

## Large Development Projects and Health

As I return from Lesotho, my mind is all clogged up with Health Impact Assessment and developing a Public Health Action Plan for the project I am supporting. Best way to unclog my mind is to re-visit the subject again (see CSR under old items, 5th August 2018) to point out that large projects can do a lot under their Corporate Social Responsibility (CSR) and help remote and deprived populations in providing assistance they need most. Apart from generating profit, it is also the responsibility of a business to take care of their stakeholders. It has now become mandatory for every organization to fulfill their corporate social responsibility, not only to ensure that the standard of living of impacted populations are maintained, during and after the completion of the project, but every effort is made for its maximum enhancement.

To fulfil this mandatory requirement development projects often point at large sums of money brought into the area, employment provided and the roads built. These are essential inputs for their own work to eventually benefit the developers and the shareholders. The spill over of these developments surely provide some convenience and benefits to the local people, but projects leave substantial footprints of adverse impacts as well that last a long time. It is the responsibility of corporates to mitigate these impacts as much as possible and eventually exit the site with a balance of gains for the local communities.

For the past twenty years I have been engaged in mitigating adverse health impacts in several projects and have come to realise that a thoughtful planning and good intention on the part of the project owners can bring about big gains to the health status of local populations. Often the approach for developers is to provide a service that appeases the immediate health needs of the communities with no thought to the sustainability of such services. A piecemeal approach of providing a clinic or two and some free services is seldom sustained after project completion. On the other hand if the approach is to strengthen the existing health care delivery system, often neglected by governments because of the remoteness of the area, new life can be injected into the communities. An example is from Laos where Nam Theun 2 health programme strengthened the existing health services by collaborating with the local health authorities and demonstrated, at the time of project completion, great improvements in the health status of the resettled people and others living in the project area (see under My Public Health > Collaboration with Government Services).

Women of reproductive age and children under fifteen years constitute almost 60% of the rural population. They are the most vulnerable in the absence of basic health services and often affected most by large projects. They are also the major consumers of any available health services to them. Primary health centres in rural areas are meant to provide for women and children but they wait for sick to approach the health facilities rather than proactively providing preventive services to the population. Immunisations, growth monitoring, care of the women during and after pregnancy and child birth are not anticipatory. And it is the neglect of these services which makes the horrendous statistics of maternal and childhood mortality in most MLICs. If only total population coverage of the primary health centre through monthly visits could be regularised or communities empowered to organise these services with the help of the village health worker and relying on the technical support coming from the health centres, life would be very different.

With the influx of large number of workers for the construction works and the camp-followers, other social problems creep into these communities. Easy access to cash, both with

the workers and those providing services to them, generate increase in social problems like violence, sex for money, alcohol and drugs bringing in sexually transmitted infections including HIV/AIDS. Although health authorities are engaged in detection and treatment, awareness and health education takes the back seat. It is the preparation of these communities to protect themselves from these curses that is required. Adolescent awareness in schools and general education and awareness of the public is crucial in the control of these problems. If one looks at the woes of MLICs in terms of high Maternal and childhood mortality and causes of these deaths, they are mostly related to lack of awareness and knowledge. Look at malnutrition in under-5s or causes of maternal mortality. Empowering people with knowledge and awareness would address most of the issues. Why should teenagers get married or unknowingly become pregnant, why should there be pressure on newly married women to have a child as soon as possible and that too a male one. Why choices should be taken away from women and the list goes on. The powerful sectors in our own society are instrumental in depriving the weaker groups.

Safe water and sanitation are also limited in remote communities where most of the development projects start their work. Although the project owners do everything possible to provide these facilities to the workforce, rarely anything is done for the local communities. Clean water and sanitation alone can improve the health of the people, which has been demonstrated by many projects around the world. This simple engineering feat can be easily brought to the impacted populations in the project areas under CSR.

Information technology and artificial intelligence, intentionally or unintentionally, has been kept away from Primary Health Care (PHC). Simple messaging services can disseminate awareness and information at no cost. Media can provide a powerful and effective mode of awareness and to call mothers for antenatal care or for growth monitoring of their under-5s. The scope is endless. Using media for giving free service rather than selling something is heartening for the receiver for a change.

Large development projects are in a position to take a lead under their CSR mandate to do genuine good to the impacted communities. Even if they only assist with water and sanitation, which are often poor in the remote communities where large number of projects operate, a big improvement in health and living conditions can be brought about. The other important area is to collaborate with the existing government health service delivery in strengthening the system to function better in the project area. Concentrating on the health of the women and children in a population can bring about maximum gains in the health in a short time. The use of information technology and artificial intelligence can serve a dual purpose of improved population coverage for health services and for the project owners to demonstrate that the project has improved the health of the impacted people for their critics.

CSR is not only an ethical issue but it is of great benefit to the enterprises in the long run. The major benefits of behaving in a socially responsible way could be:

1. Higher motivation and productivity among investors, employees (including local communities) and contractors;
2. An increased reputation and trust that leads to higher appreciation from customers and suppliers and all other stakeholders that are impacted by its activities, therefore aiding its greater economic success;

3. Enhanced recognition as operating publicly in society involves consideration for the intentions of customers, representatives of local communities, banks and other important stakeholders contacts;
4. An acknowledgement of commitment because CSR is not a short-cut to business success but instead requires financial investment that pay off in the longer term;
5. A higher acceptance within the community because CSR makes a business adapt more quickly to the needs of its impacted stakeholders, their environment as well as its clients;
6. An opportunity to help the host nation in general development of project impacted remote areas, where most projects are situated.