

**Cambridge Centre for Social Innovation**

Research Report Summary

# MANAGING CROSS-SECTOR PARTNERSHIPS IN UNFAMILIAR CONTEXTS: A CASE STUDY OF ANGKOR HOSPITAL FOR CHILDREN

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MSt Social Innovation, 2020

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## Key findings

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Cross-sector partnerships are difficult to form and sustain because of conflicting norms, structures and beliefs on the part of diverse actors. This problem is particularly acute in low and middle-income countries, where tractable social problems exist, and those making efforts to solve them often enter unfamiliar contexts and institutional fields.

To overcome barriers to forming and sustaining cross-sector partnerships, social innovators operating in unfamiliar contexts must leave their own ideals behind, uncover norms and structures not immediately apparent, connect with key actors on their terms and be prepared to make compromises and iterative steps towards the end social goal.

## Background

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Globally, 2.5 million children died before their 28th day of life in 2017, accounting for 40 per cent of all under-five deaths. The World Health Organisation estimates that 80 per cent of these deaths were preventable. Much store has been placed in cross-sector partnerships to bring together the authority and structures of state, the resources of the private sector, and the legitimacy of the civil sector, to tackle such issues. However, forming and sustaining socially motivated cross sectoral partnerships has proven challenging, and the processes of collaborative work are not well understood.

In 2018, Angkor Hospital for Children ("AHC"), a non-profit healthcare organisation in Cambodia, was setting up its first participative collaboration with government. The partnership was targeted at reducing neonatal mortality in one of Cambodia's poorest rural provinces, principally through education, support and mentorship for government healthcare workers.

As of January 2020, it is too early to be sure if the intervention has achieved its goal of a one-third reduction in neonatal mortality in the province. The result of the randomised control trial is expected during 2024. However, now in its third year, the partnership has long since celebrated the first life saved as a result of the training, and the scheme is being considered for replication across Cambodia.

This case study sought to understand how managers of the hospital overcame the complexity of this cross-sector partnership. The research answers a call from institutional scholars (Vurro and Dacin, 2014) for studies which explore complexity in collaborative work. Many factors creating complexity could be observed in this partnership: conflicting ideals, norms and structures of actors from diverse geographical, cultural, socio economic and sectoral boundaries, making it an ideal context to observe collaboration.

The study was completed across a period of eight months by a member of the executive team of AHC.



Figure 1. Government healthcare workers training in neonatal resuscitation. Image courtesy of Angkor Hospital for Children.

## Emerging themes

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The formation and operation of AHC's partnership with government relied on a diverse set of actors comprising their differing ideals, in pursuit of a clear social goal: reducing neonatal mortality. A paediatric researcher from the United Kingdom provided the leadership and design; philanthropic asset managers from Hong Kong provided the funds; a Cambodian program director communicated across sectors; government officials gave their support; whilst doctors, nurses and healthcare workers from across Cambodia taught, listened and learned. The diverse institutional logics created significant complexity in the partnership.

The remote philanthropists providing the funds had limited comprehension of the problem they sought to address, meaning initial prescriptions for action had to be mediated by those more familiar with the field in order to align to community needs. The development sector professionals had strong ideals in terms of sustainability in program design where the state provided resources for core aspects of the program, which clashed against the short-term immediate lack of resources in the community and state sector. The state had a strong and valid need for alignment and consistency in the application of national policy, which threatened to derail innovation. Three phases were present in managers' efforts to overcome the complexity of this partnership.

### 1. Uncover hidden obstacles

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First, managers systematically sought to uncover structures and norms of the state field unfamiliar to them which were not immediately apparent. They built a clear understanding of who sets the rules, and

who held resources in public sector surrounding the issue of neonatal healthcare in Cambodia. Cambodia's national healthcare strategy was examined to understand existing state priorities and how the program could complement these. The Chief Executive Officer of AHC completed and published a qualitative study of perceptions and beliefs in the community surrounding the issue of neonatal mortality in Cambodia.

Following interactions with collaborators where conflicts had arisen, or requests had been denied, managers reflected upon these to identify obstacles which were present but were not made explicit during the interaction. This was particularly useful to due to cultural norms in the context which tended towards an avoidance of direct disagreement to avoid counterparties from suffering embarrassment or a loss of status.

These steps enabled the program managers to appreciate the structures and norms surrounding their problem, in this context.

## 2. Build cross-field support

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Managers connected with key actors in the public sector by engaging on their terms. In approaching key actors in the Cambodian context, it was important to demonstrate respect for status. Emphasis was placed on signalling respect for position within the state and social hierarchy. Avoidance of communication which would cause a peer or superior to lose credit or face was also important. Managers modified this approach when they engaged international actors, instead emphasising credentials, transparency and clear goals.

To overcome conflicts and spur the progress of the collaboration, managers unrelentingly identified and articulated the common ideals that actors shared. This included a universal aim to save babies' lives, a shared mutual respect and pride in the healthcare profession, and a desire to see Cambodia as a strong and self-reliant state. These shared ideals were focused upon to the exclusion of areas where less agreement existed; where the program appeared to deviate from national policy, or where actors couldn't agree who had to pay for program aspects. Ultimately the focus on shared ideals overcame clashing ideals between the state, development professionals, philanthropists and the community, even if only temporarily, in order to pursue the common goal.

## 3. Sustaining the pace

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Third managers pursued a slow but steady pace of change, together with state actors, towards their goal. The conflict regarding how much resources would be provided by AHC was renegotiated and settled at multiple lengthening intervals. Gestures of sacrifice and devotion to collaborative partners overcame disagreements. Whilst managers were sustained by early tangible results.



Figure 2. Managing complexity in cross-sector partnerships requires navigating hidden obstacles

## Implications and future research

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This research highlights the need to pay close attention to normative rules and beliefs, when approaching cross sector work in unfamiliar settings. This supports other institutional scholars, such as Vurro and Dacin (2014), who argue that this is necessary, for social innovators to avoid doing more harm than good.

For those seeking to leverage state structures and resources in unfamiliar contexts, the study provides a model of managing complexity which can be adapted to other settings. In particular, the case suggested the following prescriptions for action:

- Leave behind pre-conceptions and turn your attention to the structures, norms and values of the setting you are in, many of which will not be immediately apparent.
- Identify how your intervention supports government priorities, and articulate this using collaborator's terminology.
- Engage key actors on their terms, taking account of cultural norms.
- Identify, articulate and amplify the things you have in common with collaborators, spend less time on those you do not.
- Be ready to bend, break, trade off or compromise ideals in pursuit of the common social goal.

Many collaboration scholars have advocated a more directive approach in low and middle-income countries, and future research may compare whether these contrasting approaches have differing effects on the formation and design of the collaborative work. Future scholars may also address the question of

how the model of managing complexity generated in this case varies across national contexts, the social issues being addressed and the sectoral membership of the lead collaborative organisation.

## References

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## About the project

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This research is based on the analysis of qualitative interviews and participant observations conducted between September 2017 and June 2019. It was carried out with the support of the Cambridge Centre for Social Innovation, Angkor Hospital for Children, the Preah Vihear Provincial Health Department, the Ministry of Health and the National Ethics Committee for Health Research of the Royal Government of Cambodia.

This research is carried out by the Cambridge Centre for Social Innovation. It was designed and conducted by graduates of the MSt Social Innovation, with the support of faculty and fellows of the programme. The Centre is committed to ensuring wide access to our research findings. We welcome your feedback and ongoing support. The views of the authors do not represent those of their employers or the School. If you wish to discuss this research or access the full report, please contact the Centre at: [socialinnovation@jbs.cam.ac.uk](mailto:socialinnovation@jbs.cam.ac.uk).

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