

## **The conception of healthcare partnerships in Balochistan**

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### **Abstract**

*This study is about the conception of healthcare partnerships in Balochistan. Nutrition Cell Balochistan is working in partnership with United Nations International Children's Emergency Fund (UNICEF) and World Food Programme (WFP) to overcome malnutrition in Balochistan. The partnership is unsuccessful in delivering the desired outcome, as the literature suggest conceptualisation of partnership also effect the efficiency of a partnership. The research identifies the need for this partnership and explains the concept of partnership in context of Balochistan. The study uses a case study research method. As the study is about the lived experiences of people about the concept of partnership in Balochistan, so conducting interviews can give us thick description about the conception of the process. To further analyse the process observation technique was used. The findings of research indicate that the primary motive for formation of this partnership is the deficiency of money and practical services to address malnutrition. Political and social power relations influence this partnership. Due to these power relations, the partnership lacks mutuality, accountability, transparency and monitoring. There is limited mutual support and partners do not enjoy equal ownership.*

**Keywords:** *Healthcare Partnerships, Social Partnerships, Partnership, Trust, Power*

## **Introduction**

Nutrition Cell Balochistan (NCB) is working with the aim of refining the health of public, with a focus on nutrition of people in Balochistan. It was created in partnership with the United Nations International Children's Emergency Fund (UNICEF) and World Food Programme (WFP).

In a bid to overcome malnutrition, a partnership was thus formed in 2008 among NCB, WFP, UNICEF and WHO. As part of the project, UNICEF is the leading stakeholder linked to the capacity building of the employees of the Balochistan Health Department. WFP ensures the provision of nutritious food, such as formula chocolate, fortified wheat, cooking oil and biscuits to NCB. The World Health Organisation (WHO) helps in Infant and Young Child Feeding (IYCF): children of less than five years of age and their mothers are treated at a hospital for chronic malnutrition. However, after this partnership, malnutrition is increasing in the country (PMRC, 2012) and the partnership is unsuccessful in delivering the desired outcome. Social partnerships can be conceptualised as a tool to meet organisational requirements, to address a particular social issue as in this case malnutrition (Kolk and Lenfant, 2015). As the literature suggest conceptualisation of partnership also effect the efficiency of a partnership (Stubbs & Szoek, 2022). Hence as suggested by Selsky and Parker (2005), this calls for understanding the process and conception of partnership in context of Balochistan.

### **Significance of the study**

The aim of this study is to explore how healthcare partnerships are conceptualised in Balochistan. The study will explain why such partnerships are created on first place. Secondly, it will identify how such partnerships are conceptualised differently, this can help the health manager to manage partnerships more effectively.

### **Objectives of the study**

Contemplating on this a study was conducted at nutrition cell Balochistan to ascertain how the partnerships are conceptualised differently in Balochistan. This research has the following two research objectives:

RO1: To identify the need for pre-condition of partnership in Balochistan

RO2: To explain the concept of partnership in Balochistan

## **Literature Review**

The partnership between these organisations is a healthcare partnership and we need to understand the preamble of such partnerships. This study investigates a healthcare setting regarding a social issue, so it is wise to examine the idea concerning these settings. This section will discuss two kinds of partnerships: healthcare partnerships and social partnerships. These two types of partnerships can be closely related to the kind of partnership that the Health Department of Balochistan is carrying out. The section begins with the discussion of healthcare partnerships followed by social partnerships, further including an explanation of the benefits and challenges of creating a partnership.

### **Healthcare partnerships**

The literature on partnerships in healthcare and nursing care uses the term ‘complex’ to explain the process (Stubbs & Szoeki, 2022). Health professionals utilise this term to portray how difficult the process of a partnership is for them. They find it hard to explain the process and confuse it with terms such as collaboration (Stubbs & Szoeki, 2022). Brady (2013) explains that such terms as collaboration and inter-agency working are interchangeably used in literature making it difficult to explain them accurately.

It is somewhat difficult to describe the notion of a healthcare partnership as many features are involved in it. Dowling *et al.* (2004) think it is also hard to compare it with other working arrangements because of its complex nature. Brady (2013) claims that there is a lack of literature on partnerships in the health domain, so most of the evidence tends to be anecdotal. Moro *et al.*, (2022) further argue that another reason for its complexity is that instead of this being a one-time start-finish procedure, partnerships are incremental procedure prone to deterioration or progression with time, but it is considered otherwise.

### **Social partnerships**

Sometimes a health issue becomes so alarming that it is a concern for the whole society (Tadros *et al.*, 2022). In such situations, the responsibility shifts to the society to create a social partnership (MacDonald, Clarke & Huang, 2022). In Balochistan malnutrition is an issue that created a social partnership. Selsky and Parker (2005) claim social partnerships are created based on three ideas: social issue, resource dependence and societal sector. Here, the central discussion is that parties have deficiencies in vital capabilities, which they cannot develop at their own as their

environments are undefined, so partnerships are created (Chen, Zhang & Liu, 2022). Social partnerships can be conceptualised as a tool to meet organisational requirements, to address a particular social issue (Kolk and Lenfant, 2015).

Selsky and Parker (2005) advocate the view that due to environmental turbulences; differently kinds of partnerships are evolving between private and public sectors. These innovations in partnerships gave birth to a third notion of social partnership, the societal sector notion. This idea argues that certain challenges cannot be addressed by traditional sectors and therefore learning must be borrowed from other sectors. ‘Two logics are at work here: A substitution logic is that each sector has its own “natural” roles and functions in society, but one sector can substitute for another if the natural sector fails to provide the expected product. In contrast, a partnership logic is that the sectors are naturally inclined to partner with each to address emergent societal issues’ (Selsky & Parker, 2005).

Here it can be concluded that social partnerships are formed under three conditions: first when an organisation lacks resources, second when a social issue or problem cannot be tackled by a single organisation, and finally, when an issue cannot be addressed by a traditional sector (Stubbs & Szoeki, 2022). The main difference between these three forms of partnerships is the role played by the partners (Tadros *et al.*, 2022). In a resource dependence partnership, a partner only provides resources to other partners (Chen, Zhang & Liu, 2022). In a social issue partnership, the partner is also a stakeholder in the process. In a societal sector partnership, the partner becomes an active partner in the process and performs certain roles and duties that were previously carried out by the traditional sector (Chen, Zhang & Liu, 2022).

### **Challenges of partnerships**

Charlesworth (2003) asserts that partnerships face many challenges such as absence of roles, purpose and precision for responsibility. He maintains that the accountability of partners is one of the challenges faced by a healthcare partnership. Brady (2013) claims some work has been done on this aspect of partnership, but the issue of power is still under-theorised. Dowling *et al.* (2004) argue that besides that, there is a lack of shared identity among partners and a partnership cannot be successful until a shared identity is created through a common goal. However, it is difficult to dissolve the professional identity among partners as they compete for inadequate capitals and

funding (Brady, 2013). A healthcare partnership is created between diverse parties having dissimilar cultures and this misunderstanding of culture can create conflict about professional identities (Dowling *et al.*, 2004).

Further conflict and barriers can arise due to different training and philosophical approaches among the professionals involved (Brady, 2013). Addressing issues such as contrasting values and beliefs, attitudes and customs of professionals before entering into a partnership can avoid conceptual challenges (Hall, 2005). Due to lack of time, it is hard to build trust, but managers can work to reduce mistrust by sharing valuable and pertinent information to reduce speculation (Brady, 2013).

This discussion on the current literature highlights the following gaps. There is hardly any mention about the prerequisites of partnerships: such as what can be the pre-conditions for creation of any healthcare partnership. Furthermore, the issues of trust, power and role conflicts are some of the challenges that are not discussed in the literature (Leal Filho *et al.*, 2022). The challenges explored in the literature of partnership are mostly related to issues within the organisation such as professional conflict or resources but nothing about the necessary conditions that lead to a partnership (Leal Filho *et al.*, 2022). Apart from this health scholars have ignored the context in which such partnerships operate and there is no discussion related to issues faced by target audiences.

This study will address these gaps through a qualitative research. First the research will highlight the what are the prerequisites for creations of partnerships in Balochistan and it will further explain how the concept of partnership is conceptualised differently.

## **Research Methodology**

This research uses a case study research method.

### **Case study research**

Contemplating from Creswell (2013) the case study approach is an appropriate approach for this research as it involves studying of a real-life phenomenon. This case study is a qualitative approach that explores a real-life case of partnership creation in Balochistan with the help of in-depth data collection involving a variety of information sources such as; interviews and observation. Baxter and Jack (2008) claim that a case study is a valuable method to evaluate health campaigns.

Flyvbjerg (2006) further indicates that it is very useful to explore a complex issue such as partnership formation. This method allows the researcher to study the relationships between partners and people to deconstruct the process of partnership formation. As highlighted by Baxter and Jack (2008) this research “recognises the importance of the subjective human creation of the meaning, but doesn’t reject outright some notion of objectivity”. The case cannot be considered without the context, as it is these settings that influence the process of partnership conception. Drawing from considerations of (Baxter and Jack, 2008) the focus of study is to answer "how" and "what" of healthcare partnership creation in Balochistan. The purpose of this case study research is to understand the need for partnership creation and its conception in context of Balochistan (Woodside and Wilson, 2003).

### **Reliability and Validity for case study research**

Compare to other qualitative research methods case study method is perceived more subjective for the fact that the investigators have close and direct contact with their subjects under observation (Riege, 2003). For this reason, this study has ensured validity at three levels; construct validity, internal validity and external validity. For construct validity the study has used multiple data collection tools and triangulation of data (Quintao, Andrade & Almeida, 2020). Internal validity is established with help of credible fact that are collected from experts in the field that are triangulated with theory (Quintao, Andrade & Almeida, 2020). For external validity the findings are linked with the broader theory of partnership (Quintao, Andrade & Almeida, 2020). The challenging part for this study was ensuring reliability. For this purpose, it was critical to minimise the researcher biases by focusing more on the processes and less on subjectivity (Riege, 2003).

### **Sampling**

Sampling for this research is considered at two levels. First, selecting the case study from the various campaigns being run in Balochistan. Second, selecting the participants for the selected case study. There are three considerations for sampling: Whom to select for study: the particular type of sampling strategy and the size of the sample (Creswell, 2012).

- *Who to choose for study:* The big net approach, suggests that initially, the researcher should mingle with everyone and then select numbers based on their judgement (Fetterman, 2010). Miles and Huberman (1994) call this opportunistic sampling that establishes a criterion for selecting an individual after interaction on the site. The selection

criteria for this research will be a person working or has worked in the nutrition campaign or is involved in the process of planning, decision-making and implementation that may provide rich data. Rich data can be experiences about the campaign and documents related to it.

- *Sampling strategy:* This strategy can change during the research, but the researcher has to plan it well and be flexible about it (Creswell, 2012). Marshall and Rossman (2010) provide four aspects of sampling: events, setting, actors, and artefacts. Actors can be the people who are a part of planning, decision-making and implementation in the campaign. The setting can be the premises of DG Health Office. Events can be meetings, training and field trips. With the present knowledge about the nutrition campaign, the use of artefacts is not possible, but it can change as suggested by Creswell (2012). The researcher can rely on non-probability sampling strategies such as purposeful, snowball and self-selection sampling (Creswell, 2012). Snowball sampling will be used to select individuals who are information rich; employees of NCB can identify experts related to the research. Expert means a person who is working or has worked in the nutrition campaign or is involved in the process of planning and decision-making and implementation.
- *Sample size:* A general guideline in qualitative research is to select a few individuals or sites but collect extensive detail (Creswell, 2012). Following the suggestion of Wolcott (1999) that over one case may dilute the level of detail, the researcher has selected one case only. Within the case study, the number of participants will be determined during the data collection phase. The size will mainly depend on the accessibility to participants other than the employees of the Nutrition Cell Balochistan. At this point, all the eight members of the cell are the sample size.

### **Data sources**

In order to improve the credibility of the data in qualitative research, a range of data sources is used (Woodside, 2010). This enquiry is focused on the concepts of partnership formation and its conception in Balochistan. Exploring them required a variety of methodological tools. The study employed a mix of methods such as interviews and observation to obtain data but the focus was on how factors could influence people differently while living in the same context. The aim is to use in-depth interviews and observations to analyse the process of partnership in Balochistan.

### **Data collection methods**

As the study is about the lived experiences of people about the concept of partnership in Balochistan, so conducting interviews can give us thick description about the conception of the process (Turner III & Hagstrom-Schmidt, 2022). As discussed earlier to ensure validity and reliability in this qualitative research more than one method of data collection was used. To analyse any social setting in a better way observation technique is always very helpful for triangulation of data (Lofland *et al.*, 2022). Keeping in view these observation interviews and observation were used as data collection tools for understanding how the process of partnership is conceptualised in Balochistan.

### **Discussion and Analysis**

RO1 aimed to highlight the need for the creation of the partnership under investigation. RO2 highlighted the characteristics of this partnership.

#### **RO1: To identify the need for pre-condition of partnership in Balochistan**

The initial concern of this research was to know the need for the pre-condition of the partnership between NCB and IDAs. NCB is in partnership with WFP and UNICEF. The provincial head of the World Food Programme is an Australian lady, and she was working at this position, 9 months before the interviews were conducted. It took the researcher almost three months to arrange an interview with her (read observation exhibit six for the arrangement of the interview):

**W1:** This [partnership] had occurred earlier so I can't say much about it, however, as a UN organisation we also do partnerships after the government ask us for it, our aim is to enable any change in the health project.

During her interview, she was very cautious while responding to the questions. Her emphasis was mostly on the fact that WFP was here to help the government at their request. She had to emphasise that they were working closely with the government of Balochistan. However, she didn't give any example of their close working relationship. In order to avoid any discussion about the creation of this partnership, she repeatedly stated the fact that she was newly appointed at this position. During her interview, she didn't answer many questions because it happened before she joined. However,



she enforced the fact that WFP was here on the invitation of the government. The head of NCB supported her claim:

**NI:** I went to them [IDAs] and asked for their help. I visited their offices and requested them that they should provide funding through NCB. I told them that we don't have any money, so it is not possible for us to run the nutrition campaign.

He indicated that his cell was unable to tackle the issue of malnutrition due to financial constraints. The cell is in operation since 1994, but the government had never allocated any budget for it. After the floods of 2010 in Pakistan, IDAs decided to work with the cell to provide relief to the affected areas. From 2010, the cell started operating in partnership with UNICEF. The role of UNICEF was to build the capacity and skills of the employees of the Health Department through training enabling them to address the challenges of malnutrition. The main reason for the creation of this partnership was lack of money. However, UNICEF, the lead agency in the partnership thinks the shortage of money was not the only factor for the creation of this partnership.

**UI:** When the government attempts to tackle social issues, they are tested with the problematic issue of inadequate resources, when I say resources; it does not mean only money. It means time, capacity, and technical skills [...] this partnership was created due to our global agreement.

This response resonates with the theory of partnership creation. When partners have limited resources, they create a partnership to overcome their shortcomings, in a manner that would benefit all the parties (Kolk and Lenfant, 2015; Selsky and Parker, 2005). He was insightful to mention that a resource does not only mean money. From the responses of WFP and UNICEF, it can be inferred that UNICEF was more confident to share knowledge of the partnership. There can be two reasons: first, being the lead agency, he was surer and reflected his power. Secondly, maybe the head of WFP was not open to the researcher as they don't share the same ethnicity and culture. However, their responses indicate that the Government of Balochistan lacked critical competencies to run this social marketing campaign hence; a partnership was created for its success. These responses suggest that the partnership was created on the demand of the

Government of Balochistan. This partnership might be formed at the will of the Government of Balochistan, but they are not the main driver.

**P1:** The federal government with the collaboration of donors run such (nutrition campaign) campaigns, the donors and the federal government have signed an MOU, and these campaigns have been created after that. However, after the 18<sup>th</sup> amendment to the constitution in 2009, health is no longer a subject of the federal government, so technically all the campaigns are defunct.

The officer at the Planning and Development Department Balochistan responsible for the monitoring of the Health Department partnerships claims the donors, and federal government drive these partnerships. He was the only person to mention the fact that these partnerships are void after the constitutional amendment in 2009. Since the creation of Pakistan, the provinces are demanding more autonomy from the federal government. In 2009, the federal government through a constitutional amendment gave the provinces more power, but until now, the federal government is running these partnerships. He was confident to share information with the researcher, as he is his relative, and they share the same *biradari* (kinship group). In Pakistani culture, it is the duty of relatives to support and help one another. There is an unwritten agreement that relatives will not break the trust.

These responses imply that, workers of IDAs desired to make an impress as they want to support NCB. Though, the party reflect they don't.

**N3:** I think that the UN agencies cannot work in isolation; they are stranded, so they have to work with the government. Due to security reasons, their mobility is restricted. The overall law and order situation is not good in Balochistan, so it's better for them to work through us. Recently I visited district Awaraan without seeking any security and I could move around freely.

For the coordinator of NCB, the administration is serving the IDAs. It is more suitable for IDAs to get their work done through local partners. There is interdependence among the partners, but they fail to comprehend it. Employees of the Health Department questions, if the IDAs are here to help then they should at least be aware of their plans for this partnership:

**H2:** I don't know the aims or objectives of this partnership, and I am not sure if they can be achieved. They (partners) only send us food items that we should distribute and a certain percentage figure of patients we should treat by the end of the year.

Employees of Health Department are the main implementers of the nutrition campaign, and they lack the basic knowledge. None of the employees mentioned adopting the healthy nutrition practices as the main aim of this partnership. The only information they could share was related to the targets they had to achieve before the annual review meeting of WFP. The targets are measured on the number of food commodities distributed, and the mothers and children treated. They blamed the partners for their lack of knowledge of the partnership. However, in observation exhibit one the researcher observed during the training, that they were also not keen on learning:

*Observation Exhibit one*

Employees of the Health Department were not willing to do a group interview with the researcher until he agreed to invite them to a dinner at a posh restaurant (the dinner cost him ten thousand rupees) of their liking. They ensured that no member of NCB should be present there. When they turned up for the interview, three of them also brought their children to the dinner. They were very critical of the role of their partners during the group interview. They claimed that they were not given any information or knowledge about the campaign. However, as observed during the three-day training (that happened before the interview) that they were least interested in gaining information or knowledge about the campaign. The training was about nutrition in an emergency. How to attend a child or a mother in an emergency, such as flood or earthquake?

During the training, they were busy attending phone calls on their cell phones and leaving the training hall occasionally. There were only three trainees out of fifteen that were active during the training. Every day almost half of them would leave after the lunch without attending the final sections.

There is a high demand to conduct training for the capacity building of the local partners. However, the participants tend not to participate and learn from such trainings as reflected in the observation exhibit one. The researcher attended three meetings and during all the meetings, the local partners demanded more training from the IDAs for their staff. Such trainings are a chance for the

participants to visit the city of Quetta, enjoy free food and get cash allowance. The issue of training and performance is further discussed in the following objective.

The findings indicate that the partnership was created to provide NCB resources that they lacked. However, the aims and objectives of this partnership are not clear to all the partners. The main drivers of this partnership are the IDAs. Their targets are related to the distribution of goods and number of treatments. They are failing to impart the healthy nutrition practices, which is the main aim of this campaign. WFP targets for distribution of goods and NCB aim for healthy nutrition practices. This gap in targets surfaces issues for the campaign that create inefficiency in the process of partnership that could lead to unsuccessful outcomes.

**RO2: To explain the concept of partnership in Balochistan**

RO2 explores how a partnership is conceptualised in Balochistan. The Planning and Development Department of Balochistan is responsible for the monitoring of the governmental partnerships in Balochistan. The officer responsible for supervising the partnerships of the health department describes them as:

**P1:** I think they [partnerships] are ineffective because of; incapable management, manipulative political environment, nepotism, and the inefficiency of the people working on the projects [...] The coordinators are not aware of the campaign s, they are appointed on a political basis [...] There is no accountability, and departments don't review their partnerships nor monitor them.

He claimed that these partnerships were ineffective, as the employees working in these partnerships are not appointed on merit. When a campaign starts in a particular area, politicians put pressure on the manager to hire their people, or they would create problems for them. So, the managers of such partnerships have to hire additional staff and arrange training for them; political power relations are affecting this campaign.

The staff do not perform even after trainings, but the partners can't hold them accountable. Performance means to execute the duties and roles taught during the training. When the provincial

head of WFP was asked that after training when the staffs of the Health Department does not perform why she does not hold them accountable:

**W1:** I can ask them, I can discuss it with the nutrition cell, but I can't do a personal evaluation of the government staff. So, holding somebody accountable, as a managerial tool has to come from his or her organisation.

Due to power relations, she cannot hold them accountable and if the DG Health doesn't do it, she can't push him. There had been incidents when complaints were launched, but DG Health took no action (read observation exhibit five). WFP is fully aware of the fact that their implementing partners are not performing well, but they have no other option to distribute the food items due to social power relations:

**W2:** If I go to a community and start distribution [of food items], beneficiary will confront me that how dare I come in front of their ladies and children, so we have to ask the government to engage LHWs for this distribution. Do you know about LHWs, I mean, Lady Health Workers? They go from house to house to give polio drops and to carry out other health-related activities. They are residing in a community, and they have their health houses there [...] they are not doing a good job, but as I mentioned, we have our limitations.

The coordinator of WFP is not happy with the performance of Lady Health Workers but has no other option to deliver the commodities to the lactating mothers. The LHWs are mostly absent from their job, so, the distribution of goods is affected. They have to distribute the items on a monthly basis; however, the mothers don't get their supplies regularly. NCB have their employees in each district, but they can't deliver the items directly to mothers. In Balochistan's (Pakistan's) culture it is not acceptable for a male to interact with an unknown female. Due to such social power relations between men and women, WFP and NCB have to work through Lady Health Workers. This partnership is being affected due to social and political power relations.

Story Box 1 reports the narratives of the nutrition coordinator at UNICEF and the senior manager of NCB.

*Story Box 1. We are helpless!*

**U1:** In their capacity these helpless people (*baicharay*) do their best [...] we have discussions, and the government shows a high level of commitment, these helpless people (*baicharay*) have to operate in a system full of challenges. We try our best to help them, but we also have to meet our targets.

**N2:** We are bound to an agency; we own nothing in this [partnership]; we are helpless! We can't take any decision on our own; we are taught to do things, at the district level we are functioning this [partnership] if there is a interruption or any constraint we face the music, not UNICEF or WFP. But whatever work has been done in the past 13 years, is all because of these agencies, so we can't protest against them.

The coordinator of nutrition at UNICEF used the word “*baicharay*” for the government. This term is used for a person who is ready to do anything to gain your support and to show pity about a person. With this single word, UNICEF signifies the degree of power they think they hold. He was trying to create an impression that only they can help NCB, so they had to listen to them. The senior manager of NCB’s response resonates with the thinking of UNICEF, as he expresses how weak and helpless, they feel in this partnership. He admits to the fact that only UN agencies are helping them, so they have to do whatever is demanded without questioning. A partnership is created to strengthen a partner and share responsibility, but here a partner feels fragile and the other partner is reckoning that.

These findings indicate that partnership is conceptualised differently in Balochistan. This partnership can be theorised as the one without accountability and monitoring. Influenced by political and social power relations, the partners are competing without a shared responsibility or mutuality.

### **Conclusion and Recommendation**

The primary motive for formation of this partnership is the deficiency of money and practical services to address malnutrition. The administration was unable to get funds to, nor could they

impart the requisite knowledge or skill to fight malnourishment. NCB needed critical capabilities which it could not grow on its own, and hence, they got into a partnership (Selsky & Parker, 2005). This concludes that the Partnership was created to overcome organisational needs so that they can fight malnutrition in better ways (Selsky & Parker, 2005). The aim of this partnership is to support NCB in promoting healthy nutrition practice among the beneficiary. However, the IDAs are more concerned with distributing their food commodities than engaging the beneficiary. Their targets are related to the distribution of goods and number of treatments. They are failing to impart the healthy nutrition practices.

Political and social power relations influence this partnership. WFP is not satisfied with the performance of lady health workers; they have no other option to deliver their commodities to the mothers due to cultural norms. Apart from this, when a campaign starts in a particular area, politicians put pressure on the manager for the patronage of their kinship group, or they would not support the campaign. Due to these power relations, the partnership lacks mutuality, accountability, transparency and monitoring. There is a lack of shared identity among the partners as they consider themselves employees of NCB or WFP or the Health Department rather than partners in the nutrition campaign. The partners are competing within the partnership. There is limited mutual support and partners do not enjoy equal ownership. Ideally, in a partnership, each partner should enjoy equal rights and shared responsibility. They would correspondingly help one another to accomplish the collective goals of the partnership. In this campaign, such characteristics of a partnership are limited. The IDAs are driving the partnership and promoting their targets.

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