

RURAL HEALTH - A CORPORATE SOCIAL RESPONSIBILITY

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Abstract

The term CSR itself came into common use in the early 1970s. The last decade of the twentieth century witnessed a shift in focus from charity and traditional philanthropy toward more direct engagement of business in mainstream development and concern for disadvantaged groups in the society. In India, there is a growing realization that business cannot succeed in isolation and social progress is necessary for sustainable growth. An ideal CSR practice has both ethical and philosophical dimensions, particularly in India where there exists a wide gap between sections of people in terms of income and standards as well socio-economic status.

Key words: *Commercialization of health, Communicable diseases, Health infrastructure, Health policy, Health seeking behavior, Rural healthcare*

Introduction

Despite several growth orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health care sector. No doubt, vast nations such as China and India, which account for one third of population, have 70% of their population living in rural areas.

In the last decade, CSR has rapidly evolved in India with some companies focusing on strategic CSR initiatives to contribute toward nation building. Gradually, the companies in India started focusing on need-based initiatives aligned with the national priorities such as public health, education, livelihoods, water conservation and natural resource management. Intensive national level deliberations on the potential role and responsibility of the corporate sector in contributing toward addressing social issues were witnessed in the last decade.

Majorities of the India's poverty lies in villages and these villages are in a state of neglect and under development with poor people. The problems with Health, hunger, ignorance, contagious diseases, high mortality and illiteracy are most in rural areas. Thus, the meaning of CSR has two fold. On one hand, it exhibits the ethical behaviour that an organization exhibits towards its internal and external stakeholders. On the other hand, it denotes the responsibility of an organization towards the environment and society in which it operates. CSR is regarded as vehicle through which companies give something back to the society. It involves providing innovative solutions to society and environmental challenges. But the challenge for development professionalism and well health community where it is to be identify as CSR priorities and the areas of interventions which are meaningful in the context of rural development sector. Therefore, there is a need to study and understand how corporate enterprises are using CSR initiatives and which makes an on

impact of CSR actions on health care development of people in rural areas. Divided into four sections, the present paper shall review literature related to CSR practices of corporate enterprises in section one, Section two describes the present study which includes objectives, methodology and limitations of the study. Section three discusses important results and section four concludes the study.

C S R activities in rural health care population and awareness level of health care Services

The National Voluntary Guidelines on Social, Environmental and Economic Responsibilities of Business Voluntary CSR guidelines create a common standard for how companies can improve their CSR efforts, especially with regard to sustainability. The adoption of a common set of standards creates an expectation that companies will strive to meet the guidelines, and can create peer and public pressure for companies failing to comply. In this regard, the National Voluntary Guidelines (NVGs) on Social, Environmental and Economic Responsibilities of Business, have been laid down by the Ministry of Corporate Affairs in order to provide companies with guidance in dealing with the expectations of inclusive growth and imperatives of climate change, while working closely within the framework of national aspirations and policies. These are applicable to all businesses irrespective of size, sector or location. The NVGs were designed with the intent of assisting enterprises to become responsible entities whereby they the impact on various diverse stakeholders including society and environment at large.

The basic nature of rural health problems is attributed also to lack of health literature and health consciousness, poor maternal and child health services and occupational hazards. Considerable achievements have been made over the last six decades, by hand to hand cooperation with government, corporate's and Multination companies involving there HRD in CSR activities which had been in efforts to improve health standards, such as life expectancy, child mortality, infant mortality, and maternal mortality. Small pox and polio have been eradicated and there is hope that poliomyelitis will be contained in the near future. Nevertheless, problems abound. Malnutrition affects a large proportion of children. An unacceptably high proportion of the population continues to suffer and die from new diseases that are emerging; apart from continuing and new threats posed by the existing ones. Pregnancy and childbirth related complications also contribute to the suffering and mortality The strong link between poverty and ill health needs to be recognized. The onset of a long and expensive illness can drive the non-poor into poverty. Health creates immense stress even among those who are financially secure.

High health care costs can lead to entry into or exacerbation of poverty. The importance of public provisioning of quality health care to enable access to affordable and reliable health services cannot be underestimated. This is specially so, in the context of

preventing the non-poor from entering into poverty or in terms of reducing the suffering of those who are already below poverty line. The country has to deal with rising costs of health care and growing expectations of the people. The challenge of quality health services in remote rural regions has to be urgently met. Given the magnitude of the problem, we need to transform public health care into an accountable, accessible, and affordable system of quality services where rural people can benefit.

CSR initiatives being taken by selected public and private Indian companies for rural development in health care services

Corporate Social Responsibility is not a new term in India, but however there is a shift in focus towards the challenges faced by society which is a good positive sign. Each company has responsibility of contributing something to the society and can no longer exploit the environmental resources. Most of the companies in India have identified the need of CSR and already in target of the wellness of the society. This essay will highlight some of the CSR initiatives taken by the companies in India and the other negative side of the business. It is evident that there is a paradigm shift in the thought process on social responsibility. Today is the time when organizations have realized that social commitment is very much part of their business. Martin Luther King's words resonate powerfully when he made this earnest call for social justice: human progress is neither automatic nor inevitable. We are faced now with the fact that tomorrow is today. The beginning was modest, but after three decades of perseverance promotion of corporate's and MNC'S made efforts have resulted in establishing primary health centers, reproductive and child health centers, 18 hospitals and super specialty hospitals. These have resulted in access to improved health infrastructure for over 26.7 million people for ailments from common cold to measles, diabetes, reproductive and child health care, open heart surgery, neuro-surgery, kidney transplantation, etc. corporate's and MNC'S has been an active participant in the National RCH programme across all India. All corporate's hospitals have to participate in the National RCH program. Anti Leprosy MDT has been made available free of cost at all Primary Health centers in rural areas Many companies are working in main stream in C S R with joining hands with Government, NGO's, Health workers etc., We can say Tata group and Birla group as the mother of CSR in India.

An example of a Group that is doing CSR at an individual company level as well as a Group level: the Tata Group

1. 24 companies that are part of the Tata Group are included in this study of 1000 companies
2. The Tata Group has a Code of Conduct for all individual companies that includes CSR initiatives that have to be undertaken by the company in the community near its factories and offices.

3. The Tata Group has developed tools such as Tata Index for Sustainable Human Development which is a model for measuring the social work that the group enterprises undertake
4. The CSR focus areas for companies of the Tata Group include education, health, environment, rural development, sports, arts and employee relations as per rating concern Karmayog CSR rating figure 1

Figure no 1

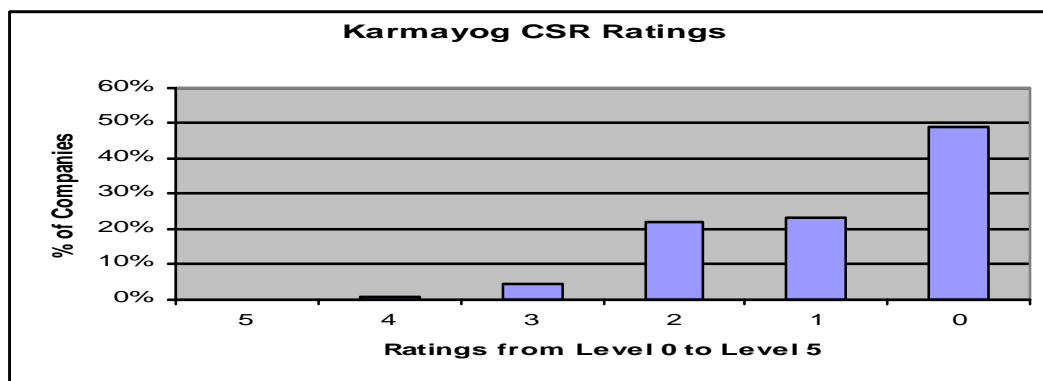


Table-2 Showing the results of the Karmayog CSR Ratings of the 1000 largest Indian companies

Karmayog CSR Rating 2008	Number of Companies	Percentage of companies
Level 5	0	0%
Level 4 *	10	1%
Level 3	45	5%
Level 2	220	22%
Level 1	231	23%
Level 0 (Lowest)	494	49%
Total	1000	100%

* Companies with the highest rating of Level 4 are: ACC, Ballarpur Industries, HDFC, Infosys Technologies, Jubilant Organosys, Kansai Nerolac Paints, Moser Baer, TCS, Tata Steel, and Titan Industries.

Inadequate rural health expenditure and miss allocation of public money

The total expenditure on health in India is estimated as 5.2% of the GDP; public health investment is only 0.9%, which is by far too inadequate to meet the requirements of

poor and needy people. 10 Successive 5-year plans allocated less and less (in terms of percent of total budget) to health. A major share of the public health budget is spent on family welfare. While 75% of India's population lives in rural areas, less than 10% of the total health budget is allocated to this sector. Even here the chief interest of the primary health care is diverted to family planning and ancillary vertical national programs such as child survival and safe motherhood (CSSM) which are seen more as statistical targets than as health services. According to one study, 85% of the Primary Health Center budget goes on personnel salaries.

The lack of commitment to provide health care for its citizens is reflected in the inadequacy of the health infrastructure and low levels of financing, and also in declining support for the various healthcare demands of the people; especially since the 1980s, when the process of liberalization and opening up of the Indian economy to the world markets began. Medical care and control of communicable diseases are crucial areas of concern, both in terms of what people demand as priorities as well as what existing socioeconomic conditions demand. Along with overall public health spending, allocations to both these subsectors also showed a declining trend in the 1980s and 1990s. There is now a realization that the health situation in India is seriously entrenched in wide spread poverty, malnutrition and enormous disparities in almost every sphere of human life. This is particularly true for rural areas where the per capita monthly consumption expenditure is alarmingly low. Disease prevalence is in many cases large among low income rural and urban households. There is an increasing role of the market in delivery of health and diagnostic services with a very high out-of-pocket expenditure for seekers of health care. Primary Health care Centers (PHC) are facing Infrastructural problems with low levels of financing by the central, state or local governments. These bottlenecks go beyond physical or financial resources and cover whole aspects of hospital administration including large-scale deployment of doctors to non-clinical services causing a considerable amount of dissatisfaction among users of public services, thereby forcing a shift toward private medical services and the resultant out-of-pocket expenses. All these issues are in direct contradiction to the two most significant national policy documents—the National Population Policy (2000) and the National Health Policy (2002).

Despite its persistent efforts and inputs received from a number of specially constituted bodies, India is critically lagging in terms of its longstanding commitment towards building a healthy society based on certain norms of equity and efficiency. However, how these anomalies have affected low income households, particularly in backward districts of states with a high poverty rate, remains almost completely a neglected subject. Much of the literature has also failed to examine the nature of households and the income level of those who are trapped within a poverty syndrome or experience catastrophe as a result of losses suffered due to expenditure on various health

care services and components especially drugs and medicines in poverty ridden rural and urban areas and sprawling slums.

Conclusion

Rural health care population and awareness level of health care Services companies should come out with clear cut policy details, as many of the respondents had vague ideas about the various difficulties is encashing the government benefits and neglecting health care risks involved The middle and low socio-economic groups are a financial potential to handle or benefiting the government benefits and also ready to spend a reasonable amount for hospital expenses. NGO's plays an important role in between companies and pupil they should try to imbibe trust in the people as most of the respondents preferred government health schemes, the reason being free of cost. To develop available or to educate the rural population in aware of health scheme, it is important to understand people's perceptions and develop a group of people and the funding has to directly given and monitored by the corporate companies and available in package that is accessible, available, affordable and acceptable to all sections of the society.

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