Chapter 13
Crafting Micro-social Innovations: Insights from the Bombay Mothers and Children Welfare Society

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13.1 Introduction

Social innovation is an emerging field of research and practice (Choi and Majumdar 2015; Van der Have and Rubalcaba 2016; Van de ven et al. 2008, Van de Ven 2017, Oeij et al. 2019). Social innovation is conceived as "new ways of creating and implementing social change" (Hochgerner 2011), "new ideas, services or systemic transformations that have the potential to improve outcomes" (Pol and Ville 2009), "new ideas about social relations and organization" to meet a common goal (Mumford 2002), "satisfying human needs through an empowering change in the relations between the local communities and their governing institutions" (Moulaert et al. 2005). Social innovations can cut across sectors. Drawing insights from multiple disciplines (Sociology, Welfare Economics, Entrepreneurship, etc.) Choi and Majumdar (2015) had identified three major uses of the concept: social innovations as social change, social innovations as intangible innovations, and social innovations that aim at social value creation. According to Choi and Majumdar (2015), innovation is identified as social innovation based on three constituent aspects—formalization, change process, and social outcome. Social innovations need not be unique or original but it should be new to the field, sector, market, region, or user, or be applied in a new way which never existed before. In the change process, social innovations are expected to be more effective than existing solutions. There should be a measurable improvement in outcome in terms of quality, user satisfaction, rates of adoption, or reduction in costs or level of impact created. Social innovations are also expected to meet social needs. Identifying social innovation to meet social needs is a deficit-based approach since we are only looking at what the community lack.

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However, it is suggested that we can use an asset-based approach also in social innovations, which focuses on what the community has at their disposal, or both should go hand in hand. Social innovation also enhances society's capacity to act by establishing new power relations, improved use of resources, or increasing sociopolitical capabilities.

Social innovation is a novel solution to a social problem for which the value created accrues primarily to society as a whole rather than a private individual (Phills et al. 2008, p. 39). It is viewed as a process (sometimes complex) involving three sequential phases—invention, development, and implementation (Garud et al. 2013). Mulgan (2007) defines social innovations as innovative activities and services that are motivated by the goal of meeting a social need and that are predominantly developed and diffused through organizations whose primary purposes are social. Social innovations are contextual and cut across all sectors and fields. Mulgan (2007) identifies three characteristics that make up social innovations: (i) social innovations are usually new combinations or hybrids of existing elements, (ii) putting social innovations into effect usually involves cutting across organizational, sectoral, or disciplinary boundaries, and (iii) social innovations leave behind compelling new social relations between previously separate groups. The Young Foundation (2012) view social innovations as new solutions that simultaneously meet a social need and lead to new or improved capabilities and relationships and better use of assets and resources. Social innovations can be in the form of new products, new services, new processes, new markets, new platforms, new organizational forms, and new business models (Schubert 2018).

Mulgan (2007) provides a stage model for the innovation process. The first stage involves understanding the social issue which is not addressed and identifying the potential solutions to tackle it. There can be various potential sources for societal needs; each of them has to be tied with new possibilities. New possibilities may be technological; it may also derive from new organizational forms or new knowledge. New social ideas can also be a combination of old ideas that are not new entirely. The second stage is developing, prototyping, and piloting ideas. Ideas may fail, but many failed idea gives the new direction which will succeed. The third stage is assessing the idea then scaling up and diffusing good ones. The final stage is learning and evolving. It is also important to note that important innovations follow a zigzag manner with the feedback loop associated with many stages. This shows the significance of networks and clusters in innovation. This also indicates that innovation cannot be prescriptive. Commercial markets can also act as a developing route for social innovations sometimes. It starts with production and consumption within a gift economy and later gets adapted to niche markets; finally, it will be transferred to the mainstream with investment from larger companies.

Social innovation is understood as a means to empower people and drive social change. New technologies are enabling social innovations to be open and collaborative. It increases the capacity to come together and create better solutions. Co-production is put forward as another feature of social innovations. In many cases, boundaries between consumers and producers are blurred. For example, organizations like cooperatives and credit societies gained importance recently for their

impact on improving people's lives. These experiences show that individual or collective well-being can be achieved through mutual dependence. Social innovations can create new roles and relationships, it uses assets and resources to the optimal potential and it also develops assets and capabilities within the community. Successful innovations require understanding the organizational process and the context that makes innovation work. Seelos and Mair (2012) suggest that it is high time for social sector organizations to move from considering innovation as an outcome and treating it as a process.

Van de Ven (2017) presents a process model—the innovation journey, which follows a nonlinear cycle of divergent and convergent activities. This model suggests that the innovation development journey begins at random, transitions to chaotic, and ends in orderly patterns of behavior. This process undergoes three identifiable phases: invention, development, and implementation. The first stage emerges from the "shock" from the internal and external environment triggering scouting of resources and organizational plans. During the developmental stage, efforts are directed to transform the ideas into concrete reality. In this stage the, initial ideas proliferate into multiple ideas and activities and emerges as a multi-stakeholder endeavor that follows different paths. In the third stage, the innovation is adopted and institutionalized as an on-going program, product, or business. (Van de Ven et al. 2008, Van de Ven 2017, Oeij et al. 2019).

Despite these recent efforts to define, conceptualize what constitutes social innovation, the concept remains ambiguous with multiple definitions, varied research settings, and knowledge overlaps. We know relatively little about the innovation process in different organizational settings. Most studies are based on variance theory approach examining the causal antecedents and consequences of organizational innovativeness (Huber and Van deVen 1995). The complexity of understanding the innovation process arises because of multiple factors including multiple levels of analysis, diversity of social actors and material events, inter-temporal events, and cultural dimensions (Van de Ven 2017). Further, social innovation is treated as a subset of mainstream innovations research field that is largely focused on technological innovations in manufacturing. Social innovations differ from innovations in management and technology context. While innovations related to management and technology are focused on profit and commercialization of business, social innovations largely focus on creating social value (Phills et al. 2008). The decision logic of creating successful social innovations remains relatively unexplored. This paper seeks to answer the question of how does a social entrepreneur craft social innovations and solve complex social problems. The paper is organized into the following sections. The second section describes the methodology for the study. This is followed by a description of the case of BMCWS followed by a discussion on key learning and insights.

13.2 Methodology

This study adopts a qualitative approach involving a case study of a social entrepreneurial venture. A single case study method can be useful for studying in-depth a social phenomenon in its real-life context (Yin 2003). This study is based on the Bombay Mothers and Children Welfare Society (Mumbai, India). The organization is selected based on its uniqueness and suitability for studying the decision-logic involved in crafting social innovations within the organization. The Bombay Mothers and Children Welfare Society is a social enterprise, established in 1919 in Mumbai. BMCWS has three low-cost ultramodern hospitals which are located in Mumbai, Rajgurunagar, and Bhiwadi. The Rajgurunagar hospital provides modern medical facilities for the people at affordable prices. The organization also undertaking health and hygiene programs in rural areas, free medical camps, and distribution of deworming tablets in addition to their regular health services. BMCWS made a significant contribution to the development of education in rural regions of Rajgurunagar. The organization started renovating government schools and equipped them with necessary teaching aids and facilities. With the effort from BMCWS, many schools are electrified and facilitated with the digital self-learning curriculum. BMCWS introduced innovative programs like mobile computer labs, a nutrition program for children, vocational computer training program for the development of education in the region. BMCWS also undertaking rural development initiatives through projects like rural electrification, reverse risk mitigation programs, and water supply schemes.

The study used interviews, observations, and textual analysis as methods for data collection. The data collection began with an interview with the Secretary of BMCWS. The initial interview focused on gathering data on the vision, mission, target groups, and programs of the social venture. This was followed by two rounds of interviews to understand the strategic decision making in the organization. The data collection also involved interviews with program coordinators. to get an in-depth understanding of the implementation process, community participation, and their perception of program outcomes. The data analysis involved a two-step process. The first step in the analysis was developing a detailed case description using the field notes and data. In the second stage, the data collected through interviews and other sources are analyzed by using qualitative content analysis (Schreir 2012). The process involved, developing a coding frame, segmenting the matrials, and creating themes for analysis.

13.3 Case Study of Bombay Mothers and Children Welfare Society

The Bombay Mothers and Children Welfare Society (BMCWS) is one of the oldest social welfare organizations in Mumbai, India. Founded in 1919 by Dr. Bapusaheb Mhaskar, it was registered under the Societies Registration Act, 1860 and the Bombay Public Trust Act, 1950. BMCWS provides low cost and affordable healthcare and daycare facilities (for children) for people from lower income groups in Mumbai. The Trust had five hospitals, four daycare centers, and over 100 staff including doctors, nurses, and paramedics. It had earned remarkable goodwill and trust among the public. However, after the death of the founder, Dr. Mhaskar, it faced troubles leading to erosion of reputation and long-pending litigation in the High Court and Labor Tribunals (case filed by the labor union) which went against the Trust. The long years of litigation and neglect of the management have further deteriorated the hospitals and other institutions. The hospital occupancy rate went down to a great extent badly affecting the financial condition.

Following a court intervention in 1985, Dr. Madhav Sathe—a young practicing doctor in one of the hospitals of the Trust took over the management of BMCWS. Dr. Sathe devised a process for the turnaround of the Trust and its hospitals. The vision was to create low cost and affordable ultramodern hospitals and crèches. Having no financial resources of its own, one of the options was making use of philanthropy. Bombay was well known for its philanthropic work, thanks to several wealthy individuals and industrialists from the city. To its advantage, the Trust had a good reputation for its past work. On this strength, Dr. Sathe could convince one of the prospective but reluctant donors to agree on an interest-free loan for renovating the hospitals. To begin with, one hospital was shut and converted into a cancer patient convalescent home. In those days cancer treatment in the city was available only at the Tata Memorial Hospital. This hospital was flooded with patients from distant places across the country. The patients and their relatives need to stay on the streets and pavements and continue treatments. In reality, many could not withstand these hardships and were forced to return without completing the treatments. The idea of the renovation of the hospital was to provide space for short-term accommodation for these patients and their relatives. Using this facility, close to 100 patients can be given accommodation until they complete the treatment. The Trust charged a very nominal amount as a rental for this service following a differentiated payment mechanism depending upon the financial condition of patients.

Inspired by the success of the cancer patient's convalescent home, the next step in the agenda of turnaround was the transformation of the daycare centers. Although the city had several daycare centers, these were not affordable for lower income families. A daycare facility for the children at an affordable cost is most helpful for low-income families as both parents need to work for earning a decent income. Despite providing a safe place for their children while they are at work, it is also important for the cognitive development of the child at the formative age. Hence, the parents would not be hesitant for spending a portion of their earnings on their

children's care. Realizing this need and its potential for revenue generation for the Trust, Dr. Sathe persuaded a donor for financial support in the form of an interest-free loan of INR2500000 for the construction of a daycare center. The Parle daycare center was also renovated with the support of another donor.

The long years of neglect of management had eroded their motivation and spirit. They lacked ownership and were under the influence of labor unions. During the 1970s and 80s, Mumbai city witnessed one of the most militant trade union movements followed by the textile mill strikes which further extended to several other sectors. An important area that required immediate attention was the nurturing of human resources. BMCWS adopted a very humane approach for nurturing its workforce. The interventions focused on identifying and nurturing their inner potentials. The workers were trained on operating computers, telephone, fax, hardware maintenance, and developing their social skills. Some of them have become X-ray technicians and ward attendees with effective social skills. The Trust administration was also streamlined to facilitate direct communication between the management and workers. This strategy worked well. Over a few years, the workforce has become more productive and having a sense of ownership and self-worth. Dr. Sathe recalls the transformation…"The result is that the boys who joined as watchmen are now working as computer technicians who execute all computer-related works in the organization including the RFID cards for children in the crèche, software for hospitals, and e-learning packages for rural schools. Similarly, some of the boys who joined as gardeners are now computer teachers and also very effective social workers; a watchman is now a hospital manager with adequate computer knowledge and people skills."

The last three decades in the history of BMCWS was a remarkable story of a turnaround. It runs three hospitals, two cancer patient convalescent homes, and four daycare centers. As envisioned, the hospitals were transformed with ultramodern facilities and committed doctors and medical staff. These hospitals are low cost, affordable and also offer quality healthcare facilities for the lower and middle-income population in the city and rural areas of Rajgurunagar. All daycare centers are equipped with modern facilities and learning aids providing quality daycare facilities for over 10000 children. All the teachers were trained under the Montessori methods of instruction. All of them have facilities such as computer labs, audio-visual equipment, and playgroups that provide an environment for early childhood development. This had improved the financial condition of the society (Appendix Table 1).

The improved financial condition allows BMCWS to spearhead several social innovations in the rural areas of Rajgurunagar. The interventions began with the implementation of the modified reproductive and child health (RCH) project—a government-supported project for creating awareness of reproductive and child health issues in rural areas. The project activities comprised conducting rural health camps, awareness creation on family planning and use of birth control measures, prevention, and treatment of sexually transmitted diseases, child care, and parenting issues. After completing their work in the RCH project they used to conduct video shows based on Aesop and Panchtantra fables in rural schools. The reality is that the state government had established schools in almost all the tribal villages. But these schools were in a

dilapidated condition; the attendance in schools was very low, there was no effective learning and the dropout rate was very high. The parents were also unwilling to send their children to these schools as they found no value. One of the motivations for working on video shows in schools was to motivate the children in their learning. These were a hit in rural schools and brought the project team closer to the teachers and parents.

BMCWS has initiated an e-learning project for the tribal schools in Rajgurunagar. The project team developed e-learning modules and installed the e-learning units (computers and projectors) in rural schools. All the teachers were trained in using e-learning modules. With the introduction of e-learning modules, the children can use them even after-school hours. Besides, the schools were renovated and painted attractively with the involvement of teachers, parents, and the community. The e-learning modules made learning more joyful and attractive for the students. The parents noticed positive changes in their children and they were keen to send their children to the schools. Now all the schools have 100 percent attendance and better learning outcomes. The educational interventions covered 104 primary schools and 24 secondary schools. This has created a new public-personal-partnership in which an individual or group of individuals come together to support e-learning in the tribal schools. Besides this, BMCWS also runs a computer literacy program. For this, it received 100 refurbished computers from the Tata Consultancy Services (TCS) Ltd. With this support, BMCWS had established a computer lab using 30 computers and the rest of the computers installed in the rural schools. The computer lab has trained more than 3000 students in basic computer skills.

BMCWS is implementing an innovative nutritional support program for tribal children. Despite having the government providing mid-day meals to all primary school children, almost 90% of tribal children had very low Body Mass Index (BMI). This is because the children remain hungry for long hours without sufficient breakfast till mid-day. The Trust started filling this gap with a breakfast at 9 am. Teachers collect the weekly quota of food items from the office of BMCWS every Monday morning. The food consists of—one banana, Jiggery, and groundnut laddu, and biscuits. The idea behind the exercise was to enhance the caloric value of each meal. This initiative has favorably impacted the health of the children. Besides, it provides vocational training for young people in rural areas which enhances their skills and helps them seek meaningful employment or set up their self-employment ventures. Over the last four years, it had trained more than 3000 women from 39 villages on various vocational skills, including computer hardware maintenance, tailoring, sanitary napkins, agriculture, nursing, and paramedics. Some of these women have set up their enterprise in garment making with affective market linkages. This unit employs 30 women and stitch all the clothes required for the hospitals under the Trust. A sanitary napkin production unit has also been set up by 12 Tribal women. They also work on creating awareness and training of women and children on health and hygiene and the use of sanitary napkins.

13.4 Findings

13.4.1 Strategic Orientation

BMCWS used several innovative approaches for its turnaround and making it a self-sustainable social venture. Central to this strategy was combining philanthropy and social entrepreneurship and a quest for self-reliance. BMCWS had spearheaded several social innovations and started scouting for resources for its execution through wider community participation. It used micro innovations such as "interest-free loans," and "staggered grants" for mobilizing financial resources. In an interview, the secretary of the society said that "In Mumbai, mobilizing donor funds was not that much difficult because the city has the most benevolent and wealthy families. In the beginning itself, we do not want to create perpetual dependence on donors. We had reasonable goodwill and assets and hence, we leveraged this strength for securing "interest-free loans" from donors instead of grants. We were convinced that the loan amount could be repaid out of the revenue we generate. The donors are also happy to see that their money has been used for a social purpose and generating social returns and 100% of that is coming back to them which can be used for other social investments."

BMCWS is a case in sustainable enterprise creation as well. BMCWS illustrates this by creating low cost and profitable hospitals and crèches and spearheading several social innovations in rural areas. It generates a substantial portion of the revenue from the hospitals, cancer patient convalescent homes, and daycare centers. At the same time, all of these remain low cost and affordable to low-income people. For example, a cesarean procedure at the BMCW hospitals would cost only INR8000 while the cost in other hospitals is close to INR50000. Although it charges lower fees these are not subsidized, explains Dr. Sathe. "The profit earned from a unit is used to make other operations sustainable. This not only makes the organization financially sustainable but also gives elbow room to make other social investments creating a positive vibe among all stakeholders. The investors and other stakeholders will be more comfortable to support enterprises with viable business models. When social enterprises are financially sustainable and mature, they can use their investments for creating sustainable social change. More importantly, growth and impact become accelerated and exponential."

13.5 Walking the Last Mile with the Government—Filling of a Gap

The experience of BMCWS demonstrates that a non-profit social venture can create a larger impact through working with the Government. BMCWS implements several innovative programs in rural areas—under the banner of walking the last mile with

the government. By adopting innovative methods for problem-solving, these initiatives bridge the gaps in the government-led programs. This also illustrates that an organization doesn't "re-invent the wheel" for creating sustainable social change. A glaring example is its educational interventions in rural schools. "The government has created schools and provided teachers in inaccessible areas, where we do not imagine human settlements possible. However, neither the community nor the government can maintain them. In many of the schools teaching aids are missing; the teachers are absent and leading to poor learning, and students drop out. So, we took it upon to make them functional. We took the help of local talent to make them more attractive by painting lovely picture stories on the walls of these schools, we supplemented the mid-day meals by introducing breakfasts, provided e-learning with an animated and digitized curriculum in about 128 schools. These have shown excellent results in community involvement, improved health of students, increased school attendance, and learning outcomes. A recent assessment conducted by BMCWS reveals that all schools that have introduced e-learning have shown 100 percent attendance and improvements in learning as compared to that of children from other schools in the rural areas," explains Dr. Sathe.

13.6 Creating Grass-Root Leadership

BMCWS focuses on developing grass-root leadership for solving social problems. The following examples illustrate this. While working on a computer literacy program in rural schools, BMCWS felt that finding a computer teacher is most difficult in rural areas for two reasons, first lack of trained people and second the lack of motivation of people from outside to work in rural areas. They understood that this problem can be solved only through training of the local people and developing their capacities to work. Given this insight, BMCWS has introduced a vocational training program in the computer. Mr. Prashant was one of the tribal boys who enrolled in the computer training program. Being a resident and one of the members of the tribal community, Mr. Prashant was motivated to become a teacher for the mobile computer van, a newly designed program BMCWS was introducing in rural areas. For this project, a mobile van was equipped with six computers and a seating arrangement and equipped with batteries for charging the computers. The idea was to take this vehicle to rural schools and provide training to the students. As appointing a driver as well as a teacher was costly, Mr. Prashant was given training on driving the mobile van and was entrusted with teaching the students. For the last six years, Mr. Prashant drives this vehicle to remote tribal schools and teaches the students the basics of operating a computer. Each student gets a minimum of 20 h of training on computers. All students in a school are provided training in five–six visits and the vehicle moves to the next school. Mr. Prashant is more than a teacher for the students, as he is from the same tribal community as of children, it is easier for him to interact and make a connection with them. BMCWS used a similar approach for painting and electrification of rural schools. It helped a young person from a rural area to work

on his venture idea. As a graduate of Fine Arts, he was interested to set up a venture on painting public spaces with the support of interested parties and was wanted to test this idea while working in rural areas. He proposed that he will paint a few rural schools by mobilizing resources on his own. BMCWS provided mentoring and networking support for establishing his venture. During the period he worked on his venture idea he and his team had painted more than 15 rural schools and later established a venture that does similar works in urban areas. Now he is a full-fledged entrepreneur. Similarly, BMCWS has provided facilities for a young graduate of IIT Kanpur to test the feasibility of setting up a pilot venture on the electrification of villages by using solar energy. BMCWS provided incubation support for six months and while they worked in rural areas they had set up solar electrification units in several rural schools. His work was recognized by various organizations, and their venture had selected for the National Entrepreneurship Award in 2019.

13.7 Stakeholder Engagement and Commitment

BMCWS is also a case in point for an effective stakeholder engagement process. All the project ideas were discussed with the community members and they were implemented with their involvement. The idea was to get peoples involved and instill a sense of ownership of the projects. For this, BMCWS makes use of existing institutions such as Grama Sabha, user groups, and associations. All the projects are first discussed in the Grama sabha meetings and the villagers decide to take up the projects. BMCWS just facilitates the process by helping the community by mobilizing funds and other resources. They contribute through voluntary work as well as a monetary contribution. The monetary contribution is kept very low considering the financial condition of the people. For example, the supplementary nutrition program in rural schools was implemented with the support of teachers, parents, and community members. For this project, BMCWS has mobilized financial resources from individuals and donors. A small portion is contributed by the community members. The teachers collect the food materials from a central point regularly and distribute them to the students of all rural schools. Another example of the project which had wider participation of the community is the solar electrification of villages. This project began as a pilot venture of an IIT Graduate student, Mr. Armeya Sathe who approached Dr. Madhav Sathe for seeking permission for implementing his project in the hospital of BMCWS. Mr. Armeya explained that his project will work in a way that there is no investment required from the organization, instead, they pay him back the amount saved from the payment of the electricity bill for a specified period. Dr. Madhav Sathe suggested him to do this project in rural areas than hospitals in urban centers as he proposed. Mr. Armeya and the team began the project in rural schools. Along with BMCWS staff, they visit rural schools and explains the project, and motivate the teachers to implement the project in their schools. The total cost for the installation of a solar panel in a school is approximately Rs.30000. The teachers mobilize Rs5000 from the community for installing the solar panels and equipment

and BMCWS provides the remaining amount. Besides, the schools collect ten rupees from every child in a month that is used for meeting the expenses for maintenance and repairs when needed. Mr. Armeya and his team had implemented solar panels in 128 rural schools. A similar approach was adopted by BMCWS for the implementation of computer training in the schools, providing drinking water facilities and construction of toilets and playgrounds, etc.

13.8 Discussion

BMCWS has crafted several micro-social innovations for tackling organizational and social problems. At the organizational level, these innovations formed part of the strategies for mobilizing financial resources (interest-free loans, deferred grants), nurturing human resources, revenue generation, reducing costs, and improving efficiency. Besides, it had also spearheaded several innovations in rural areas for solving social problems. The innovation follows a non-linear process (van de Ven 2017) and akin to effectuation—*a decision logic in* entrepreneurship processes by balancing the goals with the resources and actions (Sarasvathy 2001). The innovations emerge in response to social and organizational problems through a process of "learning by discovery." Core to the decision logic is the belief that the problems are best understood by the people affected by them, hence the first step in problem-solving is to make the people aware of the problem, its causes and how can it be solved. It is followed by scouting of resources and organizational strategies. This is achieved through a participatory process involving the village leaders, representatives of the people, and the community as well. This participatory process is found to be effective in understanding the complexity of social issues, their interconnectedness, scouting of resources, and crafting solutions with greater community engagement and participation.

The innovation process is rooted in the strategic orientation of reducing costs, improving efficiency, and a quest for self-reliance. Further these are incremental and largely focuses on creating social value rather than creating profit and commercialization of business (Phills et al. 2008). They had incorporated a business-like approach to philanthropy and propelled innovations like "interest-free loans" and "deferred grants" for resource mobilization that are unheard of in philanthropy a decade ago. The donor grants are prudently used for income generation and making the organization self-reliant. As the organization can generate a substantial portion of revenue from these donor-supported projects (crèches, hospitals, and cancer patient convalescent homes) it was able to reduce the dependence on donor grants at a later stage. By combining social entrepreneurship and philanthropy, BMCWS illustrates that [strategic] philanthropy can be a game-changer for addressing many of the complex social problems that are dynamic, nonlinear, and counter-intuitive (Kania et al. 2014).

BMCWS also illustrates the advantage of working with the government for creating large-scale social impact. By applying the innovative concept of "walking the last mile with the government" it has created a new form of public–private

and community partnership and making government institutions (for example, rural schools and village panchayats) more responsive to the needs of the people and making them work better for the people. Besides, some of the innovations are directed toward creating grass-roots leadership. For example, mobile computer learning, and incubation support for rural enterprises. Innovations like these are akin to the emergence of a new "solution economy" that represents not just an economic opportunity, but a new manner of solving entrenched societal problems (Eggers and Macmillan 2013). These micro-social innovations are possible because of the participation of the users in the innovation process. This wide-spread participation makes social innovations to be open and collaborative for creating better solutions. The community leverages the strength of existing institutions such as grama sabhas, user groups, and associations, and improves the capacity of the people to come together. Such innovations not only strengthens the institutions but also improve service delivery.

13.9 Implications for the Practice and Conclusion

With the help of the case study of Bombay Mothers and Children Welfare Society, we had illustrated the decision logic (thought process) of the social entrepreneur for producing micro-social innovations. These are low cost and rooted in the strategic orientation of reducing costs, improving efficiency, and a quest for self-reliance and emerged as a process of "learning by discovery" and "effectuation." They are proved to be successful in the turnaround of an ailing social organization and spearheading social change in several Tribal villages. It also helped in engaging a large pool of professionals both in the corporate and government for bringing social change in these villages. Such micro-social innovations can contribute to the development of social entrepreneurial ventures and crafting strategies for social change.

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