

Social Partnership With Multinational Enterprises (MNEs), and Micro, Small and Medium Enterprises (MSMEs) in Post-COVID Times in an Emerging Economy Like India – Integrating Volunteering and Social Entrepreneurship as Newer Strategic Healthcare Model to Achieve Sustainable Development Goals (SDGs)

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The COVID-19 pandemic exposed critical weaknesses in economic and healthcare systems, affecting India due to structural inequities and limited healthcare infrastructure. This study examines the role of Multinational Enterprises (MNEs) and Micro, Small, and Medium Enterprises (MSMEs) in strengthening healthcare systems through volunteering and social entrepreneurship, contributing to Sustainable Development Goal 3 (SDG-3): ensuring healthy lives and well-being for all. Adopting a mixed-methods approach, the research integrates systematic secondary analysis with primary data collection from 150 structured surveys and 25 in-depth interviews with healthcare and MSME stakeholders. Findings indicate that MSMEs played a critical role in maintaining healthcare supply chains, while volunteer-driven engagement models helped counter misinformation and enhance community resilience. This study advances the understanding of MSME-driven healthcare resilience during crises, filling a gap in research on corporate social entrepreneurship and public-private synergies in pandemic response. It underscores the need for structured public-private partnerships, institutionalized social entrepreneurship, and expanded digital health integration to strengthen pandemic resilience.

Keywords: healthcare, SME, SDG, COVID-19, MSME

INTRODUCTION

Health-related Sustainable Development Goals-3 (SDG-3) that denotes “Ensure healthy lives and promote well-being for all at all ages” (UNITAR, 2020), is compromised due to the unprecedented COVID-19 pandemic in the recent past. As an emerging economy with more than 1.35 billion population, India has a huge socioeconomic, political, and geographic diversity. Linguistic as well as cultural distinctiveness and demographic transitions are some of the major factors impacting daily life, influencing this diverse

population's health and wellbeing behaviours. Despite well-crafted fiscal and monetary policy support, there has been a 7.3 to 12.5 percent contraction of India's economy in FY 2021-22 due to the COVID-19 pandemic. (World Bank, 2021). The pandemic has exacerbated preexisting global problems, but solutions to many of those challenges already exist worldwide. However, in many cases, local solutions miss out on their potential by not being scaled up globally and thereby prevented from maximizing their impact for SDG achievement.

COVID-19, an infectious disease caused by the discovered Corona virus in 2019 (WHO, 2020) which, has been declared as a global pandemic by **World Health Organization** and subsequently the mutated nCOV strains across the globe and the country had an unprecedented impact, implicating socio-economic, political, technological, environmental and legal (regulatory) disruptions worldwide (UNCTAD, 2020). The WHO regions and the countries from developing, developed, emerging and rising economies were severely affected for this pandemic. Globally, as of 10 January 2022, there have been 305,914,601 confirmed cases of COVID-19, including 5,486,304 deaths, reported to WHO. India reported 35707427 confirmed cases of COVID 19 with 483906 deaths (WHO, 2020a). <https://covid19.who.int/table> Though it is seen in the third wave most people infected with the COVID-19 virus experienced mild to moderate respiratory illness and get recovered without requiring special treatment, older people, and those with underlying medical problems are more likely to develop the serious illness. In order to prevent and slow down transmission of the virus, community and individuals should be well informed about COVID-19 and abide by preventive rules.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes and is highly contagious in nature. (WHO, 2020b). The COVID-19, disease pandemic has invited immediate response efforts, led by WHO and under the aegis of The United Nations Country Team (UNCT) and national governments, to cover several areas of preparedness and response. The disease preparedness includes surveillance, testing and case management, infection prevention and control, contact tracing, risk communication, **and community engagement** (WHO, 2020c). RCCE is a core strategy to reduce the transmission of infection through the provision of and dialogue around on risk-reduction behaviors, promote prevention practices, and mitigate psycho-social impacts on populations that are becoming increasingly fatigued and frustrated with the prolonged and severe containment measures. Similar measures were taken during the Ebola endemic in the African continent in 2018.

In India, the pandemic has evolved rapidly since March 2020, and the Government immediately put in place strict containment measures to slow down and stop the spread of the virus. The lockdowns were imposed over four phases, however, there are collateral effects of blocking the economy and the functioning of basic social services. This has the most negative impacts experienced by marginalized labors and poor. It witnessed a mass exodus of laborers from urban to rural areas ,destroying the lives and livelihoods of many people. Many died and there were a series of negative implications like accidents, etc., reported across the country. The pandemic has grown day by day and needed a sustained focus on risk communication and community engagement efforts to ensure that populations – individuals, families and communities – remained vigilant, motivated and practiced select or all preventive behaviors depending on disease status and public health measures in place. This has further prevented exponential increases in transmission again. The country and local level strategy in India focused on Behavior maintenance/compliance around hand hygiene, decontamination of surfaces, health-seeking behaviors, voluntary quarantine, isolation, and New norms/practices, particularly around respiratory hygiene (when and where to use masks and PPE);

- i. wide- spread/routine testing (to access workplaces, travel); physical spacing and social distancing in communal spaces and during public transportation as well as restrictions on mass gatherings;
- ii. Home-based care particularly for the elderly and those with underlying health issues.

The Governments of India have imposed strategies that have been adopted to counter fatigue and frustrations, and to increase the effectiveness of the interventions. The program communicated in different platforms that are designed on the basis of in-depth understanding of social norms and cultural practices. In all other macro and micro-level socio-political-economic factors were evaluated and accessed towards a

sustained practice of these behaviors. This could have leveraged to build resilience, motivation, social cohesion, collective efficacy, and action necessary in the long run to avoid all possible relapse. The pandemic posed a serious health implications and mortality, so is the reason the countries had taken swift and sometimes stringent public health actions including lockdowns, citizen curfews, stopping of mass and religious gatherings, closure of education institutions, social gatherings and restriction on public movements to stop the spread during the first wave of COVID 19 infection. **Adding to several advisories from international agencies as well as the state, there is also a huge responsibility with** individuals and the community. The social leaders, public health professionals, health care managers, health care workers (HCWs), community health workers and all other stake holders need to abide by the rules and advisories towards lesser exposure to this disease.

Disease spread is either due to wide misinformation or limited information on the disease. The hurdle for cost-effective disease prevention and control practices in communicable and non-communicable diseases in India is the lack of public awareness of risk factors and healthy behaviors (Hunter & Reddy, 2013). Awareness, education, and basic understanding of disease lead to responsible behaviors by the community and individuals that have minimized disease burden in the diseased segment (Sharma, 2015). Physicians have positive views about the effectiveness of disease awareness advertising if it is sponsored by credible organizations and regulated by the government. (Banerjee & Dash 2013).

Micro, Small, and Medium Enterprises (MSMEs) in the manufacturing and service sector contributed significantly to the growth of the global value chain (GVCs) and play an important role in the wider ecosystem of multinational enterprises (United Nations, 2020). India has approximately 63.4 million MSMEs as of the year 2019. About 20% of MSMEs are based out of rural areas, which helps in rural employment. The MSMEs contribute approximately 24.63% of the GDP from service activities. (CII, 2019). Last-mile delivery has become easier due to better roads, while the KYC norm has made loans for SMEs easy. (Kashyap, 2020).

Community participation on the other side, through volunteering is an important aspect of creating awareness, engagement, and removing structural barriers and stigma. (Marston, C. et.al, 2020). Volunteers united the local and global community and can further bridge people's integrative approach and willingness to accelerate the nation's fight against COVID-19 or similar pandemics and Infodemics.

Based on the context, we proposed a newer sustainable social model involving the service sector MSMEs and volunteering through social to have greater last-mile connectivity for addressing infodemics and supply-chain challenges to eradicate rural poverty, bringing better health resilience and prosperity for the country.

Objective and Scope of the Study

This study aims to understand the role of community and social stakeholders and possible models adopted to address social, cultural, political and economic change during pandemic outbreaks. With a view to identify key norms, cross-cultural practices and other macro and micro factors (and their variation across the states), the study was conducted over a rapid secondary research analysis (based on the literature and existing data) along with few In-Depth-Interviews, conducted pan-India. This further helped to hinder or enable the sustained practice of COVID 19 behaviors in the long term with a specific view to prevent a second and more lethal wave of transmission. The results of this study may be referred further to national/country level efforts to deconfinement measures (**gradually loosening some restrictions put in place to reduce COVID-19 transmission** and allowing a return to some activities) that were introduced across countries to prepare populations to prevent a relapse, to strengthen implementation, monitoring and evaluation and to identify further areas for exploration and study that may require primary data collection efforts grounded in qualitative and quantitative research. Based on the results of this analysis, a research initiative involving primary data collection may be decided).

Potential areas to be considered for evaluation include:

- Health-seeking behaviors: linked to disease control; health and hygiene; nutrition and NCDs that increase vulnerability to severity of COVID; social and structural barriers to access of services

- Gender: norms around household care, physical distancing, use of public spaces; power in private and public spheres
- Language, media, culture and religion: cultural influences and expression; homogeneity in language; rituals and practice; prayer and congregation; hadiths around hygiene and disease control; access to media and information

LITERATURE REVIEW

The COVID 19 pandemic poses a serious threat to human life. Governments worldwide must rapidly mobilize and make difficult policy decisions to mitigate the risks due to the coronavirus disease 2019 (COVID-19) pandemic. The important role of demography, particularly, how the age structure of a population may help explain differences in fatality rates across countries to unfold the cause of transmissions of COVID 19 (Dowd et.al.,2020). COVID 19 is spread in many countries, at least in the early stages, before any mitigation measures have an impact. (Anderson et.al.,2020).

This very much important to make the best use of available tools through systematic implementation by communities and countries to mitigate the exponential spread of covid-19. Country specific timing is a critical determinant of any pandemic impact. (Ebrahim et.al, 2020). The surveillance of any disease pattern is very much needed. There is a huge need for constant surveillance, prompt diagnosis, and robust research to understand the basic biology of new organisms, their susceptibilities, and to develop effective countermeasures. The COVID 19 disease outbreak is a stark reminder of the ongoing challenge of emerging and reemerging infectious pathogens. (Fauci, 2020). The widespread community transmission recommends a transition to include mitigation activities to prevent further spread of the disease. The example of mitigation activities include cancelling public gatherings, school closure, remote working, home isolation, observation of the health of symptomatic individuals supported by telephone or online health consultation, and provision of an essential life support system at a time of need. (Heymann and Shindo, 2020).

Pandemic preparedness and reducing risk of global spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or COVID 19 are key concerns for mass gatherings that pose a considerable public health challenges to communities, health professionals, authorities and governments. (McCloskey et.al.,2020). Various measures such as mobility restrictions, physical distancing, hygienic measures, socio-economic restrictions, communication and international support mechanisms have been clustered and reviewed in terms of the actions taken and their qualitative early-perceived impact was analyzed. (de Bruin et.al.,2020). The outbreak of a novel coronavirus, referred to as severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) or coronavirus disease-19 (COVID-19), with its sentinel case in Wuhan, People's Republic of China, in December 2019, has spread rapidly beyond the People's Republic of China. (Vannabouathong et.al., 2020).

This is impossible to obtain the true prevalence of COVID-19 in the population, since individuals are not representative of the general population. However, establishing a value is vital to understanding the population's morbidity and mortality risk, particularly in low-income and middle-income countries (LMICs) such as India. The socioeconomic and public health fallout cannot be accommodated, resulting in national shutdowns. (Subramanian and James, 2020). India have taken several precautionary measures to mitigate or neglect the disease in beginning stage, however, the denser population of the country will not be able to control the same for long time (community spread), if the government does not incorporate the visionary strategies. (Roy et.al., 2020).

COVID-19 containment activities must be targeted in districts reporting COVID-19 cases among severe acute respiratory illness (SARI) patients. Intensifying sentinel surveillance for COVID-19 among SARI patients may be an efficient tool to effectively use resources towards containment and mitigation efforts. (Gupta et.al.,2020). Non-pharmaceutical measures of hand hygiene and cough etiquettes, quarantine becomes a critical strategic containment and mitigation intervention towards the early detection and isolation of cases to break the chain of transmission and slow down the spread of the outbreak in the absence of in the absence of a licensed vaccine or effective therapeutics for COVID-19. (Sarkar et.al.,2020).

There are differences in response by different countries and their outcomes. Based on the experience of these countries, India responded to the pandemic accordingly. It is suggested that the future directions that the global community should take to manage and mitigate the emergency. (Khanna et.al.,2020). Epidemic outbreaks are a special case of supply chain (SC) risks which is distinctively characterized by a long-term disruption existence, disruption propagations (i.e., the ripple effect), and high uncertainty. (Ivanov, 2020). There is a very high level of psychological distress among public, including anxiety and stress observed during the COVID-19 pandemic. Such distress is associated with alterations in immune function, including an elevated risk of viral respiratory tract infections. In this light, the possible effects of Ayurveda, a traditional system of medicine promoted by the Indian government as an “immune booster”, are examined from the point of view of psychoneuroimmune mechanisms as well as the “meaning response” described by Moerman. It was found that many of the measures advocated in their guidelines could positively influence immunity either by direct effects on symptoms of depression or anxiety, or through their symbolic significance. Therefore, it is possible that traditional practices could be beneficial both in terms of psychological quality of life and in terms of moderating the risk of infection. (Rajkumar, 2020).

The COVID-19 pandemic is driving home the irrefutable evidence that mitigation of the pandemic warrants immediate application of evidence-based non-pharmaceutical interventions (NPIs) through an empowered and educated community. This is especially relevant in the ongoing pandemic because of the rapid transmission of SARS-CoV-2 and the non-availability of specific antiviral medicine and vaccines. The pharmaceutical interventions are not likely to become accessible to developing countries during the next few months. (Bhatia, 2020).

The contributions of testing, contact tracing, and localized quarantine on reductions in contacts and COVID-19 transmission could be determined via a model that simulates localized clusters throughout the country and estimates their likely coverage by testing, given the number of tests kits made available nationally per day. (Colbourn, T, 2020).

Religion plays an important role in disciplined life. The present time is like no other in most of our lifetimes. The uncertain future, with little control over what happens next, promotes religious faith, a rock that society now needs to hold onto. Indeed, religious faith will likely make an important difference in how many make it through this challenging time in our nations and world’s history. (Hart and Koeing, 2020). Spirituality can be important during chronic illness, suffering, and loss. Physicians need to address and be attentive to all suffering of their patients—physical, emotional, and spiritual. Doing so is part of delivery of compassionate care. Physicians can be better and true partners for patients’ living by listening to their hopes, fears, and beliefs and incorporating these beliefs into their therapeutic plans. (Puchalski, 2020).

Spirituality may functionally impact medical and psychological well-being and illness since many aspects of spirituality, as well as religion, are both positive and negative indices of human functioning. (Rosmarin et.al., 2020). Key principles of global health are context and equity. The less-resourced countries must devise policies that speak to their unique demographics, diverse social conditions and cultures, livelihoods, and constrained infrastructure and resources. (Cash and Patel, 2020).

Despite the progress in Sustainable Development Goals and indicators, health indicators remain a priority for the country. Health-related SDG indicators (SDG-3) aim for the highest attainable standard of health for all people in all countries including India. SDG 3, is a goal that denotes “Ensure healthy lives and promote well-being for all at all ages”. Goal 3 has 27 indicators, while the total number of health-related indicators across all SDGs is 43 (UNITAR, 2020). There has been a significant improvement in SDG 3 in India, including reduced child and maternal mortality, raising life expectancy, and improving the defense mechanism against several major communicable diseases. India aspires to better the lives of all its citizens and become a high-middle-income country by 2030. The development goals and targets are very robust. Policy measures have propelled rapid economic growth, and poverty was minimized quickly over the years. India, is world’s third largest economy in purchasing parity terms. The country’s aspiration to achieve better growth and promoting inclusion and sustainability have brought a paradigm change to human development, social protection, financial inclusion, rural transformation, and infrastructure development (World Bank, 2020b).

SDG 3 has 9 “thematic” targets to ensure healthy lives and promote well-being for all ages, including “means-of-implementation” targets. Overall, 27 indicators have been attributed to Goal 3. The Goal 3 has the largest share of indicators among all SDGs. Most of its targets have 2 indicators except for Targets 3.3, 3.9, and 3.b, which are relevant to COVID 19 being a communicable disease that is infectious (SDG 3.3); research and development activities are going on for the same (SDG 3.b) and there has been an emergency health preparedness across the region to tackle the pandemic (3.d).

SDG 3.3. Discusses the SDG target for Infectious diseases. It is a target that by 2030, there will be an end of the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases, and other communicable diseases. The indicators below are for further discussions

- **3.3.1** Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- **3.3.2** Tuberculosis incidence per 100,000 populations
- **3.3.3** Malaria incidence per 1,000 populations
- **3.3.4** Hepatitis B incidence per 100,000 populations
- **3.3.5** Number of people requiring interventions against neglected tropical diseases

At the same time the SDG target 3.b has the target to support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries. Provide access to affordable essential medicines and vaccines following the Doha Declaration on TRIPS and Public Health, which affirms the right of developing countries to the fullest use of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) regarding flexibilities to protect public health and, in particular, provide access to medicines for all.

The SDG 3.b has 03 indicators

- **3.b.1** Proportion of the target population covered by all vaccines included in their national programme
- **3.b.2** Total net official development assistance to medical research and basic health sectors
- **3.b.3** Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.

SDG target 3.d. is on Emergency preparedness. It is a target to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness As health-related issues go beyond SDG 3 and are also covered under other goals, the progress of SDG 3 is interconnected and interdependent with progress in other goal areas includes SDG1, SDG 8, SDG 10, SDG 17 and other health-related indicators that the World Health Organization monitors. The areas that are of particular relevance are “trade and intellectual property, sustainable energy, income, inequality, migration, food security, and sustainable consumption and production” (WHO, 2019)

The recent COVID-19 pandemic has brought everything into a standstill. Due to uneven understanding for rural urban, geographic variations and digital divide, COVID-19 have created huge socio-economic, political, and cultural disruptions. Additionally, COVID 19 pandemic has aggravated the existing issues like drinking water, sanitation, education, gender participations and rural livelihood – envisages a thought for substantial development needs in and post-COVID 19 pandemic. Another key area of COVID 19 spread is misinformation or limited information on the disease. The hurdle for cost effective disease prevention and control practices in India's communicable and noncommunicable diseases is lack of public awareness on risk factors and healthy behaviors (Hunter & Reddy, 2013). Awareness, education and basic understanding of diseases leads to responsible behaviors by the community as well as individuals, that has minimizing disease burden in the diseased segment (Sharma, 2015). The physicians in India have a positive view about the effectiveness of disease awareness advertising if it is sponsored by credible organizations and regulated by the government. (Banerjee & Dash 2013). Effective mass media communication is vital for controlling the community diseases: Improve disease recognition and treatment awareness is inevitable

(Angelmar et.al., 2007) Health information through booklets or one to one discussions with healthcare professionals can have a better impact on the patients in delivering better information. Lack of health awareness has spread the COVID 19 pandemic in the community. causes are diverse, lack of focus on preventive care, varied information from public sources primarily over WhatsApp, Facebook, internet as well as other similar platforms created a lot many confusions and chaos. Non-compliance by COVID infested patients is another important behavioral factor, observed in the initial stage of health delivery to the community.

TECHNICAL APPROACH AND METHODOLOGY

We initially conducted a systematic desk research review, followed by mixed-method research using qualitative and quantitative techniques and tools. The published articles are searched from the ProQuest Research Library, Infilbnet, Google scholar, PubMed Central, Mendeley, Microsoft Academic, etc and the grey literatures are searched from the government reports. Policy statements, Mainstream digital news, Bing News, Google News, Science Daily and issues paper from the Government, donors, and social media websites. The papers were searched with key words **Coronavir* OR “corona virus” OR betacoronavir* OR COVID 19 OR “covid 19” OR nCoV OR “CoV 2” OR CoV2 OR sarscov2 OR 2019nCoV OR “novel CoV” OR “Wuhan virus” OR TITLE (China OR Wuhan OR Huanan OR Hubei) AND (virus OR pneumonia) with reference to social and behavioral research.** The public health promotion and communication, social, political and economic contexts were also taken into search consideration. The pieces of literature were analyzed using a socio-behavioral or public health construct for academic and policy recommendations. The works are analyzed keeping the fast-paced complex development context. Framing of the works done involving the COVID 19 context and a proposed model developed with recommendations and future works. Appropriate variables were identified based on the secondary research. We proposed to survey 150 respondents from the health care and pharmaceutical MSMEs operating in the supply chain and retail segment for quantitative research and 25 prospective respondents from the healthcare settings, NGOs, and pharmaceutical organizations. Online, telephonic, or face-to-face survey methods are used as quantitative research tools, and analysis of survey data is conducted through STATA. For qualitative research tools, In-depth interviews (IDI’s) and Focus Group discussions (FGD’s) are used. According to Kent (1999), a minimum sample size of 100 is needed for any kind of quantitative research to get a significant result. An appropriate scale, tools, and techniques are used, based on the hypothesis, and a quantitative questionnaire is designed.

We gathered data to enhance data flow we build data sets from secondary as well as primary sources and collected, validated and finalized data, gathered from various sources. We prepared, scrutinized and validated the draft output of data. Subsequently we gathered information for evacuations and conducted the same as per the data availability. We finalized the data, prepared reports and submitted the report for academic and policy recommendations.

COVID 19 Pandemic, Volunteering and Entrepreneurship Model

Towards a better compliance and adoption of safety measures, community participation and collective responses played a very important role in the effective prevention to coronavirus disease 2019 (COVID-19). Support of communities and participation through volunteering, was an important aspect of creating awareness engagement and structural barriers helped removing stigma. This aligns with Marston, et.al., 2020 findings and recommends a community and social leaders’ participations to address diverse communities with varied understanding. In this context Communities including vulnerable and marginalized groups, have gainfully integrated with the communication awareness models propagated by various organizations operating in rural clusters. In Cities the RWAs are mobilizing suspected patients to get tested for COVID 19 with symptoms and identify solutions. There are instances of communities involved in stopping rumors and insight into stigma. With communities on side, India far more likely—together—came up with innovative, tailored solutions that meet the full range of needs of our diverse populations. The community awareness and involvement helped to mitigate the challenges of stigma and

disease spread. The collective efforts in communities from preparing protective masks to maintaining social distancing measures spoke about the role of community to prevent the spread of COVID 19 pandemic. This aligned to the recommendations of (WHO, 2019a).

To mitigate the risk, general media announcement was replaced with a more trusted community and social or religious leader's involvement. This further encouraged direct participations to address fears, barriers, and concerns. Further to change transmission-enhancing practices, this will help promoting protective behaviors among the community. To stop the chain and to protect lives, communities must be taught to protect lives. Bi-directional communication helped both communities as well as the response team to ensure participations and building the trust among all stake holders. The further aligned to the This aligned to the recommendations of (WHO, 2020d).

Response Challenges in Outbreaks

Lack of understanding of community practices, concerns and fear. Slow/late information release about the disease and the response could exacerbate community concerns and amplify the outbreak Lack of information and awareness on protection measures can further aggravated the spread of the disease. Starting implementation of measures without the agreement of communities impacts acceptance of the response. Late/no action taken to stop rumors can lead to misunderstandings, impact trust in the health authorities, and promote "dangerous" behaviors. Nosocomial (health care) outbreaks may occur due to lack of information and awareness about the virus among health care workers and/or failure to apply appropriate infection prevention and control measures. Cultural practices related to care giving and health care seeking behavior may make it difficult to control an outbreak: For example, in some cultures, many relatives will accompany or visit sick family members when in hospital, and some people may go to many different hospitals while sick before they decide where to seek care (this is sometimes called doctor or hospital shopping).

To mitigate the risk in COVID 19 scenario, accessing the need, fears, and strength of a particular community is essential to developing strategy. Reviewing of historical data and preferred communication mode with communities are essential. Identifying the health seeking behavior pathway (HSB) for the disease and the factors that condition it locally and socio-cultural factors: including explanatory models, localised gender vision, and power dynamics, are to be understood at depth. The social KOL at the community level needs to be discussed and the influencers and healthcare practitioners needs to be informed at all times. All the communication models and practices must be practiced properly at the community level. To develop a strategy and plan for the community it is very much required to define the audience and the target population to be communicated.

The Community Engagement Key Stakeholders

The communication plan and channels or methods must be targeted at 03 levels: Mass media, leaders and key people and interpersonal communication. The IEC material needs to be put together with the groups to have better results and impact at the community level. A systematic feedback system needs to be built to collect, analyze, and integrate feedback, rumors, and misinformation at the three levels: mass media: media and social monitoring; radio shows with public calls, leaders and key people: health care workers' feedback; leaders' feedback and interpersonal communication: community dialogues, community workers' feedback. The information with the other technical areas of the intervention and negotiate change and improvement in implementation according to feedback. The daily collection, analysis and negotiation of feedback with the response and always get back to the communities with answers to their questions. The responses to be bridged with the different communities engage partners routinely and build trust. Honesty and transparency would build and connect and bridge the reality of the community and the reality of the responses. The communication can be defined as the action of exchanging (sending and receiving) information. The Common communication barriers are Language and education, Cultural and ethnic differences, irrelevant messages, too much information, Time constraints and Noise and distractions. The Communication enablers are to reach the intended audience and attract audience attention. The engagement narratives are needs to be understandable, culturally adapted, credible and relevant, delivered in time. (WHO, 2020d).

The socio-cultural factors: including explanatory models, localized gender vision, and power dynamics are also very much important towards a possible risk mitigation strategy and behaviour communication strategy.

SUGGESTIONS AND RECOMMENDATIONS

The study is conducted during pandemic times with a huge cost burden on individuals and society. Government responses have helped citizens since it may be difficult to bear all the expenses out of their family earnings. Further the treatment cost that depends on factors like patients' status, family size, age group, and distance from the hospital, level of income and the location such as rural and urban can pose serious health implications. So based on these understanding, we are planning to conduct a **first of its kind rapid pan-India secondary research analysis (based on the literature and existing data) of the social, cultural, political and economic context of COVID 19 outbreaks**. With a view to identify key norms, cross-cultural practices and other macro and micro factors (and their variation across the states), the study also focuses on gender, disability and other rights dimensions. This may hinder or enable the sustained practice of COVID 19 behaviors in the long term with a specific view to prevent a second and more lethal wave of transmission. The present research is expected to bring necessary inputs to support decision for efficient COVID 19 management and mitigation strategies involving community. The policy decision makers may further involve community social leaders and other stake holders to reduce the socio-economic burden for the lower and the middle level income population, driving the country to resilience.

The present research study throws some important findings which the government and policy makers can consider with regards to risk mitigation strategies during pandemic situations. The study that covered social aspects of the pandemic, throws many key policy interventions during this time. The study that focuses on poor, gives little information on middle income populations. So, a reform policy needs to be oriented towards the middle class. A very robust monitoring mechanism at government as well as multi-lateral agency level can further keep the task more transparent and effective. Pro-poor measures are a need of time to bring social change as well as fulfilling SDG goals. This study has also tried to capture the impact of digital on social lives. So, a holistic risk mitigation strategy needs to be adopted in all aspects.

Scope for Further Research

This study presents some very interesting facts about the risk mitigation strategies adopted by the government during COVID 19 pandemic. However, the study was confined to desk research and a limited sample size with some qualitative outputs of stakeholders. The monitoring and evaluation study is recommended, involving communities, government and industry can further help to understand the impact of the schemes government adopted during the study. Further, a pan India quantitative research study involving academia can be made state-wise to understand if the interventions are impactful.

Limitations of the Study

The study is based on secondary research-based data pools, published in leading peer reviewed journals, government sites, news articles and. We also conducted qualitative research in terms of in-depth interviews with a limited number of participants though digital and mobile platforms. However, for a broader policy prospective, a large-scale survey and a monitoring and evaluation study is further envisaged involving MSMEs and MNEs operating in India.

CONCLUSION

The COVID-19 pandemic and subsequent mutated strains like Delta and Omicron created an unprecedented public health challenge for the modern world. The crisis united professionals and citizens across the country and advocated a historic challenge of working together, involving citizens, clinicians, epidemiologists, political leaders, NGOs, and health care workers. Implementing strategies and preventive interventions can mitigate the risk that requires societal efforts and commitment. Despite anxiety and

uncertainty, many citizens have extended social connectivity with family members, neighbors, and friends and stood in solidarity. Technology integrations to life despite health challenges keeping people socially connected and over virtual world. At times when skepticism to adopt digital was a buzzword for social, political and other similar reasons, now people have been largely integrated with digital platforms to address and integrate. The fate of political rallies is minimized with an online social media presence. Citizens have been using platforms to increase public access to reliable information on COVID-19 through different media, like WhatsApp, Facebook, and Twitter. Social distancing may be replaced with physical distancing, and people are bound to align to designed behavioral patterns irrespective of religion, social class, and economic disparity. Domestic production, self-reliance, and self-sustainable methods may be the future of Indian societal architecture. Strengthening the societal value system could be another important initiative and measure to build a resilient society. The International organizations and networks needs should support innovative practices to sustain the essential functions of public institutions through different tools, including online repositories, discussion forums, guidance and knowledge-based products. Countering Infodemies, the societies and citizens should be taught credible organizations towards right information and messages. To limit the spread of the pandemic, manage immediate health risks, and mitigate broader economic and social impacts, citizens should abide by laws and punishments applicable for violators. The key dimensions on accountability, transparency and participation should be promoted at all levels to avert longer-term consequences like corruption, manipulation, etc., due to COVID-19. We are together and we must stand in solidarity in this crisis towards resilience and nation-building. The role of volunteering will be going to be a collective commitment to creating people-driven solutions achieving the SDGs and will be robust. Volunteering will unite the local and global community through involvement, integration, and partnerships. This further can create and support next-generation volunteering that creates a sense of belongingness to integrate volunteering for the SDGs. Volunteering can contribute to in own country and works with others like yourself who desire to accelerate the nation's development and promote peace. A volunteer can make a positive impact while working alongside people worldwide, including international volunteers and professionals. The pandemic that created multifold challenges across countries, including India, recommends for transparency, participation and accountability involving multiple stakeholders. The role of accountability institutions needs to access information, privacy, and rights in terms of monitoring and disseminating information about the impact of government policies and regulations in response to the crisis. The role of the civil society to monitor the role of government action and proposing innovative solutions invites collaboration to strengthen the resilient societies and institutions.

Originality

To the best of the author's knowledge, this is first of its kind study in India to their knowledge, to understand the role of MNEs and micro, small and medium enterprises (MSMEs) and volunteering as a sustainable strategic model to address global supply-chain gaps and misinformation risks (Infodemies) in the post-pandemic times.

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