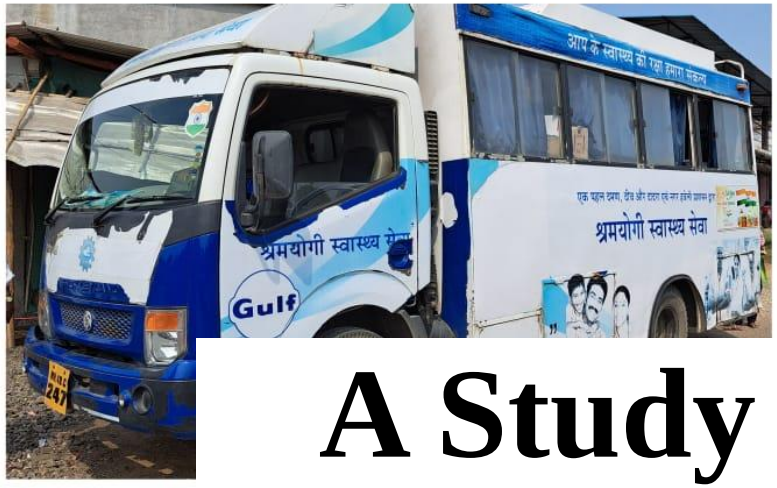

A Study To Evaluate Corporate Social Responsibility Implementation And It's Impact By Gulf Oil Lubricants India Limited In Dadra & Nagar Haveli

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INTRODUCTION

"Businesses need to go beyond the interests of their companies to the communities they serve."
-Ratan Tata
Former chairman of the Tata Group

ORGANIZATION PROFILE - GULF OIL LUBRICANTS INDIA LTD (GOLIL)

- One of the finest player in the Indian lubricants market is Gulf Oil Lubricants India Ltd (GOLIL), which is a part of the Hinduja Group. The brand Gulf is internationally owned by Gulf Oil International (GOI), the parent company of GOLIL except for the USA, Spain, and Portugal. GOLIL, today is present in more than 100 nations and previously was a part of Gulf Oil Corporation Limited.
- With operations primarily in the Automotive and Industrial segments, the organization supply directly to OEMs and other B2B customers (Industries, Infrastructure, Mining & Fleet Customers, State Transport and Government Undertakings).With 11% CAGR volume growth in the last 8 years, GOLIL has recorded 3x-4x times growth of the lube industry
- The 'Gulf Oil' brand enjoys a position among the Top 3 lubricant brands with regards to brand awareness, purchase consideration and other parameters. The brand is known for our rich history and association with the world of sports, and we are proud to have the modern legend, Mahendra Singh Dhoni as our Brand Ambassador.

CSR Activities Provided By GOLIL

- The following are the thoughts which has always inspired and guided Gulf Oil Lubricants India Ltd. ("GOLIL"):

"My dharma (duty) is to work so that I can give" of late Shri Parmanand Deepchand Hinduja(Founder of the Hinduja Group).1

- Most focused GOLIL's activities are :

Education of needy, Sustainable Development of the societies- for example : tribal population, Health Care of the people from remote places, and others .To achieve the sustainable growth and development amongst the societies and overall improvement, the following objectives must be met:

  - Identification of constituencies of economically and socially disadvantaged sections of the community and causes to work with.
  - Encouraging employees to participate in the company's CSR initiatives and to promote a coordinated and strategic approach to SR activities.
  - Funding or engaging in socially responsible and charity activity.

1. Corporate Social Responsibility policy [Internet]. Gulfoilindia.com. [cited 2023 May 26]. Available from:https://www.gulfoilindia.com/wp-content/uploads/2017/03/corporate-social-responsibility-1.pdf

Dadra & Nagar Haveli

- According to the 2011 census, there are 343,709 people living in Dadra and Nagar Haveli, with majority being males than females and a literacy rate of about 76%. The main tribes are Varlies, Kokana, Dhodia, and Dublas. [2]
- Health system in Dadra and Nagar Haveli - The only NQAS-certified specialised hospital is Shri Vinoba Bhave Civil Hospital that is situated in the capital of Dadra & Nagar Haveli, Silvassa .

CSR activities in Dadra and Nagar Haveli

- Many CSR activities are being implemented in regions of Dadra and Nagar Haveli for the welfare of the Tribal population. In the financial year 2020-2021, the amount spent on CSR initiatives in Dadra and Nagar Haveli was Rs.7.02 Cr.[3]

2.Wikipedia contributors. Dadra and Nagar Haveli [Internet]. Wikipedia, The Free Encyclopedia. 2023. Available from: https://en.wikipedia.org/w/index.php?title=Dadra_and_Nagar_Haveli&oldid=1147932155
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CSR PROJECT – MOBILE MEDICAL UNIT

- GOLIL along with the district hospital of Silvassa, Dadra and Nagar Haveli, Shri Vinoba Bhave Civil Hospital works for the vulnerable population with the help of MMU apart from the MMU's that are functioning under NHM.
- Through this CSR project, the tribal community and migratory population living in Silvassa's outlying areas as well as in nearby communities receive much-needed free medical treatment.
- The main focus on MMU in Dadra and Nagar Haveli is due to :

-To deliver primary preventative, curative, promotional, and referral health services to residents of outlying areas right at their doorstep.

-Objective To provide persons with diagnostic facilities with the fundamental basic healthcare services they need.

-To coordinate with the local public health network to improve Sustainable Development Goals.

REVIEW OF LITERATURE

Title	Author	Study location	Sample Size	Year of Study	Salient Features
Assessment of mobile medical units functioning in Jharkhand, India[4]	Mithilesh Kumar, Asha Kiran, Manisha Kujur	Jharkhand, India	30	2016	In less developed areas, the goal of mobile medical units (MMUs) is to deliver medical care directly to residents' homes. In addition to this, it provides assistance to the government and others responsible for policy making in the process of conceptualizing novel ideas or modifying tried-and-true methods for making the most of the MMU's services.
Making primary healthcare delivery robust for low resource settings: Learning from Mohalla Clinics[5]	Md Haseen Akhtar, Janakarajan Ramkumar	Delhi, India	55	2023	The problem is made worse in rural locations for a variety of reasons, including a lack of knowledge, limited access roads, and an inefficient healthcare delivery paradigm. These factors all contribute to the problem. National Health Mission (NHM), which receives assistance from the government, has contributed to a somewhat increased level of knowledge regarding health care.

Accessibility and utilization patterns of a mobile medical clinic among vulnerable populations[6]	Britton A. Gibson, Debarchana Gosh, J amie P. Morano, Frederic k L. Altice	Connecticut	8404	2014	The Affordable Care Act (ACA) will address a number of policy-related choices for providing amenities for medically marginalized populations, particularly with regard to: (1) accessibility for the ideal number as well as the capacity of MMC sites; (2) geographic optimisation for the ideal in situ place based on client demographic information; and (3) choosing the health services provided to meet communitiy needs. The Affordable Care Act (ACA) aims to increase access to healthcare for millions of Americans, and it will address these policy-related choices.
Robust strategic planning for mobile medical units with steerable and unsteerable demands[7]	Christina Büsing, Martin Comis, Eva Schmidt, Manuel St reicher	Germany	N/A	2021	The Planning Problem Strategically for MMUs (SPMMU) is a set of covering issues that takes : (i) first set of demands - patients who avail medical attention by a centralized system of appointment and can be directed to any treatment services within a given consideration set, and (ii) second set of demands - patients who always go to the facility that is operationally closest to them.

Prevalence and predictors of gestational diabetes mellitus in rural Assam: a cross-sectional study using mobile medical units[8]	Subrata Chanda, Vishal Dogra, Najeeb Hazarika, Hardeep Bambrah, Ajit Kisanrao Sudke, Anupa Vig, Shailendra Kumar Hegde	Assam,India	1410	2020	MMUs are rapidly turning into an indispensable component of healthcare systems that have restricted access to various resources. Using such an innovative approach to the delivery of healthcare services makes it feasible to screen for infectious as well as noncommunicable diseases. Additionally, it has the capacity to connect beneficiaries to nearby healthcare facilities so that they can receive health interventions that are both prompt and effective.
Mobile Medical Units—Can They Improve the Quality of Health Services in Developing Countries?[9]	Achla Behl Khann, Sapna Arora	Databases such as MEDLINE, PsycINFO, Biomed Central, Web of Science, Cochrane Library and Worldcat library, using a filter for last 25 years	N/A	2017	Not only during the time of implementation, but also before and after launch, better strategies are required for Mobile Medical Units (MMUs) if they are to be more effective and maintain their viability. The findings of this study point the way for future research in three basic directions: gauging the satisfaction of stakeholder groups, investigating constraints, and determining the most important success factors for implementing services provided by mobile medical units.

Screening difficult-to-reach populations for tuberculosis using a mobile medical unit, Punjab India[10]	Binepal, G. ,Agarwal P., Kaur N. ,Singh B. ,Bhagat V., Verma R.P. , Satyanarayana S.; Oeltmann,J.E. ; Moonan, P. K.	Mohali district, Punjab, India	8346	2015	The National Rural Health Mission (NRHM) places one mobile medical unit (MMU) in each of its districts in order to increase access to public health services, particularly in areas that are geographically remote or difficult to access. MMUs are mobile, basic diagnosis and treatment units that can be utilized to travel from one area to another. They offer the possibility for the early detection and enhanced detection of a variety of health conditions, particularly those that are vital to public health.
Cost analysis of a mobile medical unit programme in Andhra Pradesh: a microcosting study protocol[11]	Ashish Giri, Nitin Rathnam, Shailendra Kumar Hegde	Andhra Pradesh , India	12	2020	Due to obstacles such as steep terrain, inconsistent transportation services, lack of literacy, and financial restraints, people in rural areas are more prone to seek care from the unorganized, informal, and expensive private healthcare sector. Every MMU also has a global positioning system, a biometric device for documenting staff attendance, an electronic medical record system, and fifty-one different types of medical devices. In order to keep track of patient information, the laboratory technician, pharmacy technician, and pharmacist all utilize tablets, while the nurse uses a laptop.

Mobile Medical Units: An alternate Pathway to address the burden of Non Communicale disease in Urban Slums of India[12]	Ayesha Siddiqua Nawaz, Shailendra Kumar B. Hegde, Vivek Pathania, Hardeep Singh Bambhrah	Karnataka and Maharashtra	5 Mobile Medical Units (MMU)	2021	MMUs are in a position to provide health care to the prone population that resides in urban slums close to their front doors. They may do so while simultaneously taking into consideration the epidemiological transition and the high probability that these regions will be plagued by NCDs. MMU helps in the early identification of NCD, which reduces complications.
Bridging the Gaps in Health Service Delivery for Truck Drivers of India Through Mobile Medical Units[13]	Subrata Chanda, Sonali Randhawa, Hardeep Singh Bambrah, Thomson Fernandes, Vishal Dogra, and Shailendra Hegde	22 cities across 12 states of India	825888 Records	2020	The consultations for noncommunicable diseases (NCDs) were the most common type of program service, accounting for more than a third of all consultations. Issues with the beneficiary's health were either self-reported by the beneficiary or were identified by the doctor present at MMUs at the visit based on the history, symptoms, and signs observed during the visit. The proliferation of MMUs has resulted in a substantial challenge for the supply chain management of the drugs and consumables.

Research Question – How effective is the implementation of Mobile Medical Units activities that causes an impact on the health of vulnerable population by Gulf Oil Lubricants India Limited in Dadra & Nagar Haveli?

Objectives

To understand how the CSR activity is being implemented.

To determine the impact of mobile medical units(MMUs) (CSR-activity) on the health of vulnerable population of Dadra and Nagar Haveli.

RESEARCH METHODOLOGY

Study design – Descriptive Cross-sectional Study Design

Settings – Rural And Sub Urban Areas Of Dadra & Nagar Haveli

Study Population:-

Inclusion criteria- People who avail services from mobile medical units apart from government/private hospitals.

Exclusion criteria – People who only prefer to avail services from government/private hospitals.

Study tools - Structured questionnaire for the staff as well as for the patients undergoing mobile medical units services.

Duration of study - 6th March to 19th May 2023, **Duration for data collection** - 10th April to 6th May 2023

Sample size - 100 patients , 3 Staffs

Sampling technique - Simple Random Sampling.

Data collection [procedure] - MS forms, Excel Sheets, and Secondary Data from relevant sources.

DATA COLLECTION

- The five villages in Dadra Nagar Haveli in which the interview took place were : Amli, Dayat Falia, Dadra-Vaghdhara, Sayali Kinari Pada, Kudacha Road Rakholi. MMU visited one block from each villages, and one to two campsites were randomly chosen from each block.
- Twenty beneficiaries were chosen at random from each block and who consulted the MMU. Interviews were conducted with every third beneficiary who has used MMU services. Following consultation, the beneficiaries were requested to participate in the interview.
- The sample size collected was 100 beneficiaries residing in the above mentioned five villages of Dadra and Nagar Haveli with the sample size of staff – 3 who were visiting all the 5 villages.
- Interviews were taken to evaluate the overall experience of MMU staff with their work profile and their understanding of the overall CSR activities, and their perception about beneficiaries satisfaction with the MMU. Hence , two different set of questionnaire were prepared for the study.

Anonymity and privacy were maintained. no emails were collected to maintain the anonymity.

Before taking interview the beneficiaries were explained about the study, informed about the reason behind the study and also about their safety. the beneficiaries participation in studies is voluntary.

RESULT

- **Results based on the survey done on the beneficiaries.**

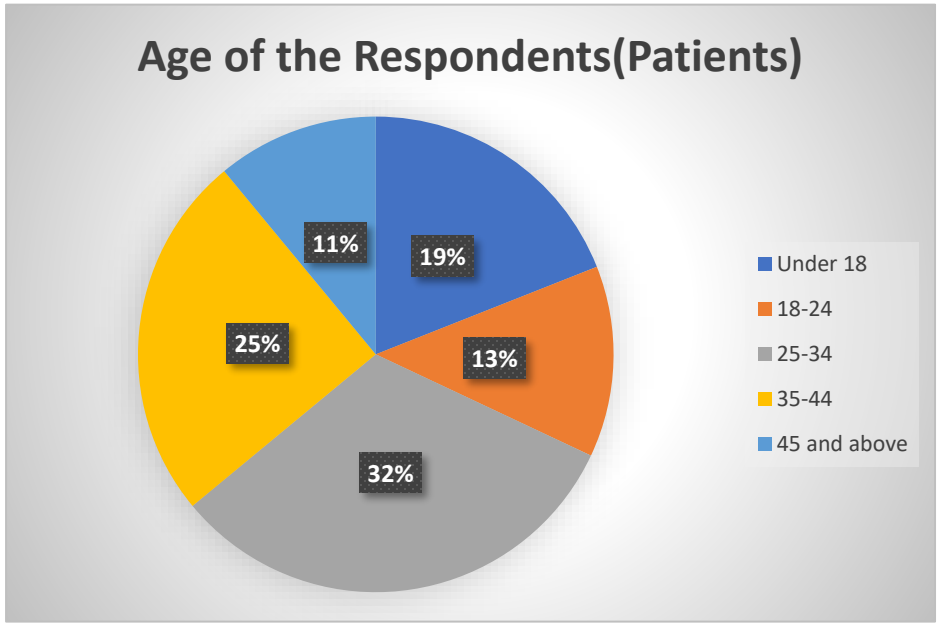

Figure 1: Percentage of age distribution of the study participants(patients) of total 100 respondent (N=100)

Interpretation –

The pie chart shows the age distribution of the study participants(patients), in which majority participants were in the age group 25-34years,comprised of 32%, age group 35-44years comprised one fourth population of study participants while age group 45 and above comprised of 11% .

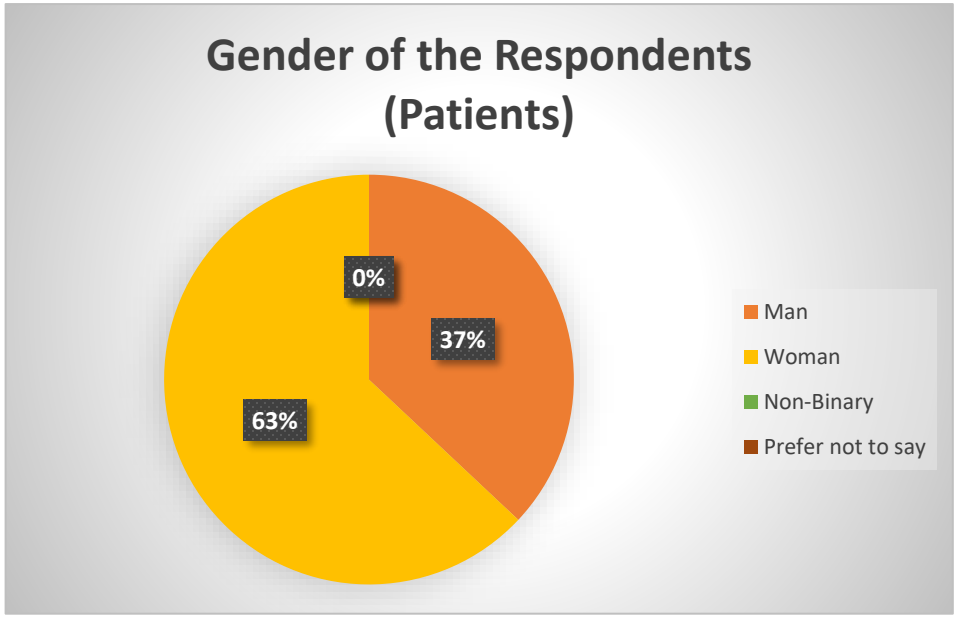

Figure 2: Percentage of gender distribution of the study participants(patients) of total 100 respondent (N=100)

Interpretation –
The gender distribution of the study respondents(patients), shows majority were women with 63%, while men comprised of 37%.

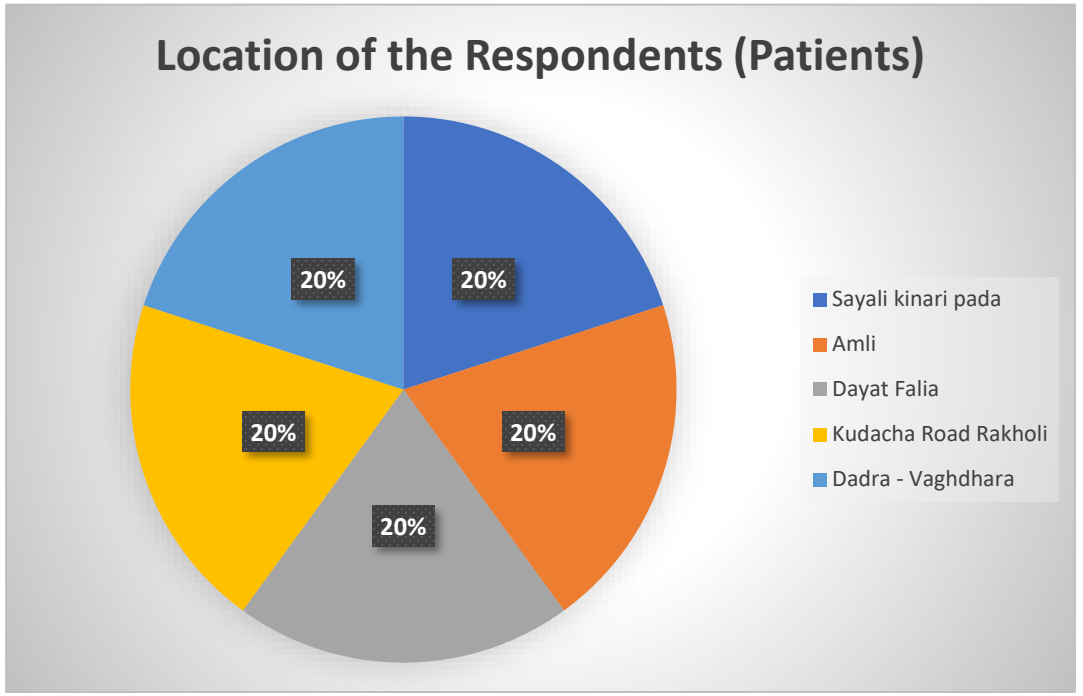

Figure 3: Percentage of beneficiaries distributed according to study location, total 100 respondent (N=100)

Interpretation –

The pie chart shows percentage of beneficiaries distributed according to study location, were each location comprised of one fifth of total number of respondents.

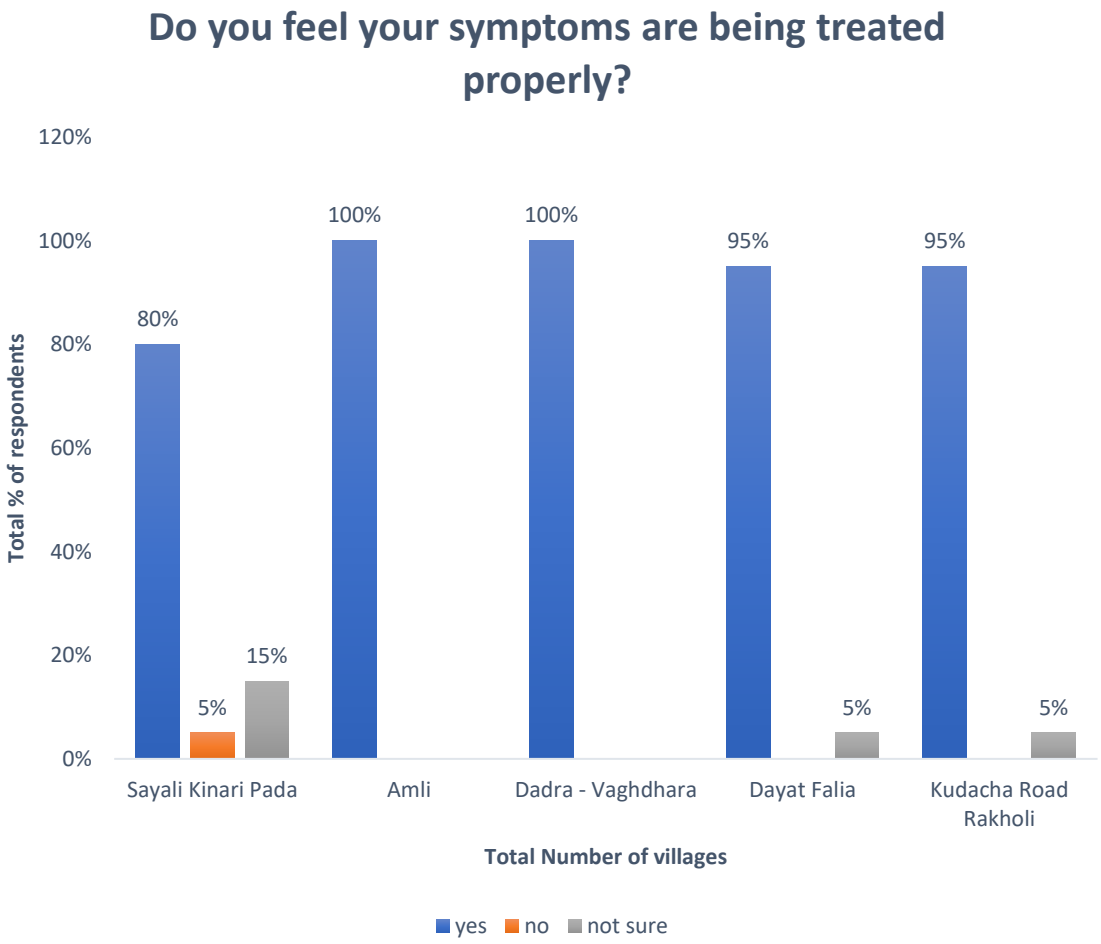

Figure 4: Percentage of beneficiaries who feel their symptoms are being treated properly, total 100 respondent (N=100)

Interpretation –

The bar graph depicts the perception of beneficiaries about their symptoms being treated properly in which respondents from four villages namely- Amli, Dadra-Vaghdhara, Dayat Falia, Kudacha Road Rakholi showed about 100% satisfaction, while respondents from Sayali Kinari Pada showed 80% satisfaction.

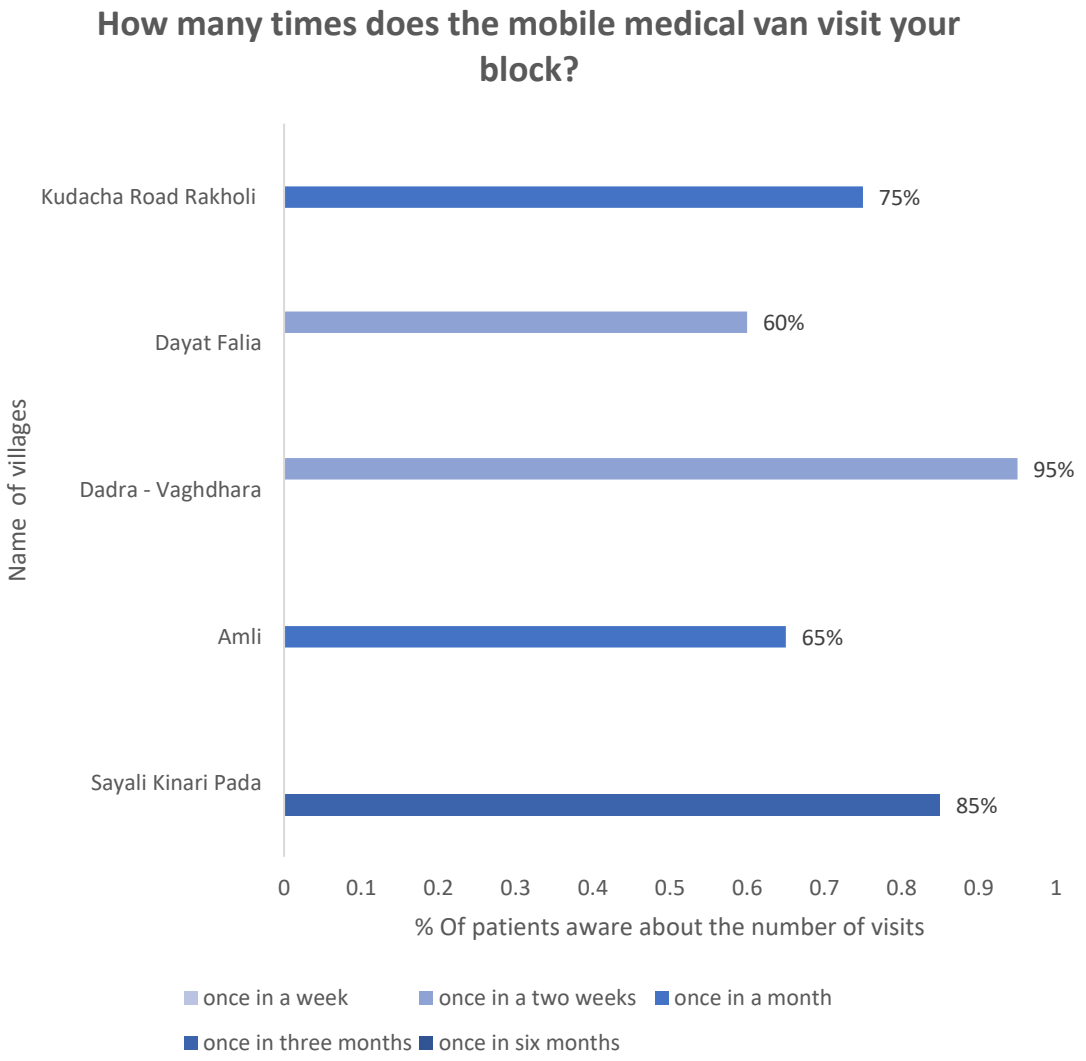

Figure 5: Percentage of beneficiaries who are aware about the number of times the MMU has visited their respective block, total 100 respondent (N=100)

Interpretation –

The graph shows the frequency of visits done by MMU, to which 95% respondents from Dadra-Vaghdhara perceived that MMU visited their village once in two weeks, 85% respondents from Sayali Kinari Pada perceived that MMU visited their village once in three months, while 60%respondents from Dayat Falia perceived that MMU visited their village once in two weeks.

Interpretation –

The graph shows the percentage of beneficiaries, in which 55% extremely agree with the availability of medicines, about 70% extremely agree with the doctors and staff well behaviours, knowledge and way of communication

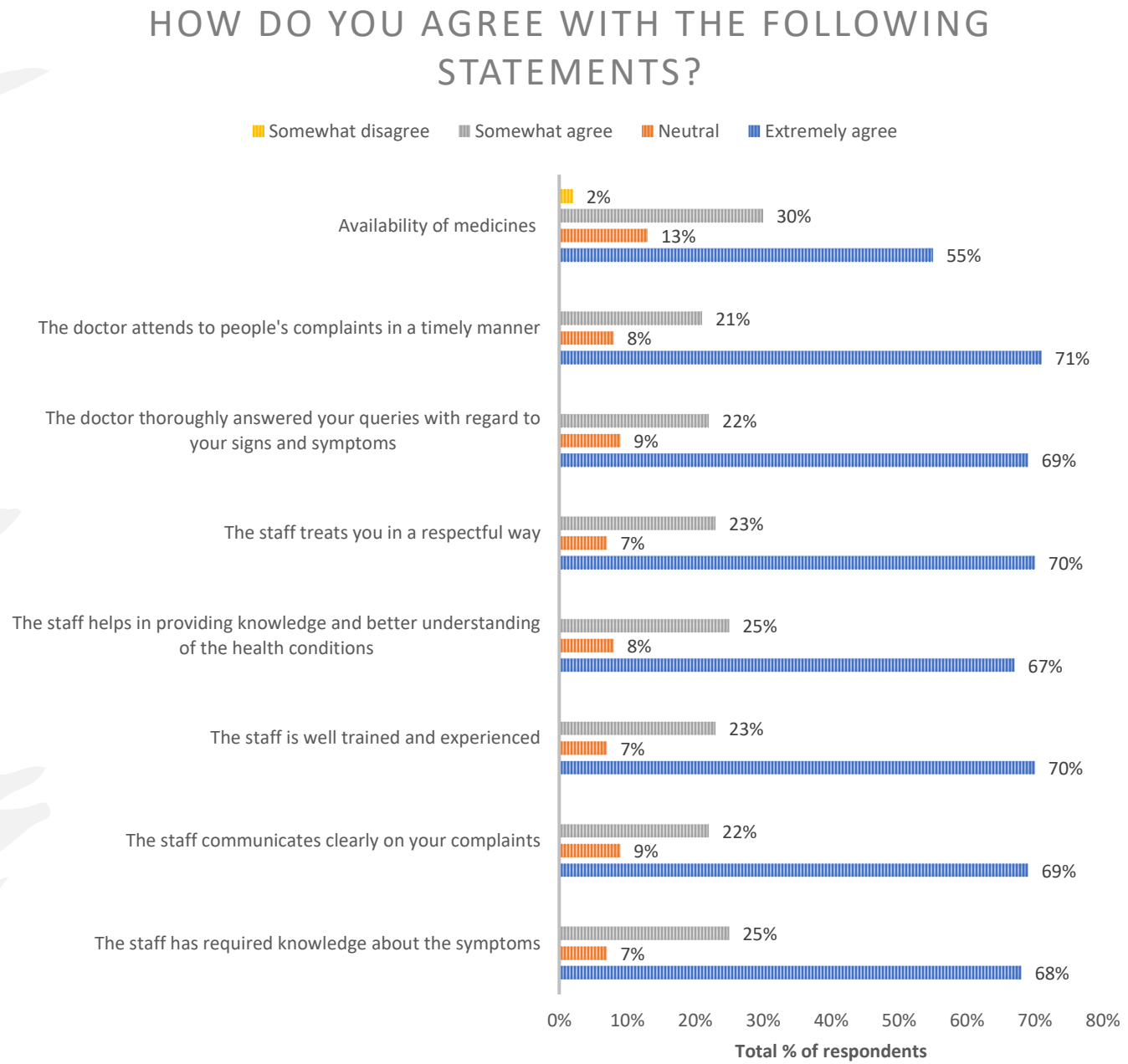

Figure 6: Percentage of beneficiaries, who agree with the availability of medicines, doctors and staff behaviours, knowledge and communication, total 100 respondent (N=100)

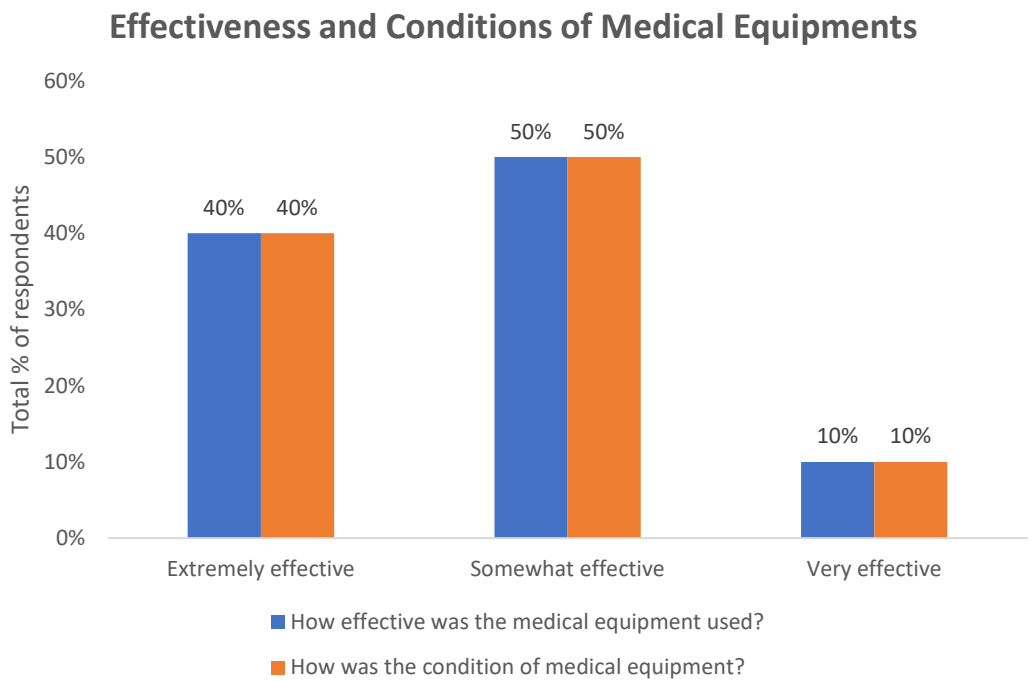

Figure 7: Percentage of beneficiaries and their perception on effectiveness and conditions of medical equipment, total 100 respondent (N=100)

Interpretation –

The graph shows the percentage of beneficiaries and their perception on effectiveness and conditions of medical equipment , 40% of the respondents perceive that the medical equipment is effective and is in good condition while about half of the respondents who did not undergo blood sugar level test or blood pressure checked think the medical equipment is somewhat effective.

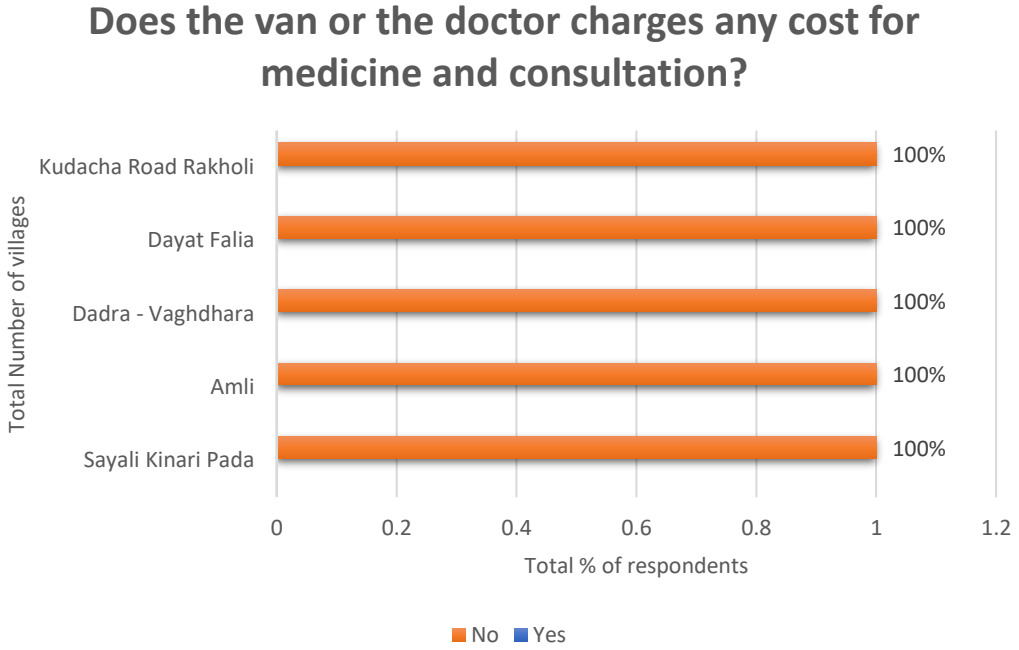

Figure 8: Percentage of beneficiaries , who do not perceive that the staff charges any consultation of medication fees,total 100 respondent (N=100)

Interpretation –

The graph shows the percentage of beneficiaries that is 100% in all the 5 villages, who do not perceive that the staff charges any consultation or medication fees

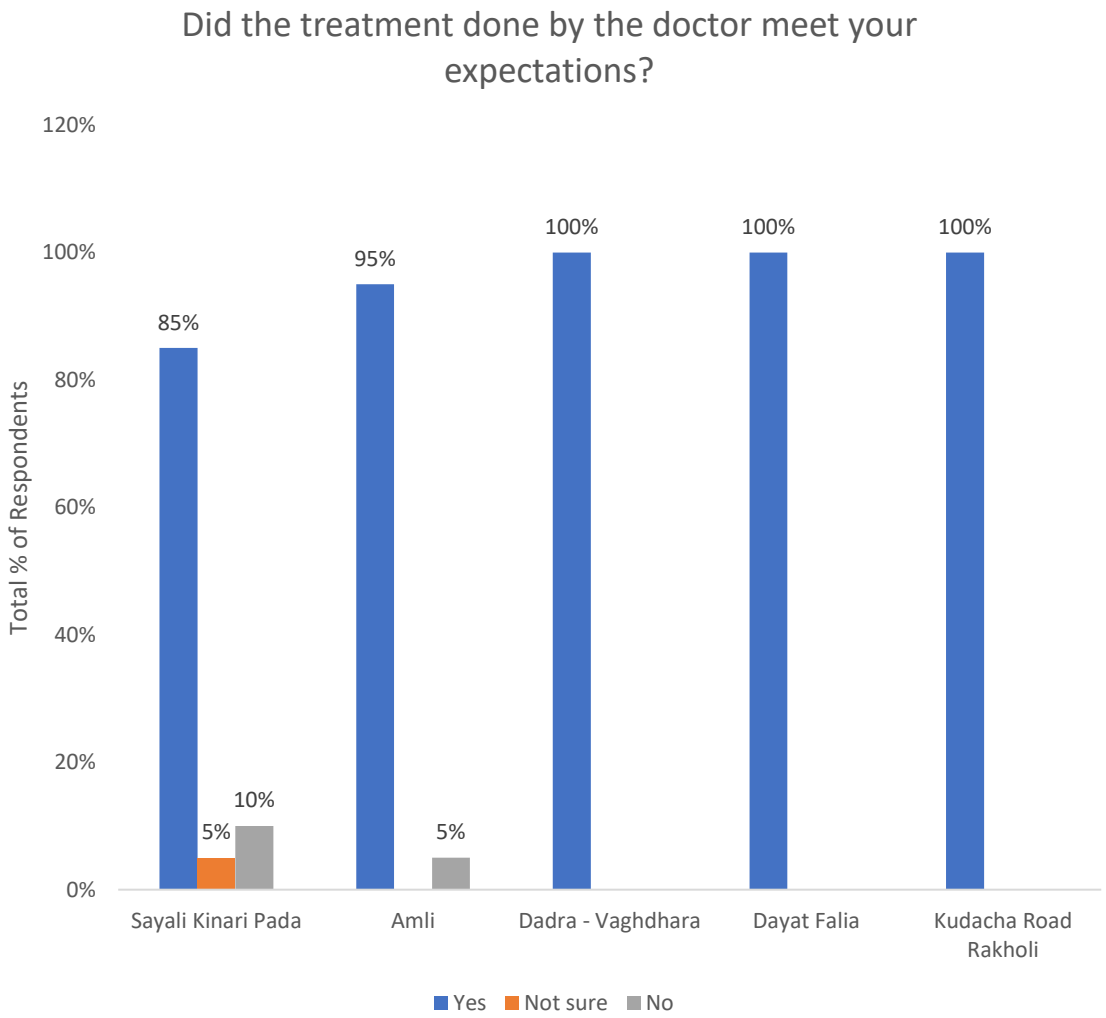

Figure 9: Percentage of beneficiaries who perceive that the doctor has met his/her treatment expectations, total 100 respondent (N=100)

Interpretation –

The graph shows that respondents of 4 districts were 100% sure that the doctor has met his/her treatment expectations, while in Amli 85% respondents were sure about the same

Results based on the survey done on the evaluation and satisfaction level of staff:

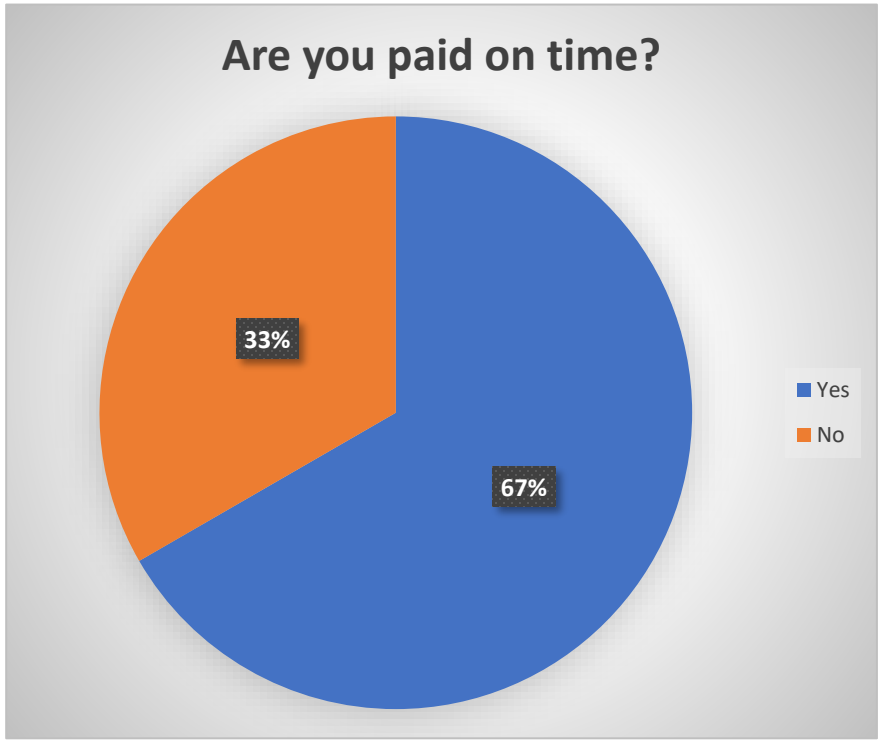

Figure 10: Percentage of staff and their perception about timely pay, total 3 respondent (N=3)

Interpretation –

The pie chart shows the Percentage of staff and their perception about timely pay, that is two third of the respondents perceive that they are paid timely while one third of the respondents perceive that they are not paid timely.

How many villages are covered by the mobile medical van in a week?	**>=6**
What is the distance of the villages from the government hospital?	>=11 km
Activities provided by mobile medical van	Curative services
The frequency of visits is more in which season?	Rainy season
What kind of diseases do you observe in the population?	Infection - fever/cough/cold; Dermatological Disorders; Dental Issues;
What is the Treatment protocol? (how do you treat the patient - steps)	Govt card-entry-chief complaint-treatment

Table 1: Table representing the number of villages covered/week, distance of village from the government hospital, activities done by MMU, frequency of visits, kind of disease observed and the treatment protocol as per the staff of MMU

The Reasons - patient prefers mobile medical van	
Doctor	Don’t have to go far to visit govt hospital, Accessible and affordability
Nurse	Doctors free consultation and free medication, Patients get their checkup done properly in their vicinity
Driver	Patients don't have to visit govt hospital which is quite far from their place, doctors free consultation and free medications, medicines are available

Table 2: Table representing the reason – patient prefers MMU, according to the staff

Discussion

- The maximum respondents were from the age category between 25-34 years and majority of which were women.
- 5 villages visited comprised of 20 respondents each selected randomly for interview with majority of the population who have cleared higher secondary. The respondents majorly were housewives, shopkeepers, factory workers, daily wage labours, students.
- The patients with symptoms like cough, fever, cold, diarrhoea or any kind of dermatological infection, dental issues were treated but in case of prolong illnesses were referred to the District hospital.
- It was observed that the MMU visited the assigned village atleast once in three months and the people were much aware about the MMU and the services provided by it. This shows the activities done by MMU has made an impression over the population.
- Physician-1, Nurse-1, Driver-1 and overall experience of the staff in being the part of CSR activity is good

- Although the patients are very pleased with the services rendered by the staff, they were unsure of the dosage because the prescription medications were not dosage-labelled.
- It was challenging to provide treatment for each patient individually because there were not enough employees to handle more than fifteen times their strength.
- The notion MMU provides free health check-ups , including diagnostic capabilities of laboratory and free medication, to community in rural locations and semi-urban locations where no facilities related to health were present. However, there are numerous adjustments to be taken into consideration.

Conclusion

- After performing research, it can be concluded that GOLIL's effort to carry out the CSR activity of MMU has considerably bettered the lives of vulnerable populations. MMU has increasingly become one of the most essential components of delivering healthcare to the remote and vulnerable population.
- The study shows the positive impact on the population from the check-ups done by MMU as the patients tested by MMU per villages goes above 80 patients per village in Dadra and Nagar Haveli.
- Majority of the patients who availed services were women, hence it is important to also educate them about the importance of health and safety measures to protect her family from any diseases. Since the study population had majorly cleared higher secondary, they were much aware about the unqualified professionals and preferred MMU.
- A dramatic increase in the need for infrastructure and manpower is typically seen when most of the population uses medical services. This study illustrates the need to deal with the above-mentioned problem. Additionally, it's crucial to plan properly and notify the district representative one day in advance.

Recommendations

- Provision for one physician, one nurse and one pharmacist - ease the pressure on the current personnel and allow patients to receive timely and effective care.
- Plan the MMU visit, notify the village/block representative - for majority of vulnerable population to avail free health check-ups and treatment from MMU
- Provide the staff with incentives and ensure that the personnel at the MMU gets paid on schedule
- The medication packaging - stickers indicating the recommended dosage, so these stickers should be available.

It's crucial to have the van serviced (atleast once in every six months) and to inspect the equipment inside.

Utilisation of computer technology: Each person's records in the practise must be kept on computers, and patient queues must be handled by a token vending machine

IEC resources should be made available to inform tribe members about the importance of health and quacks and their practises - weekly visit of a public health specialist to educate the same.

Accessibility of other laboratory tests

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Thank You