



Development of Donor Profiles to Improve Donor Financing: A Case Study of Sri Lanka

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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Case Study

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ABSTRACT

To strengthen the donor funding, the requesting governments should have a clear idea about the donor agencies, their priority fields and the ways to contact them and communicate with them. For this special purpose, countries are compelled to build up concise formats called “donor profiles” and to distribute this information among health organizations in the country to develop project proposals to fulfil the requirements specified in the profile of the preferred donor to ensure approval and allocation of funding for the requested project.

Keywords: Donor funding; donor profiles; multilateral agencies; Non Governmental Organizations.

1. INTRODUCTION

1.1 Donor

A donor is a person, organization or government who donates something voluntarily. Donors are a diverse group with wide range of interests.

Health development donor agencies provide regional and international development aid or assistance to developing countries in their respective priority fields. They provide a very valuable contribution for the annual health expenditure of many developing countries as a funding source [1].

There are 3 main groups of health development international health organizations [2]:

- Multilateral agencies: funding from multiple governments and distributed to many different countries.
- Bilateral agencies: government agencies in a single industrialized country which aid to developing countries. (They are usually based on political and historical reasons).
- Non Governmental Organizations (NGO): There are about 1500 NGOs worldwide. They are small mostly church affiliated missionary societies.

1.2 Donor Profile

- Donor profiles are descriptions of each donor's basic information, their preferences and habits of donations, their shared priorities, political affiliations, governance and networking and their donor capacity [3].
- Profiles facilitate the request party to understand the donor's behavior, interests and intents, needs and expectations and to identify stimuli to propagate the donor decisions [3].
- In addition, Profiles make the applicants to understand the most effective way to communicate with the particular donor which includes the mode of communication; online information or direct mailing, the best place for communication; radio, face book etc., the correct way of communication; speak to them directly or through an organization, what other organizations they support and to formulate the most effective message to convince and drive them to take action to respond positively to the funding request [3].
- Hence, donor profiles consist of donor's demographics, psychographics and communication preferences [3].
- Prospective research is the basic method to identify donors. It is followed by creating a relevant donor data base which collects all the necessary information about donors. Finally, the result will enable to build up the donor profiles. Donor profiles are usually built up on 6 headings [4];

1. Basic information of the donor:

2. Official Name:
3. Official address: (Main office / Regional office/Country office); Official TP No/ Fax and other contact details.
4. Details of the Chief Executive Officer, Board of Directors, Structure of Organization. (professional Qualification, work experience, and related attributes)
5. Vision and Mission:
6. Terms of reference of the donor agencies (Conditions and basics)
7. Immunity matters

2. SITUATION ANALYSIS

When global context is explored, following are examples of the developmental organizations which support the developing countries in developing different dimensions of health and health services.

2.1 International Health Organizations [2]

(A). *Multilateral agencies*

Eg: All partners of United Nations. They are separate autonomous organizations work with UN through the coordinating mechanism of "Economic &Social council".

- World Health Organization (WHO)
- World Bank (WB)
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- United Nations Development Programme (UNDP)
- World Food Programme(WFP)
- Food & Agriculture Organization (FAO)
- United Nations High Commissioner for Refugees (UNHCR)

Non UN organizations:

- Global fund for AIDS,Tuberculosis and Malaria (GFATM)
- International Development and Reconstruction Bank (IDRB)
- Global alliance for Vaccines and Immunization (GAVI)
- Asian Development Bank (ADB)

(B). *Bilateral agencies*

Eg:

- Japan-Japanese International Cooperation agency (JICA)
- Korea-Korean International Cooperation Agency (KOIKA)
- Sweden-Swedish International Development agency (SIDA)
- Canada-Canadian International development agency (CIDA)
- United Kingdom-Department for international Development (DFID)
- USA –United States Agency for International Development (USAID)
- Norway-Norwegian Agency for Development cooperation (NORAD)
- European Union (EU)

(C). *Non Governmental Organizations (NGO):*

Eg:

- Project Hope: the largest NGO; in USA
- Oxfam International: second largest; in UK
- HELPAGE International
- World Vision International
- HOPE international development agency
- International Youth foundation
- Medical teams international
- Rapid response
- Save the children
- Peace Direct
- Sustainable Sanitation Alliance

Refugee& disaster relief NGOs:

- International Committee of the Red cross (ICRC)
- Medecins Sans Frontieres (MSF)
- CARE USA
- CARE International

Total Health expenditure of a country is funded by its government (public and private sector) and by foreign funding. When the external resource for health as a percentage of total expenditure on health of some developing countries in the world is considered, Sri Lanka is receiving only a minute contribution from foreign funds compared to many other developing countries in

African continent. Some figures are as follows [7]:

- Malawi-73%, Mozambique- 48%, Rwanda-46%, Sudan-42%, Ethiopia- 41%, Madagascar -39%, , Tanzania-35%, Kenya- 27%, Sierra Leone- 17%, Ghana-15%
- Sri Lanka -1.3%

According to the figures of Development Assistance Committee (DAC); European Union, United States, UK, Germany, Japan, France, Sweden, Netherlands, Canada, UAE, Norway, Italy, Switzerland, Australia, Denmark, South Korea etc. are in the high ranks of funding governments in the decreasing order.

According to literature, high shares of funding has gone to HIV/AIDS& STD (40%), Basic health and medical care (14%), Management & human resource development (13%), Family planning & Reproductive health (11%) and Malaria (8%) in the decreasing order [7].

2.2 Sri Lankan Situation

In Sri Lanka, total Expenditure for Health is 3.3% GDP; amounting 285 Billion Rupees; Rupees 13,841 per person per year. This amount was funded by Public sector - 43%, Private sector - 56% and by foreign donors - 1% [8].

When Health expenditure of 3.3% GDP in Sri Lanka is compared with other countries; it is very much lower than developed countries (developed countries - 12%), lower than upper middle income countries (7%), low middle income countries (5%) and even low income countries (7%) [8]. Therefore, Sri Lanka needs to increase the expenditure for Health (% GDP) for a better health financing.

In Sri Lanka, Donor financing is largely channeled through government sector and minority through private organizations. External donors in Sri Lanka are;

- Official multinational UN organizations:
 1. WHO
 2. World Bank
 3. UNICEF
 4. UNFPA
 5. GFATM etc.

- Official Bilateral Agencies:
 1. JICA
 2. KOICA etc.
- NGOs and other private organizations:

In Sri Lanka, Donor financing is mostly done as grants or loans. It is channeled in 2 ways;

1. Through the Treasury: It is not reported as external financing: Eg: WB, JICA. This is incorporated into government budget. Loans should be paid by the government.
2. Sent directly to programmes/projects /Institutions: Eg: A part of WHO and UNICEF donations. Only this amount is considered as donor funding which is < 2%. Even if the total is calculated, it is still <4% of total public spending [8].

The Directorate of International Health, of Management, Development and Planning Unit of Ministry of Health (MoH), under the administration of Deputy Director General (DDG) - Planning is the responsible body to coordinate foreign donor funding activities directed through MoH. It coordinates the activities of WHO, UNICEF and UNFPA.

Its main stakeholders are; the Treasury, the Secretary Health (SH), the Director General of Health Services (DGHS), DDG - planning, Director – International Health, Relevant DDGs (DDG – Public Health Services, DDG – Education , Training & Research etc), Family Health Bureau, Health promotion Bureau, Epidemiology unit, Medical Research Institute, Non Communicable Disease Bureau, Nutrition and all other disease control programmes etc.

Two year or 1 year action plans are prepared by relevant programme directorates considering the health master plan and the health related policies of the country. The action plans are directed

upwards with the approval of relevant DDGs and of DDG - Planning to head quarters of UN agencies via their country offices for approval and allocation of money for separate programme. Country programmes are developed for 5 year period by UN agencies. Drafts of country programmes are sent back to DDG - Planning through H.S and DGHS for comments. Final document is agreed and signed by UN representative and the S.H. Usually the amount requested is not fully approved. Further, the priority is given to war affected areas such as Northern, Eastern and North western provinces.

Subsequently, activity proposals are sent by programme directors to DDG Planning. Approval is made according to budget limits by DDG - Planning (<500,000 Sri Lankan Rupees (SLR)), DGHS (<500,000–800,000 SLR) and HS (>800,000 SLR). Money is sent by the UN agency to treasury and then to the accounts of DGHS or H.S. Face forms are sent for renewals periodically.

3. PROBLEM IDENTIFICATION

- Total health expenditure (% Gross Domestic Product) is very low in Sri Lanka.
- Percentage of donor financing (% of total health expenditure) is comparatively very low.
- Requested allocation is not approved by Donor Funding agencies.
- Delay in receiving money to the beneficiaries.
- Issues of sustainability of donor funding.
- *Possible influence of foreign governments on prioritizing health issues in the country.*

4. PRIORITIZATION

For the in- depth analysis (root cause analysis) the issue of “Percentage of Donor financing (% of total health expenditure) is comparatively very low” was selected using nominal group discussion.

5. ROOT CAUSE ANALYSIS

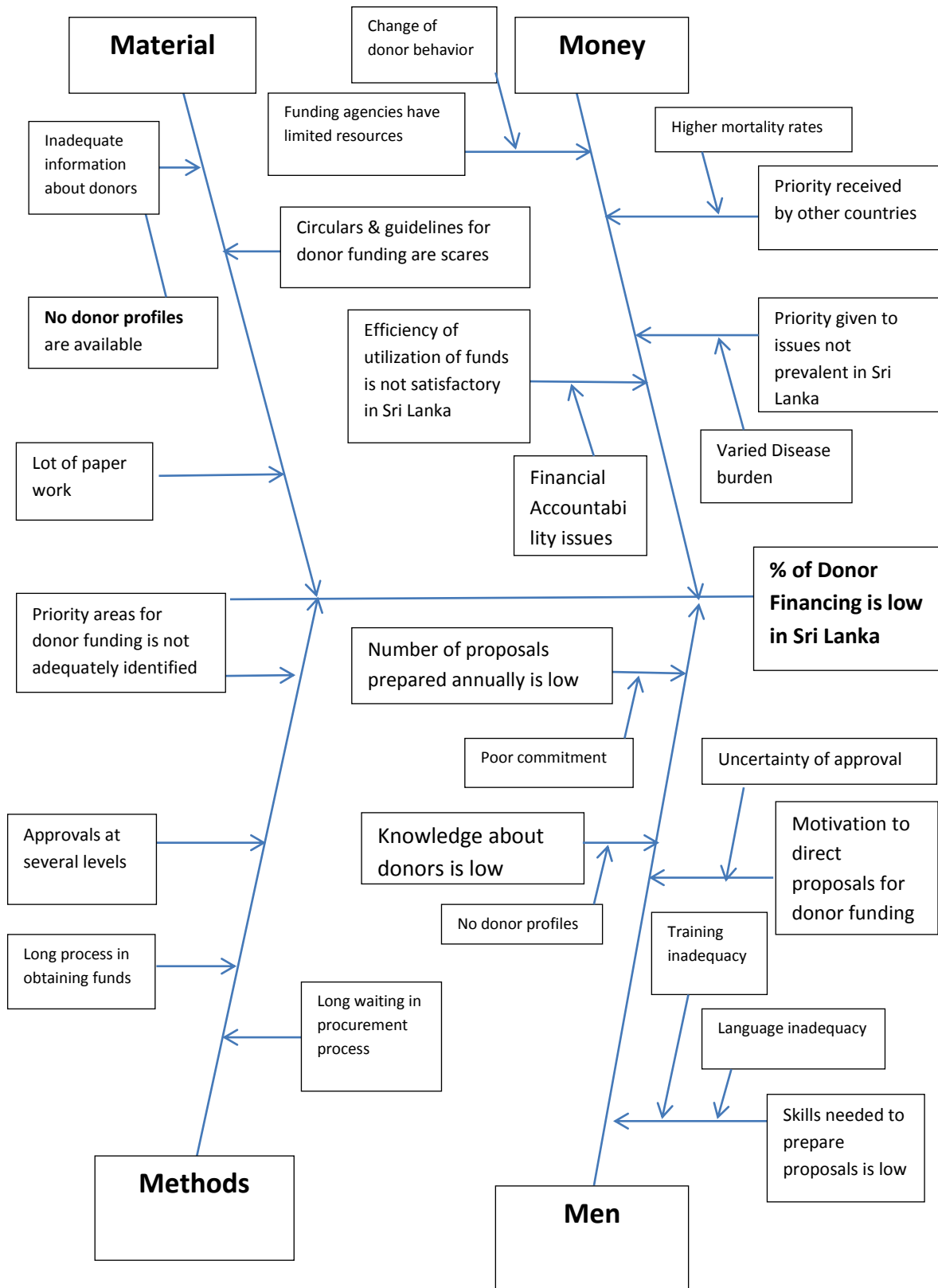


Fig. 1. Root cause analysis

5.1 Interpretation of the Root Cause Analysis

With the above root cause analysis, several root causes were identified under four arms; for the “low percentage of donor financing in Sri Lanka”. They are:

1. Material arm:

- Inadequate information about donors are available due to “unavailability of Donor Profiles”.
- “Circulars & guidelines” for donor funding are scares.
- “A lot of paper work” is needed to obtain donor financing.

2. Money arm:

- Funding agencies have limited resources due to “change of donor behavior”.
- Priority received by other countries due to “their higher mortality rates than Sri Lanka”.
- Priority given to issues not prevalent in Sri Lanka due to “varied global disease burden”.
- Efficiency of utilization of funds is not satisfactory in Sri Lanka due to “financial accountability issues”.

3. Men arm:

- Skills needed to prepare proposals are low due to “language inadequacy and training inadequacy”.
- Motivation to direct proposals for donor funding is low due to “uncertainty of approval”.
- Knowledge about donors is low because “donor profiles are not freely available”.
- Number of proposals prepared annually is low due to “poor commitment of healthcare leaders”.

4. Methods arm:

- “Priority areas” for donor funding are “not adequately identified”.
- “Approvals are required at several levels of authority”.
- “A long process is to be followed in obtaining funds”.

- There is a “long waiting in procurement process” in the country.

5.2 Alternative Solutions for Some Root Causes are;

- Development of donor profiles.
- Training of project planners on developing proposals.
- Identifying priority areas for donor funding.
- Issuing circulars and prepare guidelines on donor funding activities.
- Strengthening monitoring to assure financial accountability.

The priority alternative solution was identified by “nominal group technique” as the “Development of Donor profiles at the International health unit of MoH”.

6. SETTING OF THE OBJECTIVE

The development of the Donor Profile of United Nations Children’s Fund (UNICEF)

7. DATA COLLECTION

- Primary data - Key Informant Interviews with Officials in International Health unit of Management Development & Planning Unit of Ministry of Health, Sri Lanka.
- Secondary data - Government data Publications Data bases

8. DEVELOPMENT OF THE DONOR PROFILE OF UNICEF

Main items to be included:

1. Donor’s name:
2. Brief Description:
3. Contact Information: Address : Main office/regional office/ country office.
Telephone
Web site and E mail
4. Details of CEO, Board of directors, structure of organization:
5. Vision/ Mission:
6. Contributions for projects in Sri Lanka:
Past
Present
7. Priorities:
8. Funding mechanisms and conditions:

Table 1. United Nations Children’s Fund (UNICEF) [9, 10, 11, 12]

1. Donor’s name	United Nations Children’s Fund (UNICEF)
2. Brief description	<ul style="list-style-type: none"> • A member of UNs development group; • Headquarters is in NewYork city; • Created by UNs Geneva Assembly in 1946 to promote emergency food & health care to children in countries affected by 2nd world war; • UNICEF’s mandate was extended in 1950 to address the long term needs of children & women in developing countries; • Relies contributions from governments & private donors; Total income for 2015 = US\$ 5,009,557,471. Governments contributes to 2/3 and private groups to 1/3 of income; entirely voluntary funding; • Nobel price was won in 1965; • There are 191 countrieshaving country officers.
3. Contact Information	
Main office	
Address :	UNICEF USA, 125 Maiden Lane, New York, NY 10038.
Telephone:	800367-5437
Email:	
Website:	+UNICEFUSA on Google+ @ UNICEFUSA on Twitter UNICEFUSA on Facebook.com
Country office	
Address:	UNICEF, Sri Lanka Country Office, 3/1, RajakeeyaMawatha, Colombo, Sri Lanka.
Telephone:	011-2672110
Fax:	011-2672110
Email:	Colombo @ unicef.org
Website:	www.unicef.org
4. Details of CEO Board of Directors and the structure of organization	<ul style="list-style-type: none"> • Head Quarters is in New York, USA. • Bureau – President and 5 vice presidents from 5 regions elected yearly from executive board for coordination of work; • Executive board - 36 members; from 5 regional groups of member states of UNs; governing body to establish policies& approves programmes& budgets; meets monthly. • Secretariat – with permanent members • Regional offices – 07 to provide technical assistance; <ol style="list-style-type: none"> 1. Europe - Genewa, Switzerland, 2. Supply division - Copenhagen, Denmark. 3. Innocenti Research centre- Florence, Italy, 4. Brussels office- Belgium 5. Japanese office- Japan 6. Seoul office- Republic of Korea, 7. Global Shared serves centre - Budupest, Hungary. • Country offices – in 191 countries; to monitor the country activities • UNICEF national committees as NGOs-in 34 industrialized countries for fund raising activities. • Supply division (distribution of items – vaccines, antiretroviral medicine, nutritional supplements, emergency shelters, family reunification and educational supplies) is in Copenhagen, Denmark; <p>President : H.E. Mr. Walton Alfonso Webson - Ahtiguat&Barbude Vice presidents: Mr. Abdallar Y Al- Mouallimi – Saudi Arabia</p>

	Mr. Yemdaogo Eric Tiare – Burkina Faso Ms. May Elin Stener – Norway Ms. Irina Velichko - Blarus
5. Mission	The world has changed but the children’s needs have not. See how UNICEF commitment to children remains as strong as ever despite the complexities of our world.
6. Vision	All children have a light to survive, thrive and fulfil their potential – to the benefit of a better world.
7. Contribution for projects in Sri Lanka	
8. Present activities	<ol style="list-style-type: none"> 1. Family Health Bureau- Programmes of advocacy, capacity building, health education, monitoring, procurement, IEC material development 2. Medical Research Institute – Programmes of capacity building, health education, research of Nutrition 3. Sexually Transmitted Diseases/AIDS – Programmes of IEC material & guidelines development, capacity building, advocacy, media campaigns, monitoring. 4. Epidemiology unit- consultative meetings, advertisements on vaccinations, dengue control activities, EPI reviews. 5. Nutrition Division- IEC material & guidelines development, health education. 6. Nutrition coordination unit- Nutrition month activities, IEC material development. 7. Health promotion Bureau- media seminars, mother support groups, development of nutrition counseling module, TOTs, Video clipping, advocacy.
9. Priorities	<ul style="list-style-type: none"> • Child protection & Inclusion • Child Survival • Education • UNICEF in Emergencies • Gender • Innovation for children • Supply and Logistics • Research and Analysis
10. Funding mechanism	<ol style="list-style-type: none"> 1. Through the Treasury → Secretary Health → DGHS → DDG-Planning → Director - International Health → Campaigns & Control programmes 2. Direct payments or supply to Campaigns & Control programmes

9. CONCLUSION

This donor profile can be used to make the requesting parties to understand the donors’ personal details, administration, conditions, priority areas and performance. They will guide them to follow the best effective way to improve donor funding. This format can be used to prepare profiles of all the relevant donors and they should be made available to all the health organizations in the country.

CONSENT

As per international standard or university standard, respondents’ written consent

has been collected and preserved by the authors.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. “Donor”. Available: <https://en.wikipedia.org/wiki/Donor>
2. “An overview of International NGOs in development” Available: <http://www.cn.undp.org>

3. "Donor profile at a glance" - Available:www.oecd.org
4. "How to build donor profiles" Available:www.donorcommunity.com
5. "List of funding agencies" Available:www.auriville.org.
6. "List of Development Aid Country Donors". Available:en.wikipedia.org
7. "Donor Funding for Health in low and middle income countries, 2002-2010 report"
8. "Sri Lanka Health Accounts, National Health Expenditure, 1990-2014 report. Available:www.ihp.lk
9. "UNICEF" – Wikipedia. Available:en.wikipedia.org
10. "UNICEF USA. Available:www.unicefusa.org
11. Country plan, UNICEF, International Health unit, MDPU, Ministry of health.
12. Progress Review reports of UNICEF activities, International Health unit, MDPU, Ministry of health.

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