

FOCUSING INNOVATION PROJECTS ON PROMOTING WELL-BEING; A TOOLKIT

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Increasingly, private and public organizations are organizing innovation projects that aim to promote people's wellbeing. In order to better focus such projects on this goal, we developed a (prototype) tool, based on the Capability Approach (CA). It is intended to help people in innovation projects to avoid two pitfalls: too much focus on technology (forgetting about people); and prescribing specific behaviours (limiting people's freedom). The tool aims to help project-partners and stakeholders to express their visions, concerns, interests and goals, and to negotiate these in articulating shared goals for the project at hand, in terms of enabling people to expand relevant human capabilities.

Goal of the workshop: Participants will practically use this (prototype) tool, by applying it to one innovation project. They can learn how to (better) focus projects on promoting people's wellbeing.

Program:

15 minutes: Introduction of the tool and its practical application

60 minutes: Using the tool, e.g. 2 groups of 4-6 people, work on one case

15 minutes: Evaluation of the tool's added value and ideas to improve it

Instructions:

1. Discuss the project/program's overall/ultimate goal to promote wellbeing. Clarify the positive change that it aims to realize, e.g., to promote specific elements of wellbeing in a specific group. What does that look like, practically? Describe or sketch the outcome that the project/program aims to realize—e.g., a practical situation, in a couple of sentences.
2. Discuss which capabilities people need to expand in order to realize this type of flourishing. Use the **CAPABILITY CARDS** for this exercise. Discuss both external conditions and personal resources. Make causal relationships clear, e.g., explicate the assumption that Capability A has a positive effect on Capability B. Discussion which capabilities are instrumental and which are ultimate.
3. Discuss which organizations, institutes or companies are needed to bring about these positive changes. Clarify what needs to change within and between these organizations to make these happen, e.g., to improve the skills of frontline workers in a service organization, to improve collaboration between organizations in a 'chain', or to implement measures for scaling-up.
4. Discuss and clarify which specific output the project/program needs to deliver in order to indeed help these organizations to bring about these changes (step 3), so they can help to improve people's external conditions and personal resources (step 2), so they can indeed flourish, in line with the overall/ultimate goal (step 1). One may iterate these steps, if needed.
5. Summarize, e.g.: "This innovation program/project aims to deliver results that will help organizations to deliver , which will enable people to develop capabilities, so they can flourish in the sense of"

CASE

The project is not yet started. Negotiations with funding agencies and local actors are underway.

Your task: To articulate a < ... **project**> that delivers <**outputs** ... > that will help <**organizations** ... > to deliver <**products or services** ... > that will enable people to develop < ... **capabilities**> so they can flourish in the sense of < ... >.

Topic: Medical care in a rural, 'underdeveloped' area, e.g., in Uganda. There are ideas to develop a cheap, easy-to-use medical thermometer that people can use to diagnose themselves. Currently nobody owns or uses thermometers. This causes two categories of problems: over-diagnosis, where people think (wrongly) that they have fever or malaria and take, e.g., antibiotics or anti-malaria medication (which may lead to drug resistance) and neglect of, e.g., lung-diseases or malnutrition; or under-diagnosis, where people think (wrongly) that they have no fever and do not take appropriate action or medication, or delay seeking a doctor or treatment.

Context:

- There are hospitals, but they are relatively far away from the villages, where most people live. Many health care centres are understaffed or have insufficient facilities or (free) medication.
- Many doctors working in public hospitals also work part-time in private clinics, since the salaries from the government are insufficient.
- There are privately owned drug shops in villages. Some shop owners have medical knowledge (e.g. from working in public health centres) and can perform simple examinations.
- Private clinics and drug shops are better accessible for people, in terms of traveling distance and opening hours (e.g., hospitals are far away and health centred close at 17.30 PM).
- Each village has two Village Health Team (VHT) volunteers (one male, one female). They are trained to examine children (under 5 years) and to treat common diseases like malaria, pneumonia and diarrhoea.
- A simple mercury thermometer costs about the price of two bottles of water. People, however, associate ownership with doctors or hospitals—not something they own themselves.
- People—and also a VHT volunteers—have very little experience in using thermometers. They do not know, e.g., what is the threshold for fever (37,0°C, 37,2°C or 37,5°C).

Possible roles:

- Project funder
- Manufacturer (e.g. of thermometers)
- Hospital director
- Hospital doctor or nurse
- Village Health Team member
- Local official, responsible for VHT
- Mother or father in village
- Child in village
- <Observer>