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Competing Logics in an ICT4D Partnership: Case Evidence from Indonesia

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Abstract: The importance of partnerships is established in the ICT4D academic and practitioner literature as a success factor contributing towards achievement of development outcomes. However, it is also recognised that the failure of partnerships is a common occurrence and there is limited knowledge about the reasons for these failures. International development projects often include partnerships between international organizations and public sector implementers and little is understood about how and why such partnerships may succeed or flounder. This paper aims to improve our understanding of ICT4D project failure by exploring the interplay of logics within an international organization-local public sector partnership. The empirical basis is a longitudinal case study of a health-related ICT4D project in Indonesia. Three vignettes are presented, highlighting the dynamics between local public sector logic and international organization logic. The results show that the “accountability logic” of the international organization (WHO) conflicted with the “hierarchical” public sector logic of the ministry. The paper contributes work in progress towards an improved understanding of partnership failures in ICT4D.

Keywords: ICT4D partnership, institutional logics, public sector, international organization

1. Introduction

Information and communication technology for development (ICT4D) projects often feature an international partnership consisting of international organization partners and local implementers, often from the public sector. Within the health sector, such international-national collaboration, known as North-South global health partnerships (GHP) has become a dominant mechanism for reaching the Sustainable Development Goals (SDGs)[1]. Such mechanisms are incentivized by funding practices of global health actors, including private, public, and philanthropic institutions[2]. Naturally, the rise of GHP as dominant over the last couple of decades has spurred some critique, albeit the focus tends to center on success stories[1]. Already in 2007 it was pointed out that this global aid architecture in health was increasing complexity[3].

Prior work has shown that partnership involving different types of organizations is prone to competing logics [4,5]. Research has investigated competing logics within partnerships such as public private partnership [5], government-professional partnership [6-8]. Tensions and conflicts, disappointments and misunderstandings are almost inherent to most ICT4D PPPs (public-private partnerships)[9].

This paper addresses Ismail, et al. [5] call to investigate patterns of logics in ICT4D partnerships. Although the most common form of partnerships in the ICT4D projects involves international organization partners and local public sector implementers to date there is no in-depth case research that has examined this form of partnership. We investigate a GHP project in Indonesia involving a global agency, the nation’s ministry of health, and both local and foreign universities. To improve our understanding on this issue, this paper follows Reay and Hinings’[6] approach to logics to examine an international development partnership in Indonesia examining how logics can compete to the detriment of the partnership. This research in progress aims to answer the following research question:

- How do different institutional logics in ICT-enabled global health partnerships manifest themselves to the detriment of partnership?

The paper is organized as follows: In the next section we outline relevant research and the conceptual framework. We then proceed to the methods section followed by a case description. This paper presents early findings and analysis of the research through 3 vignettes to illustrate the types of interactions of the logics and how they affected the partnership. Finally we conclude and offer some future actions in this research in progress.

2. Conceptual Frame : Competing Institutional Logics

Institutional logics are “the belief systems and related practices that predominate in an organizational field” [6], although the use and manifestation of institutional logics are not limited to the organizational field but also present themselves at the societal or organizational level. Institutional logics consist of symbolic (ideas, values, discourses) and material elements (organization, tech, work process) [10]. In ICT4D partnerships, this can translate as: “goals and motivations, culture, and working practices” [5]. Table 1 outlines a preliminary review of some prior papers that are relevant to this inquiry in GHPs, HIS, and ICT4D.

Table 1. Key literature focus and gap

Authors and year	Main findings and gaps
World Health Organization Maximizing Positive Synergies Collaborative Group (2009). [11]	The failures in GHPs have been debated to be a result or to be a consequence of the already fragile health systems in the countries.
Reay & Hinings (2009) [6]	This paper examines how competing logics between medical professionals and government can be managed to achieve an institutional change.
Sahay, S., Sæbø, J. I., Mekonnen, S. M., & Gizaw, A. A. (2010)[12]	The deep rooted logic from the historically embedded system that clashes with the proposed HIS logic hinders the HIS implementation in Tajikistan.
Mizrachi, Y., & Ben-Attar, D. (2011) [9]	This paper is one among the earliest investigations on PPP in ICT4D, highlighting its challenges and opportunities, as well as the inherence of conflicts within this partnership.
Dodson, Sterling, & Bennett (2012) [13]	This paper reviews ICT4D research and demonstrates how ICT4D potentially contributed to unsatisfactory development results. The paper calls for assessment to other development initiatives
Sanner, T. A., & Sæbø, J. I. (2014)[14]	This paper highlights how two seemingly incongruent logics from the different actors in a GHP reinforce each other to reach the project goals.
Skelcher & Smith (2015) [15]	This paper introduces the categorization of organizational hybrids consisting of a public sector and a nonprofit using institutional logic.
Stratton, C., Sholler, D., Bailey, D., Leonardi, P., & Rodríguez-Lluesma, C. (2016) [16]	Design-reality gap is presented through a study in South America where competing professional logics between the education and technology sectors hinder the participatory approach within the ICT4D project.
Sligo, Gauld, Roberts, Villa (2017) [17]	Evaluating a large-scale HIS is a challenge and the quality of these evaluations varied. These evaluations show that the success of HIS implementation highly depends on the structural, contextual, and organizational factors.
Ismail, Heeks, Nicholson, & Aman (2018). [5]	This paper analyzes interaction within a public private partnership in Malaysia as an example of common public private partnership in ICT4D setting. The lens of institutional logic is used to analyze how public and private logics interplay.
Burton-Jones, Akhlaghpour, Ayre, Barde, Staib, & Sullivan, (2020) [18]	Addressing Sligo, et al. [n], Burton-Jones, et al.[n] introduces the use of institutional theory for evaluation research of digital transformation in healthcare and how it can provide a language to articulate and make sense of the complex nature of HIS.
Plamondon, K. M., Brisbois, B., Dubent, L., & Larson, C. P. (2021) [1]	GHPs that are predominantly in the form of north-south partnership are portrayed as beneficial to the south counterparts without critically reflecting on the power imbalance. Due to the methods used in this paper, it failed to understand the depth of the actual dynamic in the field.
Ramadani, L., Breidbach, C. F., & Kurnia, S. (2022). [19]	Using Indonesia as a backdrop, this paper observes ICT4D as a multi-level social process where top-down policies are translated from micro to macro level, therefore creating outcome bottom-up. This paper addresses the vertical relationship more than horizontal relationship in the central level.

ICT4D partnerships as well as GHPs are often composed of organizations from different domains such as public, private, non-government, or professional domains [1,9,11,15,16]. This combination of diverse organizational backgrounds is often problematic and institutional logics have been used to examine the dynamics in such partnerships from the perspectives of each group of actors [5,6,12,14,16]. Institutional logics offers a way to explain actors imposing practices from logics that are carried from their field to another [20].

Ismail, et al. (*ibid.*) demonstrated how the clash between a dominant private logic towards a public logic, Sah, Skel, Stra. These logics turned out to hinder the achievement of the development and partnership goals.

Reay and Hinings [6] also present classic conflicting logics between a medical professional association and the government. Boonstra, et al. [7] use the same lens to analyze three rivaling logics in a hospital. Although the study does not represent an ICT4D partnership setting, this paper showed a typical professional mix in ICT4D in the health sector, the management, medical and IT professionalism. Each of the individuals in the study presented at least an additional logic that is different from their domain. For instance, a manager might exhibit a medical and/or IT professionalism logic in addition to their managerial logic.

3. Methods and empirical setting

Following Walsham [21,22] this paper is an interpretive longitudinal qualitative case study of an ICT4D project in the public health sector in Indonesia. The method allows the author to understand the complex phenomenon being examined in its natural setting [16,23]. The first author joined the project in August 2017 as a member of the core implementation team, attached first to the local and later the foreign university taking part in the project. Data was obtained through participant observation and interviews, both remotely and in-person. The project involved a range of activities such as attending meetings, training sessions, field visits, coworking and social activities.

The first author was actively involved in most of the core team activities, including remote meetings and field visits. Other members of the team were aware that the project was a part of a research project and the team members of both UGM and UiO were actively collecting data while participating. The participant observation included but not limited to the following: observations of conversations, behaviors, actions, decisions, and reactions of different actors, interactions, and documents. After each visit, the first author compiled field notes and discussed the emerging findings with fellow members from WHO, UGM and UiO in unstructured and unrecorded conversation to clarify the observations.

These conversations spanned from a few minutes to hours of conversations during for instance a shared plane ride or during dinner. These first-hand experiences were the main means to collect the data.

Nineteen scheduled formal semi structured interviews (shown in following table) were also used mostly to gather additional data on the logics and to clarify or make sense of observations of the logics as they were identified. The interviews and conversations explored their views on the roles of each stakeholder, the interaction among stakeholders, the rules and regulations that guide the implementation, and the implementation practices in the project. These interviews ranged from 32 to 64 minutes and most of them were recorded, transcribed, and translated into English.

Remote interviews were conducted via Whatsapp or Zoom calls. Meetings, observations, and interviews were carried out in either Indonesian and/or English. Field notes, meeting minutes, and interview transcriptions in Indonesian were summarized by the first author into a research documentation in English.

Table 2. Semi-Structured Interviews

Organization	Number of interviews informing this paper	Description
Ministry	1 management level 2 data managers	Data Center and Subdirectorate
Provinces	3 data managers	Bali, West Java, and the Special Region of Yogyakarta Province
Districts	1 program manager 3 district consultant 3 data managers	Districts in North Sumatra, Capital Region of Jakarta, Special Region of Yogyakarta, Maluku, and Western Nusa Tenggara Province.
UGM	3 project team members	1 involved in vignette 1 and 2 2 involved in vignette 2 and 3
UiO	1 online course team member	
WHO	1 national and 1 international consultant	
Total interviews		18

Data was analyzed as follows: First, we produced a timeline of events. We then divided the timeline into 3 main phases. From these three phases we chose vignettes that illustrate pivotal episodes in the partnership where

divergent opinions represented from different actors played out in a harmony (vignette 1) leading to breakdowns (vignette 2 and 3). These events were related to institutional logics concepts for sensemaking of the vignettes.

We follow a pattern inducing method to identifying logics, that is we were engaged in a process of working from the observations and interview data up to identify logics that can then be compared with extant literature [24]. This approach was chosen because it allowed the researchers to capture context-specific information, explain values and beliefs, and represent rich context (*ibid.*) A starting point set of categories to identify logics provided by Jay [25] and Sligo, et al. [17] was chosen to inspire sense-making baseline situations and problematic incidents in the vignettes, as well as to guide the discussion among the authors and to theorize the events, as no formal coding is involved in the analysis.

Table 3. Institutional Logics Categories

Logic Category	Explanation
Normativity/strategic imperatives	Normative and strategic functions
Source of agency/capacity to act	The agent/source of agency of the agents
Basis of order	Regulative rules, binding expectations, constitutive schema
Indicators	Performance metrics
Tensions within logic	Tensions within each logic due to internal and external powers, different domains or disciplines

We followed the methods used by Ismail, et al. [5] in choosing the vignettes. Throughout the project, we selected snapshots of events that meet the following criteria: 1) it involves all four main stakeholders in the core team, 2) reflects different types of interactions between logics. The data used in vignette construction were triangulated from multiple respondents, and from a combination of interview transcripts, meeting observations and participation notes, and digitization of other documentary materials. The vignettes were also reviewed by the other authors of this paper to reduce dangers of participatory bias.

3.1 Empirical setting

The research followed a multiyear health information systems strengthening project in Indonesia. The project is funded by Global Fund and run under the aegis of the Ministry of Health (MoH) as the principal recipient, with technical and administrative support from UGM, WHO and UiO. The project mission was to develop and implement an integrated health data dashboard system using a web-based platform developed by UiO.

Table 4. Timeline of key events

Vignette	Date	Event
1	16 Feb 2017	Basic training for implementation for core team (MoH, WHO, UGM)
1	Feb-Mar 2017	Roll out to 10 pilot districts
3	Aug 2017	MoH, WHO, UGM agreed to adopt the online course
1	Nov 2017-Feb 2018	First round of supervisory visit to 10 pilot districts
1	19 Feb 2018	Refresher training to 10 pilot districts (new features, data visualization skills, sustainability and scalability > district developing new plans)
3	23 Feb 2018	Kick off of the online course development
3	16 Mar 2018	Beta test the the online course to university partners of MoH in April
	14 Mar 2018	Roadmap development
2	24-27 Apr 2018	Training for Trainers for 50 expansion districts
2	6-10 June 201	Requesting feedback for the online course from the training participants
2	May 2018	Second round of supervisory visit to pilot districts
2	Jun 2018	Planning for semi advanced training

2	2-6 Jul 2018	Semi advanced training and beta testing the Online Course
2	1-5 Aug 2018	Roll out to several new districts
3	3 Aug 2018	The online course was tested for bigger audience (260 onsite participants)
3	27 Aug 2018	The online course was officially launched with main purpose for training of 50 expansion districts
3	31 Dec 2018	The online course was temporarily closed and evaluated
3	Jan 2019	The online course reopened
3	2019	MoH, UGM, WHO go to the field to train expansion districts
3	Dec 2019	The online course discontinued

The project is characterized by an international partnership, involving actors in the Ministry of Health, World Health Organization (WHO), national university (Universitas Gadjah Mada/UGM) and a foreign university (University of Oslo/UiO).

4. Findings and analysis

The findings are presented below in the form of 3 vignettes followed by the analysis using the institutional logics frame.

4.1. Vignette 1: The roll out of the health platform

In this first vignette of the roll out process, we set the scene of an initial harmonious relationship between the ministry, the international organization, and the universities. The web-based platform was introduced in Indonesia in 2010 through the collaboration between a national university and a foreign university. Since then, various activities were conducted to initiate the implementation of the platform to improve health data quality through data integration and visualization.

A core team consisting of the Ministry of Health, national university, foreign university, WHO was developed in 2016. The team underwent a series of training and carried out assessment and other activities necessary to kickstart the implementation of the platform in the country. After these preparation activities, the team went on to the roll out phase to 10 pilot districts.

Roll out involves a set of predefined activities that were repeated across all districts. Although the team members who went to each district varied, it always consisted of the following: at least 1 representative of MoH, local university, foreign university, and WHO. The activities also remained the same: 3 days visit with the first day getting formal buy-in from the province.

“Although our implementation is top-down, we also need to visit the province to acknowledge that they are the host in the area” - MoH

This visit is a “door knocking” gesture to acknowledge the autonomy and power of the province despite the top-down implementation, as well as to introduce the team to the province [26]. The second day would be to the district. The team gets to know the responsible person in the district (the key person who will get the implementation going is usually from the district level), the last day is the training in the health care facilities. On the other hand, the provinces and districts assumed their role as the host with pride by introducing the visiting team to their traditional food and scenic places.

The core team members are based in different places in the world and for a roll out would fly in to gather in the first district and from there moving from one district to another together. They traveled together with different modalities, plane, car, boat sharing hotels, dining tables, weekends in numerous districts, and a bond was created along the way, both among the team members and with the local authorities.

Analysis. At the beginning of the project, different logics did not play out due to mutual understanding among the involved stakeholders. This vignette serves as an example of how the interaction dynamic met the requirements from each logic. First, MoH got to play their role as the host and their view of other stakeholders such as WHO, UGM, and UiO as the supporting team persisted. Second, WHO got to play their role as the quality controller and extension of MoH and they mitigated any possible pitfalls. They can maintain their agency through the following tools: monitoring, performance, initiatives, and moving the needles. Any failing perceptions towards each other were managed through communication within the close coordination and trust,

thus mitigating things from getting too bad. Table 5 above shows the identification of main logics that characterize the two main actors groups as “hierarchy logic” and “accountability logic”, where these two logics were obtained inductively through a grounded approach from the data.

Table 5. Institutional logics of MoH and WHO

Institutional logic	Ministry of Health	WHO
Logic employed	Local public sector hierarchy logic	Accountability logic
Normativity/strategic imperatives	Public service, policy implementation, serving constituents - MoH view of themselves: host, ruler, owner - MoH view of WHO: supporting team (source of funding and/or technical and/or administrative assistance)	Public service, mission for health status and national - WHO view of MoH: (“clueless governor”) - WHO view of themselves: quality controller, extension of the (MoH) hand, initiator, mover who keeps the ball rolling
Source of agency/capacity to act	Coordination of public resources, rule making, enforcement power - Primary actors in MoH: management officials	Monitoring, performance, excellence, initiatives, innovation, risk management - Primary actors in WHO: national professional officer, international officer
Basis of order	Regulative: law, rules, hierarchy, budget spent - MoH embodying constraint: budget and KPIs from donor, higher officials (president, general secretary), promotion	Normative expectations of stakeholders - WHO embodying constraint: acceptance from MoH, accountability from Evaluation Office & donors
Indicators	Donor rating, public perception	Results report, program budget
Tensions within logic	Tensions due to internal and external powers	Tensions due to global and local demands

4.2. Vignette 2: The evaluation of training

This vignette involves a story about the breakdown of the partnership originating from the competing “hierarchical logic” in the public sector and an “evaluation logic” from the WHO.

A decision was made to expand the implementation of the web-based platform to 50 more districts in 25 provinces while maintaining the implementation in the existing 10 pilot districts. With the size of expansion, it was not feasible for the core team to utilize the same roll out approach where they went to all the new districts. The team also wished that each province would take responsibility to scale and sustain the web-based platform implementation in their districts. For this, the provinces would need support. Therefore, the core team engaged 9 national universities called Center of Excellence Universities (CoEs).

Having all of these requirements in consideration, the team planned a series of cascade training to prepare a pool of trainers for the expansion. First, the core team, which only consisted of less than 10 people, trained a trainer team consisting of MoH staff. Second training was aimed for 25 new provinces. The rationale was that the province staff as the authority will take the responsibility. This second training would also involve 9 national universities. These universities would be the extending hand of the core team, responsible to assist the provinces and districts, with troubleshooting etc.

MoH took the responsibility as both organizer and trainers for the training. The training was mostly done by the MoH, with support from UiO and UGM, and WHO was not in the trainer list.

“We are competent to train. After this project is finished, we will be the contact for the field staff.” - MoH

However, WHO perceived that the first training did not meet the quality needed to move forward with the implementation.

“We are frustrated because they (MoH) are not serious about that and because that this project is not for clinical use so they can get away with it” - WHO

In the previous phases of the implementation, MoH staff rarely fully attended training from beginning to end. Having this experience at hand, WHO considered that MoH was not competent enough to take the lead in the training.

“This project is not as good as it should be, is (mentioning one MoH staff) a trainer? Does he know how to train? Some people are skillful but they’re not trained to train.” - WHO

On this ground, UGM proposed that MoH staff join both training as trainees to ensure that they have the necessary skills both as trainers and implementers. However, MoH refused this proposal and insisted on conducting the training, whereas WHO, UGM, UiO as the support. WHO and UGM decided to provide a proof to the MoH. So they ran an evaluation of the training without asking input or opinion from the MoH. MoH perceived this behavior as disrespectful and as a consequence, MoH stopped involving UGM and WHO in several activities. Eventually, this conflict resided. As MoH communicated “*we are the host of this project, don’t evaluate us behind our back*”. This situation eventually resolved and the team members started working together again.

Table 6. Analysis of vignette 2

Local public sector hierarchy logic	How hierarchy logic organizes MoH behavior in the field	Accountability logic	How accountability logic organizes MoH behavior in the field
Vignette 2: The evaluation of training of trainers			
MoH decided that they would lead and conduct the follow up training. The background: some districts worried that once the project is no longer funded, the project will be abandoned again and the districts will suffer.	MoH uses the training to gain trust from the districts, that this is MoH owned project, where MoH as the governing body has a total control towards the project, to get the buy in from the districts.	WHO proposed WHO, UGM, and UiO to be the trainers, and MoH to join as trainees.	To maintain training quality, trainers for trainers should be highly competent, both technically and pedagogically.
MoH flipped out. They stopped involving UGM in various planning and implementation events, and stopped responding to several communication attempts from UGM.	MoH perceived the evaluation as disrespectful. This is an attempt to gain back control of the behavior of WHO, UGM, and UiO as the supporting team.	Involving UGM, carrying an evaluation towards the training of trainers mainly led by MoH to provide evidence to support their proposal.	Using evaluation as it’s objective and measurable to represent performance.

Analysis. This breakdown can be explained using the competing logics frame in Table 6. WHO employed “accountability logic” that relies on monitoring and evaluation principles. In this case, this translates as follows: skillful field staff (output) means quality training (process) delivered by quality trainers (input) organized in a quality manner (input) [27]. Although WHO approach to evidence-based policy is a common practice, it clashes with public sector logic where hierarchy and rapport are considered higher priority. MoH perceived this as a double crossing to MoH as the governor, when according to MoH WHO should support MoH.

In addition to the competency of the field staff, MoH finds the training as a valuable opportunity for the ministry in following ways. One, to obtain trust from the districts and provinces. During the roll out, we observed some hesitation from several districts to implement the system due to past history of *pilotitis*, introducing a new system or technology and then failing to maintain it. This left the districts having to deal with the system themselves without support from the ministry. It was critical for the ministry to get all the involved provinces and districts to be on board with this mission. A way to do that is by showing the provinces and districts that MoH is in control of the project, application. This can be achieved by showing that MoH is competent enough to run the training without major involvement from WHO or universities.

Second, this performance will also affect the portfolio of the MoH managers when it is time for promotion. Lastly, MoH viewed the backstage evaluation conducted by WHO as disrespect to MoH as the host of this project.

This vignette highlights the conflict between WHO’s data logic and MoH’s hierarchy logic. WHO used their logic of evaluation which was essentially to remove the Ministry from the leading position. This openly criticizing behavior was badly received by MoH. MoH employs public sector logic in which relationships are prioritized over data. This includes managing relationships, avoiding conflict, not openly criticizing. Public sector relationships are governed by rank, mentoring, age vs supremacy of data.

4.3 Vignette 3: The introduction of online course

This third vignette highlights the rivalry between the logic of onsite training from the ministry and the logic of an online course from the international organization and universities. All the stakeholders were enthusiastic with the idea of using an online course for project expansion. The online course was planned to be a part of the capacity building framework, complementary to the training plan described in vignette 2. The rationale was the online

course could save the project a significant amount of resources (money, time, and human resources). The idea started in August 2017 when the core team attended the annual conference where an online course was presented as a supplement to the implementation package. The team was supposed to localize and launch the online course so field staff are able to learn at their own pace independently [28].

“If we want to massively expand, the online course can save time and money. MoH develops the regulations from the top, we train with this course in the middle, and the field staff implement, simultaneously.” - WHO

The implementation faced several challenges. Firstly, one by one stakeholders dropped out from the development. MoH referred to the course as “UGM’s” project, showing that they do not feel the ownership of the online course. WHO withdrew themselves from the online course development for a similar reason.

“Everyone thinks this is UiO and UGM’s idea when we were the one who proposed in the report. They did not include us, maybe it’s about money for a research project?” - WHO

When the online course was ready to launch in August 2018, only UGM actively worked on the course. The timing was at the same time as MoH was about to conduct onsite training to 50 districts. Although they bought in the idea of developing an online course as part of the expansion plan, the onsite training budget was not changed at all. MoH remained having the budget for onsite training to 50 districts that had to be spent for the exact activity.

“How would I endorse the field staff to use the online course if the data in the application is still messy, or when we use the app and our data is wrong? That is disappointing” - MoH

However, UiO requested MoH for the online course to be used as a means for project expansion. As the core team went once again to the field for expansion, approximately 1-2 hours were allocated for either UGM or UiO to introduce the online course to each new district. In these one or two hours, the field staff usually managed to at least sign up to the online course and learn to navigate the online course. However, as this online course is self-paced, these staff who signed up were not followed up and the completion rate was very low [28]. The online course did not meet the development objectives and as no system was put in place to ensure the maintenance of the online course, the online course was neglected until UGM and UiO stopped the maintenance in December 2019.

Table 7. Analysis of vignette 3

Local public sector hierarchy logic	How hierarchy logic organizes MoH behavior in the field	Accountability logic	How accountability logic organizes WHO behavior in the field
Vignette 3: The introduction of online course			
Valuing hierarchy and collaboration especially with international stakeholders	Accepting an invitation to innovate for the country's benefit, regardless of the operational and management of the innovation at the later stage. The project can be delegated to lower level staff.	Highly valuing innovation, resource efficiency, and project performance.	Proposing the adoption of the online course in the expansion plan.
Among the KPIs, budget expense rate is one of the most important. Capacity building activities within the expansion plan have been budgeted as onsite training.	Onsite training must be completed for the budget to be spent, although an online course has been developed.	Procedures to manage risk related to failure to fully implement the planned improvement agenda.	WHO realized that in order to successfully implement an online course, a more fundamental institutional change must take place. However, the online course was ready for launch, therefore the online course was endorsed to be introduced during the onsite training.

Analysis. The non adoption of the online course can be explained using the logics frame in Table 7. Introducing an online training course within a capacity building institution presents an interaction between logics of online course and onsite training. Online courses rely on the learners as the active pursuants of the knowledge [29] while onsite

training are traditionally instructor-led [30]. The logic of an online course is contested with the practice of onsite training established within the public sector logic. Onsite training is not about travel but it has representation of it being a social event [31] as well as space for career and financial progression (e.g. per diem[14]). Indonesia is a vast country with a lot of countries and islands of which is not easy to travel around. However, this provides the opportunity to network, to explore. The meeting is part of the institutionalized networking, mentorship and entertainment. There are businesses other than learning the skills and knowledge the training is delivering. The logic of onsite training is resistant to change.

When the core team agreed to innovate the capacity building model with an online course, they were all employing the onsite training logic. The assumption was that the online course would help the country train more people with less resources (time, human power, and money). The realization that there are changes within the fundamental institutional elements to implement this initiative successfully came later when the online course was in the development and implementation stage.

5. Conclusion

Interagency logics are relatively unexplored in the literature and are recognised as involved in significant failure of ICT4D projects. To date all of the literature has indicated that partnerships are significantly important but failure is commonplace, this paper contributes novel insight into institutional logics derived explanations for partnership failure between donors, international organizations and public sector implementers which are very important pieces for solving the jigsaw puzzle. This in depth longitudinal study initiates the exploration of the reality of partners working together. It builds on prior work [5] by adding novel forms of partnership and logics contributing to the failure of the partnership. The logics examined in this paper were limited to those of the ministry and international organization as they are pivotal in this partnership. Other logics visible on the practices of the other groups (foreign and national university), are outside the scope of this paper and can be addressed in future. Future work will continue to refine this conceptualisation.

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