

Original Article

SWOC (STRENGTHS, WEAKNESSES, OPPORTUNITIES, CHALLENGES) ANALYSIS OF CHILD MALNUTRITION TREATMENT CENTRE (CMTC), MAHUVA BLOCK, SURAT DISTRICT

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ABSTRACT

Introduction: Child Malnutrition Treatment Centre (CMTC) provide nutritional therapy to severe malnourished children. The objective of the study is to evaluate Strengths, Weaknesses, Opportunities and Challenges (or Threats) of Community Malnutrition Treatment Centre (CMTC), Mahuva.

Methodology: Out of 3 functioning CMTCs in Surat district, CMTC Mahuva was randomly selected & SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis of the centre was done by interviewing superintendent, nutritionist, other staff of centre and beneficiaries' mothers.

Results: CMTC Mahuva having strengths such as definite guidelines, motivated and trained human resource and financial resource, good infrastructure, support by Superintendent of CHC Mahuva. Weaknesses like insufficiency of budget, non-availability of pediatrician in nearby place and lack of fully functioning Nutritional Rehabilitation Centre at district level also exist. Centre is having external opportunities like use of Rogi Kalyan Samiti funds for purchase of medicine, use of CM-SETU (Chief Minister, Services of Experts at Treatment Unit) for availing pediatrician's services, pooling of medicines supplied to other health centres, donations from private companies etc. Challenges like beneficiaries referred but not reaching to centre due to social reasons, impossibility of night stay at centre, issues of drop out, child enrolled without any companion are also present.

Conclusion: Even though CMTC, Mahuva is having some internal weaknesses and external challenges, the existing staffs are very enthusiastic and trying their best to achieving the objectives by balancing these weaknesses and challenges with the help of existing strengths and opportunities.

Keywords: Malnutrition, CMTC, Mission Balam Sukham

INTRODUCTION

Childhood undernutrition is an important challenge to public health and socioeconomic development in India.¹ The World Bank estimates India is among one of the most burdened countries in the world for childhood malnutrition.² The prevalence of underweight children in India is among the highest in the world, and is nearly

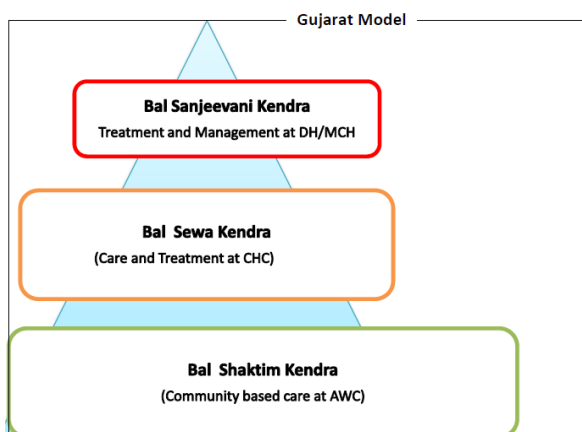
double that of Sub-Saharan Africa with awful consequences for morbidity, mortality and efficient economic growth.²

The prevalence of Severe Acute Malnutrition (SAM) in children is very high in spite of overall economic development in India.^{1,3} The National Family Health Survey-3 (NFHS-3) conducted by Government of India during year of 2005-2006

showed that prevalence of severe wasting is 6.4 percent among all children under-five years of age.³ The NFHS data on the nutrition status of children in Gujarat shows that 41.1% of under three and 45% under five children are under-weight. Amongst Under three children 49.2% are stunted and 19.7% are wasted.³ Rate of under five children with (<3SD) weight for height which is a cut off for SAM is 5.8%.³

Undernourished children have significantly higher risk of infections which lead to higher morbidity and mortality. Moreover undernutrition also leads to growth retardation and impaired psychosocial and cognitive development.^{1,4} Children suffering from Severe Acute Malnutrition (SAM) are 9 times more likely to be died than well-nourished children.¹ With appropriate management both nutritional and clinical, numerous deaths due to undernutrition can be prevented.^{1,5}

Figure 1: 3 Tier Approach for treatment of malnutrition in Gujarat.⁷



The task of improving the health and nutrition status to reduce the incidence of morbidity and mortality calls for a multi-sectoral approach and convergent planning. In Gujarat, "Mission Balam Sukham" was conceptualized to provide an enabling mechanism to the line different departments to come together under one umbrella for concerted efforts to address and improve the nutritional status of the children.⁶

There are two approach for management of children under Mission Balam Sukham. First is Home or Community Based management and second one is Inpatient or Facility Based management. As shown in figure 1, Gujarat model of Malnutrition management has adopted 3 tier approach.⁷

As CMTC provide nutritional therapy to SAM children which is one of the newer initiative of Government of Gujarat to tackle undernutrition among children. Children having Severe Acute Malnutrition (SAM) are provided 21 days facility based nutrition therapy in batch of 10 children at CMTC. Successful completion of these batches and even improvement of nutritional status largely depend upon functioning of the CMTC including infrastructure, staff, fund allocation etc. SWOC analysis is one of the strategic planning tool used to evaluate Strengths, Weaknesses, Opportunities and Challenges of the project or services. In Surat district three CMTCs are functional since last 2 years. In this context we decided to do SWOC analysis of one the three CMTC to evaluate the centre in context of what was envisaged in "Mission Balam Sukham". This SWOC analysis enable us to identify good aspects of the centre and to project into areas which need improvement. This analysis will also guide us to overcome weaknesses and challenges of the centre.

METHODOLOGY

Based on the operational guideline of CMTC, a detailed questionnaire was prepared to assess functioning of the centre. Area of assessment mainly include physical and financial resources, managerial ability, skills and knowledge of the staff, reputation of CMTC among beneficiaries, customs and beliefs of the served community etc. Out of 3 functioning CMTCs in Surat district, CMTC Mahuva was randomly selected for the SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis of the centre. A full day visit was conducted to understand functioning of the selected CMTC. All stake holders of the centre including the Superintendent of the premises (CHC, Mahuva), Block Health Officer (Mahuva Block), all the levels of staff of the centre, finance person, admin person, beneficiaries etc. were personally interviewed to collect desired information. After the field visit, all information was analyzed to prepare SWOC matrix.

The SWOC analysis has been employed in community work as a tool to recognize positive/ favourable and negative/unfavourable factors within organizations, communities, and the broader society that promote or inhibit successful implementation of social services and social change efforts.⁸ It is used as a preliminary resource, assessing internal strengths and weaknesses of organization and external opportuni-

ties, and challenges in a community served by a nonprofit or community organization.⁹

OBSERVATION (SWOC Analysis)

Strengths

Policy and Guidelines: Definite operational and technical guidelines and policy for CMTC are available under Mission Balam Sukham. Every children referred at CMTC are further screened by nutritionist and if the child comes under inclusion criteria then only he/she is enrolled. Out of 20-25 children referred to CMTC every months, only around 10 children come under inclusion criteria and enrolled at CMTC. Other children are treated at Village Child Nutrition Centre (VCNC). So that overburden to health facility can be prevented.

Human resource: As per CMTC guidelines adequate staff which include one medical officer and one staff nurse which are attached to community health centre, Mahuva. 1 nutritionist, 2 cook cum care taker and 1 cleaner has been recruited specially for CMTC.

As per muster, there is regular availability of staff at CMTC. At the time of visit all the staff members were present at CMTC. Nutritionist was having good knowledge of guidelines and management of SAM children. She explained us how the children are screened and what diet is given to them after enrollment. She is motivated and enthusiastic to serve the community.

Case 1: A malnourished child having less than -4SD weight for height named Vinay whose mother not willing to come and stay at CMTC for treatment of her child was enrolled and being taken care by Nutritionist herself. All the responsibilities of Vinay and her 2 elder sister were bared by CMTC staff.

Case 2: A mother begging outside the temple refused to enroll her child in CMTC because she has to beg whole day outside the temple and not at all concerned for her child's life. She was even talking about throwing her child into river. Nutritionist of CMTC Mahuva offered to pick her child to CMTC in the morning and drop back to temple in the evening but she refused the proposal.

Finance: CMTC is fully funded by Government of Gujarat. Total ₹ 21,000 budget for food and medicines is allocated for one batch of 10 children for 21 days. ₹ 100 per children per day is

given to mothers for wage loss compensation. Financial assistant is very supportive to nutritionist. Purchase out of budget is managed by his help.

Infrastructure: CMTC is established on first floor of Block Health Officer's office in CHC Mahuva campus. Entire 1st floor is allocated for CMTC with adequate floor area and separate ward with 10 beds, kitchen, bathroom, store room, Nutritionist room, suckling test room, clothes room and 3 extra rooms.

Supportive Supervision: Whole activity of CMTC is supportively supervised by medical superintendent of CHC and Block Health Officer (BHO) of Mahuva block of Surat district. Full support and guidance is given to CMTC staff.

Rashtriya Bal Swasthya Karyakram (RBSK) team: RBSK team consisting of AYUSH doctor is used in screening of malnourished children. If they felt need, child is referred to CMTC. Nutritionist at CMTC further screen child by doing anthropometry, appetite test and examination for oedema. If child comes under the inclusion criteria of CMTC then only, he/she is enrolled.

Weaknesses

Insufficient Budget: Budget of ₹21,000 per month for food and drugs is not adequate to manage CMTC properly. Most of it is used in purchasing ration, vegetable, milk and gas cylinder. In summer, vegetable cost is almost doubled in compare to winter which lead to excess expenditures. Because nutritionist prefers quality of food, out of ₹21,000, approximately ₹18,000 is being utilized for preparation of food only. She has to manage medicines like iron folic acid syrup, folic acid tablets and magnesium sulphate, from primary health centres or from CHC Mahuva. Now purchase of medicines from Rogi Kalyan Samiti fund is being done with the help of superintendent of CHC.

No separate fund is provided for CMTC as per the guidelines. So once there was need of maintenance of toilet and bathroom but nutritionist had to face many difficulties for getting it done. In the past, there was need of wall painting at CMTC. She urged a painter to get it done if there is extra colour left with him in the good faith of community.

Non-availability of paediatrician: Though there is attached CHC to CMTC but facility of permanent/temporary paediatrician is not available. If

the child gets complications at the onset or during treatment at CMTC then he/she have to be referred to CHC Bardoli which is 15 kilometers away from CMTC.

Lack of fully functioning Nutritional Rehabilitation Centre (NRC) at District level: There is lack of fully functioning NRC at civil hospital, Surat to refer those children who have failed to respond to the treatment at CMTC and in need of tertiary care services to combat with emergencies. Due to lack of this referral system three tier approach of SAM management under "Mission Balam Sukham" cannot be fully achieved.

Opportunities

Rogi Kalyan Samiti funds: RKS funds of CHC Mahuva can be utilized for purchasing medicines if the allocated medicine budget is insufficient and for maintenance purpose. RKS is free to prescribe, generate and use the funds with it as per its best judgment for smooth functioning and maintaining the quality of services.

CM-SETU (Chief Minister, Services of Experts at Treatment Unit) Yojana: Paediatrician can be appointed at CHC for one or two days maximum up to 18 hours per week, under CM-SETU Yojana who can see after OPD and CMTC children, too.

ANC mother nutrition: 12 ANC mothers whose children were enrolled at CMTC received nutritious food along with their children which lead to increase in birth weight of expected new born child then the previous child. This shows that there is lot of opportunities of improvisation in ANC mother's nutritional status along with her child at CMTC by providing her nutritious food and rest for 21 days which may be not available at her home.

Medicines from CHC Mahuva and nearby Primary Health Centres: CHC & PHC Pharmacists under Mahuva block provide government supplied medicines to be utilized at CMTC which decreased cost of drug purchase. This budget can be utilized in food ration purchase.

Donations: L&T Private Limited donated steel cupboard and gas stove to CMTC, Mahuva. There is opportunities of getting more donations from this type of multinational companies through their Corporate Social Responsibility Policies.

Threats/ Challenges

Not reaching the facilities: Many children are referred to CMTC by RBSK teams but not reaching to CMTC due to social and other reasons or beliefs like wage loss not affording for family, no faith in government facilities, interiority of villages, lack of transport facilities, lack of awareness, lack of proper counseling, gender discrimination for female child etc.

Night stay at CMTC: Night stay at CMTC ensures 21 days of supervised diet to the child but it is not possible in village/tribal areas due to social customs which do not allow a woman to stay out of home at night.

Refusal: As discussed in case 2 in strengths section, although nutritionist is very enthusiastic for social service but many mothers totally refuse to be enrolled at CMTC.

Drop outs: Total 5 out of 171 children in last one and a half year were drop out due to reasons like Social incident like death in family, Habit of alcohol consumption by male and female both, domestic violence etc.

Child having no companion: Child having no companion (mother/father/grandmother) for treatment at CMTC. If nutritionist enroll such a child then she has to take whole responsibility of that child.

Food: In some communities food outside of home is not allowed in tribal areas.

Case 3: A Christian community child named Alisha whose mother refused to feed her child formula food used at CMTC.

Neighbourhood: There was conflict with neighbourhood due to drainage water of CMTC passing through their society. They even threatened nutritionist to stop running CMTC.

Success stories: Out of 171 under nourished children enrolled at CMTC in last one and half year 163 children (almost 95%) got increase in weight with only 5 children (~3%) dropped out due to social reasons. All the children enrolled are kept on prescribed diet for full 21 days and if needed more than 21 days. Beneficiaries was satisfied with the services provided by the centre, food arrangements and quality, general cleanliness of centre, education and counselling provided about dietary habits.

Table 1: SWOC MATRIX

<h2 style="text-align: center;">SWOC Matrix</h2>	<p>Strengths (S)</p> <ul style="list-style-type: none"> • Definite guidelines • Adequate, trained and motivated staff • Well established infrastructure • Support from medical superintendent and Block Health Officer • Timely fund allocation • Good Support from other health functionaries including RBSK team and its vehicle • High success rate and high level of satisfaction observed in the beneficiaries of the centre 	<p>Weaknesses (W)</p> <ul style="list-style-type: none"> • Insufficiency of budget especially in summer due to price hike in vegetables and milk • Non-availability of paediatrician in nearby area • Lack of fully functioning Nutritional Rehabilitation Centre (NRC) at District level
<p>Opportunities (O)</p> <ul style="list-style-type: none"> • Rogi Kalyan Samiti funds. • CM-SETU (Chief Minister, Services of Experts at Treatment Unit) Yojana • Nutrition of ante natal women attending CMTC with her undernourished children • Obtaining medicines from nearby health centres • Donations from private companies 	<p>SO strategies: Use strengths to take advantage of opportunities</p> <ul style="list-style-type: none"> • With support from CHC superintendent, RKS funds and CM-SETU Yojana can be used for service expansion and even for developing centre as 'Model CMTC'. • Nutrition supplementation and education of mother during 21 days at CMTC and follow up of these women till delivery by ASHA which can lead to positive impact on pregnancy outcome and birth weight of newborn child. • With support of BHO, government supplied drugs can be used at CMTC. 	<p>WO strategies: Overcoming weaknesses by taking advantage of opportunities</p> <ul style="list-style-type: none"> • Insufficiency of budget can be overcome with the help of RKS funds, donations from private companies and PHC supplied drugs. • Paediatrician's services can be availed under CM-SETU Yojana at CHC Mahuva who also provides consultations for CMTC children. • With help of BHO, request can be made at district level for fully functioning NRC in district as per the "Mission Balam Sukham" guidelines.
<p>Challenges/Threats</p> <ul style="list-style-type: none"> • Referred undernourished children not reaching to facilities due to socio-cultural and other reasons • Resistance by beneficiaries for Night stay at CMTC due to familial and social customs and beliefs • Refusal to be enrolled and drop out after enrolment • Child without companion • Food preferences • Conflict with neighbourhood society 	<p>SC strategies: Use strengths to avoid challenges</p> <ul style="list-style-type: none"> • Families of beneficiaries of CMTC can be set as an example to encourage enrolment of undernourished children and to provide knowledge about facilities available and efficiency of staff at CMTC. • Those children without any companion are also taken care at CMTC, Mahuva by very motivated and dedicated staff. This is a success story and should be disseminated to other centres. • Conflict with neighbouring society persons can be solved with the help of BHO and superintendent. 	<p>WC strategies: Minimize weaknesses and avoid challenges</p> <ul style="list-style-type: none"> • CMTC authorities should take appropriate steps like health promotion and education to combat the challenge of refusal of night stay at CMTC. • In case of complication when paediatrician is needed, child can be referred with transport facility to CHC Bardoli where paediatrician is available. • Variety of foods can be served to resolve the issue of food preferences. • Social and community leaders can be provided with information of functions of CMTC and involved in health promotion activities.

CONCLUSION

Child Malnutrition Treatment Centre (CMTC) Mahuva is established and functioning according to "Mission Balam Sukham" guidelines with strength of adequate, trained and motivated staff and infrastructure and opportunities from government and private sector companies. On the other side, CMTC, Mahuva is having some internal weaknesses and external challenges. Even though the existing staffs are very enthusiastic and trying their best to achieve the objectives by balancing these weaknesses and challenges with the help of existing strengths and opportunities. This SWOC matrix provides direction to develop future strategies for functional improvement of such centres across the state.

LIMITATIONS

Although the SWOC matrix is widely used in strategic planning, the analysis does have some limitations. First, SWOC is not the end process. It does not show how to achieve a competitive advantage. The matrix shows how proposed strategies are being implemented and what are the challenges faced in implementation. Second, this SWOC analysis is done as static assessment or as a snapshot in time. As circumstances, capabilities, threats, and strategies change, the whole scenario may not be revealed in a single matrix. Third, this SWOC analysis may have led to exaggerate a single internal or external factor in strategies. There may be interrelationships among the key internal and external factors that SWOC does not reveal that may be important in devising strategies. Fourth, this SWOC analysis is done at CMTC level, so many factors may have missed which are present at community level.

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