

Community Engagement Framework in Management of Pandemic – Role of Social Work

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ABSTRACT

Purpose: The purpose of this article is to explore the role of Social Work in Community based Disaster Risk Reduction. A framework for engaging the community in the management of pandemic has been developed, especially in terms of volunteerism – and action, during different stages of disaster management such as floods and cyclones. In the present article, global catastrophe COVID 19 has been taken as case study and the role of various stakeholders has been studied. The present article highlights community involvement in managing pandemic risks along with necessary stakeholder support. The article also explains a practical management strategy to leverage the strength of local wisdom, social leadership, collective action and role of social work (casework, group work, community organization and social action) in managing pandemic situations.

Design: The study will emphasize the role of social workers in Disaster Risk Management process. The research is exploratory in nature trying to analysis the Community based Disaster Risk Management and social work, so an exploratory design has been considered for this article. Data from both secondary and primary sources have been analyzed. The secondary data were collected from the government agencies. Content analysis of various news clippings, journals, articles available in National Disaster Management Authority (NDMA), UNDP, Universities and other relevant institutions were done.

Findings: Social workers play an important role in empowering the community to contribute to community action which is of prime importance in managing any pandemic. Disaster resilience is the ability of the community to anticipate disasters and react quickly and effectively when they strike. The process of building resilience can be made through community participation, awareness generation (health and sanitation), Public Private Partnerships (PPPs) and development of local capacities by education and training programmes. Various processes of Social Work may be adopted for building Community capacities to respond to any disasters.

KEYWORDS First Responder | Community Engagement | Volunteerism | Disaster Risk Reduction

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Introduction

India's geo-climatic conditions as well as its high incidence of poverty and socio-economic vulnerability make the country vulnerable to natural disasters (UNDP, 2016). It is now well established that communities are the first responders and bear the maximum brunt of any disaster event. Taking this into cognizance, the government is reinforcing the need to encourage community level initiatives for disaster preparedness and response. The Disaster Management Act 2005 empowers communities to plan, implement programs and respond to disasters effectively. One of the important activities in participatory risk assessment is a unique strategy to be adopted at community level for ensuring participation and decision making by the community members in the risk reduction process.

The key aspect of community involvement is its sustainability; the most common elements of community involvement are participation, partnership, empowerment and ownership by local people. Unless the disaster management efforts are sustainable at the individual and community level, it is difficult to reduce the losses and scale of a disaster (ADPC, 2008). While people should own the challenges of any preparedness initiatives, it is necessary to take people's involvement further, into policy, strategy and delivery. The objectives of the article are as follow:

- Exploring role of Social Work in community engagement.
- Analysing the connection and gaps between the principle of CBDRR and Social Work.
- Developing a framework for engaging community in Risk Reduction processes.
- Contribution of Social Work in strengthening community as first responder.

Legal and Policy framework for engaging community in Disaster Management

The following section elaborates on several legislations and policies that have been enacted for the effective management of disasters in India.

Disaster Management Act (2005) –This Act governs the disaster management activities within the country. It recognizes the need to mainstream community centered approaches in disaster management actions in India. For instance: *Section 22(2) (i)* encourages action to promote general education, awareness and community training regarding various disasters to which States/UTs are vulnerable. Similarly, *Section 30(2) (xiii) (xxvii)* emphasizes on community training and awareness programmes for the prevention of disaster or mitigation with the support of local authorities, governmental and non-governmental organizations. It encourages participation of non-

governmental organizations and voluntary social-welfare institutions working at the grassroots level in the district for disaster management. Additionally, **Section 41** also discusses the functions of local authorities in disaster management (The Disaster Management Act, 2005).

National Policy on Disaster Management 2009 (NPDM) - The National Policy lays emphasis on community based disaster preparedness for ensuring local ownership, addressing local needs, and promoting volunteerism and mutual help to prevent and minimize damage. The Policy recognizes community as the bedrock of the process of disaster response. It emphasizes community training on various aspects of response such as first-aid, search and rescue, management of community shelters, psycho-social counseling, and distribution of relief and accessing support from government/agencies etc. It also promotes stakeholder participation including NGOs for community empowerment (NPDM, 2009).

National Disaster Management Plan (NDMP) 2019 – The Plan reinforces the need for enhancing the capacity of communities as first responders to disasters. This includes awareness, sensitization, orientation and developing skills of communities and community leaders to deal with disasters. Various chapters of NDMP discuss social inclusion and mainstreaming Disaster Risk Reduction in various sectors (NDMP, 2019).

Prime Minister's Ten Point Agenda on DRR- This Agenda was presented at the Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) in 2016 in New Delhi. PM's Ten Point Agenda also promotes community involvement in DRR. All inclusive agenda presents a holistic approach to disaster risk management and addresses a whole range of issues, from building local capacities and initiative to use of innovative technology to encouraging greater involvement and leadership of women in disaster risk management (AMCDRR 2016).

Sendai Framework for Disaster Risk Reduction (SFDRR): Taking forward the legacy of Hyogo Framework of Action (2005-2015), the SFDRR (2015-2030) marks a definitive evolution towards comprehensive reduction of disaster risks and enhancement of disaster resilience. It calls for a "broader, more people-centred and preventive approach to disaster risk reduction". The Framework lays down that, "... while recognizing their leading, regulatory and coordination role, Governments should engage with relevant stakeholders, including women, children, the elderly and youth, persons with disabilities, poor people, migrants, indigenous people, volunteers, the community of practitioners and older persons in the design and implementation of policies, plans and standards." (UNDRR, 2016, p27).

Principles of Community Based Disaster Risk Reduction(CBDRR)

In order to understand the importance of community in disaster risk reduction, it is important to know the principles of CBDRR. Principles of CBDRR are non-negotiable ideals that serve as the foundation of all actions included in a CBDRR intervention. They bring integrity to actions included as part of CBDRR at the local level irrespective of the place, vulnerability, level and type of hazards. The key principles of CBDRR areas are the following (ADPC- 2008):

Community Ownership and Transparency: The nature of disaster risk reduction (DRR) activities may vary from disaster to disaster and over a period of time owing to economic, social and infrastructural development. It is, thus, essential for the community – since they reside in the area which may be prone, explicitly and implicitly, to a disaster – to express ownership and accountability towards the community efforts in resilience (ADPC, 2008).

It is, therefore, imperative to engage community members in such programmes at each step from identification of risks to articulating appropriate strategies and solutions for reducing them by addressing root causes of vulnerability. Community ownership also fosters effective and meaningful participation of various groups within the community not only in design of interventions but also in management and implementation of the same.

Furthermore, community knowledge may be vital to CBDRR interventions especially in relation to traditional early warning signs, locations of safe and vulnerable areas, experiences of past disasters, traditional coping mechanisms and social relations.

Community Ownerships are, thus, most effective when CBDRR activities are carried out transparently. Transparency ensures that local level power dynamics are balanced and all groups within the community can effectively participate in programme design and implementation (ADPC, 2008).

Participation: Further, community ownership can be understood as effective participation of community per se. Community participation, in the realm of disaster management – and, disaster risk reduction, is central to the success of processes such as needs assessments, selection of beneficiaries, decision to choose relief items, procurement procedures, delivery of items, and reviewing progress of a particular intervention as well as its monitoring. In this context, it is worthwhile to note that (some sort of) community engagement is facilitated by some already established government developmental programmes, and that can be taken as a cue for fostering the aspect of CBDRR.

Social Equity: Social equity in CBDRR interventions is not only a legal requirement but also a moral imperative. Literature is replete with evidence on disaster vulnerability of

traditionally marginalised groups such as the economically weaker sections, elderly, women and children and, those who are differently-abled, physically and mentally. These groups need to be meaningfully included in CBDRR interventions for effective design as well as the implementation that unearth their full human potential. Although National Disaster Management Guidelines on People with Disability (2019) and National Disaster Management Plan (2019) have made provisions for social inclusion in risk reduction, the larger question of social equity needs continued integration in all plans and policies.

Mainstreaming in other developmental activities: Mainstreaming Disaster Risk Reduction within development continues to be slow and challenging. One of the reasons for this trend may be a limited understanding of costs and benefits of risk reduction among other sectors/agencies. It needs to be strategically ensured that all the ongoing development efforts are planned with a disaster risk reduction perspective; this would ensure that development investments are sustained and lead to long-term vulnerability reduction, both now and in the future.

Sustainability: CBDRR is inherently futuristic in nature and therefore socio-economic and environmental sustainability must be inherently ingrained in these interventions so that new risks are not born out of present interventions. Ecological, social and economic implications of interventions must be assessed and weighed from a community perspective before they are implemented.

Partnerships: As the nature of risk continuously changes and the community may not always be fully aware of it, it is essential to have a strong partnership between the community and the local government. Working in partnership with communities at risk builds up local capacity and coping mechanisms to respond. Increasing awareness of risks within communities inspires more people to get involved to prevent the loss of their own livelihoods. The rationale for multi-stakeholder partnerships in DRR is clear and compelling given the complex nature of disaster risks demanding partnerships from stakeholders belonging to different disciplinary and institutional groupings (Ministry of Civil Defence & Emergency Management, New Zealand, 2010).

Respect for the local knowledge and wisdom: CBDRR processes capitalize on existing capacities and traditional coping mechanisms rooted in cultural practices of the community including traditional wisdom, local knowledge and resources, social organization, shared values and cooperative coping mechanisms. When threatened by a hazard, indigenous communities often respond by making use of all the traditional knowledge and local practices, which have evolved over generations and will continue to adapt to future changes. These are critical building blocks for systemic solutions to local hazards and must be included in response preparedness actions at the community level (IOM, Papua New Guinea, 2015).



Framework for community engagement and role of social work in pandemic management

Many disease outbreaks go unnoticed until many people in the same community become severely ill. All too often, communities lack the knowledge or skills to take preventive action. Biological disasters, be they natural or man-made, can be prevented or mitigated by proper planning and preparedness. Community as the first responder may support in minimizing the impact of any epidemics by having basic information about the identification of disease, mode of transmission and how to prevent spread. In addition, communities can play a role when included as part of a system to detect outbreaks, and communication mechanisms to ensure timely information sharing.

Key strategies for leveraging community support in epidemic management are as under:

1. **Leveraging the provision of the National Health Mission (NHM) for community participation-** community participation and planning can leverage the existing platform of Village Health Nutrition and Sanitation Committee (VHNSC) a provision under National Health Mission (NHM, 2013). Financial leveraging may be possible by linking with the provisions under Panchayati Raj schemes and 13th finance commission PRIs may co-lead this process by supporting and anchoring community participation and volunteerism component for the health system to prevent and mitigate chances of diseases outbreaks. Professional Social Worker plays a pivotal role in developing the connection between community and relevant government scheme (13th FC Report, GoI, 2017).
2. **Engaging Community-based volunteers for various tasks-** Community-based volunteers are important for the successful implementation of any epidemic risk management programme. Contributing a few hours each week or every month, volunteers can help bring together their own communities to identify and solve health problems. In addition, volunteers can develop a link with their local health facility. They are also able to respond to disasters or provide long-term community service. If volunteers are involved with programmes over a long period of time, they build capacity that strengthens the community's ability to organize itself and respond to emergencies. The volunteers (who are part of the community) will be continuously engaged and trained for various activities as task force, and act as a medium or vehicle of taking health information from the core stakeholders to the community in quick time. Especially helpful during pandemics, epidemics, or any other health crisis situation, volunteers can be grouped under several task forces with themes of facilitating social behaviour like distancing, risk communication,

community screening, first aid, working with partners CSO's etc. during the crisis and in routine scenario health promotion, behavioural change, vulnerability mapping, increase in health services accessibility, learn endemic disease identification and notification.

These volunteers will be key assets during the community participatory risk assessment process. They may support in linking hazards with health issues, using tools like a seasonal calendar. For example - for diseases, patterns such as the risks of drought leading to increased severe malnutrition in children, and heavy rains becoming a factor for flu, malaria etc.

Trained social worker may perform following activities for CBDRR:

- a. **Encouraging Community participation in implementation** - Community participation helps to increase community ownership, empowers community members and helps programmes become more sustainable. Some examples of participation can include:
 - providing manpower (for example digging wells and maintaining hand pumps),
 - cleaning up the environment,
 - generating awareness on potential disasters/risks,
 - inclusion and active participation in community health committees,
 - contributing to health education sessions etc.,
- b. **Response to emergencies including epidemic outbreaks or disasters:** During epidemic outbreaks or disasters (such as earthquakes, floods and famine), networks of trained volunteers can be activated in the communities. They can be mobilized and trained with key messages to help in disease prevention and response.
- c. **Identifying and working with partners:** Identification of other stakeholders as working partners including community leaders, donors, other groups working in the community and government sectors such as the health ministry and health workers.
- d. **Communication with community**
 - Volunteers need to communicate and work with their community members in community meetings, during the community assessment and during health promotion activities with community groups or with individual households. Effective communication is an essential part of every visit.
 - Volunteers can help community members adopt healthy practices and avoid behaviours that can be harmful to their health by providing information and demonstrating skills to individuals and groups.

- However, people will probably not change their behaviour if the volunteer lectures and orders them to practise the key health messages. Volunteers must ensure that they listen to the community members' questions and opinions so that they can better understand the people's current practices and challenges.

e. Social Mobilization

Volunteers play an important role in connecting the community with health information and available health services. Social mobilization means the actions that volunteers take to raise awareness. It involves planned actions to reach, influence and involve all relevant community groups and households in the community. These actions may aim to promote healthy behaviour changes, giving information about disease prevention or disaster preparedness, or supporting community development.

f. Identification of community resources

Before conducting an official community assessment of community resources, it is important to understand the structure, people, organisations and resources that make up that community. By better understanding how all the people and groups in the community live, work and play helps volunteer team to ensure that the right assessment tools are used to identify health needs and existing resources. Identify resources available in the community such as leaders, committees or organizations (for example women's groups, health groups, health centres, etc.)

- Know what type of information is important to gather about potential local partners
- Define community sensitization
- Describe how to collaborate with the community health committee to plan for community sensitization.

g. Working with vulnerable groups - Identify the needs of vulnerable populations based on gender, disability, geographic vulnerabilities, and cultural/religious/linguistic groups, to build upon social cohesiveness. Volunteers must identify the most vulnerable groups, a task that can be difficult sometimes. Vulnerable people often require more support to help them be and feel protected, safe and able to equally access resources that other community members have. It is helpful to talk with the community members to help identify people or groups that may need more support. Most community members will know about vulnerable people, the area where they live or other general details.

h. Health system strengthening

Community members need to be capable of adapting to change and developing skills and behaviours to adjust to changes that may occur. These changes might be caused

by a disaster, an event that affects the community. How well a community can adapt or build resilience depends on different things. These include, among others, a community's vulnerabilities and capacities including the community's connection and interaction with their environment (PEER Programme, ADPC, 2021).

Resilience may be built at many different levels of the community including:

- Individual level – a resilient person is presumed to be healthy. She or he has the knowledge, skills, competencies and mind-set to adapt to new situations and improve her/his life, and those of her/his family, friends and community. A resilient person is thus empowered.
- Household level – a resilient household has members who are individually resilient and become stronger when they work together.
- Community level – a resilient community strengthens the resilience of the individuals and households within the community. People strengthen each other for the common good.
- Local government – how well local government works to serve the needs of its people can either strengthen or weaken resilience at the individual, household and community levels as it is responsible for infrastructure development, maintenance, social services and applying the rule of law. While the local government has an impact on the people, it is made up of people whose resilience can be built for the betterment of themselves and their community.

Observation and Analysis

When communities and local governments are made more resilient, existing health systems are able to gather timely, reliable information on the strengths and needs of the community and how health systems care can help communities. This health-related information allows local and national governments to assess needs and strengths, measure progress and identify which communities need more staff, more medicines, more training at the district, regional, and national levels, thereby strengthening health systems in middle- and low-income countries. Therefore, Community Based Disaster Risk Reduction (CBDRR) has emerged as a key priority area in disaster risk management especially with reference to prevention, preparedness, mitigation and response (Haque & Etkin, 2012).

Following case studies indicate the role of trained social worker at the community level in the management of Pandemic COVID- 19:

Case Study: A village/ward level volunteer-led Call Centre support mechanism for Containment of COVID-19- Assam



COVID-19 has become the severest global pandemic of recent times challenging the public health systems across the globe. The cases are rapidly rising across India and becoming a major health issue. While the Government of India and state government in Assam is gearing up to meet the logistical needs for such a situation, a cadre of volunteers are in urgent need to support the frontline workforce in certain non-medical activities related to COVID-19 response. In this regard, a joint initiative was taken by Common Service Centre, Special Purpose Vehicle, Assam and ASDMA to fight against Covid-19. Given that 6,000+ Trained Community Volunteers and 33 DDMA's were identified to further work as protirodhi Bandhu. A cadre of volunteers (Pratirodhi Bandhu) in the line of NDMA guidelines (using an existing cadre of ASLRM, NULM, Aapada Mitra, Indian Red Cross Society-ASB, NYKS, NSS, NCC etc.) was created. "Protirodhi Bondhu" volunteers were selected from various revenue village, NC villages, ward etc. on pre-identified Term of Reference (ASDMA, 2020).

They were provided with online training (E-orientation) on non-medical activities for COVID-response through video conferencing to support in non-medical activities of COVID-19 response, providing psychological and emotional support to elderly and children, for boosting their morale through village/ward level call centre of 'Pratirodhi Bondhu', They were also involved in advocacy for social distancing and hygiene and develop coordination, reporting and feedback mechanism through community reach-out during lock-down and afterward. They were also acting as additional manpower for different non-medical response needs like Self-Help Group network in the state under Assam State Rural Livelihood Mission (ASLRM) and State Urban Livelihood Mission (SULM) to provide an institutional structure to deliver the advisories and adaptation practices recommended by Ministry of Health and Family Welfare and other departments (ASDMA, 2020).

Conclusion

The importance of the active participation of the local population has been widely recognised and efforts have been systematically made to strengthen local capacities for disaster preparedness and response. The concept and constant practice of reducing disaster risks through systematic efforts by the communities to analyze and manage the causal factors of disasters, including reduced exposure to hazards, lessen the vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events. Thus, to promote sustainable recovery in disaster affected areas and lay the foundation for creating and developing community capacities for minimizing the impact of future disasters a comprehensive DRR process is need of the hour (Agarwal & Verma 2014).

CBDRR needs to take into account the diversity of the community and acknowledge the wealth of knowledge that each member can provide in terms of past disasters, and identifying key vulnerabilities and capacities among all residents. By regarding communities as key partners in risk management, governments and NGOs can help target limited resources, define gaps and build on the strengths of each community to help build greater resilience.

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The Editorial Board had used the Urkund – a Swedish anti-plagiarism software tool which is a fully-automatic machine learning text-recognition system made for detecting, preventing and handling plagiarism and trusted by thousands of institutions across worldwide. Urkund is GDPR compliant with privacy by design and an uptime of 99.9% and have trust to be the partner in academic integrity. <https://www.orkund.com>] tool to check the originality and further affixed the similarity index which is {10%} in this case (See below Annexure-I). Thus, the reviewers and editors are of view to find it suitable to publish in this Volume-13, Issue-2, April-June, 2021

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Reviewers Memorandum



Reviewer's Comment 1: The study explores the role of social Work in community engagement as well as emphasise on the contribution of social work in strengthening community as first respondents.

Reviewer's Comment 2: The study is comprehensive in nature, it elaborates on several legislations and policies that have been enacted for the effective management of disasters in India in the recent past years as well as Key strategies for leveraging community support in epidemic management.

Reviewer's Comment 3: The study is based majorly on secondary data, inclusion of primary data could further improve the quality of the work done. Which also leaves the further scope in the area.



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Editorial Excerpt

The article has 10% of plagiarism which is the accepted percentage as per the norms and standards of the journal for the publication. As per the editorial board's observations and blind reviewers' remarks the paper had some minor revisions which were communicated on a timely basis to the authors (Tanushree and Sayantani) and accordingly all the corrections had been incorporated as and when directed and required to do so. The comments related to this manuscript are noticeably related to the theme "**Community Engagement Framework in Management of Pandemic – Role of Social Work**" both subject-wise and research-wise. The study highlights the role of community involvement in managing pandemic risks along with necessary stakeholder by taking COVID 19 as the case. Overall, the paper promises to provide a strong base for the further studies in the area. After comprehensive reviews and editorial board's remarks the manuscript has been categorised and decided to publish under "**View Point**" category.

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The acknowledgement section is an essential part of all academic research papers. It provides appropriate recognition to all contributors for their hard work and effort taken while writing a paper. The data presented and analyzed in this paper by (Tanushree & Sayantani) were collected first handily and wherever it has been taken the proper acknowledgment and endorsement depicts. The author is highly indebted to others who had facilitated in accomplishing the research. Last but not least endorse all reviewers and editors of GJEIS in publishing in a present issue.

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