Title: Impact of CSR on Education & Healthcare of Underprivileged Sections of the Society

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ABSTRACT

Education and Healthcare keeps an important position in the development paradigm of a country. India, having more than 1 billion population, requires an inclusive growth where each section of society might claim benefits of growth. It is estimated that approximately 29 percent of the Indian population lives below the poverty line (World Bank 2003). This figure accounts for more than 290 million people, or nearly 25 percent of the world’s poor population. On average, the poor have lower levels of education than the general population and suffer from higher disease prevalence. Scheduled castes and tribes are overrepresented in below-poverty-line (BPL) households. More than 65 percent of scheduled caste/scheduled tribe (SC/ST) households live below the poverty line. Apart from health sector, even education system of the country is in pitiable condition. The education system of a country does not functions in isolation from society. In such a condition, extending educational opportunities to marginalized groups has been considered an antidote to this longstanding discrimination.

Therefore, several organizations working in profit sector have proceeded in the area of advancement of marginalized sections of society through initiatives in education and health sector known as Corporate Social Responsibility (CSR). The organizations like Tata, HDFC, Infosys have been actively involved in educational development of marginalized sections. Even public sector enterprises like SAIL, BPCL, BHEL have provided growth of marginalized sections through some of their initiatives in education and health sector.

Therefore, this paper seeks to highlight conditions of education and health in the wake of marginalized sections of our society and critically examine contribution of CSR initiatives of both public and private sectors for their advancement.

Key words: Marginalized section; social responsibility; CSR; inclusive growth; vulnerable groups.
India has been acclaimed as a land of knowledge and wisdom during ancient times which means a repository of education. There has been taken several initiatives by social reformers to bring parity in access of education among marginalized sections of society. The concept of social inclusion has been instrumental in deciding development of masses. Therefore, Education being inclusive in nature, needs to respond to diverse needs and circumstances of learners. The Dakar Framework makes it clear that an inclusive learning environment is an essential attribute for high-quality education. The Constitution of India provides safeguards for the marginalized and vulnerable groups especially persons of disabilities. Education and Health are interdependent upon each other. It is a major determinant in achievement of our demographic goals whether it is reduction in Infant mortality rate (IMR) or Maternal mortality Rate (MMR). The intervention of Government at Pre-Primary level is through Early Child Care and Education programme which includes universalizing the programme of ICDS to provide a functional Aganwadi in every settlement and ensure full coverage for all children. The Sarva Siksha Abhiyan (SSA) is the national programme launched in 2001 to achieve Universal Primary Education by 2007 and Universal elementary education by 2010. In addition to primary education, the government is thinking to bring improvement in secondary education also to bring parity among disadvantaged sections of society. Education and Skill development have received high priority in the 11th Five Year Plan for meeting needs of a growing economy and to promote social equality by empowering those excluded sections of society. The estimated Public expenditure on education is only 3.6% of GDP. The major schemes of elementary education sector during 10th Plan period included Sarva Siksha Abhiyan, District Primary Education Programme, Mid-Day Meal Scheme, Kasturba Gandhi Balika Vidyalaya Scheme. In 2008, a bill was brought for Right of Children to Free and Compulsory Education. The major emphasis of the government has been on those sections of community which are most under privileged and disadvantageous like Scheduled Caste, Scheduled Tribes, Minorities etc. Apart from elementary and secondary education, even Higher education has been important for the country. The last fifteen years have seen a phenomenal increase in the number of institutions providing technical and management education in the country. The virtualization of higher education in India has provided access to the down trodden people based at their hutments. It has immense capacity of enrolling vast number of students. As far as health conditions are concerned, it is more pitiable than even educational scenario. The burden of poverty has led to deteriorating condition of health sector in the country. Several research studies have proven that poor in India are disproportionately affected by disease and having very limited access to strong medical facilities. Limited access to safe drinking water, poor sanitation has contributed to terrible state of health in which many poor people live. On one hand, India is showing reduction in poverty rate and growth in GDP ratio, on the other hand the prevalence of chronic diseases is still manifested. Many diseases prevalent in India, such as tuberculosis, diarrhea, and measles, affect the poor more than the nonpoor, and the diseases are preventable with inexpensive interventions. Therefore, it is imperative for us to explore the condition of education and health before visualizing intervention through private or public sector.

CURRENT SCENARIO OF EDUCATION AND HEALTH SYSTEM IN INDIA- A VIEW ON MARGINALISED SECTION:

The condition of education and health in India has been very formidable. In a country where 25 million children are out of school, the educational programmes need to be strengthened. As per estimate of 2009-2010, the rate of illiteracy has been 35.8 percent among STs, 33.1 percent among SCs, 25.3 percent among OBCs. This proportion has been considerably low among female population of these caste groups. The rate of illiteracy among females at primary education level is 58.3 percent among STs, 58.1 percent among SCs and 51.4 percent among OBCs. The proportion of those who have graduation is merely 1 percent among SC and ST and 1.8 percent among OBCs. Therefore, it may be inferred from these data that female groups of these castes are more marginalised than their male counterparts. It is also visualized that 90 percent of children in urban areas need to go beyond 2 kms to access education. Therefore, the vision of inclusiveness must go beyond the traditional objective of poverty alleviation to encompass equality of opportunity as well as economic and social mobility for all sections of society with affirmative action for SCs, STs and OBCs. 40% of India’s population lives in the educationally worst performing states, suggesting that a significant proportion of Indians are under-served by their education systems. More emphasis is to be given to those sections of community which are most underprivileged and disadvantaged like SCs, STs, OBCs and females. According to National Sample Survey Data, seven states having around 65% of illiterates, have high concentration of SCs and STs. The differentiation in literacy between these caste groups may be illustrated as per following table:-
Apart from caste groups, even disabled people are also marginalised in terms of education and health facilities. Among disabled people, only 49.31% are literate among male members. According to 2002 National Sample Survey, only 45% of the disabled population is literate, and 9% has secondary level education or higher (Thomas, 2005b). While enrolment of children with disabilities in the mainstream increased and retention was high (Julka, 2005; Jangira & Ahuja, 1994), coverage has been “miniscule” with only 2-3% of children with disabilities integrated in mainstream institutions. The National Curriculum Framework 2005 points out the need for plurality and flexibility within education while maintaining the standards of education in order to cover a growing variety of children. Apart from education, even health sector also has neglected the marginalised sections of society. Participation of the vulnerable groups is essential for securing the public health goals. Human rights approach to health lays emphasis on the inclusion of the needs and concerns of diverse groups and communities. Public health is assumed to seek the greatest good for the greatest number of people. An ideal public health strategy would be the one which addresses the concerns for equity and justice in every society. In India, women are more susceptible to marginalization than men due to doubled exploitation. They have little control over resources and decisions related to their life. Maternal mortality is very high in India. The average maternal mortality ratio at national level is 540 deaths per 100,000 live births (NFHS-II, 2000). It again varies from rural-urban areas. The Rural MMR is 617 deaths of women in the age group of 15-49 years per one lakh live births as compared to 267 maternal deaths per one lakh live birth among urban population. The health outcomes among the Scheduled Tribes are very poor even as compared to the Scheduled Castes. The Infant Mortality Rate among Scheduled Castes is 83 per 1000 live births while it is 84.2 per 1000 live births among the Scheduled Tribes. Malnutrition and chronic hunger are the important causes of death among children from poor families. Diarrhoea, acute respiratory diseases, malaria and measles are some of the main causes of death among children, most of which are either preventable or treatable with low-cost interventions. Under-5 mortality among children from lower economic class is five times than that of households with high standard of living. Vaccination coverage among children between 12-23 months who have received the recommended vaccines is only 38 per cent in rural India as compared to 58 per cent in urban India. Disability poses greater challenges in obtaining the needed range of services. Persons with disabilities face several forms of discrimination and have reduced access to education, employment and other socioeconomic opportunities. The proportion of disabled population in India is about 21.9 million. Therefore, even after 65 years of independence, the respective marginalised groups have been lagging behind the mainstream: At an All India level, 84.4 percent of the SC and 77.4 percent of ST mothers have received antenatal care as compared to only 89.7 percent among Non SC/ST mothers. The disparity ratios for SC/ Non SC/STs were 1.52 and 1.29 in 1999-2000 and 1992 respectively. The disparity ratios of ST versus Non SC/STs were also found to be 1.15 and 1.24 indicating the complex situation of the STs. Even women face particular health issues and particular forms of discrimination, with some groups, including internally displaced women, women in slums and sub-urban settings, indigenous and rural women, women with disabilities or women living with HIV/AIDS, facing multiple forms of discrimination, barriers and marginalization in addition to gender discrimination. Structural discrimination directly impedes equal access to health services by way of exclusion. The negative attitude of the health professionals towards these groups also acts as a barrier to receiving quality healthcare from the health system.

In India, tribal are facing various health problems like malnutrition related diseases, parasitic diseases including malaria, diarrhoea, respiratory disorders etc, and genetic disorders including sickle cell disease, thalassemia, STD and HIV/ AIDS etc. On one hand the communicable diseases still show higher burden while on the other non-communicable diseases are on the increase despite the poor low nutritional status and higher physical activity in their communities, thus increasing the disease burden. Though the tribal forms only 8 percent of the total population in India, it is estimated that they contribute about 25 percent of the total number of malaria cases and about 50 percent of P. Falciparum (cerebral malaria) cases. The high level of poverty, inadequate health resources, ignorance and high-risk beliefs and practices among the tribal communities has contributed to the vulnerability of this population. As such it has created a highly susceptible population for the rapid spread of HIV/AIDS and other STDs as well. Studies on tribes of Maharashtra and Bihar indicate the
deficiency of celeries as well as proteins and essential amino acids through major signs of nutritional deficiencies. The health status among these marginalized groups may be explained through following table:-

Table 1. Differentials in Health Status among Socio-Economic Groups

<table>
<thead>
<tr>
<th>Social Group</th>
<th>Infant Mortality/1,000 live births</th>
<th>Under-5 Mortality/1,000 live births</th>
<th>Percent Underweight (Under Age 5 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Castes</td>
<td>66.4</td>
<td>88.1</td>
<td>47.9</td>
</tr>
<tr>
<td>Scheduled Tribes</td>
<td>62.1</td>
<td>94.7</td>
<td>54.5</td>
</tr>
<tr>
<td>Other Backward Classes</td>
<td>56.6</td>
<td>72.8</td>
<td>43.2</td>
</tr>
<tr>
<td>Others</td>
<td>48.9</td>
<td>59.2</td>
<td>33.3</td>
</tr>
<tr>
<td>INDIA</td>
<td>57.0</td>
<td>74.3</td>
<td>42.5</td>
</tr>
</tbody>
</table>

(Source: NFHS-III Data)

The rural-urban difference in mortality is especially large for children in the age interval 1-4 years, for whom the rate in rural areas is twice as high as the rate in urban areas. In both the neonatal and post neonatal periods, mortality in rural areas is about 50 percent higher than mortality in urban areas. This health sector is crippled even among disabled people. Persons with disabilities face various challenges to the enjoyment of their right to health. For example, persons with physical disabilities often have difficulties accessing health care, especially in rural areas, slums and sub-urban settings; persons with psychosocial disabilities may not have access to affordable treatment through the public health system; women with disabilities may not receive gender-sensitive health services. The NSSO surveys state that over the years there has been a major increase in the disabled population of the country. In the year 1981 (NSSO-37th round), there were 13.67 million disabled persons and in 1991 (NSSO-47th round), this number increased to 16.36 million. According to the NSSO 58th round, the magnitude of people with one or more than one of the five-disabilities was 18.49 million in 2002. According to the NSSO 58th round in 2002, there were 18.49 million disabled persons out of which 10.89 million were males and 7.59 million were females, constituting 59% and 41% of males and females respectively. In the 47th round, in 1991 there were 16.36 million disabled persons out of which 9.51 million disabled persons were males and 6.63 million. Apart from disabled, even elderly people are also devoid of proper health services. Among the basic needs of the elderly, medicine features as the highest unmet need. Healthcare of the elderly is a major concern for the society as ageing is often accompanied by multiple illnesses and physical ailments. One out of two elderly in India suffers from at least one chronic disease which requires life-long medications. Providing healthcare to elderly is a burden for especially poor households. Visual impairment, hearing problem, loco motor problem (difficulty in walking) and problems in speech are common forms of disability among elderly.

In this way, a close scrutiny of educational and health facilities show lacunae in their access to marginalized sections of society. The marginalised groups ranging from SC, ST to disabled and elderly people are distant from approach to basic health care services and proper education facilities. Although periodic review of government policies have tried to broaden its approach, the ground reality is still shameful. Therefore, there has been upsurge of several private players venturing into this sector. Several private companies have undertaken the task of providing these educational and health facilities to these marginalized sections of society so that they may come at par with mainstream people. Now, it is imperative for us to examine their approach in terms of its effectiveness on these diverse issues.
CORPORATE SOCIAL RESPONSIBILITY (CSR) AND ITS INTERVENTION IN EDUCATION AND HEALTH SECTOR FOR MARGINALIZED SECTIONS:

Corporate Social Responsibility (CSR) is a concept which states that private corporation or public organization has a responsibility to society. It reduces the cost and risks and increases the brand value and reputation, effectiveness and efficiency of employees. According to Carroll, “CSR encompasses the economic, legal, ethical and discretionary (philanthropic) expectations that society has of organizations at a given point in time.” According to Bowen, “CSR refers to the obligations of businessmen to pursue those policies to make those decisions or to follow those lines of relations which are desirable in terms of the objectives and values of our society.” Frederick 1960 stated ‘Social responsibility means that businessmen should oversee the operation of an economic system that fulfills the expectations of the people. And this means in turn that the economy’s means of production should be employed in such a way that production and distribution should enhance total socio-economic welfare.’ European Commission described CSR as “a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis.” Gray, Owen, & Maunder in 1987 defined CSR as “the process of communicating the social and environmental effects of organizations economic actions to particular interest groups within society and to society at large.”

Business houses all over the world are realizing their stake in the society and engaging in various social and environmental activities. The need of the hour is to formulate effective strategic policies and adopt various instruments according to the company history, its content, peculiarity in relationship with its different stakeholders so that CSR can be best implemented towards its goals – sustained environmental, social and economic growth. It seems that CSR in India has been evolving in domain of profit distribution. There is a need to increase the understanding and active participation of business in equitable social development as an integral part of good business practice. According to EU commission, CSR is a concept whereby companies integrate social and environmental concerns in their business operations and their interaction with stakeholders. When Bowen stated that, “CSR refers to the obligations of business to pursue those policies, to make those decisions or to follow those lines of action which are desirable in terms of the objectives and values of our society” (Bowen 1953) he was advocating a wide interpretation of the social responsibility of the corporations. Community Volunteering is by many consumers considered as the most sincere form of CSR effort. Community Volunteering is the corporation encouraging its employees to support a certain cause, by supplying funds and paid time to employees to participate in the actions needed to better a cause. By having a CSR focus, the company can stay one step ahead of the political consumer, in finding problematic issues regarding the operation of the company and by that find effective means to respond to them. Having established a CSR reporting system the company can develop control and countermeasure procedures to tackle situations when problems arise or to contribute to a shorter recovery process. Bloom and Gundlach explain that “CSR is the obligation on the part of the firm to its stakeholders – people and groups – who can affect or who are affected by corporate policies and practices. These obligations go beyond legal requirements and the companies duties to its shareholders. The fulfilment of these obligations is intended to minimise any harm and maximise the long-run beneficial impact of the firm on society”. It is well understood that any action which an organization undertakes, will have an effect on not only itself but external environment also. This effect of an organization may take many forms like:

- Utilization of natural resources as a part of its production process.
- The enrichment of local community through creation of employment opportunities.
- The distribution of wealth created within firm to the owner of that firm and workers of that firm.

Corporate Social Responsibility intervention by HPCL:

Hindustan Petroleum Corporation Limited (HPCL) is one of premier oil producing companies of Government of India. The company has been spending enormous amount on social sector from its annual profits. The company has undertaken various projects at Pan-India level for benefiting the community. The programmes which focus on backward community are completely employee-driven. The broad categories of projects initiated under this strategy are Primary education, Health Care, Vocational Training, Rehabilitation of Persons with disabilities etc.

Education:-

Several educational projects like Unnati, Nanhi Kali, Children with Special Needs have been initiated in the education field by this company. The Project “Unnati” have been implemented since 2005-2006 for promoting computer literacy to nearly 5500 school children getting trained till 2012. In terms of education of female children, it has started another project called “Nanhi Kali” in 2005-06. This programme has been focussing on AndhraPradesh, MadhyaPradesh, Rajasthan, Maharashtra for providing quality education to girls from economically disadvantaged families. During the year 2011-12, about 9168 girl children have been benefitted from Standard 1 to 10. Under this programme, focus has been on establishing gender equity in the society. In addition to normal education, the company has imparted education to children with disabilities also. The programme is called Abled Disabled All People Together (ADAPT) which has been started in 2011-12 for educational support to children with disabilities. Furthermore, there has been provided nutritional support through Mid-Day Meal Scheme under partnership of Akshaya Patra Foundation. This programme has been started in 2011-12 for giving direct access to food for under-privileged children in Vishakhapatnam and Guwahati districts for 5000 children. The foundation’s neat and clean centralized kitchens provide healthy and sanitary food to children.
People living in school premises.

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In terms of health services also, BPCL has begun various projects across the country. Snehamruthan project has been started to help people suffering from sickle cell anemia. It creates awareness amongst people regarding this disease. It has organized several Eye-check-up camps for contract workers, labourers of LPG units at Goa, Patna, Chandigarh, Mumbai, Raipur. Kochi refinery has conducted medical camps at Kochi where 300 people from around 180 tribal hamlets have been examined. The patients diagnosed of cataracts are provided financial assistance for surgery and necessary treatment.

Corporate Social Responsibility intervention by IOCL:

Indian Oil Corporation Limited (IOCL) has formed a Not-for-Profit organization in 2000 with an initial corpus of 25 crores rupees. It has been functioning vividly in the area of education and health sector in various parts of country. Indian Oil has a concerted social responsibility programme to partner communities in health, family welfare, education, environment protection, providing portable water, sanitation, and empowerment of women and other marginalised groups. Indian Oil’s community-focused initiatives include allotment of petrol/diesel station dealerships and LPG distributorships to beneficiaries from among Scheduled Castes, Scheduled Tribes, physically handicapped, ex-servicemen, war widows, etc.

Education:-

The CSR activity centres around providing financial assistance to schools for construction, renovation or repair of hostels, school buildings, classrooms, furniture, laboratory equipments and scholarship to poor meritorious students. Indian Oil Education Scholarship Scheme, started in the year 1985 with 50 scholarships, has expanded to 2600 scholarships, which are awarded on merit-cum-means basis to support talent among the deserving students belonging to families with less than Rs 1 lakh gross annual family income. 50% scholarships are reserved for SC/ST/OBC students, 25% for girl students and 10% for Persons with Disabilities (PWD) in each category/ sub-category. While 600 scholarships are awarded for pursuing professional courses like Engineering, MBBS and MBA, 2000 scholarships are awarded to students pursuing 10+ITI courses. Under the scheme, a total of 2000 scholarships are awarded to students pursuing 10+ courses/ITI every year @ Rs:1000/- per month for two years. 400 scholarships out of 2000 are allocated to deserving students from the North Eastern states, Andaman & Nicobar Islands along with Jammu & Kashmir.

Health:-

The CSR activity of IOCL in the area of health has been immense. In the health sector, it deals with issues like Family Planning, AIDS, Immunization, Pulse Polio, Blood Donation, Eye-check up, Pre and Post-Natal care, establishment of hospitals etc. Indian Oil’s 50-bed Swarna Jayanti Samudaik Hospital (Village: Raunchi Bangar, Mathura, Uttar Pradesh) was established in 1999 to provide medical assistance to residents of nearby areas. This hospital also operates two mobile dispensaries to provide primary medical care in the nearby villages of Mathura Refinery. The hospital provides free treatment to the destitute and offers subsidized treatment to others. Annually, about 55,000 patients are treated in OPD and 3500 are treated as in-patients. Indian Oil’s 200-bed Assam Oil Division Hospital at Digboi, which was established in

Corporate Social Responsibility intervention by BPCL:

Bharat Petroleum Corporation Limited (BPCL) also aims at furthering community through fostering education and health services in form of its CSR activities.

Education:-

BPCL has trend of supporting existing schools through its subsidiary support initiatives. The Kochi refinery has provided support to Government Vocational Higher Secondary Schools in construction of a new building in school premises. Since 1996, this refinery has been supporting a school through providing nourishment to students, financial assistance for hearing aids, awareness programme on safety. It has also extended its support to underprivileged students by providing motivational talks on leadership development, personality development. Again several other initiatives like computer assisted learning, education assistance programme, Teach for India programme have been started in Panvel, Lucknow, Sagar districts. In September 2012, an empowerment session was organized for Village Education Committee members.

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1906, caters to a population of about two lakhs with catchment area extending to Arunachal Pradesh and nearby areas of the North East. This multi-specialty tertiary care hospital has a 24-hours emergency centre, well equipped operation theatres, a burn unit, diagnostic services, telemedicine centre, substance abuse and treatment centre, blood bank, medical stores, morgue, etc. This hospital also organizes free health camps of general and specialized nature as a part of community outreach services. Annually, this hospital checks about 1 lakh patients in OPD, 4000 patients for indoor admissions and conducts operative procedures on 2000 patients. In January 2012, IndianOil launched a primary mobile health care scheme titled 'IndianOil Sachal Swasthya Seva' for operating Mobile Medical Units(MMUs), linked to rural petrol pumps (called Kisan Seva Kendras or KSK) of Indian Oil. In the pilot project, 52 MMUs have been launched in Andhra Pradesh and Uttar Pradesh covering 681 villages in 13 districts. The Doctors also refer patients to nearby hospitals, as and when required. During the year 2012, 12 MMUs were launched in Uttar Pradesh and 21 MMUs in Andhra Pradesh.

**Corporate Social Responsibility intervention by TATA:**

In addition to Public sector enterprise, the CSR activities have been widely undertaken by private business houses also. Several private players in the market have ventured into benefiting its communities through initiating various projects in the areas of community development. Tata companies are also one of them. Tata has gone very deep into social development of marginalized communities through CSR activities started by its respective units. Tata Steel spends nearly 5-7 percent of its net profit on its CSR activities. It works on Sustainability model of empowerment of community.

- **Education:-**

  Tata Steel has been actively promoting excellence in education in the schools of the steel city by extending the Tata Business Excellence Model to create an Education Excellence Model. Tata Steel has influenced the integration of tribals in the economy in a less obvious and immediate way by propping up the education of tribal children and youth of various ages at different stages in their academic career. Some of the initiatives include:

  - Informally run balwadis (crèches/nurseries) for infants and toddlers.
  - Financial assistance and sponsorships.
  - As part of Project Aakanksha, a total of 127 children from primitive tribal groups mainstream children to formal schools.
  - Nearly 50,000 children are being provided mid-day meals in 383 government schools in East Singhbhum and Seraikela Kharsawan districts of Jharkhand.
  - Sponsorship of two tribal student every year by TCS at the Tata Institute of Social Sciences.
  - Project Sahyog helps tribal students to develop self-esteem and plan their future.
  - Assistance and support for The Xavier Institute for Tribal Education near Jamshedpur.
  - Financial support worth Rs 25 lakhs to more than 493 meritorious tribal students each year since 2004.
  - Fifty matriculate students identified every year for coaching that prepares them for higher studies.

  It also provides scholarship to students from Scheduled Caste and Scheduled Tribe communities. In May 2008 annual scholarships to promote the talent and knowledge of students from Scheduled Castes and Scheduled Tribes were announced. These awards often encourage students from families who would not be able to support further studies. Among these are the Sakshar Samaj programme for functional literacy in adults and the Moodie Endowment for financial assistance to students pursuing professional courses. The Jyoti Fellowship is awarded by Tata Steel Rural Development Society (TSRDS) and Tribal Cultural Society (TCS) to enable students to accomplish their educational and career aspirations. This Scholarship benefits the students belonging to twin districts of East & West Singhbhum and Seraikela-Kharswan in Jharkhand. These students will get Rs.2500 per annum as scholarship and will have to score 45% or above in their next final examination to remain eligible for the scholarship. More than 2400 meritorious SC/ST students from Jharkhand, Odisha and Chhattisgarh provided with scholarship to pursue studies.

- **Health:-**

  Like education, Tata Steel has worked in health sector also. It has been leading in population management initiatives in the country. It has achieved much global acclaim for its work on HIV/AIDS awareness and intervention. It has started one project on RCH called “AASTHA” in 3 panchayats of Purusattampur block in 2007-08. The goal of the project is to improve the health status of the poor rural community by providing quality primary health care facilities with its focus on RCH services to achieve population stabilisation. TSRDS' lady doctor has been conducting an RCH clinic in all the eight villages of the project every month where 786 antenatal and 238 postnatal clients were checked in 2008-09. Tata Steel initiated a policy recognising the importance of HIV/AIDS interventions and since then various programmes have been designed to address current needs and concerns in HIV/AIDS. Counselling at Sneh Kendra, a ‘Single window’ health delivery concept, has helped over 1440 people ‘at risk’ to discuss their issues openly. Over 200 People Living with HIV/AIDS (PLWHA) were helped in 2009-10. Tata Steel Rural Development Society (TSRDS), in collaboration with
Jharkhand State AIDS Control Society (JSACS), organised a rally to observe National Voluntary Blood Donation Day on 24th October 2011, at Jamshedpur Transport Nagar, Dimna. Around 300 people participated in the rally, which was organised to sensitise people to actively participate in the Blood Donations Camps. Tata Steel happens to be the initial partners of Impact India Foundation to host the Lifeline Express in the first year of its launch, 1991. The Lifeline Express, the world's first hospital on rails, caters to inaccessible rural areas where medical services are not available. It offers on-the-spot diagnostic, medical and advanced surgical treatment through preventive and curative interventions to persons with orthopaedic, ENT and eye ailments. Recognising the tremendous problem of adult blindness, Tata Steel has been successfully conducting eye surgeries in collaboration with Jamshedpur Eye Hospital and other professional institutions. So far, 2890 people have benefitted from Cataract surgery. It has assisted even in terms of Malaria eradication. It has done following activities like:

- Identification of malaria prone villages - Khondbond, Guruda, Gonua and Bichakundi, Khuntpani, Malda, Katesahi.
- Fogging and spraying with support from JUSCO.
- Distribution of 5606 medicated mosquito nets in villages. Of a target of 16000, 7377 households were covered.

**CONCLUSION:**

The concept of Corporate Social Responsibility has been rooted in the global agenda. A key challenge facing business is the need for more reliable indicators of progress in the field of CSR along with dissemination of CSR activities. Through one perspective, CSR is an ethical way of conducting business, and through another perspective CSR is a marketing tool to increase profit of the corporation. The concept of “corporate social responsibility” (CSR) has been around the business world for quite a while. It has been conceptualised as running against traditional business values of maximising economic gains. Like a fashion, many firms world-wide seem to welcome this concept. However we learn from this Chinese enterprise survey that the true determination of CSR orientation is still firms’ economic features and, managers’ interpretations of CSR activities could be seen in terms of economic incentives. As to the first position, it was argued that the top-down approach is justified for at least three reasons. First, working with buyers is the only possible way to push the CSR process forward quickly. Second, workers and local stakeholders often do not know their rights and what they want. Consequently, sufficient demand would never come from the bottom. Third, CSR is about brand reputation and, as such, is driven by Western consumers.

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