

SWOT ANALYSIS OF SHRADDHA AS AN INSTITUTION

(STRENGTH, WEAKNESS, OPPORTUNITY & THREAT)

THE GREATEST STRENGTH of the organization is its sustained perseverance over the years. Despite the fact that the cause of the mentally ill roadside destitute did not have / does not have many takers / sympathizers, in view of the poor awareness amongst the lay public, the organization has held its own and has very slowly but surely moved from strength to strength. From a small two room tenement to a 6.5 acre full-fledged Rehabilitation Centre at Karjat, Maharashtra to an ancillary Shraddhawan Centre in Baba Amte's Ashokwan Center in Nagpur (with external support by the Psychiatric Society), Nagpur to placing different Shraddha Teams in various NGOs across India, has been a definite growth spanning 38 years.

Receiving the Ramon Magsaysay Award in 2018 and being invited by the President of India for an 'At-home' Reception at the Rashtrapati Bhavan on the Republic Day of India in 2025 authenticated and validated our efforts.

Other Strengths include a committed hands-on work force as on date which despite better lucrative salary offers have held on to their current assignment purely because they believe that they are doing genuine social service and the job satisfaction is very gratifying.

Further Strengths would include -

- Reputed Corporate Houses like HDFC, ONGC, SAIL, GIC Re, Parker Hannifin India Pvt Ltd, TATA Projects, Pidilite Industries, Valuelabs (Hyderabad), TATA Investments, Ekta World contributing to the cause.
- Leading Indian NGOs such as Lions Club of Juhu Gulmohar, Mehran Edulji Bilimoria Charity Trust, Nergesh Khurshedji Dady Public Charitable Trust, Perin Davar Memorial Trust, Shri Babulnath Mandir Charity, Azim Premji Philanthropic Initiatives (APPI), Naraindas Morbai Budhrani Trust, Arpan Foundation (USA), Tarsadia Foundation (USA) and Indians for Collective Action (ICA, USA) have lent their weight to the cause.
- Known institutions like Rotary Club of Queens Necklace donating an entire unit cost to the centre and also chipping in with monthly contributions.
- Individual donors coming up with monthly contributions.
- The interest on funds placed in various FDs (partially obtained from the sale of our Dahisar project, which was lying defunct in view of the entire work being shifted to Karjat) has helped meet some of the ongoing recurrent expenses.
- Repeated accreditation of Shraddha by leading newspapers, luminaries, funding NGO's, Govt officials over the years.

- Shraddha was one of the few NGOs to receive revalidation of its FCRA Registration recently vide the Central Govt of India in a proactive Govt clean-up drive in which thousands of NGOs got their FCRA Registration derecognized.

THE GREATEST WEAKNESS of the organization is its lack of appeal to the common lay person in terms of empathy to the cause which it represents. Unlike the cause of the child or the cause of the old age or the cause of religion which are so often espoused by the common Indian mentality, the cause of the wandering insane does not appeal to people. As one donor succinctly put it 'the cause is not romantic enough'.

- Lay people and donors tend to identify with 'visibly seen' handicaps Eg. blindness / geriatric / physically handicapped / malnourished children / underprivileged women, but do not identify with 'nonvisible' mental illness which primarily is affecting only the thinking process.
- Very poor scientific knowledge on the biochemical causation of psychiatric illness. Eg. One donor agency for mental illness categorically stating on its website that it would not encourage or fund any programmes encouraging 'medicinalization' of mental illness. And the founder of the donor agency being a leading industrialist living in Mumbai, exposed to its scientific temperament.

The Other Strong Weakness of the organization is lack of personnel with PR skills and in the process unable to market its cause for donation purposes. While almost everybody attached to the organization is sincere and committed to the cause and feels deeply (almost to the point of emotional turmoil) on the issue of the wandering insane, their capability of communicating these emotional feelings to the general world to the point of making the public partake with funds is woefully pathetic. Efforts to get professional PR personnel have yielded poor results.

Another Strong Weakness of the project is the fact that there is no source of income from the project. As such it is totally dependent upon external donations / interest money received from FDs for sustenance. Both these entities are fluctuating as even the interest money from the same principal may continue to change depending upon RBI and banking norms and donations per se depend upon the charitable inclinations of individuals / corporate / donor organizations.

Other Weaknesses include -

- The project being far from main Mumbai and Pune, thus limiting the number of visitors who could be potential well-wishers and donors to the cause. This also decreases awareness potential within the public because of a certain distance involved in accessibility.

- Lack of International Funding Organization backing. The lack of priority and provision for mental illness in the funding criteria of international funding organizations is responsible for the same.
- There being lack of social workers from different States because of lack of social worker colleges.
- Some qualified social workers, because of their entire education being in their mother tongue, cannot speak or understand English or the national language viz Hindi.
- Some good sincere female social workers leave the job, post their marriage or child-birth, shifting priorities to personal family needs.

THE OPPORTUNITIES available which need to be explored given correct and adequate manpower include -

- Coverage of the activities in media, both television and print.
- Appropriate representation of the cause to various corporate organizations and /or donor agencies.
- Grassroots awareness programs at the street-corner level, panchayat level, community level, college levels etc.
- Roping in the urban youth which seems to be more cosmopolitan, secular and broad-minded in its approach to various causes which ail society and which being educated enough, believe less in dogma and stigmatization.
- Networking with likeminded people, other possible NGO's dealing with similar cause.

THE THREATS to the organization are -

- The organization ultimately is catering to a single segment of the mentally ill viz. the roadside destitute, requiring professional qualified psychiatric intervention. Hence the continuity of the organization is directly dependent on the presence of at least one qualified psychiatrist.
- Individual donors backing out of commitments made because of their own individual fortunes fluctuating.
- The current psychiatric social workers leaving their jobs for whatever reasons causing a break in the continuity of functioning.

- Funds stopping to flow in for whatever reasons putting a break to the momentum which may be garnered.

FUTURE DIRECTIONS FOR THE MENTALLY ILL

In the face of limited manpower & fiscal resources, **Community Based Rehabilitation (CBR)** is the most satisfactory strategy for dealing with chronic disabilities including Mental Illness.

While CBR may be initiated & established by mental health professionals, this program should be run with minimal professional inputs and maximum community involvement & participation. Some institutions in the country have instituted CBR Programs, which seems a promising strategy in the long run.

The Components of Psychosocial Rehabilitation are multi-pronged & include -

- Social skills training, which includes problem solving & communication skills training
- Vocational rehabilitation
- Family psycho-education involving behavioural family management
- Cognitive remediation enhancing attention, using behavioural interventions
- Combined psychosocial & drug therapies.

The Overall Result of such a Comprehensive Approach is that -

- the patients become more compliant and improve as a result of medication.
- The patients recover their self-esteem, self-worth, self-image & become more confident of their place in the society.
- Because of the elevation of personal status within the family/ within the inner circle of the patient/ within the society, they gain proficiency not only in taking care of themselves, but also in their interactions with family members & society.
- The additional skills help the patient in contributing to the family and society both skill wise and financially.
- The additional skills project the patient as a campaigner against mental illness, eliminating secrecy and stigma associated with mental illness, allowing him to become the nucleus for help for patients/ relatives of patients within the neighbourhood and for self-help groups of patients within the society.

REINTEGRATION into the Society is the Ultimate Goal of all REHABILITATION. Shraddha Rehabilitation Foundation now looks forward to Your Revered Blessings.

- Trustees - SRF