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# **Calcutta Kids: A SWOT Analysis**

**Margaret Elliott – AIF Fellow 2011-2012**

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The views expressed in this case study are those of the authors alone and do not necessarily reflect the policies or the views of AIF and/or Calcutta Kids. This work was prepared by Margaret Elliott while working at Calcutta Kids as an AIF William J. Clinton Fellow for Service in India

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## Acronyms

AIC: Area-in-Charge (lead health worker)

AIF: American India Foundation

CHW: Community Health Worker

DTC: Diarrhea Treatment Center

ICDDR,B: International Centre for Diarrhoeal Diseases Research, Bangladesh

MYCHI: Maternal and Young Child Health Initiative

NGO: Non-Governmental Organization

ORS: Oral Rehydration Solution

SWOT: Strengths, Weaknesses, Opportunities, and Threats

## Executive Summary

Calcutta Kids is a maternal and child public health organization located in Howrah, outside of Kolkata, India. In a ten-month Fellowship, I was able to experience all aspects of Calcutta Kids – from fieldwork to management decisions; to a website and clinical protocols. As a final review of my work with Calcutta Kids, and in an attempt to leave a lasting review of the current state of Calcutta Kids, I conducted a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis. Covered in this analysis was the development of interview questions, and interviews of all of the Calcutta Kids management staff, health workers, clinical staff, key board members, and recent interns. After completing the interviews, the text of each was coded into a spreadsheet. Results and recommendations from the SWOT analysis, as well as a final reflection on my work while at Calcutta Kids, is included in this paper.

## I. Introduction

Placed with Calcutta Kids for my ten-month American India Foundation William J. Clinton Fellowship for Service, I was involved in multiple projects in the field, in the clinic, and in the office.

In the field, I helped implement the first support group for mothers of malnourished children; assisted in improving the processes for the monthly Growth Monitoring and Promotion; and helped organize in-home medical protocols based on IMCI/IMNCI for the Community Health Workers to use in their home visits. In the clinic, I was involved in creating spreadsheets of clinical protocols; helping with specific interventions surrounding malnourished children; and acting as a liaison between the clinic staff and Calcutta Kids' management. In the office, I helped launch Calcutta Kids' new website; and organized their web-based donor relations through MailChimp and Jolkona. Each experience gave me the opportunity to better understand NGO structure and management in India. It also helped me learn more about maternal and child public health among the urban poor in India.

In my final weeks at Calcutta Kids, it became clear that the strategic planning and vision around the future of Calcutta Kids needed strengthening. For my final project, I was tasked with starting this process by conducting a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.

This paper provides a brief background of Calcutta Kids' work and the challenges that exist, as well as the process for conducting the SWOT analysis. The paper will also review the results and recommendations that were discovered in the process of the analysis. Although the SWOT was not my primary or largest project while at Calcutta Kids, it touched on every aspect of my work with the organization, and is a culmination of my experiences throughout the ten-month service fellowship.

## II. Background

### Calcutta Kids

Calcutta Kids is a public health organization working with pregnant women and children up to age three in a slum called Fakir Bagan in Howrah, outside of Kolkata. Working since 2006, the Maternal and Young Child Health Initiative (MYCHI) is run by a dedicated field staff of eight health workers, a female doctor and nurse, organized data managers, and public health professionals.

The four objectives of Calcutta Kids and the MYCHI program are: 1) reduce maternal morbidity and mortality; 2) reduce child morbidity and mortality; 3) improve birth weights; and 4) ensure that children aged 0-3 grow normally. The staff are dedicated to the mission and the belief that if a child is given the best possible start in life – with health in

the womb and through her/his first 1,000 days – her/his health will be far better in the long term, and s/he will be much more able to compete in the changing Indian world. Calcutta Kids has recently adopted the new mantra “If your child is gaining weight, s/he must not be very sick. If your child is not gaining weight, s/he must not be very well.” Through this mantra, the staff are trying to teach families to be interested in the growth progress of their children, and recognize the nutrition is a critical component to a long-term advantage in health, education, and livelihood.

As a public health organization, Calcutta Kids achieves its objectives through primary and preventative care. This includes monthly home visits to each family in the catchment area (approximately 500 families) with customized health messages; community meetings for pregnant women and first-time mothers; immunizations (and consistent follow-up to ensure courses are complete); an ORS-based diarrhea treatment facility that teaches mothers how to treat and avoid diarrhea in their home; and a doctor who provides sound health advice and information, only prescribing medication when absolutely necessary.

Calcutta Kids was founded by Noah Levinson, and began with a team of three people who remain with the organization today. Extremely well connected, Noah has a network of leading public health professionals throughout the world, who keep in close touch with and regularly advise Calcutta Kids. The organization is funded primarily by individual donors, many with connections to Noah, and manages well on a strict budget with very little overhead. The staff are dedicated and stable, and are bolstered by regular interns and fellows who are able to take on discrete projects at regular intervals.

For an Indian organization, Calcutta Kids has limited hierarchy and the director and managers are extremely accessible for all levels of staff. Calcutta Kids’ staff take pride in being “like a family” and work closely and well together. Compared to bureaucracy I have experienced in many other organizations, Calcutta Kids can easily implement new programs and protocols, and has a great deal of flexibility to adjust any aspect of the organization as needed.

### Fakir Bagan

Fakir Bagan is a community of 20,000, comprised of mostly migrants from Bihar and Uttar Pradesh. Men in the community are employed as rickshaw pullers, chai wallahs, making and selling local snacks, garment workers, and potters making clay chai cups and mishti bowls. Women are mostly housewives, although some are working making snacks and grinding spices for local restaurants.

The patriarchy of India is readily apparent in Fakir Bagan. Men and mothers-in-law run households, and women who have married into their husband’s families have little autonomy or say on how to run their lives. Women are often kept inside their homes, especially during pregnancy and the months after childbirth. In many cases, daughters

will travel to their parents' home for pregnancy, so some mothers do not remain in the area their entire pregnancy, and others will arrive in Fakir Bagan from the village shortly before giving birth. Pregnant women and their families hope the child will be a boy, and families risk the lives of their mothers and daughters in this pursuit. Because of this, birth spacing is often very short, and mothers may be pressured to not breastfeed or care for their infant daughters.

Malnutrition in India is a headlining issue, and in spite of Calcutta Kids' many efforts to ensure children do not suffer from malnutrition, there are still some in the moderate and severe categories, when measuring weight for age Z-scores. Interventions are in place for those who do suffer from malnutrition, but as with many public health studies on this topic, Calcutta Kids has found that malnutrition is rarely a food scarcity problem, and most often a family or social problem. For this reason, Calcutta Kids has implemented multiple interventions for malnutrition.

### Introduction of Daily Clinical Services

When reviewing their data, Calcutta Kids found that children who entered the moderate or severely malnourished categories did so after a bout of diarrhea. In 2009, Calcutta Kids received a World Bank SARDM grant to build a Diarrhea Treatment Center (DTC). The aim of the DTC was to tackle malnutrition in Fakir Bagan by tackling diarrhea.

With the World Bank funds, Calcutta Kids opened the DTC based on the model of the ICDDR,B run by BRAC in Bangladesh. The facility included treatment cots, a full-time female doctor, two social workers to provide behavior change communication, and cooking and cleaning staff. Mothers and diarrhea patients would come to the DTC, mothers would receive counseling on how to treat her child with ORS, and would be provided with ORS, kitcheri (nutritious rice, lentils and vegetables), and space to treat her child until s/he was no longer dehydrated. In a community that previously believed going to the hospital for IV saline was the only way to treat diarrhea, the DTC was innovative, educational, and successful in treating diarrhea.

Two years after the opening of the DTC, and recognizing that diarrhea is a seasonal issue in Fakir Bagan, Calcutta Kids decided to shift the DTC to not only treat diarrhea, but to be a full-time health clinic (called Swastha Kendra). Swastha Kendra would replace the weekly health camp provided in the community, where visits with the doctor were brief because of the great numbers of patients.

The community was very happy with the switch, and not only come to Swastha Kendra for diarrhea treatment, but also for doctor visits and immunizations. The facility is large, comfortable, and very clean. I did not realize how nice the facility was until taking time to visit a government facility during my AIF site visit with ARTH. Seeing the poor quality of government clinical spaces made me sincerely appreciate the great level of hygiene, sanitation, and respect available at Swastha Kendra.

Community Health Workers were still providing home visits and providing the community-based services to complement the clinical services. However, it was not long after making the change to Swastha Kendra that the management staff realized the focus of Calcutta Kids had somewhat switched from preventative, community-based model to service provision. While many of their peer NGOs as well as funding institutions are moving toward facilitation-based (non-service delivery) models. Even though the Swastha Kendra facility is very nice, the services offered therein are parallel to government services, and by providing them; Calcutta Kids is not working to strengthen government service provision.

It became apparent that a review of the strategic plan for Calcutta Kids was necessary, in order to help carve the best path for the future and ensure the original goals are maintained when decisions are made. An initial step to this strategic plan was conducting a SWOT (Strengths, Weaknesses, Opportunities and Treats) analysis.

The purpose of the SWOT analysis was to understand how Calcutta Kids is doing from the internal/present status and to examine the respondents' recommendations for how to be more effective in the future, both internally and externally.

### III. Questions

After working with Calcutta Kids for nearly eight months, I was asked to conduct the SWOT analysis. Simultaneously an insider and an outsider, I conducted interviews with management staff, community health workers, clinical staff and relevant stakeholders of Calcutta Kids, including the community. With the hope to more fully understand the perceptions, frustrations, and excitement around Calcutta Kids, I set out to define the most appropriate questions for the analysis.

Researching other SWOT analyses available online, and tailoring specific questions to the needs to Calcutta Kids led to the development of the SWOT questions (available in Appendix A). The questions were also tailored slightly depending on the interviewee (different questions for a board member than for a community member), but maintained enough structure so as to be easily coded.

Each section (Strengths, Weaknesses, Opportunities, Threats) had 8-9 questions, and aimed to cull as much information as possible from the respondents. There was enough flexibility and overlap in the questions that if a respondent was unable to answer a question, there would be another question in the section that would elicit a response.

### IV. Interview Process

Interviews were conducted between 7 May and 7 June 2012 and ranged between two and six hours in length. For the Area-in-Charge (AIC) health workers, the Community

Health Workers (CHW), Swastha Kendra clinical staff, and community members, interviews were conducted as a group. For select board members who could not schedule a Skype interview, interviews were conducted via email. Sumana Ghosh, the MYCHI program manager, and by Dipanwita Banerjee, a social worker, translated for the various group interviews.

During each interview, I captured live notes verbatim, typing them to the best of my ability. After the interview concluded, I shared the typed responses and accepted any edits or additions to the text.

During the interviews with the CHWs and AICs, their supervisor, Sumana Ghosh was the translator. I was initially nervous about having an internal translator, but it ended up being a huge benefit, because Sumana was able to hear first-hand the concerns of the staff. These interviews ended up being very long (4-6 hours), and both the health workers and I were exhausted after the interview sessions. However, the length and depth of the interviews proved to be incredibly valuable. Many issues that arose in those interviews were addressed quickly thereafter, showing the power of the SWOT analysis process, and the importance of regularly discussing how things are going in an open setting.

In some ways, the interview process turned into individual or group therapy, and little things that had long festered were finally aired. Strengths were also very exhaustive, and it was clear those involved with Calcutta Kids are extremely proud of all that is being done. In the end, people seemed grateful for the opportunity to have their opinions captured, and to feel that they are a part of the future of Calcutta Kids.

## V. Coding

After the interviews concluded, I reviewed each interview for any spelling errors, and then sent the transcript to the respondent. Respondents each had one week to edit their transcript and add any missing responses or additional information to the document. In most cases, only very simple changes were made to the interviews.

After the respondent's review, I read through each interview and underlined important themes, recommendations, and frustrations posited by each respondent. These themes were then coded into an Excel spreadsheet that had the questions on the x-axis and the respondent's name on the y-axis.

The completed spreadsheet was sent to the Calcutta Kids management for their review and assessment. As many decisions around the Swastha Kendra were being examined, it was important for the management to have as much information as possible about the state of the organization prior to finalizing any decisions. The coded SWOT analysis interviews helped inform their decisions.

## VI. Results

### Strengths

Overwhelmingly, the top strengths of Calcutta Kids, as recognized by the diverse group of respondents, are the Community Health Workers. Having health workers from the community and surrounding areas who are dedicated to their work, willing to do whatever it takes to help the community, provides a great base of strength for the organization. Aside from their dedication, the Calcutta Kids staff recognized the great “family feeling” and sense of unity within the organization; also appreciating the limited hierarchy and easy access to management.

On a community level, respondents found the unique strength of Calcutta Kids are the home visits the Community Health Workers provide the community. Compared to other local NGOs, the Calcutta Kids health workers really understand the individual families with whom they work. These home visits provide a unique opportunity for Calcutta Kids not only to track, but to provide intimate care for the community. And the community has responded, calling the health workers “Doctor Didi” and implementing their health messages in their day-to-day work.

Other strengths highlighted are the implementation of evidence-based programs; the access to a global network of public health professionals; and being a “learning organization” – willing to change if things are not working.

### Weaknesses

The most common weaknesses brought up by respondents are human resource issues; communication between levels of staff; and sustainability. The staff provided the most feedback on weaknesses, followed by board members. The community members had very few comments on weaknesses.

The staff were largely frustrated by human resource discrepancies; lack of human resource structure; no regular reviews or feedback; and mobility for staff. Because the community and board members have little insight into human resource issues, they did not have any comments in this area.

Internal staff also commented on communication issues, and a lack of communication between the field staff and management. Many staff members commented on the need for regular communication and regular staff meetings.

Sustainability was the overarching weakness brought up by both staff and board members. Having primarily American donors, and primarily individual donors, many people are unsure of long-term funding strategies for Calcutta Kids. Staff are also

unsure of plans for expansion, and their job stability given the semi-regular funding concerns.

The weaknesses brought up by the community were that more people need to know about and utilize Calcutta Kids, and that services should be available to the entire family, not just to pregnant women and children ages 0-3.

## Opportunities

For opportunities, there were some very interesting themes. The non-Indian managers all spoke of the need to involve the community more, and move toward a more facilitation-based (rather than service delivery model). The Indian managers and staff were all very interested in focusing on expansion. These two ideas work well together, as a facilitation-based model will provide more opportunities for Calcutta Kids to expand.

The staff also brought up other opportunities, such as providing access to contraceptives; expanding into other areas; increasing services; and more opportunities for training and staff growth. Nearly all respondents recognized the need and opportunity for greater government and other NGO collaboration.

Externally, the board members saw opportunities for greater collaboration with academic and research institutions. Because Calcutta Kids collects a lot of data, they were interested in finding better ways to share and utilize the data. They also saw the opportunity for Calcutta Kids to become a greater “thought leader” in the field of international public health.

The community and some staff also recognized needs in areas where the community is currently failing. They wanted Calcutta Kids to get involved with the municipality on improving water and sanitation, two things that are integrally connected to the health of the community

## Threats

The most commonly expressed threats were around funding and financial stability. The health workers and most of the management staff, although not involved in fundraising or budgetary matters, had a sense that funding was not stable within the organization. They noticed that every year, the director mentions some concerns around money, and there is some “belt tightening”. For some, this made them worry about their job security. For others, it made them unsure how they could help with the funding problem. Many wondered why we do not utilize more grants and receive larger-scale sponsors to increase stability in the donor base.

Another threat largely recognized by management, staff and board members was what would happen if/when critical management staff leaves Calcutta Kids. Having an

American director who largely holds the vision and financial management of the organization, people were particularly nervous about what will happen to the organization if he leaves India and his hands-on management position. In addition, because the director manages the fundraising, people were concerned what would happen to the donor base if the director is no longer the one reaching out to those donors.

The community and health workers also recognized the potential threat of problems within the community if Calcutta Kids does not maintain the highest standards and evidence-based practices. Because of the changing demographics in the community, families have become increasingly demanding of high quality services, and could complain so much that it might cause problems for the organization.

## VII. Recommendations

Part of my assignment in conducting the SWOT analysis was to also provide some recommendations to Calcutta Kids. These recommendations are solely based on my observations and my review of the SWOT interviews. The recommendations are also with full understanding that, although I have been with Calcutta Kids for ten months, I am neither the expert nor the director. Implementation of any recommendations will be entirely up to the present and future Calcutta Kids team.

### Communication

Many of the weaknesses and threats could have been easily addressed had regular staff communication sessions been in place. As I see it, the best forum for this communication would be in consistent, all-staff meetings. Staff meetings are excellent opportunities to improve unity, motivation, and address any problems that may exist. In these discussions, staff could air their concerns and problems could be clarified. Worries about budgets and funding could be quelled and participation of staff in fundraising could be encouraged.

The staff meetings could also be an opportunity to motivate staff by showing them data from the previous month, setting goals, and addressing specific cases that might be concerning. The meetings will provide an opportunity for everyone to have her/his voice heard.

### Staff Resources

Throughout the six years Calcutta Kids has been in operation, many interns from around the world have worked on special projects to improve the organization, including designing trainings and resources for the staff. However, these resources are not easily available or accessible for staff to regularly review. A central library of staff resources

should be created, in order to provide the best access to the various expertise that is available, but not regularly reviewed.

I propose that the staff resources be centrally available in either the lunch room or the community center. It should be a place where, if there is any downtime, the staff member could pick up and review the material.

In addition to easily accessible staff resources, the health workers also need their own desk space in order to do all of the paperwork that is required of them. At present, there are only three desks for eight health workers. Old filing cabinets used for the retired micro health insurance program could be removed to make space in the common room for these additional desks.

### Staff Training and Skills Sharing

Staff education can be a form of staff empowerment, so not only providing access to resources, but having the staff regularly review the resources together would provide valuable discussion, training for younger staff, and increased confidence all around. Scheduling regular dates for staff training would be valuable, and topics for discussion could include both old and new resources.

With a regular flow of interns, fellows and volunteers from around the world, Calcutta Kids staff are regularly training and teaching people about what they do. However, they have little to no opportunities to see how other NGOs operate, and to learn from others in their field. Scheduling staff “field trips” to see other fields and learn about new programs would likely lead to increased satisfaction and innovation at Calcutta Kids.

In his interview, Calcutta Kids’ director mentioned that a threat that might cause Calcutta Kids to shut down would be lack of innovation. Although the management is regularly innovating, there should be incentives and opportunities for staff to contribute to that innovation. After all, they know the community and the issues better than anyone. As mentioned in the communication section above, opportunities to discuss these innovations should also be available.

### Disaster Plan

One of the Threats questions was about what would happen to Calcutta Kids, or what Calcutta Kids would do in the case of a natural disaster. From the top to the bottom of the organization, there was no particular answer to that question. Many people said that they thought the Managing Director would call to check on all of the staff. Others said Calcutta Kids would likely have an obligation to help or provide some services for the community.

Depending on the nature of the disaster, Calcutta Kids may have a lot of work to do. I propose that a proper and full disaster plan be put in place for the organization, and that all of the staff are made aware of what plans are in place in the event of a fire, earthquake, or severe storm or flood.

### Global Resource Sharing and Networks

Although Calcutta Kids is a small organization, it has a big mission and fits well into the larger global health picture of maternal and child health. However, from a global scale, Calcutta Kids is still relatively unknown. During my ten months with Calcutta Kids, I was able to help increase exposure to Calcutta Kids in a small way, giving [www.calcuttakids.org](http://www.calcuttakids.org) a new look, new content, and regular updates with a new blog. I also set Calcutta Kids up with MailChimp, giving them a user-friendlier interface to share their newsletter with donors via the web.

Calcutta Kids can still do a lot more to help the world understand programs that are working to improve maternal and child health in an urban slum in India. The best practices and training resources that are being developed at Calcutta Kids will be very helpful to other NGOs working in similar areas.

So far, Calcutta Kids is posting some resources on their website. However, before people can utilize these resources, they need to know Calcutta Kids. The more Calcutta Kids interacts with local, national and global organizations, the more people will come to know the great work that is happening. Dedicated personnel need to be available for networking locally and internationally. The Calcutta Kids Board of Directors (both Indian and American) should also be utilized to improve these networks so that more people will come to know Calcutta Kids.

### VIII. Conclusion

As my first experience with development work in India, spending ten months on an AIF fellowship was the perfect introduction. Being matched with an organization as thoughtful and heart-felt as Calcutta Kids made it that much sweeter. With a small staff and open-door atmosphere, it did not take long for me to get to know every member of the staff, as well as many families in the community. Over time, the communication barrier eroded, even if our conversations were mostly smiles and gestures. The kindness and patience I felt while working with the many staff members at Calcutta Kids helped me to become a more kind and patient person as well.

The opportunity to conduct a SWOT analysis was one that allowed me to reflect on the various projects I worked on throughout the fellowship, and to get a sense of how all of the contributors to the organization felt about the work that is being done and the future trajectory of the organization. On top of being an extremely interesting project to me

personally, I also knew that it would be of great use to Calcutta Kids to have a collated analysis from the staff.

From my first week at Calcutta Kids, I noticed that there were communication issues. The issues were similar to those I had seen in other organizations, but often surprised me because it is such a small, intimate organization, with a very present and active management and staff. As neither manager nor peer, I felt fortunate in my role to easily float between the field, clinic and main office. In these experiences, I recognized the frustrations felt by the staff members who felt less connected to the management, and those who felt unheard. I was fortunate to be able to listen, and where appropriate, help the management understand what was happening “on the ground” in the clinic.

The SWOT Analysis provided me with yet another opportunity to listen and connect with the staff, and to communicate the perceptions to the management. I also really enjoyed the process of designing the interview tool, conducting the interviews, and coding the analysis.

It is my humble hope that the discussions and results that came out of the SWOT Analysis will be a beginning improved communication and a more streamlined vision for Calcutta Kids. With or without implementing my recommendations, Calcutta Kids is a truly amazing organization. However, I am confident that because they are always striving to be better, they will find a way to use this review to build on and improve the organization to be even more successful and inspiring in the future.

## Appendix A: Interview Questions

### Strengths:

1. What are the strengths of CK?
2. What does CK provide the community that they do not get elsewhere?
3. What unique resources does CK have?
4. What is the biggest organizational strength?
5. Who are the greatest organizational strengths?
6. What qualities do you associate with CK?
7. If you could have the staff always remember one thing about CK, what would it be?
8. If you could have the community remember or associate one thing with CK, what would it be?
9. If Calcutta Kids were to stop its work, would we be missed or would you/the community just go elsewhere?

### Weaknesses:

1. In what areas does CK need improvement?
2. What necessary expertise/manpower does CK currently lack?
3. What infrastructure does CK currently lack?
4. In what areas are other NGOs doing a better job?
5. Do we rely too much on any one source of funding/support?
6. Is CK overextended?
7. Is there any innovation or motivation lacking?
8. In what ways are staff dissatisfied? How could more be done for the staff?

### Opportunities:

1. What is the aim, or main purpose of CK?
2. What areas should CK explore that we are not yet exploring? Any unmet needs or gaps that we can fill?
3. What are your dreams for CK? In 5 years? In 10 years?
4. What relationship(s) should we foster that we have not yet fostered?
5. What qualities/values would you like to see strengthened at CK?
6. What does success look like?
7. Where/how could CK make a bigger or more lasting impact?
8. What emerging trends are interesting to CK?
9. Is there another service that our community relies on that is failing?

### Threats:

1. What scares you most about the future of CK?
2. Is there any person or entity that does not want CK to succeed?
3. What problems might cause CK to shut down?
4. Are key staff satisfied in their work? Could they be poached by a competitor?
5. Are there vulnerabilities for CK working with this particular community?
6. What if there is a natural disaster?
7. What is the most common complaint you hear about CK?

8. How do external audiences (donors, other NGOs) criticize CK?