



Addressing Funding Issues for Danish Mental-Health NGOs

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Addressing Funding Issues for Danish Mental-Health NGOs

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Addressing Funding Issues for Danish Mental-Health NGOs

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Structured Abstract:

Purpose – Research has shown that non-governmental organizations (NGOs) often fail to appreciate that in their market, donors represent clients. Moreover, the unstable income characteristics of NGOs emphasize the importance of conducting market analysis specific to such organisations. This paper aims to identify key factors that influence fundraising success for mental-health NGOs and determine the most advantageous fundraising approach based on a mixed-methods-study that encompass a literature review, two surveys and a case study.

Design/methodology/approach - Based on a structured literature review, the most important factors affecting NGO fundraising are unified into a decision-making framework. This framework is tested using a triangulation approach by combining quantitative and qualitative methods. The former based on a general survey and the latter based on a case study.

Findings - The results highlight 15 key factors determining the optimal approach for mental-health NGOs when fundraising in Denmark.

Practical implications - The decision-making framework can be used to assess the most advantageous fundraising approach based on a variety of internal and external circumstances.

Originality/value - While private firms develop exhaustive market analyses, NGOs often lack analyses to cope with fluctuating environments and changing customer needs. This paper addresses this gap by identifying key factors that determine an optimal fundraising approach and proposes a novel decision-making framework for practitioners.

Keywords: *NGO, mental-health NGO, fundraising, stigma, case study research, survey study.*

Paper type: Research paper.



Addressing Funding Issues for Danish Mental-Health NGOs

Abstract

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Introduction

Market analysis studies enable non-governmental organizations (NGOs) to gain competitive advantages in their respective market. However, NGOs often forget that the sustainability mechanisms in their market are equivalent to those of private firms (Arora, 2016).

Some common challenges faced by NGOs include funding, inadequate management expertise, restricted institutional capacity, and low levels of sustainability (Bromideh, 2011). Among these issues, funding is most pressing, since NGOs are characterized by inconsistent revenue. This is exacerbated by stigma surrounding the illnesses with which these NGOs are associated, illnesses often prejudged by a society which can lack both knowledge and empathy, resulting in reduced support (Ma, 2017).

Although academics and private firms have increased their focus on development of market analyses since the 1960s, there are currently no studies focused on the determinants of a NGOs fundraising capacity. Development of market analysis empowers NGOs to reach donors in order to raise funds and build and sustain networks that endure their growth (Berry, 2005). Given this gap, there is a strong need to identify which factors affect NGOs in order to develop the optimal approach for fundraising. This paper addresses this gap by investigating just this for mental-health NGOs.

As such, this paper presents a decision-making framework for practitioners within mental-health NGOs to use when formulating fundraising approaches, based on the NGOs internal and external circumstances. In order to accomplish this, key factors affecting fundraising for NGOs are identified and unified into a decision-making framework derived from a literature review. The key factors are then quantitatively tested with a survey sent to the Danish public and another survey sent to Danish mental-health NGOs. Moreover, they are further tested using a qualitative in-depth case study of a mental-health NGO in Denmark. The result from these methods is combined in order to validate the proposed decision-making framework.

Literature Review¹

Contingency theory states that a firm needs to find the most profitable performance through an analysis of internal and external factors. Hence, the performance of an organization depends on the external environment and its internal work (Stewart and Luthans, 1977). This theory informs the categorization of fundraising factors shown below.

The literature review was conducted according to the guidelines described by Rowley and Slack (2004). The technique applied for revealing the key factors is the synthesis matrix; this matrix enabled sorting and categorizing the different arguments regarding the topic (Torraco, 2016). The procedure followed in order to fill out the synthesis matrix was citation pearl growing, i.e. retrieving documents through the references in analysed sources and identifying the main authorities by investigating relevant articles (Rowley and Stack, 2004). This information was cyclically added to the matrix until no more relevant sources emerged.

Internal Factors

Internal factors affecting NGO fundraising abilities, existing barriers, and potential solutions are summarized in *Table 1*. NGOs can directly act on these without considering externalities. These factors within the organization influence the approach and success of the NGO's operation.

Table 1: Description of internal key factors affecting NGO fundraising, existing barriers, and proposed solutions.

External Factors

External factors that influence a NGOs performance are summarized in *Table 2*.

Table 2: Description of external factors, barriers and proposed solutions affecting NGOs fundraising.

Decision-making framework for NGO fundraising approaches

A decision-making framework to allow mental-health NGOs to analyse their internal performance and evaluate their external environment is illustrated in *Figure 1*. With this framework, NGOs are able to identify their respective strengths and weaknesses and subsequently develop an optimal fundraising approach.

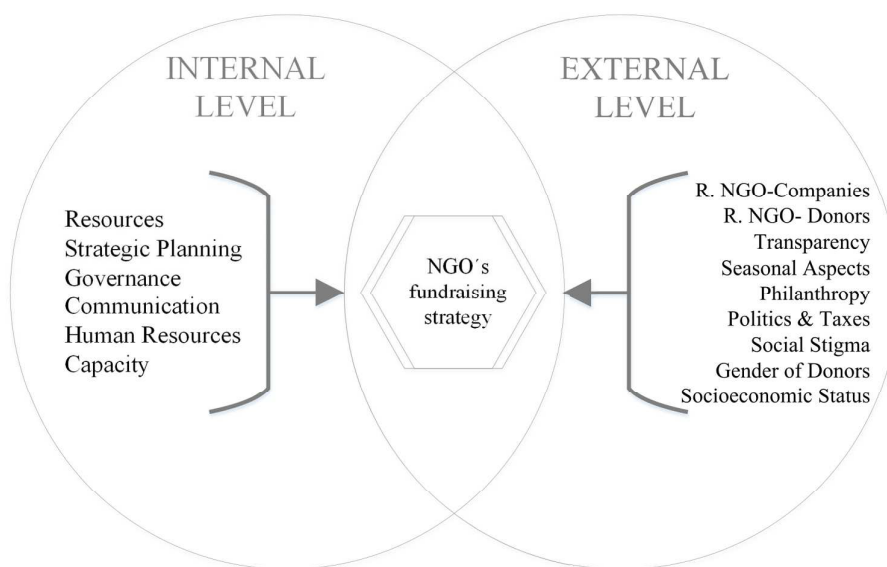


Figure 1: Decision-making framework: NGOs fundraising approach.

¹ Readers can request a more detailed version of this study from the authors which includes the full literature review sources

Methods

As the topic is explorative in nature, an in-depth, single-case study approach and explorative surveys were selected as the most suitable research methods to validate the factors and test the framework (Yin, 2009). The case firm is a Danish mental-health NGO called DMHNGO (pseudonym used for confidentiality), which works with people suffering from eating disorders and self-harm across 8 locations in Denmark. DMHNGO was chosen because its size, structure, and processes are representative for mental-health NGOs in Denmark.

All analysed information originates from different sources, allowing for data triangulation and improves result reliability. Data from the case study was gathered using (1) semi-structured interviews with DMHNGO employees regarding donors and funding, and (2) internal data from DMHNGO (e.g. statistics from their Facebook page, website, and internal databases). The semi-structured interviews lasted around 30 minutes and all permanent staff members of the case firm were interviewed. The interviews followed an interview guide, were tape recorded, transcribed, coded and then analysed. The interviews were followed up by shorter meetings to clarify points and to get validation of the transcribed interview.

To further validate the framework two additional quantitative data sources were used in the form of explorative surveys. The survey design and target sample was conducted and chosen following the guidelines for explorative surveys (Bradburn et al., 2004; Dattalo, 2007; Isaac and Michael, 1995). : (3) a broad survey sent to the Danish public regarding mental-health NGO donation, with extra focus on DMHNGO's effects within eating disorders and self-ham, and (4) a targeted survey sent out to all 14 Danish mental-health NGOs regarding donation (this study contains responses from 12 of them). The first survey was carried out in Google form and consisted of 30 questions separated into 7 categories. The survey was distributed by DMHNGO using all their online platforms (including Facebook and e-mail) and also distributed to all Danish municipalities and through the snow ball effect (i.e. sending the survey to one media, person or organisation and having them distribute it further). The survey for the Danish mental-health NGOs were sent directly to all 14 organisations and was also made in Google Form. It contained 2 questions and asked the respondents to rate the 15 factors based on importance and flexibility, on scales from 0 to 5.

All obtained data is analysed following guidelines proposed by Saunders et al., (2009) to ensure proper techniques and procedures for data collection and analysis in order to evaluate the factors proposed in the framework both qualitatively and quantitatively.

The quantitative analysis is computed by using *Equation 1*.

$$Importance_k = \frac{(IF_k)(PI_k)}{\sum_{k=1}^{15} (IF_k)(PI_k)100} \quad [1]$$

Where the importance of key factor k, *Importance_k* illustrates how much of the total resources the NGO should employ to improve that key factor k. The impact of key factor k, *IF_k*, depicts the influence of that factor k on a NGO's fundraising approach (on a scale from 1 (lowest impact) to 5 (highest impact)). The potential improvement of key factor k, *PI_k* shows what the gap for improvement of that key factor k is (on a scale from 1 (least likely to be improved) to 5 (most likely to be improved)).

Results²

The survey sent out to the Danish public regarding NGO funding confirmed the above mentioned 15 factors as the main factors influencing NGO donation. Both this survey and the targeted survey to all Danish NGOs confirmed the key barriers associated with these 15 factors.

After the factors in the framework had been validated, the framework itself was tested by using it on the case firm as described in the following section.

² Readers can request the full version of this study which includes all the specifications of all the data sources including survey questionnaires and relevant data.

Qualitative findings from the case study

Table 3 depicts the key factors that influence the fundraising process for the case firm. Besides key findings for each factor, the table shows how DMHNGO performs in relation to each key factor and how much impact each factor has on DMHNGO. The scale used to evaluate performance ranges from 'very poor' to 'very good' in a 5-step scale. Impact is evaluated in a 3-step scale; low, average, and high. Performance and impact are rated based on insights derived from the case firm as described in the methods section. For example, for the factor administrative resources the case firm performs 3 out of 5, so average. However, the case firm evaluates this factor as having a high impact (3 out of 3) (see the first row in *table 3*).

Table 3: Findings for the 15 factors in the case firm.

The experts from DMHNGO assessed the importance as well as the potential improvement of the 15 key factors. *Table 4* shows each key factor's importance calculated using *Equation 1*.

Table 4: Improvement potential and importance of factors in the case study.

Quantitative findings from the case study

Broadly speaking, importance is equally distributed among all key factors, which implies all are relevant for the case company. Based on DMHNGO's experts' opinions, 37% of resources ought to be dedicated to improving internal management, while the remaining 63% should be employed to enhance the positive impact of external influences.

Considering the internal factors, the highest importance is manpower with 16.7%, i.e. administrative (KF1) and human resources (KF5). Furthermore, DMHNGO's internal management is evaluated based on strategic planning (KF2), governance (KF3), and capacity development (KF6), which cover 20.3% of the required resources.

The analysis notably reveals a 3.1% importance concerning marketing and communications. DMHNGO is currently working effectively in terms of communication and marketing, and although the impact of this factor is relatively high, the performance is already satisfactory. The opposite case is shown with the human resources factor (KF5) where even though the factor has high potential improvement and impact to DMHNGO's fundraising (as shown in *Table 4*), in this case, the current performance of DMHNGO is poor (as shown in *Table 3*). This fact leads to increased resource requirement for future improvement.

External factors can be classified into three categories:

- (1) **Relationship with stakeholders:** Relationship between NGO-firms (KF7), relationship between NGO-donors (KF8) and transparency (KF9).
- (2) **Social aspects:** Philanthropy (KF11), social stigma (KF13), donor gender (KF14), and socio-economic status (KF15).
- (3) **Other external factors:** Seasonal aspects (KF10) and taxes (KF12).

Social aspects illustrate a higher necessity for resources, meaning DMHNGO should focus on increasing public awareness.

This study suggested that donors are disproportionately women, implying women are effectively the customers that DMHNGO should focus on. Customer segmentation is recommended, first to promote female donations, and secondly foster male awareness for DMHNGO to increase financial support from this group. Additionally, findings point to eating disorders and self-harm as illnesses that don't generate awareness in the general populace, only to those who have a close relationship with a person suffering from such conditions. This is likely due to social stigma, which should be taken into account in any approach a mental-health NGO undertakes.

In *Figure 2*, suggested focus areas for DMHNGO are compared with the average key factor importance from the surveyed Danish mental-health NGOs. Overall, all key factors show a deviation below 3.4% (seasonal aspect has the maximum deviation (KF10)). Due to similarity in responses between other mental-health NGOs and DMHNGO, it can be suggested all mental-health NGOs in Denmark should consider a similar fundraising approach to the one proposed to DMHNGO.

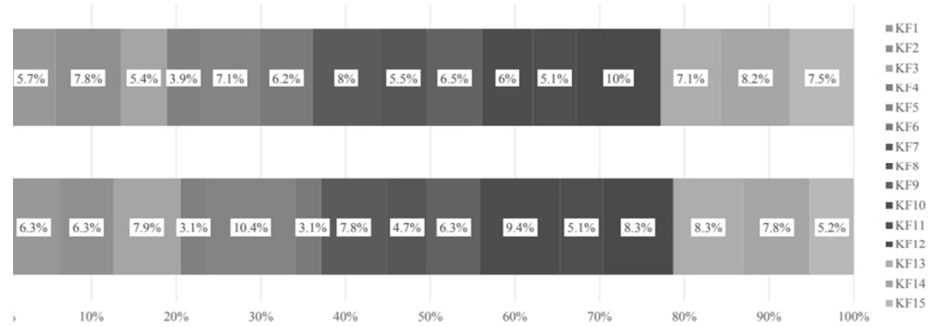


Figure 2: Comparison of factors: Case firm (lowest bar) vs Danish mental-health NGOs (upper bar).

Discussion

This paper provides practitioners with a decision-making framework to assess optimal fundraising approaches for a mental-health NGO via the identification of 15 key factors. The framework offers a holistic view of NGO fundraising strategies, by means of a qualitative approach to assess their current approach as well as their optimal approach based on their specific context. Furthermore, the framework can aid practitioners with finding a recommended percentage of resources to spend on different factors to ensure the best fundraising approach.

Use of both qualitative and quantitative methods has enabled development of an easy to use, novel and practical framework with which to analyse an NGOs market. The framework was tested in practice, ensuring its practical applicability. The application procedure for the framework can be seen in *Figure 3*; this procedure was validated with the case firm.

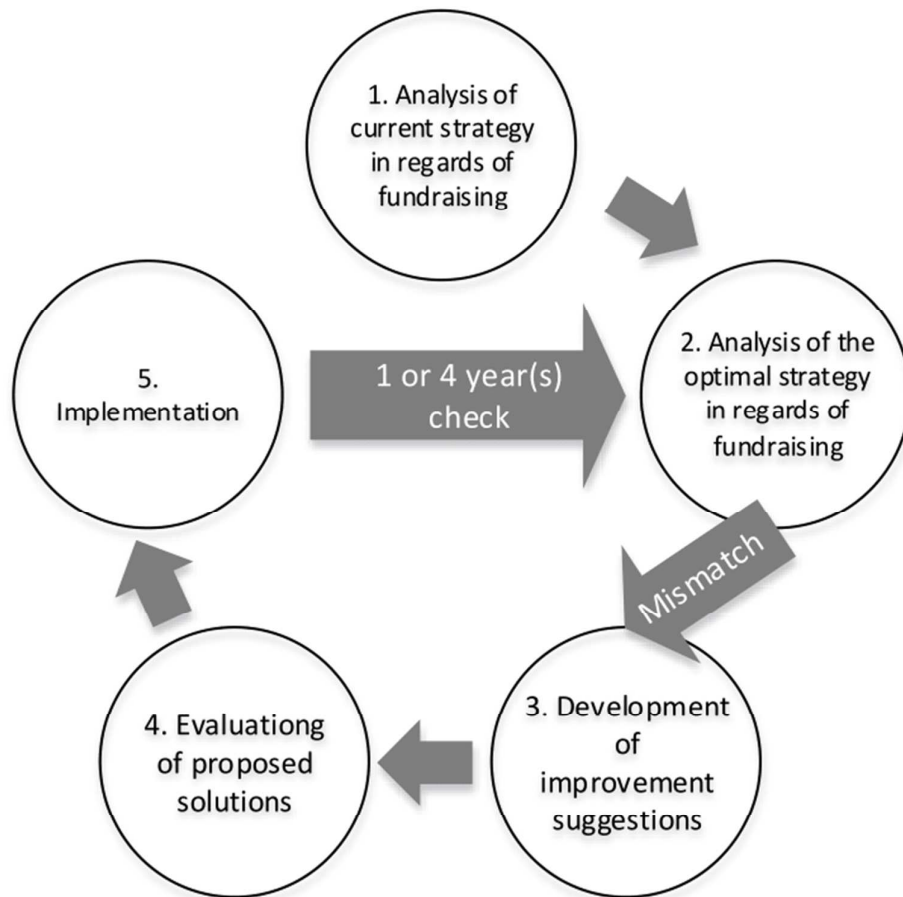


Figure 3: Framework application procedure.

The procedure has five iterative process steps:

- *Step 1: Determine current fundraising approach.*

Determine the percentage distribution of resources in an NGO. Once done, it must be regularly updated, i.e. every year.

- *Step 2: Determine optimal fundraising approach.*

Assess the 15 key factors using internal and external data. First iteration requires involvement from all stakeholders to set and ensure the optimal fundraising approach. It's recommended external key factors be re-evaluated on a yearly basis, due to the dynamic environment.

- *Step 3: Development of improvement suggestions.*

If the optimal and current fundraising strategies match in Step 2, no actions should be taken until the following year. Otherwise, a proposal for optimizing present approach should be formulated.

- *Step 4: Evaluation of proposed solutions.*

Classify improvements into short and long term, then evaluate suggestions using cost-benefit analyses. Involvement from all key stakeholders is recommended to ensure both quantitative and qualitative benefits and costs.

- *Step 5: Implementation.*

Implement short-term solutions immediately. Drastic improvements will be considered long-term, as they will need time to be implemented and accepted by employees and become part of organizational processes, procedures, and culture. It's suggested that implementation be verified every 4 years.

Conclusions

Instabilities present in the revenue of NGOs create difficulties with regard to effective utilization of resources and fundraising. Additionally, NGOs rarely develop a market analysis, a key tool for any business, geared towards identification of strategically advantageous activities.

This paper addresses this research gap by identifying key factors determining the most advantageous fundraising approach, focusing on mental-health NGOs. This study identifies 15 key factors (6 internal and 9 external factors) determining the most advantageous fundraising approach from a literature review and presents a decision-making framework based on these factors. The 6 internal factors are: Administrative Resources, Board members' lack of expertise and administrative skills, Strategic Planning, Governance, Marketing and Communications, Human Resources and Capacity Development and the 9 external factors are: R. NGO-Companies, R. NGO-Donors, Transparency, Seasonal Aspects, Philanthropy, Political interferences and Taxes, Social Stigma, Gender of Donors, Socioeconomic Status.

Data collection was triangulated from a case study of a Danish mental-health NGO called DMHNGO and two surveys; one with the Danish public and one with Danish mental-health NGOs in order to improve reliability of the results.

Testing the framework on the case firm the results showed that currently the case firm had a relatively equal distribution of resources between the internal and external factors. However, an optimal allocation would be 37% of resources spent on internal factors and 63% spent on external factors respectively. Governance and human resources were considered most important among the internal factors for the case firm while social stigma was the most important among the external factors. This allocation leads to the optimal fundraising approach for DMHNGO.

Due to similarities in rating of these 15 key factors between the case firm and the Danish mental-health NGOs who responded to the survey, the developed fundraising approach for the case firm could also be useful for other mental-health NGOs.

A limitation of the study is that the qualitative nature of the study means that the findings related to the perceived reality of fundraising. Furthermore, a limitation of the framework for mental-health NGOs is the absence of current social trends regarding body image and self-esteem, and the increasing importance social media is gaining in the analysis process (Bucchianeri and Neumark-Sztainer, 2014).

Further research should investigate the robustness of the proposed framework by examining the identified key factors in-depth for other Danish mental health NGOs. Furthermore, similar studies in other countries with different approaches to mental health issues could be carried out in order to strengthen and further develop the framework, as well as compare results across NGOs. Also, studies with NGOs which have different structures and objectives should be carried out in order to further expand on and detail the framework and the application of it. Finally, longitudinal studies showing the effectiveness of using the framework and following the identified optimal fundraising approach could further strengthen the framework; a start could be to revisit the case firm in a few years as they are implementing the optimal fund raising approach presented in this paper.

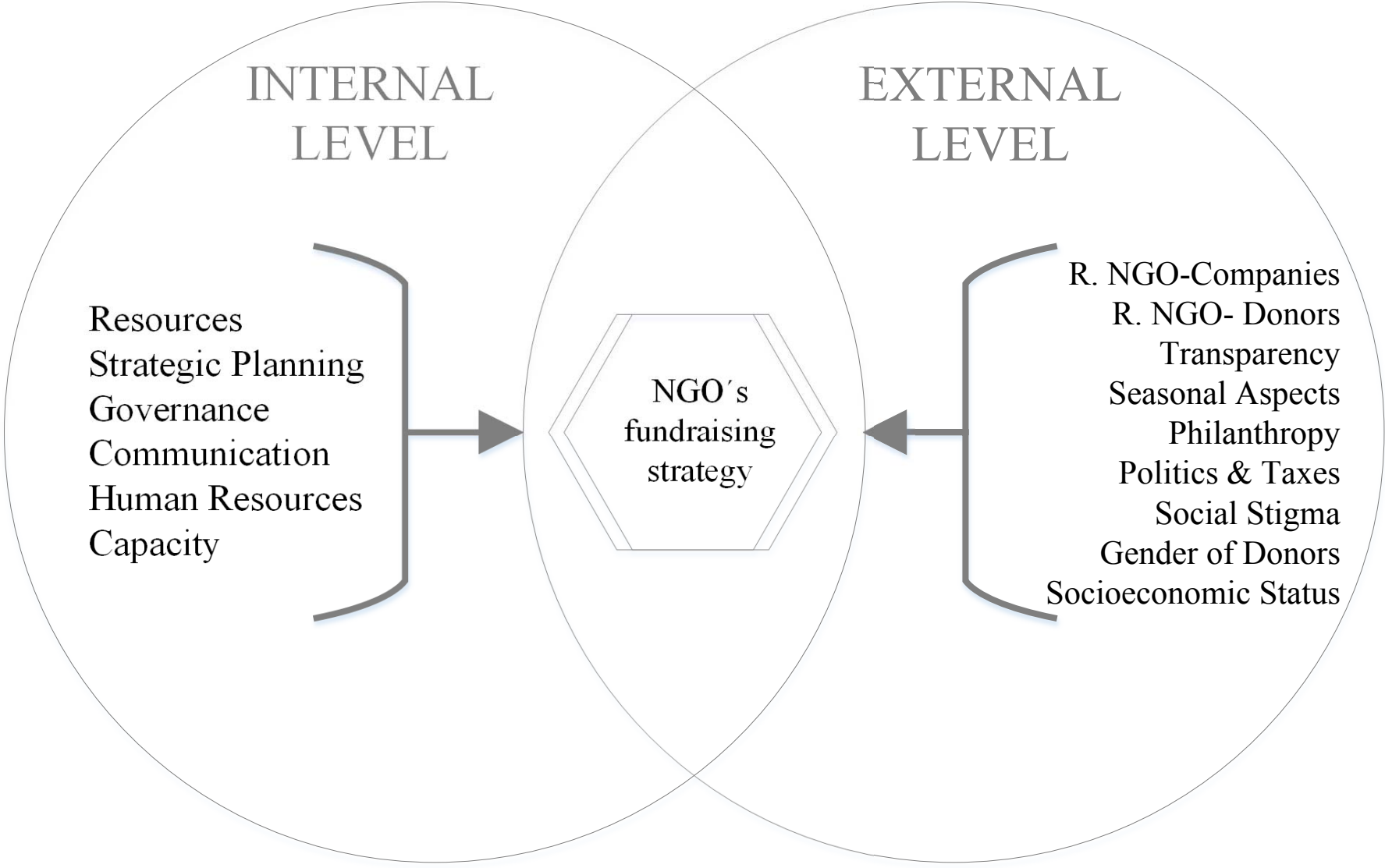
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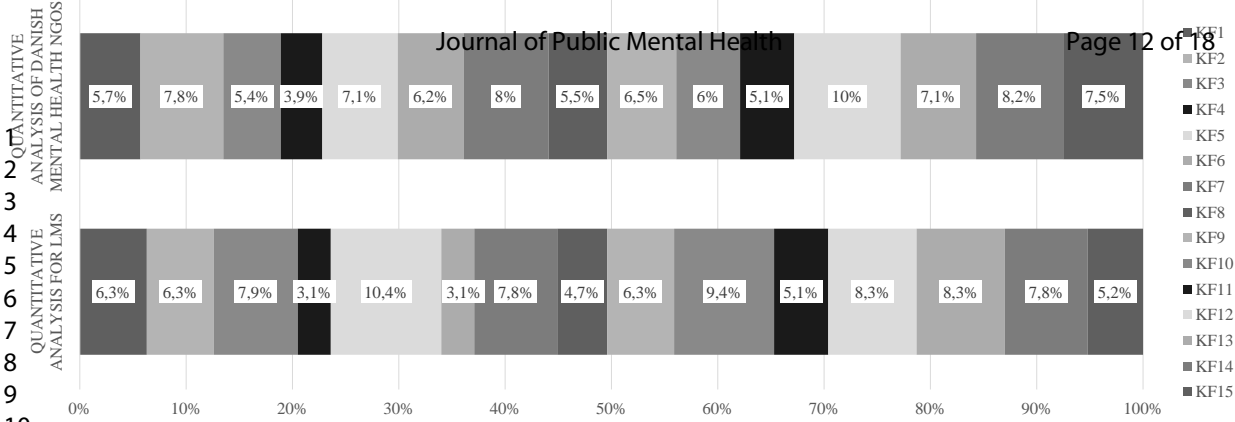
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1. Analysis of
current strategy
in regards of
fundraising

2. Analysis of the
optimal strategy
in regards of
fundraising

5.
Implementation

1 or 4 year(s)
check

4. Evaluating
of proposed
solutions

3. Development
of
improvement
suggestions

Mismatch

$$Importance_k = \frac{(IF_k)(PI_k)}{\sum_{k=1}^{15} (IF_k)(PI_k)100}$$

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| Key Factors | Description | Barriers | Proposed Solutions |
|------------------------------------|---|--|--|
| Administrative Resources | Expertise of NGO board members and administrative staff (Snow, 2011). | Limited time or expertise resulting in senior staff making decisions without support (Aruna and Thanasundari, 2015; Batti, 2014). | NGOs should select staff with expertise in the field to form a resource mobilization committee to be more likely to receive support from banks (Batti, 2014; WorldBank, 1995). |
| Strategic Planning | Developing a vision, mission, setting objectives, crafting and implementing a strategy, and evaluating results (Players, 2015). | Limited managerial and organisational capabilities due to lack of technical tools and resources (Adera, 2014). | Commitment and involvement across all organizational levels to gain advantages and intrinsic values (Grant, 2003; Greenley, 1986). |
| Governance | Relationship between an organization's management, board, and other stakeholders (Jordan, 2008). | NGOs have no obvious accountability structures (Lekorwe and Mpabanga, 2007). | Enhance governance and management, due to a growing emphasis on monitoring (Adera, 2014). |
| Marketing and Communication | Transmitting a message to its desired market (Doyle, 2011). | Norms dictating styles of marketing communication imposed on NGOs (Sabre, 2011). | Use NGOs' resources to attract attention (Sabre, 2011). |
| Human Resources | Qualification and employee motivation (Bromideh, 2011). | High unemployment leading to unqualified job seekers, low salaries, and difficulty retaining highly skilled and qualified people (Sokkie, 2013). | Attract, develop, and retain qualified employees (Bromideh, 2011). |
| Capacity Development | Obtaining, improving, and retaining the skills and knowledge needed, through training, knowledge exchange, etc. (Sorgenfrei, 2004). | Optimization of training cost and effort with foreseen benefits. (Ulleberg, 2009). | Align efforts with objectives by focusing capacity development beyond the school, local communities and local NGOs (Ulleberg, 2009). |

| Key Factors | Barriers | Proposed Solutions |
|---------------------------------------|--|--|
| NGO and Private Firm Relations | Private firms' conduct may harm a NGOs reputation and legitimacy (Graf and Rothlauf, 2012). | Private firms and NGOs own dissimilar resources: NGO's assets: Societal reputation and legitimacy Private firm's: Financial, technological, and physical resources (Das, 1998; Lucea, 2010). |
| NGO and Donor Relations | When NGOs are unaware of their relationship with donors, unclear expectations of credibility may emerge (Walker, 2015). | Donors must be aware of pertinent information (Burger and Owens, 2010). |
| Transparency | NGOs are not motivated by profit-maximization, hence limited temptation to commit illicit activities. Simultaneously, NGOs are averse to sharing information (Elkington, 2003; Fama and Jensen, 1983). | NGOs should enable access to information and establish open communication with stakeholders, increasing understanding of shareholder duties (Gálvez Rodríguez et al., 2012). |
| Seasonal Aspects | 34% of donations take place in October, November and December (Mueller, 2014). | |
| Philanthropy | Regional preferences and prejudices based on shared ethnicity, language, or culture can adversely affect potential donors (Tremblay-Boire and Prakash, 2016). | Individuals give more frequently to NGOs when they feel their actions are improving the welfare of others (Sargeant and Jay, 2010). |
| Taxes | Governments should expand explanation of where tax-revenue is directed, since donors might view taxes as charitable giving (Blackman, 2015). | Individuals and entities are generally willing to donate more when a larger charitable tax-deduction is expected (Clotfelter et al., 2014). |
| Social Stigma | Stigma surrounding mental-illness affects the attitudes and behaviours of the public and some social workers. This is felt in every stage of care, leading to an avoidance of psychiatric help (Melissa A. Hensley, 2006). | Societal ignorance is the root cause of this stigma. A shift in mind-set is needed by promoting a scientific understanding of mental-illness (Wig, 1997). |
| Donors' Gender | Women tend to be more charitable than men. However, there are strong variations in accordance with marital status (Piper and Schnepf, 2007). | |
| Socio-economic Status | Since lower socio-economic backgrounds can create empathy for the welfare of others, pro-social behaviour can also take place for this social class (Piff et al., 2010; Blascovich et al., 2001). | |

| Key Factor | Findings | Case performance | firm's performance | Impact to case firm |
|---------------------------------------|---|------------------|--------------------|---------------------|
| Administrative Resources | 15.55% are employees with suitable qualifications; the remaining 84.45% are volunteers. | ●●●○○ | | ●●● |
| Strategic Planning | There is a defined strategy, mission, and vision. Objectives are continually reviewed. | ○○○○○ | | ○○○ |
| Governance | Good communication between board members and General Secretary (weekly meetings). Budget system to be improved by better financial data management. | ●●●○○ | | ●●○ |
| Marketing and Communication | High engagement on Facebook (likes, comments, etc.). Webpage to be enhanced, especially during peak visitor hours (Tuesdays). Active during different campaigns. | ○○○○○ | | ○○○ |
| Human Resources | Scarce workforce, meaning high workload for salaried employees. No HR department. | ●○○○○ | | ●●● |
| Capacity Development | High part-time employee turnover, meaning wasted resources. | ○○○○○ | | ○○○ |
| NGO and Private Firm Relations | External relationships with private firms must improve to obtain financial support. Visibility via these organizations already achieved. | ●●●○○ | | ●●○ |
| NGO and Donor Relations | Often personal contact with donors, who have doubled their donations in recent years. | ○○○○○ | | ○○○ |
| NGO's Transparency | Trustworthy organization. No scandals registered. | ●●●○○ | | ●●○ |
| Seasonal Aspects | Clear seasonal trend. Highest donations in winter due to Christmas and yearly closure of accounts in most companies. | ○○○○○ | | ○○○ |
| Philanthropy | Limited social awareness of eating disorders and self-harm. However, data showed most donors have a relation to someone affected by these illnesses. | ●●○○○ | | ●○○ |
| Taxes | The general survey (36.1% of negative responses) indicated many Danes are unaware of tax deductions for charitable donations. | ○○○○○ | | ○○○ |
| Social Stigma | The general survey showed approximately 70% of sampled Danes agreed that eating disorders and self-harm are real illnesses, showing greater awareness for these illnesses than literature in general reports. | ●●●○○ | | ●●● |
| Gender of Donors | Most donors and active people in DMHNGO are women. Awareness in men should be increased. | ○○○○○ | | ○○○ |
| Socio-economic Status | There's not a clear pattern in socio-economic status of the donors. Cultural factors should be studied. | ●●●●● | | ●○○ |

| Key Factor | Impact Factor (IF_k) | Potential Improvement (PI_k) | $Importance_k$ |
|--------------------------------|--------------------------|----------------------------------|----------------|
| Administrative Resources | 4 | 3 | 6.3% |
| Strategic Planning | 4 | 3 | 6.3% |
| Governance | 4 | 4 | 7.9% |
| Marketing and Communication | 3 | 2 | 3.1% |
| Human Resources | 5 | 4 | 10.4% |
| Capacity Development | 3 | 2 | 3.1% |
| NGO and Private Firm Relations | 3 | 5 | 7.8% |
| NGO and Donor Relations | 4 | 2 | 4.7% |
| NGO's Transparency | 4 | 3 | 6.3% |
| Seasonal Aspects | 5 | 3 | 9.4% |
| Philanthropy | 2 | 5 | 5.1% |
| Taxes | 4 | 4 | 8.3% |
| Social Stigma | 4 | 4 | 8.3% |
| Gender of Donors | 5 | 3 | 7.8% |
| Socio-economic Status | 5 | 2 | 5.2% |