

The role of global public health strategy in non-profit organisational change at country level: Lessons from the joining of Save the Children and Merlin in Myanmar

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Abstract

International humanitarian and development organisations Merlin and Save the Children (SC) announced in July 2013 that they would become a single organisation, to create a leading humanitarian health agency. A dedicated joint strategy, “Public Health on the Frontline 2014-2015,” (the Strategy) was developed to support this change at global and country levels. The paper presents a case study that critically assesses the role of the Strategy in Myanmar in (i) supporting the initial transition of Merlin into SCI at country level and (ii) underpinning the future programme of the combined organisation.

Research was undertaken in 2014 in Myanmar. A total of 26 individual and 3 group interviews were conducted with international and country-level stakeholders from SC, Merlin, and other organisations. Additionally, 10 meetings relevant to the country organisational transition process were observed. A conceptual framework was developed, based on the intended objectives of the Strategy and relevant analytical models, to assess the role of the Strategy in supporting the country change process.

Several positive aspects of the Strategy were found, as well as some critical shortcomings in its support to the organisational transition process at country level. The Strategy was useful in signalling SC’s intention to scale-up humanitarian health provision. However, it had only limited influence on the early change process and outcomes in Myanmar.

Results highlight several aspects that would enhance the role of a global strategy at country level particularly during complex transitions. Lessons can be applied by organisations undertaking a similar process.

1. Introduction

In July 2013, Merlin and Save the Children (SC) announced their intention to come together as a single leading humanitarian health organisation (SCUK, 2013a). The organisations had very different characteristics in terms of size, approach and mandate. Merlin was a specialist humanitarian health organisation working in 18 countries with an annual budget of just under £70 million (Cook, 2013a). SC was a multi-sector, multi-mandate member organisation working in over 120 countries with a combined revenue of nearly US\$2 billion (SC, 2015), though with limited engagement in humanitarian health.

In official communications, both organisations highlighted the opportunities presented by the partnership. Neither organisation used the term “merger” or “acquisition.” However, it was generally understood by those inside and outside both organisations that the arrangement fell under one or other definition, and most likely acquisition, given the ultimate loss of Merlin as a separate entity (Sudarsanam, 2010; Anyangwe, 2013). For Merlin, the arrangement presented the opportunity to secure a future for its programmes, while for SC, taking on Merlin’s experience in humanitarian health presented the chance to scale-up its work and profile in this area (Cook, 2013b; Anyangwe, 2013).

Merlin and SC are not unusual in selecting mergers and acquisitions (M+A) as a way to fulfil individual and collective goals. Organisations choose various means to come together to this end (Todeva and Knoke, 2005). M+A have been a frequent option in the for-profit sector for many years, motivated by a desire to increase scope and scale (Di Georgio, 2002a), exploit synergies (Bohlin et al, 2000), and gain new resources and capabilities (Sudarsanam, 2010). However, success rates for M+A in the for-profit sector are notoriously poor (Sudarsanam, 2010; Di Georgio, 2002a). M+A represent significant change events for the organisations involved. Attention to factors such as leadership, communication, cultural fit, degree of integration, and organisational dynamics, are critical for the success of M+A, while their neglect has been associated with poor performance outcomes to date (Di Georgio, 2002b). M+A are also gaining popularity in the non-profit sector (MAP, 2011), attributed to growing challenges among organisations in securing

funding for their work (Cortez et al, 2009). Although information and analysis on M+A in this sector is still relatively scarce, making it difficult to assess the success of this choice (MAP, 2011), one study suggests comparable achievements of M+A vis-a-vis other forms of collaboration such as joint programmes and associations (Neuhoff, 2014). Factors influencing success of M+A appear similar to those documented in the for-profit sector (MAP, 2011).

As part of a global agreement between the organisations, Merlin programmes transitioned into Save the Children International (SCI) at country levels. In Myanmar, both Merlin and SC (SCI from 2012) had a long-standing presence in country and were regarded as important public health actors. Merlin's programme aimed to improve access to essential health services for remote and vulnerable populations, focusing on maternal and child health at community level. Programmes addressed both acute and chronic health crises, and the organisation was a prominent actor in health and humanitarian policy discussions. Merlin had a secure funding base in Myanmar, with an annual income in 2013 of over US\$4 million, rising to over US\$5.5 million in 2014 (Merlin/SCI, 2014). SCI in Myanmar was relatively young as an organisation, having formed from the amalgamation of the multiple SC programmes operational in Myanmar, in 2012. SCI's programmes were multi-sectoral, including initiatives in child protection, child rights governance, education, health, livelihoods, nutrition and humanitarian response. Within health, SCI delivered a range of maternal and child health programmes and was one of the Principal Recipients (PR) for the Global Fund in country. SCI's overall programme budget for 2013 was just over US\$58 million with a health portfolio of nearly US\$13 million (SCI, 2013).

Given the respective strengths of Merlin and SCI health programmes in Myanmar, the country organisational change was considered to represent a unique opportunity to maximise the impact from the creation of a joint organisation. The context was also seen as favourable, as Myanmar was receiving increased attention from the international community due to ongoing political transition. An outcome of the changing context was increased government and international investment in health and increased opportunities for public health organisations to engage with

national actors and the health system. Thus, Myanmar was a highly relevant case study to assess the organisational transition from global and country perspectives.

While an explicit strategy is only one of the essential elements needed for successful organisational change, alongside organisational culture (Bransen, 2008) and strong leadership (Gill, 2003), it is considered critical (By, 2005; Burke and Litwin, 1992). Recognising the role of strategy, Merlin and SC developed a bridging strategy, “Public Health on the Frontline 2014-2015” (‘the Strategy’), to support their change process. Development was led by a Strategy Working Group with representatives from SC and Merlin at global level, headed by Save the Children UK (SCUK). Given the very tight organisational transition timeframe, a limited period was identified for production of the Strategy document and country teams were encouraged to get involved through an e-survey.

Box 1 provides an overview of the Strategy objectives (SCUK, 2013b). Much of the Strategy’s emphasis was on the technical aspects of support to be delivered by the combined organisation. The Strategy used a broad definition of “humanitarian action” encompassing acute response, recovery, and interventions to address chronic humanitarian needs. A key expected outcome was ensuring the combined organisation had an impact, beyond that of the individual organisations, expressed in terms of increased growth, quality, and speed of response (SCUK, 2013c). The Strategy was finalised in December 2013, signed off by all SC members in early February 2014, and recommended for use at global and country levels (SCUK, 2014). Linked to the Strategy, a detailed implementation plan and budget were developed to facilitate implementation.

[insert Box 1 here]

This study aimed to critically assess the role of the “Public Health on the Frontline 2014-2015” strategy in supporting the joining of the organisations at country level, using Myanmar as a single case country example.

2. Materials and Methods

2.1 Study design

A case study design was chosen as most appropriate (Yin, 2014). The research question asked: “What role has the ‘Public health on the Frontline 2014-2015’ strategy played in supporting the joining of Merlin and SCI at country level and development of SCI’s future public health programme in Myanmar?” Research was undertaken between April and August 2014, so data collection coincided with the initial stage of the country transition process including the formal country transition launch in May 2014.

2.2 Data collection

Two principal evidence sources, ‘people as informants’ and ‘documentation’ (Potter and Subrahmanian 1998), were used to gain insights into the role of the Strategy in the country transition process. People were included as informants through individual and group interviews and observation of meetings. Documentation relating to the SC/Merlin transition process was included as well as documentation relating to wider M+A and organisational change processes to complement information from interviews.

Interview participants were purposively sampled from both organisations at country and global levels and external agencies (e.g. bilateral donors, UN agencies) at country level. Participants chosen for individual interviews were in senior positions, both technical and managerial. Participants chosen for group interviews were technical health staff (e.g. programme managers and advisers) based in Yangon (previously the country capital). Internal participants were selected to represent both humanitarian and wider health programme areas within the organisations. External participants were selected to provide a range of health sector perspectives at national policy level, with knowledge of both organisations’ programmes. In-country interviews were conducted face-to-face, with notes taken, and all but one tape-recorded. International interviews were conducted over Skype with detailed notes taken. Interviews lasted approximately one hour and were conducted and transcribed by the lead author.

Observation of the actions and discussions of key individuals in meetings directly related to the country organisational transition process was conducted by the lead author. This included all Programme Working Group (PWG) meetings, attended by key senior staff from SCI and Merlin with direct involvement in the transition process and country strategy development.

In total, 26 individual semi-structured interviews, 3 group interviews with 3-10 participants each (Table 1), and 10 meetings during April-July 2014 were included in the research.

[insert Table 1 here]

Documentation on the organisational transition processes at global and country levels, the Strategy, and country strategy development was collated from both organisations as it was disseminated through emails or received from staff. This was complemented by a narrative review of relevant published and unpublished literature relating to M+A processes in for-profit and non-profit sectors, organisational change, and the role and use of strategy to guide major organisational change.

2.3 Analysis

Data were analysed thematically (Bryman, 2012). First, transcripts, notes and documents relating to the transition process were reviewed in depth. Second, codes were allocated to the text where it provided insights into experiences, actions, and perceptions (Robson, 2011), relating to the joining process and role of strategy. Third, overarching themes were identified from frequently cited or repeated issues, insightful descriptions and use of metaphors, and areas of agreement and contrast (Bryman, 2012; Robson, 2011), relevant to the research aim and Strategy objectives. Overarching themes were used to produce a series of data extraction tables which covered issues such as: perceived value of strategy; awareness and communication on strategy; nature of the joining process; identity; the humanitarian-development nexus. Data from transcripts, interview and meeting notes, documents, and literature were extracted to the tables, stratified by six stakeholder groups (i.e. Merlin UK, Merlin Myanmar, SCUUK, SCI UK, SCI Myanmar, external).

Finally, data were assessed against the key elements within a composite framework developed starting from the Strategy objectives and then incorporating concepts from key theories and models identified in the literature (Figure 1). Thus the framework draws on common steps to support change processes envisaged by the models developed by Kotter (Van Assen et al, 2009), Kanter *et al*, and Leucke (By, 2005; Barnard and Stoll, 2010) [A]; internal and external factors related to organisational “positioning” (Mintzberg et al, 2009; Porter, 1991) [B]; and Mintzberg’s five definitions of strategy (i.e. perspective, position, pattern, plan, ploy) (Mintzberg, 1987) [C], to explore different potential roles of strategy in the change process.

[insert Figure 1 here]

To mitigate against any analytical bias, the selection of comments across organisations and locations was tested for frequency and contrasting interpretations (Robson, 2011) and a preliminary feedback session with staff from both organisations was conducted in Myanmar to assess initial and contrary findings (Yin, 2014).

2.4 Ethics

Country-level approval was granted under the Memoranda of Understanding of SCI and Merlin for their work in Myanmar. Ethics approval was granted by the research ethics committee of the London School of Hygiene and Tropical Medicine in the United Kingdom (reference 7732). Confidentiality and anonymity of data were maintained throughout.

3. Results

Results are presented according to the key elements of the analytical framework, i.e. providing a shared vision; informing discussions and decisions; providing a measure to gauge impact; building on internal strengths; and positioning in external context.

3.1 Providing a shared vision

Several factors affected the ability of the Strategy to promote a shared vision at country level. In particular, SCI Myanmar and Merlin participants highlighted the challenge caused by uncertainty regarding the nature of arrangements between the organisations and the negative impact this had on developing a common understanding of process, expected outcomes, and future vision for the combined organisation at country level. In addition, opportunities for staff at country level to feed into the strategy process were lacking, which contributed to poor ownership of the Strategy at this level. Finally, the Strategy's humanitarian focus, with its inferred emphasis on acute humanitarian response, meant that both Merlin and SCI Myanmar staff found it difficult to self-identify with it. Participants reported that the narrow focus did not fully encompass either Merlin or SCI's programming in Myanmar, or provide a sufficiently broad vision for the teams to fully support.

"I think one of the difficulties I have with the strategic document is that it has the word humanitarian in the title and I don't know how that necessarily links relief and recovery to development." Merlin Myanmar Individual interview

"I think if it had been a bit more comprehensive, in what Merlin was really all about [...] and what it had to offer, and the [...] full range of the programming that Save the Children already has committed to, I think it would have just been more useful and...we maybe could have drawn on it more." SCI Myanmar Individual interview

3.2 Informing discussions and decisions

While strategy was identified as an important aspect of the Merlin and Save the Children organisational change process, participants were less convinced in the ability of the Strategy document to support the country transition process in terms of its technical focus. Observations of meetings, indicated a limited use of the Strategy in the joining process at country level, with scant reference to the Strategy in discussions. Some mention of the Strategy was made in initial sessions with change managers brought in to support the country process, but this was not

followed-up consistently in subsequent country team meetings. These observations were supported by findings from interviews.

“No I mean that [the global strategy] added nothing to my knowledge or understanding.” SCI Myanmar individual interview

3.3 Providing a measure to gauge impact

Given the changing context in Myanmar and the increased availability of funding for health, there was a clear expectation at global level of a significant increase in growth in the combined Myanmar programme. Country programmes were expected to translate the Strategy into a growth strategy at the local level. This view was considered unrealistic by the country teams, as they had recently obtained significant new funding in the months prior to the organisational transition. As a result, participants at country level, in both organisations, commented that a period of consolidation was needed before further expansion could take place.

“We have actually been growing quite significantly [...] to try to grow even more seems... How are we going to manage that?” SCI Myanmar Individual interview

Linked to the growth objective, the Strategy also contained targets to measure growth in specific areas, such as in human resources for health. Participants from both country teams queried the narrow focus of some of the targets (and their definition) and how they would be translated at country level.

“I don’t know if targets on a global document make any sense to me [...] I don’t know what your baseline is and to have a trained health worker, how do we define a trained health worker?” Merlin Myanmar Individual interview

3.4 Building on internal strengths

One of the key objectives of the global strategy was that Merlin’s expertise would inform SC’s longer term programming. Participants commented that it was important to build on the skills and expertise of both organisations. Participants in Myanmar were generally unconvinced about the commitment to sustain the “Merlin approach” in the longer term, due to the loss of Merlin staff and

dilution of Merlin's approach within a much larger organisation. For some SCI Myanmar staff, there was also a lack of clarity about how SC would change and operate differently, to reflect its joining with Merlin.

Internal and external participants highlighted a range of skills and strengths brought to the joining process by both organisations, though with important differences at global and country levels. Globally Merlin's expertise in working at higher levels of the health system (e.g. secondary level hospitals), the ability to work in insecure and remote environments, and the flexibility and agility to make an initial rapid response, were noted. In Myanmar, the organisation's expertise was seen as reflecting the context and available opportunities, manifest in the delivery of a high quality integrated community-based health programme, combined with a learning approach, and engagement in national and sub-national health policy discussions.

SC's strengths at global level included a large operational platform and ability to work at scale, the ability to integrate a broad range of services, and a global reputation in policy and programme delivery. At country level, SCI's reach and scale were also noted together with the delivery of a range of health programmes, some of which were similar to those implemented by Merlin, but without Merlin's key role in policy discussions. External interviews also suggested additional opportunities for SCI to use its role as co-Principal Recipient for the Global Fund to support policy engagement at the national level.

The country specific skill sets were seen as having important implications for the ability of the Strategy to support the joined organisation in Myanmar. In particular, linked to the earlier responses on the humanitarian focus of the Strategy, there was a perceived missed opportunity to build on the identified internal strengths of the organisations including continued support to community-based health programmes and wider engagement in health policy and advocacy.

“Merlin certainly has a profile here, a brand here that, at least has credibility from health evidence stuff and it would be a shame to lose that.” External individual interview

3.5 Positioning in external context

Most interviews, internal and external, highlighted the opportunities for health organisations in the country at the time. Participants particularly noted the increased opportunities for engagement by international actors within the health system and opportunities to support and strengthen the system in new areas: e.g. health information, township health planning, better integration between community-based health programmes and the wider public health system. Within this changing context, participants suggested that international and national NGOs would need to demonstrate how they were supporting efforts to strengthen the health system. Engagement in policy discussions, and advocacy for improved coverage of essential health services for vulnerable and marginalised groups, was considered a key area of future NGO activity. At the same time, participants noted the ongoing challenges of conflict and natural disasters, necessitating organisations to maintain the ability to respond to acute and chronic humanitarian needs.

“I think we are by necessity in a period of transition. That’s because sanctions have been lifted. Increasingly [...] partners in the health sector are looking at how they work more closely with government and government is also emboldened to look at how international and external financing to the health sector relates to them and increasingly goes through them.” External Individual interview

Participants indicated that while the Strategy adequately addressed humanitarian aspects in the country context, it failed to capture the links between humanitarian and recovery programming and thus support the identified longer-term health system strengthening opportunities in Myanmar. There was also a concern that the Strategy’s multi-sectoral approach risked “putting everything under one umbrella”, limiting its flexibility and diversity to respond in the current humanitarian context. At the same time, from a development perspective, others commented that despite the multi-sectoral approach, the focus of the document meant that it missed opportunities to create explicit linkages between health and other critical sectors, such as education and child protection.

4. Discussion

4.1 Key findings

Results highlight several positive aspects of the Strategy intended to facilitate the joining of SC and Merlin, and some critical shortcomings in its support to the organisational transition process at country level. Positively, the need for an explicit strategy to underpin the new organisational structure was identified from the outset as an important aspect of the change process, with resources provided for it. The resulting Strategy acted as a useful means of signalling SC's increased involvement in humanitarian health and helped identify the interventions that SC could drive through its programmes. However, the Strategy fell short in its ability to support the change process at country level in this case, being hampered by the process of strategy development, and the focus of the approach adopted within it.

Critically, strategy development was undertaken within a limited time period, which restricted opportunities for consultation with, and inputs from, country teams. The ensuing Strategy thus failed to gain country-level ownership and provide a sense of collective identity that teams in Myanmar could support. Second, the technical nature of the Strategy, together with its humanitarian focus, limited its ability to provide an engaging and sufficiently broad vision for country-level teams. Third, the nature of global impact indicators provided were out of kilter with the programmes in country, hampering their ability to provide a useful measure of progress. At the same time, the failure to capitalise on the internal strengths of either organisation meant the Strategy was unable to act as a useful plan to guide discussions around transition at country level. Finally, the Strategy's failure to take advantage of the wider opportunities within the Myanmar context, meant it was also limited in its ability to position the new organisation at this important time.

The Myanmar context is not unique in requiring a health programming approach that spans both acute and chronic health crises. Most of Merlin's country programmes were in contexts exhibiting both long-term chronic health system challenges and acute humanitarian needs, which required

the organisation to respond to both, often at the same time. A global strategy with a perceived focus on acute humanitarian health responses, was thus unlikely to adequately support the programmes in many contexts in which Merlin and SC worked. The Strategy thus did not facilitate the ongoing efforts to reconcile the humanitarian and development approaches to working in protracted crises that characterise many fragile contexts (Bennett, 2015).

4.2 Implications

Findings indicate a number of lessons that may be useful to organisations engaged in similar processes. First, they highlight the importance of understanding the nature of global organisations at different levels, particularly in relation to developing a common understanding of the organisation's identity, and thus mission and strategy. This has particular significance in situations where more than one organisation is involved.

Second, sufficient time is needed to engage actors at local levels to ensure the strategy incorporates their views. This resonates with previous research highlighting the importance of understanding local context and engaging with local actors to promote success of global strategies at this level (Chan and Mauborgne, 1993).

Third, the resultant global strategy needs to be flexible enough to adapt to local realities. A global strategy is necessarily restricted in its ability to address the particular requirements of individual country contexts, but it can be formulated in a way that allows adaptation to country contexts and capitalising on local strengths (Yip, 1989). A strategy needs to provide country teams with a broad vision and flexible framework which provides a useful general guide, within which they can develop their own thinking and operational guidelines. When organisational change involves combining two organisations, it is also important that the strategy ensures the strengths of both organisations are sufficiently harnessed.

Finally, a strategy should help position the joined organisation within often dynamic country contexts, so that it is well placed to improve its impact. Appropriate measures against which to

judge success at this level are also needed. However, these should reflect the realities of current programming and be fine-tuned over time.

4.3 Limitations

Several limitations should be considered when interpreting the study findings. First, the study examined the use of the Strategy in only one country context, which may not be representative of other contexts. Second, research was undertaken in the early stages of the transition process and does not capture the longer-term learning from the process. Third, the timing of the study in relation to on-going discussions between the organisations and the Ministry of Health in Myanmar, precluded the inclusion of serving Ministry of Health personnel, a missed opportunity that could have provided insight into the current and future role of NGOs in the health sector. Fourth, the lack of perceived impact on country level organisational change could be due to wider management processes rather than the characteristics of the strategy per se. Finally, by focusing on the Strategy, and highlighting the importance of the Strategy in transition, the research may have influenced participant views of the process. Despite these limitations, in-depth exploration of this country organisational transition raises issues that could be relevant to other contexts and organisations.

5. Conclusions

Strategy is a key aspect of organisational change processes (Burke and Litwin, 1992). This case study examined several roles of strategy in organisational change, from providing a vision, to building on patterns of engagement, to helping position the merged organisation in its context, to serving as a plan for taking ideas forward (Mintzberg, 1987). At country level, the Strategy had only limited success in fulfilling any of these potential roles, primarily due to weaknesses within the development process and the restrictive focus of the document itself. Organisations considering a similar transition process should ensure the development of a strategy that reflects the vision of the organisations involved, and recognises and adapts to needs at country level, thus inspiring staff and supporting delivery of organisational goals, at the time of the change, and in the long term.

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7. Conflicts of interest

FC worked for Merlin in Myanmar prior to the research. No conflict of interest is reported.

8. Author contributions

FC conceived the study, collected and analysed data and drafted the manuscript. DB and NH contributed to study design and data interpretation and critically reviewed the manuscript. All authors approved the version for submission.

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Tables and figures

Box 1: Overview of Global Strategy objectives

<p>Box 1 : Objectives for global strategy</p> <ol style="list-style-type: none"> 1. Affirm internally and externally the combined Save the Children (SC) and Merlin intent to scale up the coverage and quality of our humanitarian health and nutrition programmes; 2. Commit to accountable, measurable targets for our combined humanitarian health and nutrition work during and beyond transition; 3. Provide a common identity, strategic vision and orientation for all SCI country offices and for head office and regional health and nutrition initiatives; 4. Ensure that Merlin’s technical expertise and strategic areas of emphasis influence SC post-transition humanitarian programming; 5. Inform decision-making around the SC Merlin transition process, including country transitions, reconfiguration of our global technical team and optimal use of programme quality investment funds. <p>Ref: (SCUK, 2013b)</p>

Table 1: Overview of individual and group interviews by organisation

	Merlin UK	Merlin MY	SCUK	SCI UK	SCI MY	SCI GF	External
Individual interviews							
Humanitarian specific			2		1		
Humanitarian/development/general	2	3	1		5	1	8
Change management specific				3			
Group interviews		1			1		1

Figure 1: Framework for assessment of the role of the global strategy in supporting the joining of organisations in Myanmar

