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9. Evaluating Corporate Social Responsibility Initiatives in the Arena of Community Health: A Study of Tata Steel Limited and Bharat Coking Coal Limited

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Abstract

Background: *This study scales the various corporate social responsibility interventions, constraint and scopes of the two premier coal companies viz: Tata Steel Limited and Bharat Coking Coal Limited, in their respective buffer zones, in the arena of community health services.*
Aim of the study: *This study aims to evaluate the effect of corporate social responsibility initiatives undertaken in the arena of community health by Tata Steel Limited and Bharat Coking Coal Limited also highlights the constraints and further scope of progress in corporate social responsibility initiatives in the field of community health services.*
Methodology: *A total of 240 samples were selected based on purposive sampling method, out of 240, 120 were from the three sample villages under the Tata Steel Limited viz Petia, Dukhitdi, and Rampur, another 120 samples were selected from the Amtal, Kuia and Parasbania (Balichirka) villages lying in the buffer zone of Bharat coking coal limited. Primary data was collected through a structured schedule an interview. Descriptive statistical analysis is carried out applying multiple response analysis of SPSS software.*
Conclusion: *The outcome of the study reveals that under the aegis of corporate social responsibility clinic/camps the affected community-dwelling within active mining buffer zone under the Bharat Coking Coal Limited seems to be barely benefiting in the arena of community health services as much compared to that of Tata Steel Limited.*

Keywords: *Bharat Coking Coal Limited (BCCL), Corporate Social Responsibility (CSR), Health, and Tata Steel Limited (TATA).*

Introduction

Coal is truly named to be black diamond as it plays an important role in the process of industrialization and lighting up the lives of the people. Jharia coal field is renowned for its prime coking coal worldwide and its contribution in nation's development is beyond doubts. On the contrary

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the coal mining activities is also accountable for the polluting the environment, simultaneously severely affecting the health of the dwelling community in its buffer zone. There are evidences from the international health literature that living near coal mines or coal-fired power stations can cause serious harm to human health (Colagiuri et al., 2012). The report, "*Health and Social Harms of Mining in Local Communities: Spotlight on the Hunter Region"* reviewed 50 international peer-reviewed studies on the health and social impacts of coal mining and combustion. It highlights a number of adverse health effects reported from a diverse range of countries. These effects range from excess deaths and increased rates of cancer, heart, lung and kidney disease and birth defects to minor respiratory complaints. Exposure to air pollution can make eyes water, irritate nose, mouth, and throat, cause or worsen lung diseases like asthma, bronchitis, and emphysema and can contribute to the premature death of people with heart and lung disease (Ghorani-Azam et al., 2016). Mortality rates for these diseases were higher in coal mining areas compared with non-mining areas of the region (Hendryx, 2009). As the rate of county-level coal production increases, so do the rates of chronic pulmonary disorders, hypertension, lung cancer, and chronic heart, lung, and kidney diseases (Palmer et al., 2010). In this panorama CSR has a pivotal role to play in mitigating the community health hazards arising due to the coal mining activities. As per schedule VII of the new companies Act 2013, every Public sector units or Private sector companies in India, CSR is mandatory and hence this opportunity should be availed to enhance the community health services at large by these coal mining companies, which directly takes a toll on the health and quality of life of the stakeholders within the buffer zone of mining activities.

The information available from the secondary sources related to this study reveals that in the area of health care services the mobile teams of Tata Steel Rural Development Society (TSRDS) are actively providing health care services, the mobile teams of TSRDS are actively providing preventive, curative and promotive services on a weekly basis. It has successfully established a network of stations and trained health guides who act as community based carriers of basic health care. It also improved health awareness through periodic health camps covering the sample villages. It is actively involved in improving the quality of life of the people particularly those of vulnerable groups by improving their health. It appears that overall the specialized medical care has providing relied of the villages in the buffer zone that lacked medical services.

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For the promotion of healthcare through CSR, BCCL seem to plays a pivotal role as it claims to provide varied services under: Swasthya Rath (Medical Mobile Van) equipped with doctors, paramedical staff serving the villages situated in and around the mining areas on working days, Muskan (Wellness Clinics) for counselling the patients for modifying their life style, Sarokar (CSR Clinics) to provide free patient consultation at Central Hospital (PHC Building, Kalyan Bhawan) and subsequently at all 14 Regional Hospitals which is open to all, Health Camps (Bahujan Hitaya) is claimed to be done regularly in different areas of BCCL, under Jyoti Abhiyan eye camps were organized in different BCCL Hospital. BCCL has installed Telemedicine Centre at Central Hospital, Dhanbad which will pave the way for introduction of new system of treatment based on telecommunication. Ek Jagran – Jeevan Shaili, a life Style Management Programme, in which de-addiction from tobacco, alcohol, smoking and other ill habits are deliberated. Mission Mitwa mainly for the truck drivers who are not well known to the evils of AIDS, Medical Aid to Epidemic Victims like Gastroenteritis/ Cholera/Jaundice, Dengue, Fogging machine for vector borne disease control, Mamta (Family & Child Health Care), Free Blood Transfusion to Thallasaemia patients.

Research Objectives

The objectives of this study are to:

i. find out the effectiveness of varied health initiatives undertaken by TATA and BCCL.
ii. find out the Constraints in CSR Clinic/Camps, and
iii. find out the scope for improvement or up-gradation in community health initiatives undertaken under CSR by TATA and BCCL

Methodology

Primary data was collected through structured schedule and interview from the six sample villages which fall within the active coal mining buffer zone of Tata steel limited and Bharat coking coal limited in the Jharia coal field of Dhanbad district, Jharkhand. Out of the three sample villages under Tata steel limited, Dukhitdi and Rampur falls within the radius of 2 Kilometers and the Petia village is within 5 Kilometers radius from the active mining buffer zone. Out of the three sample villages under Bharat coking coal limited, Amtal, Kuia falls within the radius of 1 Kilometer and the Parasbania (Balichirka) village is within 4 Kilometers radius from the active mining buffer zone. A total of 240 samples were selected on the basis of purposive sampling method, out of 240, 120 were from the three

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sample villages under the Tata Steel Limited viz Petia, Dukhitdi, and Rampur, another 120 samples were selected from the Amtal, Kuia and Parasbania (Balichirka) villages lying in the buffer zone of Bharat coking coal limited. Descriptive statistical analysis is carried out applying multiple response analysis of SPSS software.

Analysis & Discussion

The current scenario of the varied initiative undertaken in the arena of community health services under social responsibility of these two coal companies, under the realm of this study is illustrated in the Table1. Table 1 justly point the saying health is wealth and time saved is money saved, this is prominently reflected by the response illustrated in the table 1, as it indicates that the majority the respondents from sample villages under TATA i.e. 47.17 percent opines that they saved an extreme amount of money, through access to the medical facilities offered by Tata steel limited, although from sample villages under Bharat coking coal limited only 27.50 percent of the respondents opined the same, those availing the medical facility at CSR clinic or camps organized by BCCL. It is also noteworthy that only 0.83 percent of the respondents from sample villages under TATA, while 12.50 percent from sample villages under BCCL which is approximately twelve times that of the response rate from sample villages under TATA opined that they "not at all" saved any money although they availed the medical facilities provided by Tata steel limited and Bharat coking coal limited.

Patient waiting times hit the poor, unemployed, and people engage in agricultural activity the worst. The responses of respondents from sample villages under TATA and Sample villages under BCCL has a noteworthy difference in opinion, majority of the respondents i.e. 60.00 percent from sample villages under TATA opine that they saved an extreme amount of time through access to the medical facilities at CSR clinic/ camps offered by Tata steel limited, although from sample villages under BCCL the response is one-third of that of TATA for extremely i.e. 19.17 percent. It is also evident from Table 1 that from sample villages under TATA none of the respondents reported that they not at all saved any time, this evidently point out there view with respect to time saved by them as a result of the medical facilities offered to them at the CSR clinic or camps offered by Tata steel limited. In respect to time saved by the respondents while accesses to the medical facilities at CSR clinic/ camps organized by BCCL lacks behind as compared to Tata steel limited since from sample villages under

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Bharat coking coal limited 10.83 percent of the respondents reported that they not at saved any time in accessing the medical facilities at CSR clinic or camps organized by Bharat coking coal limited.

Table 1
Assessment of Varied Health Initiatives Undertaken by TATA and BCCL
(Figure in %)

Particulars	Sample Villages under TATA				Sample Villages under BCCL			
	Extremely	Moderately	Slightly	Not at all	Extremely	Moderately	Slightly	Not at all
Extent of Money Saved	47.17	28.33	26.67	0.83	27.50	25.00	35.00	12.50
Extent of Time Saved	60.00	16.67	23.33	0.00	19.17	23.33	46.67	10.83
Coverage of Underprivileged Sections of the Society	75.83	16.67	7.50	0.00	20.83	35.83	32.50	10.83
Addressing the Health Issues amongst Children	56.67	30.00	13.33	0.00	30.83	19.17	38.33	11.67
Addressing the Issues amongst Elderly People	48.33	32.50	15.00	4.17	28.33	15.00	48.33	8.33
Addressing the Issues amongst Women	56.67	33.33	10.00	0.00	23.33	16.67	46.67	13.33

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Awareness for Good Health and Hygiene	52.50	30.00	5.00	12.50	5.83	16.67	18.33	59.17
Contributed Towards Decreased in the Hospital Visits	51.67	13.33	30.83	4.17	17.50	5.00	46.67	30.83
Taking Care of Seasonal Ailments	76.67	14.17	5.83	3.33	51.67	21.67	10.83	15.83
Essential Medicine Received	65.00	25.00	9.17	0.83	35.83	20.00	31.67	12.50
Provided Adequate Medicine Required for Treatment	45.83	24.17	29.17	0.83	8.33	22.50	44.17	25.00

(Source: Primary)

Since we've all heard the elegant saying that "time is money", and that phrase is essentially true. Time is a specific resource you can't store or save for later use. Only a small amount of time will take you closer to your objectives once a day, or even once a week, and you'll be surprised at the progress you 're making. So due emphasis in this regard is a matter of concern for the companies especially for BCCL that they should enhance their community outreach and the frequency of community visit should also be increased with sufficient medical staff along with facilities of proper diagnosis so that their stakeholders shouldn't wander here and there for the lacunas and pitfall in the CSR clinic or camps, organized by BCCL. Due emphasis should also be given by Tata steel limited in this respect to enhance and upgrade the quality service they offered to their stakeholders.

In responses from sample villages under TATA and sample villages under BCCL it is noted that, 75.83 percent from sample villages under TATA opine that the CSR clinic or camps were extremely fruitful to the underprivileged section of the society through access to the medical facilities at CSR clinic or camps offered by Tata steel limited, although from sample villages under BCCL only 20.83 percent opined the same through access of the medical facility at CSR clinic/ camps organized by BCCL. From table 1, it may be concluded that the initiatives undertaken up by Tata steel limited in

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facilitating health care services through CSR clinic/ camps are outstandingly advantageous to the underprivileged sections of the society as when compared to the responses reported by the respondents from sample villages under BCCL. Since access to healthcare is important for: overall physical, social, and mental health status, prevention of disease, detection and treatment of illnesses, quality of life, preventable death and life expectancy, therefore, to make a difference to the disadvantaged and underprivileged sections of society alike to sample villages under TATA a dedicated CSR budget aside out of profits should be spent by BCCL for these underprivileged sections of the society, because in spite of various efforts by the government to reduce the burden of healthcare spending, widespread inequalities in healthcare expenditure are prevalent. Households with high healthcare are in a more disadvantaged position in terms of spending on health care (Dwivedi & Pradhan, 2017). Expenditure on healthcare pushes numerous families into poverty in India as they do not have sufficient spending power due to the low level of income or sometimes, no fixed source of income. Health, social, and economic policies are required to reduce the barriers that hinder access to medical services and prescription drugs by people living in poverty.

Table 1 seek to depict whether or to what extent the medical facility provided under the CSR initiative is effective in addressing the issues amongst children of coal mining areas from Tata Steel limited and Bharat coking coal limited. The health care facilities offered by Tata steel limited and Bharat coking coal limited at their respective CSR clinic or camps was to a significant extent doing well in addressing the health issues amongst children of the sample villages in the coal-bearing areas, however when compared the response rate of both the companies it is apparent that the majority of the sample villages under TATA 56.67 percent respondents opine that the CSR Clinic or camps organized by Tata steel limited are extremely beneficial in addressing the health related issues of children, while only 30.83 percent respondents under Bharat coking coal limited opined the same. About 11.67 percent of the respondents opined that the CSR clinic or camps organized by Bharat coking coal limited are "not at all" addressing the issues of child health. So from the above discussion it may be concluded that the silent stakeholder (i.e. the children) were one of the most vulnerable and affected sections by coal mining activities as air pollution and respiratory diseases are closely related (Dominici et al., 2006) leading to the increase in hospital admissions (Pope III, et al., 2002; Granados-Canal, et al., 2005) particularly upper respiratory tract infections, pneumonia, and bronchitis in children have a higher prevalence (Brunekreef, & Holgate, 2002; Choi, et al., 2006;

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Khetsuriani, et al., 2007) therefore it is the coal companies should step up and upgrade the healthcare facilities for children at their CSR clinic or camps, so that the responses for slightly may upgrade to moderately and thereafter the moderately may reach to extremely.

At present, 95 million people in India are above the age of 60, by the year 2025 nearly 80 million more will be added to this population bracket. With improved life expectancy rate in our country, it's estimated that as many as 8 million people are currently above the age of 80 years. Changing family value system, economic compulsions, neglect, and abuse has caused elders to fall through the net of family care. In this regard the CSR initiatives can play a pivotal role in addressing the health issues amongst the elderly people through facilitating quality health care services to affected people of society so that they can live with dignity as it was not only the responsibility of the coal companies to facilitate health care services rather they should be accountable for the actions which affect the health standard of the local community surrounding the coal mining areas at large. Coal dust and coal particles stirred up during the mining process, as well as the soot released during coal transport, which can cause severe and potentially deadly respiratory problems along with adverse impacts, are especially severe for the elderly they may be more sensitive to air pollution. The World Health Organization (WHO. 2013) estimates that worldwide, 5 percent of cardiopulmonary deaths are due to particulate matter pollution. Since it was the basic human right for any human being to live healthily or we can also say that right to health is the basic human right for any human being so companies should play pivotal role in addressing the issues of elderly people because there are multidimensional health concerns arising out of mining activities and the elderly people are easily affected due to the consequences of coal mining activities. In this context, the Table 1 illustrates the whether or to what extent the CSR clinic or camps organized by Tata steel limited and Bharat coking coal limited addresses the issues of elderly people. Table1 illustrates that majority of the respondents i.e. 48.33 percent from sample villages under TATA opine that CSR clinic or camps organized by Tata steel limited is extremely effective in addressing the health issues of elderly people, while similar percentages of respondents from sample villages under BCCL, opines that CSR clinic or camps organized by Bharat coking coal limited are slightly addressing the issues of elderly people, this clearly indicates that there is a significant difference in the service rendered at the CSR camp or clinic, by TATA and BCCL. In case to a moderate extent of addressing the health issues of elderly people the sample villages under BCCL archived less than half of the percentage achieved by sample

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villages under TATA, not only this but it is also noteworthy that in both the groups the respondents opined that the CSR clinic or camps organized by TATA 4.17 percent of the respondents steel limited and 8.33 percent BCCL are not at all addressing the health issues of elderly persons is a matter of consideration for both the coal companies to take an adequate measure for these special stakeholders since they are facing the consequences of coal excavation and other mining activities since the inception of coal mining in the region prior to their birth. Many respondents from sample villages under TATA as well as under BCCL reported the researcher that if these senior citizens were not incorporated in the priority list of these coal companies then the culture and civilization of the coal fields is going to be dying out, so special emphasis should be given to these elderly people through providing quality health care services such as regular health check-ups, proper diagnosis, effective and adequate medicine, track to referral cases, indoor treatment facilities in company run hospitals etc.

Dutt (2011) have drawn attention to both positive and negative impacts of mining on women. Depending on the nature of the minerals extracted and the extent of exploitation it has its impacts on their stakeholders. Coal mining from a gender perspective in India has to address a crucial area women's health. The health hazards and degeneration of the health conditions of women is one of the most serious impacts of coal mining. Here, women's health has to be understood from a larger perspective of direct and indirect impacts the exposure of women mine pollution as well as to the reduction in quality of life due to denial of access to food security, natural resources, and livelihoods. In India, this poses a much more dangerous situation as impacts of mining. Meanwhile, the emphasis on corporate social responsibility has gained traction, both as a method of promoting mining and as a tool for engaging the communities and mitigating the negative impacts of mining on them. Given the increased acceptance of CSR as an essential element of mining projects, the Table 1 focuses light on the extent to which the initiatives undertaken by Tata steel limited and Bharat coking coal limited as part of CSR genuinely help the women. Table 1, illustrates that majority, 56.67 percent of the respondents from sample villages under TATA, while only 23.33 percent of respondents under BCCL reported that the CSR clinic or camps are extremely addressing the issues of women. While only 10.00 percent of the respondents under TATA although under BCCL nearly half of the respondents i.e. 46.67 percent opined that CSR clinic or camps are slightly contributing towards addressing the health issues of women and none of the respondents from sample villages under TATA

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reported that the CSR clinic or camps are not at all addressing the issues of women, and It is also noteworthy that 13.33 percent of the respondents from sample villages under BCCL opined that clinic or camps organized by BCCL are not at all addressing the issues of women. From the above discussion, it is essential for companies especially BCCL to address the issues of women since there need is quite different as when compared to that of man in any CSR clinic or camps because they hesitate to communicate with a male doctors or any other medical staff in an open space or in front of several male patients. In this context for access to quality health care services at the CSR clinic or camps to women, the company should give due emphasis to their privacy and dignity.

There are many sicknesses which can be caused by inadequate (poor) domestic, personal hygiene or social hygiene. Poor domestic and personal hygiene practices can help the transmission of disease-causing germs directly by the fecal-oral route, or by person to person or pet to person contact, indirectly by vectors coming into contact with people or their food, people breathing in airborne droplets of moisture which contain germs or eating contaminated food. These diseases and conditions can be prevented or controlled through appropriate hygiene practices. Although due to illiteracy and lack of knowledge and awareness people were not able to come across the hygiene diseases caused by germs and parasites resulting from inadequate domestic and personal hygiene. In this context Table 1 illustrates whether or to what extent the CSR clinic or camps organized by Tata steel limited and Bharat coking coal limited have increased health and hygiene awareness amongst their stakeholders. As illustrated in Table 1 majority of respondents about 52.50 percent from the sample villages under TATA opined that the CSR clinics or camps are extremely helpful in creating awareness while the major proportions of respondents from the sample villages under BCCL opt for slightly in this regard. While there are 12.50 percent to 59.17 percent of the respondents from the sample villages under TATA and BCCL are of the view that these CSR camps or clinics "not at all" emphasis on awareness related to hygienic practices as illustrated in Table 1. it is also evident from Table 1that 30.00 percent of the respondents from the sample villages under TATA and 16.67 percent of the respondents from the sample villages under BCCL opined that awareness regarding measures of good health and hygiene through CSR clinic or camps is "moderately". Majority of the respondents from the sample villages under BCCL believed CSR clinic or camps not at all promote awareness through CSR clinic or camps for good health and hygiene awareness.

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One of the drivers of high health care costs for preventable conditions by patients who generally come from the most vulnerable populations. In practice, supply and demand side issues are not so easily separated. If the available health care is poor quality, it is not surprising to find there is little demand for it. There is evidence that demand does react to quality (Alderman & Lavy, 1996). A detailed survey in a rural region of India finds the very low use of public health facilities despite these being, in principle, free (Banerjee et al., 2004). The reason is the very poor quality of care, although the private sector alternatives are also of dubious quality. It is futile to develop and implement policies that remove constraints on the demand for effective health care if there is little hope of such care being provided. In this context, corporate social responsibility interventions on the demand and supply of quality health care facility can play a significant role in decreasing the hospital visits as illustrated in Table 1.Table 1 illustrates the extent of decrease in hospital visits, it is evident that more than half of the respondents i.e. 51.67 percent from sample villages under TATA opined that CSR clinic or camps organized by Tata steel limited extremely contributed towards decreased in hospital visits, while only 17.50 percent of the respondents from sample villages under BCCL opined that CSR clinic or camps organized by BCCL extremely contributed towards decreased in hospital visits. Majority of the respondents opined that the CSR clinic or camps organized by BCCL slightly contributed towards decreased in hospital visits followed by these responses 30.83 percent of the respondents opined that the CSR clinic or camps organized by BCCL, not at all contributed towards decreased in hospital visits and only 4.17 percent from sample villages under BCCL reported for "not at all" this evidently proved that the CSR clinic or camps organized by Tata steel limited was more effective in comparison to that of the CSR clinic or camps organized by Bharat coking coal limited in contributing towards decreased in hospital visits of the stakeholders or in other words the researcher can conclude that the available health care facility was of poor quality with respect to the demand and supply of quality health care facility expected by the respondents, therefore, the opinion of the respondents was more towards slightly and not at all.

We are know that some diseases are common in some seasons. Common summer diseases include mosquito-borne diseases such as malaria and dengue, diarrhea, food poisoning, flu, water-borne diseases such as typhoid and jaundice, chicken pox, dehydration, heat stroke, and sunburn. Common winter seasonal diseases include cold , cough, flu, bronchitis, dry and itchy skin. Most often, winter diseases are caused by viral infections. In addition to the rains, the monsoon brings a host of diseases.

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Dampness, slush and stagnant water are breeding grounds for a host of organisms and their vectors causing diseases such as malaria, diarrhea, typhoid, dengue, chikungunya, cholera, hepatitis A, stomach infections, viral diseases such as viral fever, conjunctivitis, etc. These diseases can cause a host of problems, ranging from simple ones like not feeling well, having to take time off from work or school to losing pay and hospitalization. Therefore, CSR can contribute to the improvement of the situation by organizing medical camps and providing CSR clinic facilities to the underprivileged sections from the society by medical assistance to the needy, minimizing the illnesses and visits to the doctor, stop missing work or school as well as prevent hospitalizations and deaths and the economic impact of diseases. In this context Table 1 illustrates the contribution of CSR clinic or camps in taking care of seasonal ailments From Table 1 it is evident that CSR clinic or camps is extremely taking care of general and seasonal ailments since more than one-third of the respondents from sample villages under TATA and more than half of the respondents from sample villages under BCCL opined that CSR clinic or camps organized by Tata steel limited and Bharat coking coal limited is extremely addressing the issues like seasonal ailments such as dehydration, cold, cough, flu, viral fever, malaria and diarrhoea, although from sample villages under BCCL 15.83 percent and from sample villages under TATA 3.33 percent of the respondents opined that CSR clinic or camps organized are "not at all" effective in addressing the issues even related to seasonal ailments which not only affect their work or school but it has its economic impact of disease which they have to bear.

"Medicines are integral parts of the healthcare and the modern health care is unthinkable without the availability of necessary medicines. They not only save lives and promote health but prevent epidemics and diseases too. Accessibility to medicines is to the fundamental right of every person" (Kar et al., 2010). Table 1 depicts whether or to what extent the respondents received essential medicines in CSR clinic or camps organized by TATA and BCCL. World Health Organization (WHO) introduced the concept of essential medicines in 1977. In its report to the Executive Board of January 2002, the WHO Secretariat stated "essential medicines are those that satisfy the priority health care needs of the population" (World Health Organization, 2003). They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford. Therefore Table 1 illustrates

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the essential medicine received at the CSR clinic or camps organized by Tata steel limited and Bharat coking coal limited by the respondents from sample villages under TATA and sample villages under BCCL. It is evidenced from Table 1 that from sample villages under TATA majority i.e. 65 percent of the respondents reported that they received effective medicine always, while from sample villages under BCCL only 35.83 percent of the respondents opined that they received effective medicine always in the CSR clinic or camps organized by BCCL whereas majority amongst the respondents from sample villages under BCCL reported that they rarely have access to effective medicine. The respondents those reported that they are never access to the effective medicine was very low in sample villages under TATA however from sample villages under BCCL 12.50 percent of the respondents reported that they are never access to effective essential medicine in the CSR clinic or camps. This is very important aspects for the CSR clinic or camps organized by the coal companies of TATA and BCCL that's why people reported that they are access to effective medicine never, rarely or often why not they report that they always received effective medicine in the CSR clinic or camps it is a matter of questioning the quality of the medicine by their stakeholders through their personnel experience because few of the respondents also reported that many time they take the medicine which not at all helps them in improving their health condition, although when they brought the same medicine from any medical store they were benefitted from it. So in this respect the company must review and follow-up the patients and ask them whether or to what extent the medicine received by them was effective and benefited them then there only the purpose of these CSR clinic or camps was achieved, because if the patients were not satisfied with the facilities (medicine) provided to them, then it is only a matter of law to provide health care facility under CSR.

Table 1 illustrates the adequate medicine received at the CSR clinic or camps organized by Tata steel limited and Bharat coking coal limited by the respondents from sample villages under TATA and sample villages under BCCL. In reply to the query whether the CSR clinic or camps provided adequate medicine required for treatment, majority i.e. 45.83 percent of the respondents from sample villages under TATA opined that they have always access to adequate medicine in the CSR clinic or camps organized by Tata steel limited, while from sample villages under BCCL 44.17 percent of the respondents denied that they always access to adequate medicine and reported that they rarely access to adequate medicine in the CSR clinic or camps organized by BCCL. It is also noteworthy that from sample villages under BCCL that one-fourth i.e. 25 percent of the respondents reported that they are

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never access to adequate medicine and only 8.33 percent opined that they are always access to adequate medicine at the CSR clinic or camps organized by BCCL.

Constraints in CSR Clinic/Camps

The Table 2 is an attempt to comprehend and compare the challenges prevailing in the present mode of catering medical services rendered by the CSR camps or clinics provisioned by TATA and BCCL in the study region. Through a set of questions presented in the Table 2 it is evident that mostly respondents expressed their concern over having no mechanism for tracking the referrals in both the cases, while in response to other questions varied reply were noted. The Table 2 also highlights several challenges like there are certain lacunas in pertaining information regarding the changes in schedule and even a good numbers of respondents under TATA stated that the location of MMV stopping point is not suitable for accessing medical services. While a substantial percentage of respondents from both the sample villages under TATA and BCCL expressed their concern over the duration of halt of MMV in the village, which results in long queue and creates problem for women and senior citizens, emphasizing on the seasonal difficulties being faced by the respondents due to treatment in open, alongside the women's also do hesitate in availing medical services due to lack of privacy. Moreover the doctors and service operators seem to be in hurry and due to lack of adequate numbers of medicine practitioner and aids in the camps, MMV or clinics and even at few instances the medicine is prescribed without proper check up. The patients are asked to carry empty bottles of taking syrups or tonics, from their end to take medicines.

Table 2 Constraints in CSR Clinic/ Camps

Particulars	Sample Villages under TATA			Sample Villages under BCCL		
	N	% (N= 163)	% of Cases (N= 63)	N	% (N= 176)	% of Cases (N= 97)
The doctors do treatment in hurry	4	2.45%	6.35%	15	8.52%	15.46%
Doctor provides medicine without	9	5.52%	14.29%	22	12.50%	22.68%

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any Proper check-up.						
Female patients experience hesitation	14	8.59%	22.22%	6	3.41%	6.19%
Syrups/tonics are given in empty bottles and container	11	6.75%	17.46%	9	5.11%	9.28%
No prior information in context of Cancellation	21	12.88%	33.33%	17	9.66%	17.53%
The MMV stopping point is not suitable.	14	8.59%	22.22%	0	0.00%	0.00%
Duration of MMV halt/CSR Clinic in village is short.	15	9.20%	23.81%	28	15.91%	28.87%
Long queue create problems to women and aged.	6	3.68%	9.52%	4	2.27%	4.12%
Treats in open space (seasonal difficulties)	17	10.43%	26.98%	8	4.55%	8.25%
No mechanism to track referral cases	52	31.90%	82.54%	67	38.07%	69.07%
Total	163	100.00%	258.73%	176	100.00%	181.44%

(Source: Primary)

The Scope for Improvement or Up-Gradation in Community Health Initiatives Undertaken Under CSR

The social demandingness theory propagates that the company should meet the expectations of society. The social demandingness theory goes yet further than the stakeholder perspective, and entails a responsibility based on what the society expects and needs from the corporation. In this reference of the above mentioned theory Table 3 illustrates the scope for improvement and up-gradation in health initiatives amongst the community undertaken under corporate social responsibility.

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Table 3 Scope for Up-Gradation in CSR Clinic/Camps

Particulars	Sample Villages under TATA			Sample Villages under BCCL		
	N	% (N= 243)	% of Cases (N= 78)	N	% (N= 369)	% of Cases (N= 102)
Pathological facilities must be there	76	31.28%	97.44%	85	23.04%	83.33%
Lady doctor/nurse should be provided in the MMV.	24	9.88%	30.77%	34	9.21%	33.33%
Doctor/Pharmacist should provide proper instructions	6	2.47%	7.69%	4	1.08%	3.92%
Adequate medicines should be provided as required	36	14.81%	46.15%	69	18.70%	67.65%
MMV/Medical staff should reach on fixed time	20	8.23%	25.64%	28	7.59%	27.45%
Villagers should be informed regarding arrival	23	9.47%	29.49%	11	2.98%	10.78%
Frequency of MMV should be increased	7	2.88%	8.97%	32	8.67%	31.37%
Duration of stay should be increased	18	7.41%	23.08%	30	8.13%	29.41%
Emphasis on awareness	33	13.58%	42.31%	76	20.60%	74.51%
Total	243	100.00%	311.54%	369	100.00%	361.76%

(Source: Primary)

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As evident from Table 3 the present health care delivery system through CSR initiatives of both the companies needs reform to ensure better utilization of resources and health outcomes. CSR is mandatory for Central Public Sector Enterprises, the guidelines of which issued by the Department of Public Enterprises include health service as one of the eligible components. Adequate safeguards have to be built in so as to ensure 'no-frills funding' and that donations are not used to influence the policies or practices of healthcare facilities in any way. In accordance with Mc Sherry and Pearce (2011) health care governance should unite three different elements of health service governance: corporate governance (management), clinical governance (clinical practice) and non-clinical supporting services (controls assurance). The same is also desired here from these coal companies to provisioned the clinics, MMV and camps equipped with facilities of pathological facilities, so that initial diagnostics could be done there itself, around one third of the sample population from Tata steel limited and 10 percent from the Bharat coking coal limited suggests that there should have provision for lady doctors for women and adequate medicine are to supplied required for treatment. The operational time management of these health care services are also be taken care of either by informing the villagers regarding the scheduled of such services well in advance or a fixed date could be allotted in a considerable time interval, sufficient time should be allotted for the CSR camps, MMV and clinics with adequate numbers of doctors and supporting personals. Emphasis should be given on awareness programmes in health and family welfare point of view, regarding hygiene practices, protection and prevention from certain communicable diseases, birth control measures and women health. Routine monitoring and concurrent impact evaluations should be conducted by the companies and also collect information on disadvantaged segments of the population. This is to assess the ease with which they access services and their impact, as also to understand how they compare to the general population. Special services should be made available for the vulnerable and disadvantaged groups, with special attention to the needs of marginalized sections of the population. For example, counseling of victims of mental trauma in areas of conflict, or the supply and fitting of aids for the differently-abled etc. These services should be more gender sensitive, child friendly with due consideration for the needs of the senior citizens. The way forward is to focus on strengthening the pillars of the health system, so that it can prevent, detect and manage each of the unique challenges that the rural community faces, for ensuring an overall sustainable development of the community and the country at large.

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Conclusion

This study reveals that in the area of health care services the mobile teams of Tata Steel Rural Development Society (TSRDS) are effectively providing health care services in a prompt and planned manner with scope of improvement, where as BCCL even though has provisioned varied services the outreach of these to the community is remarkably lacking, it might be due to lack to proper communication mechanism with the surrounding community. Hence it could be concluded that, under the aegis of CSR clinic/camps the affected community dwelling within active mining buffer zone under the Bharat Coking Coal Limited seems to be barely benefiting in the arena of community health services as much compared to that of Tata Steel Limited.

Recommendations

The quality of these MMV services should be in accordance with the fully equipped Mobile Medical Vans with Doctor at least one lady doctor/nurse should be provisioned; there must be pathological facilities in the MMV/ CSR clinic for patients. Adequate medicines should be provided as required for curative treatment, Doctor/Pharmacist should provide proper instructions with mechanism to track the referral cases should also be ensured. The management and communication part for such services should be more transparent and interactive, the villagers should be prior informed organizing such services, MMV/Medical staff should reach on fixed time; duration of such services should also be increased. Apart from these emphases should be given on awareness programmes, health awareness Camps on Child and Mother Care, Diet and Nutrition, AIDS, TB and Leprosy, Social evils like alcohol, smoking, drug abuse etc. other possible intervention in this arena under CSR by these coal companies may include Diabetics detection & Hypertension Camps, Blood donation camps ,Senior Citizen Health Care Wellness Clinics, Social Business Projects: "giving medical and Legal aid, treatment to road accident victims" should be included. To supplement the gap of the different programme of State Authorities, Tele medicine facilities may also be introduced, with the present advancement in Information and communications Technology which provides hosts of solutions for successful implementation of these changes. Instead of waiting days or weeks for a healthcare professional to travel to a remote area, or travelling into a hospital and waiting for an appointment, telemedicine enables remote physician consultations that are faster, cheaper and more efficient than traditional healthcare appointments. For consultations on simple health concerns, or follow up on existing conditions, remote consultations can dramatically improve the patient experience while

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helping rural hospital economics at the same time. Practices of Alternative medicines with are cost effective too, like Homeopath and Ayurvedic should also be promoted in these rural area, along with conducting yoga camps on a regular basis in the villages could also be possible intervention through CSR activities, ensuring the sustainability in the regards to the health sector of the rural population residing in the buffer zones of coal mine and mostly comprising there health due to mining and related activities.

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