident after such training workshops.

Participatory exercises on power and gender: People have tried to sensitize health workers to power and gender hierarchies in the system using various techniques. "Power walks" are a commonly used technique here.

Sensitisation workshops: These workshops were intended to help sensitise health workers towards issues that they were not aware of or did not know what to do with practically before.

Approaches that focus on building cultural competence in community relationships
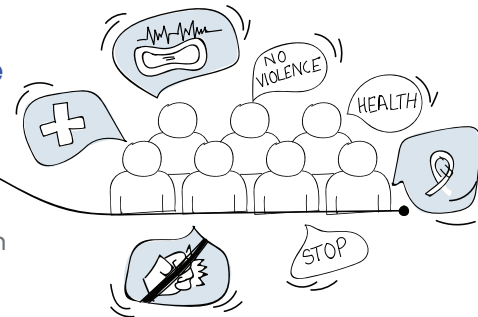
"People and the system need to understand each other: Resistance from health workers regarding community accountability initiatives has been dealt with by explaining meanings and values behind such policy solutions to them.

"How to talk to the community" modules: Explicit soft skills communication trainings have been conducted (example - how to talk to women in the community about sensitive issues like domestic violence.)

Approaches that honour, recognise and reward performance
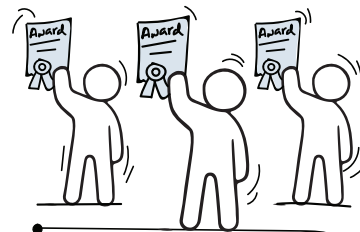
Further education as an incentive: One intervention provided educational opportunities (like masters in public health abroad). This also helped expose people to different cultures.

Awards and medals have been given to champions in the systems every year. Champions have also been selected to be mentors for new recruits.

Some tips from implementors

on 'externally' facilitating a rewiring process in health systems

- **"It takes a decade of patience."** Rewiring software approaches are not short-term investments, but intensive and long-term processes.

- Rewiring software needs to be done **in combination with structural inputs,** and cannot work in isolation.

- Intangible software interventions need to be **co-designed/co-created** by various stakeholders including external facilitators, government and the community.

- **Local flexibility** is of utmost importance - each geographical sub-pocket might need a different approach that can provide a 'hook' to work with intangible software.

- One cannot do away with targets, but we can provide **spaces for reflection** that can help people think broadly and deeply and beyond targets for atleast small pockets of time.

- While change is envisioned bottom-up in intangible software approaches, things don't seem to work for external facilitators without **top-down buy-in**. The pressure for change needs to be kept up.

- One has to keep the focus on **enabling even at the expense of losing speed.**

- It helps to incorporate **explicit 'intangible' software goals** as part of programs.