

“Mission Possible”: Innovative ways to approach women for providing reproductive services and information in Southeast Asia, West and Central Africa

**Hung M. NGUYEN**

EDC Paris Business School, OCRE

**Richard HAZENBERG**

Institute for Social Innovation and Impact,  
University of Northampton



# Research Overview

- Research seeks to explore **women's access to reproductive healthcare** in South-east Asia and West/Central Africa through the lens of an international NGO's work in:
  - Burkina Faso
  - Democratic Republic of the Congo
  - Mali
  - Niger
  - Senegal
  - Cambodia
  - Vietnam
- Particular focus on the model of support/provision and specifically the community workers that facilitate this (the Marie Stopes International ladies).
  - We approach these **MSI ladies as social innovators** who enable top-down support to achieve effective impact 'on the ground' and empower women's approach to their reproductive healthcare needs.



- Organized by MSI Reproductive Choices, with more than **700 MSI ladies** across 15 countries.
- MSI ladies: **trained, mobile midwives** bringing reproductive healthcare services to their communities
- Often operating in **difficult geographies** and with **hard-to-reach communities**

# The “MSI Ladies” network



# The MSI Approach

A person with a backpack is walking across a suspension bridge that spans a deep valley. The bridge has a metal grate deck and wire mesh railings. Below the bridge, a river flows through a rocky, mountainous landscape. The background shows steep, forested hillsides under a clear sky.

- The MSI ladies have different supporters across the regions, through **community actors, mother ladies, community relays**.
  - These community actors/relays/mothers are critical to the work of the MSI ladies, as they provide access to communities & spread the word about MSI support.
  - Indeed, the social innovation/empowerment we discuss later is **not possible** without these actors/relays/mothers.
- Differences in the model of engagement across regions also exist:
  - In Myanmar/Cambodia, the MSI ladies are **entrepreneurs**, establishing their own businesses/clinics.
  - In Vietnam, the MSI ladies also have their own businesses but are (still) contracted by the public health system.
  - In Africa, the MSI ladies are **employees** of MSI delivering support.
- For the purposes of this paper though we are focused on them as **community-based actors** & theorise them as **social innovators** (including the actors/relays/mothers).

# The MSI Model

**Marie Stopes International**  
NGO Reproductive Healthcare



**MSI ladies**  
Community midwives/nurses trained to deliver support



**Mother ladies / Community relays**  
Community actors (with MSI training) that advocate on reproductive health for women



**Community actors**  
Individuals who advocate for social change in communities across a variety of areas (not just RH)



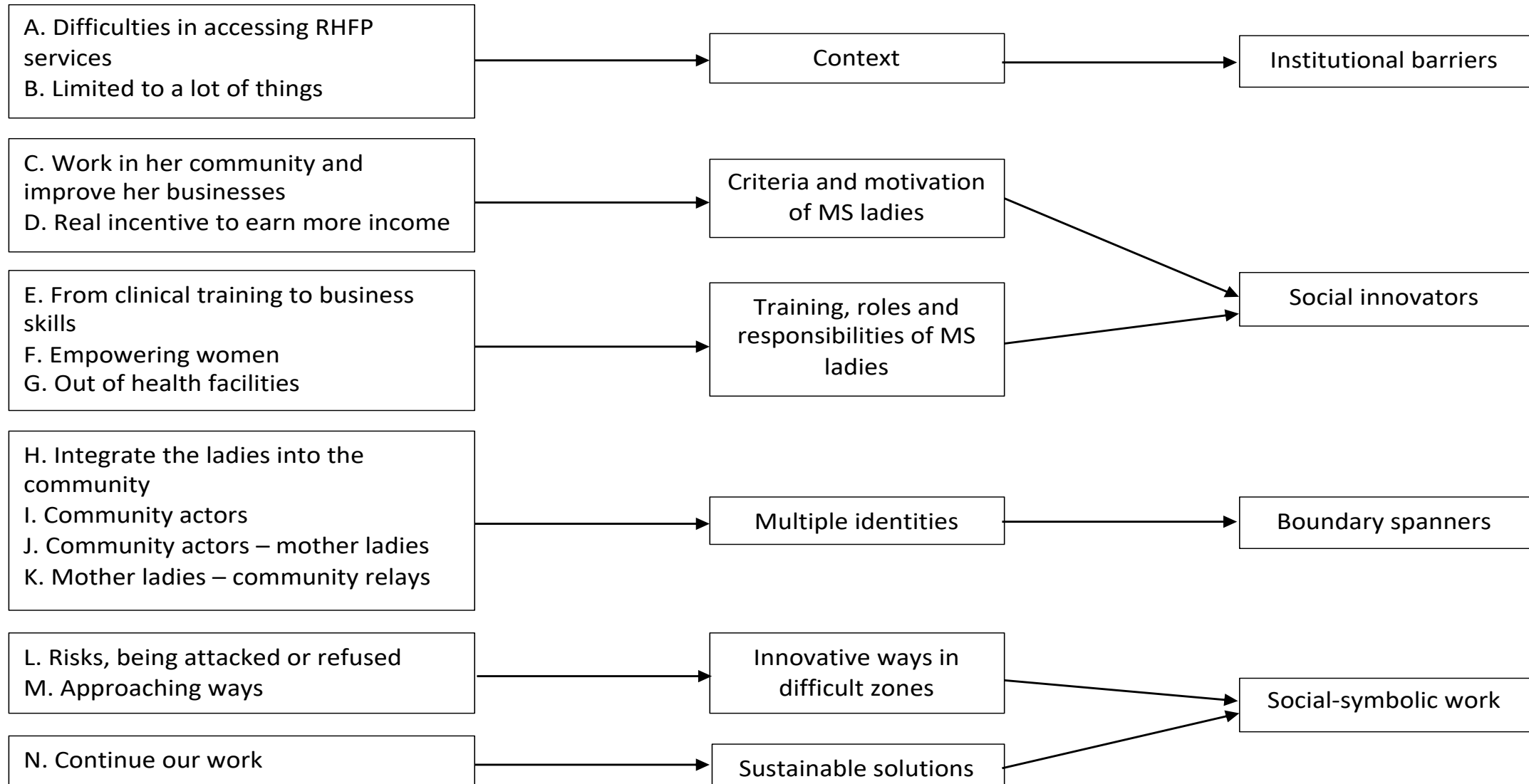
- Our theoretical approach is embedded in Lawrence and Phillips (2019) concept of ‘**Social Symbolic Work**’, whereby social action can be broken down into three core areas:
  - *Self-work*: The work directed by individuals and motivated by their **own beliefs & cognitive assumptions**.
  - *Organisational Work*: Conducted through organisations (in this case MSI), utilising **shared resources**.
  - *Institutional Work*: Conducted across society & through **wider institutions/communities**.
- Individuals can therefore utilise both their **own internal direction** and the **goals of the organisations** they work with/for, to shape their social-symbolic context and to create (hopefully positive) social and environmental outcomes (Williams et al., 2021).
- Paradoxes within organisations can be **positive and negative**, potentially driving creativity, but also paralysis and inertia (Andriopoulos and Lewis, 2009; Sundaramurthy and Lewis, 2003).
  - This can stifle innovation as people **gravitate to paradoxical poles** & resist change (Huq, Reay, and Chreim, 2017).
  - Such paradoxes are also embedded within the **social-symbolic context** of the organisation.

- MSI ladies can overcome these paradoxes through their role as both organisational *insiders/outside* & acting as *boundary spanners* who negotiate between organisations/communities (Pradies et al., 2021; Bartel, 2001).
- The central tenet of this paper is to argue that we can conceptualise the MSI ladies discussed here, as such supporting actors, able to *navigate these paradoxical poles* and *reshape their social contexts* through their social-symbolic understanding and multiple identities.
  - However, we must not forget the mother ladies & community actors/relays who provide support & contacts. Is it these individuals who are the real boundary 'spanners'?
- So MSI ladies are changing *cultural/normative/regulative* practices to enhance collective power in ways that empower the disadvantaged & drive social action (Heiscale, 2007; Mulgan, 2019; Weber, 1947).
  - So MSI ladies are the *social innovators* that enable positive impact/change.

- We adopted a ***case-study approach***, with the MSI Ladies as our case of focus, that enables:
  - Understand the ***dynamics*** within specific settings (Eisenhardt 1989).
  - In-depth analysis of the ***specific context*** of focus (Tracy 2020).
- ***16 semi-structured interviews with 15 interviewees***: about 45 min/each, in English/French/Vietnamese gathered from June 2021 onwards.
  - Interviews held with general programme managers (N = 3), South-east Asia programme manager (N = 1), in-country programme managers (N = 8), provincial program manager (N = 1), quality assurance program manager (N = 1), & MSI lady (N = 1).
  - Also, analysis of MSI official documents, policies and procedures.
- We have ***future approved observations*** in Burkina Faso and Senegal and will also be seeking to interview more MSI ladies themselves.
- Interviews analysed utilising Gioia et al. (2012)'s data structure, with ***1<sup>st</sup> order concepts, 2<sup>nd</sup> order themes*** and finally ***aggregate dimensions***.



# Data Structure



## ***Institutional Barriers***

“In some African countries, many poor people live in scattered high mountain areas. The arm of the State is generally not long enough to reach there. People will have many difficulties in accessing health services in general.”

“MSI ladies provide some reproductive services which are not authorized in our country, so they have to do it in secret.”

”...in Africa at the age of 14, 15, women give birth, so they cannot go to school. And when they can't go to school, they will not have a bright future. When people like this [MS ladies] approach them to provide advice and services, it helps to keep them from giving birth too soon. And they can go to school.”

## ***Social Innovators***

“An MSI lady who has an entrepreneurial mindset who really wants to work in her community and improve her businesses.”

“It’s very similar I think to the franchising model. I think the main difference is that you franchise the clinic which may have more than one provider in it. Whereas it’s very much like service providers who are not necessarily expected to stay in that clinic. It’s a ‘community-based model’.”

“The main aims are to advance women economics empowerment, by increasing the clinical capacities, business skills and financial independence of the MSI ladies. And also, increasing awareness and access to sexual and reproductive health services.”

## ***Boundary Spanners***

“She can do this mission herself [...] But it’s a way to integrate all people of the community. It means that not only one person who has to do all [...]. There is a team there and she can integrate all people to work more efficiently.”

“Community actors will approach people to raise awareness on numerous subjects [...] But when they become “mother ladies” they will only focus on FP issues. [...] They don’t just work for MSI. During the time they have to accompany MSI ladies, they only raise awareness on FP. But when they are free, the days when they don’t work with MSI ladies, they can continue to work as community actors.”

## ***Social Symbolic Work***

“Each time, we think carefully before sending an MSI lady to a zone. Because there will be only one person, and a woman, she could be vulnerable. We try to put our ladies in a zone where they are as safe as possible, where they don’t need to run because of risks, being attacked or refused, etc.”

“We work not just for us, but for the public and the State. Accompanying them. And one day when we are not here anymore, the State can continue our work due to the training we provided on FP.”

“Our MSI ladies, on bikes, they go to the villages where there is no [reproductive healthcare] to provide these services.”

- The research is ongoing and the data analysis presented here is **early-stage**. More data and observations are required.
- MSI ladies seem to act as social innovators, bridging gaps between organisations like MSI and the communities they seek to support.
  - They act as the **boundary spanners** between MSI resources and community needs, as well as **overcoming institutional barriers** across society (Pradies et al., 2021; Bartel, 2001).
- However, they are supported within this by **community actors/relays/mother ladies**, who spread the word about the MSI ladies work and enable access to hard-to-reach areas.
  - It is arguably these individuals who are the real boundary spanners & innovators!
- MSI ladies operate at the **nexus of structure and agency**, to create social-symbolic objects that create or inspire change (Lawrence and Phillips, 2019).
  - **Empowering women** to access reproductive healthcare products/services.

# References

1. Bartel, C. A. (2001). Social comparisons in boundary-spanning work: Effects of community outreach on members' organizational identity and identification. *Administrative Science Quarterly*, 46(3), pp. 379–413.
2. Heiscala, R. (2007). “Social innovations: structural and power perspectives”. In: Hamalainen, T.J. & Heiscala, R. (Eds.), *Social Innovations, Institutional Change and Economic Performance*, Edward Elgar, Cheltenham, pp. 52-79
3. Huq, J.-L., Reay, T., & Chreim, S. (2017). Protecting the paradox of interprofessional collaboration, *Organization Studies*, 38, pp. 513–538.
4. Lawrence, TB & Phillips, N. (2019) *Constructing Organizational Life: How Social-Symbolic Work Shapes Selves, Organizations, and Institutions*, Oxford, Oxford Academic.
5. Mulgan, G. (2019). *Social innovation: How societies find the power to change*. Policy Press, Bristol: UK.
6. Pradies C, Tunarosa A, Lewis MW, Courtois J. (2021) From Vicious to Virtuous Paradox Dynamics: The Social-symbolic Work of Supporting Actors. *Organization Studies*, 42(8), pp. 1241-1263.
7. Sundaramurthy, C & Lewis M (2003) Control and collaboration: Paradoxes of governance. *Academy of Management Review*, 28, pp. 397–415.
8. Weber, M. (1947). *The theory of social and economic organisation*, Oxford University Press, New York
9. Williams T, Edwards M, Angus-Leppan T, Benn S. (2021) Making sense of sustainability work: A narrative approach. *Australian Journal of Management*, 46(4), pp. 740-760.