

India's Resilience and Support in the Times of Crisis: Lessons from the COVID-19 Pandemic

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Abstract: India has demonstrated remarkable resilience and capacity to extend assistance and support during natural disasters, hardships, and distress, as exemplified during the COVID-19 pandemic. This article examines India's capacity to support and assist during challenging times. In Response to the COVID-19 pandemic, the Government implemented widespread lockdowns, expanded the healthcare system, and launched large-scale immunisation campaigns. Furthermore, several state governments and non-governmental organisations were instrumental in supplying needy communities with food, medicine, and other necessities. Moreover, India's role in global solidarity efforts underscored its commitment to collective action and humanitarian assistance. The country supplied essential medicines, medical equipment and vaccines to numerous nations, bolstering international efforts to combat the pandemic and alleviate its impact on vulnerable communities. This abstract highlights India's ability to leverage its resources, expertise, and solidarity networks to offer assistance and support during a pandemic.

Keywords: COVID-19, Pandemic, Civil Society, Lockdowns, Humanitarian.

Worldwide, the COVID-19 epidemic presented hitherto unheard-of difficulties. With its vast population, India faced some of the most severe impacts. However, the country demonstrated remarkable resilience and community support during this crisis, offering valuable lessons in managing large-scale health emergencies. India's pandemic experience had significant global and strategic implications. The severe second wave of infections underscored the interconnectedness of global health, as new variants emerging in India posed risks worldwide. This led to international support, with countries, including the United States, sending medical supplies and vaccine materials to help India manage its crisis. From the experience of effective management of pandemics and epidemics, the Government of India delivered necessary strategies, policies and protocols to the administrations of the UTs and the States.

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It includes containment plans and guidelines related to various topics such as “travel, hospital structural design, clinical management, behaviour, psychosocial health, monitoring, laboratory assistance and judicious use of personal protective equipment (PPE)” as motivational advice for medical staff. On alternative days, national and state officials check the situation through video conferencing. To prevent transmission, nationwide contact tracking and surveillance were started. Public health communication has been taking place since January 2020. Government webpages and social media channels are disseminating information on basic preventive measures. A marketing effort was launched involving radio and TV networks.

Global and Strategic Implications

India's shutdown was one of the most important measures to stop the spread of the COVID-19 pandemic. On March 24, 2020, Prime Minister Narendra Modi initially declared a national lockdown, with an initial duration of 21 days. This decision followed a voluntary public curfew on March 22, which came at a time when India had reported around 500 confirmed cases. The lockdown involved stringent restrictions, including the closure of all non-essential services, public and private transport suspension, and a ban on social, political, and religious activities (Press Information Bureau, Government of India, 2020).

Lockdown

The lockdown was implemented in phases, with initial extensions in Response to rising cases and maintaining control over the spread. The lockdown has been extended from April 14 to May 3, with conditional relaxations in areas with minimal or no virus spread. Further extensions followed, with the Government adopting a zonal classification system of red, orange, and green zones based on the severity of outbreaks, which dictated the level of restrictions (Ambade, 2023).

India took several preparatory measures throughout the lockdown to enhance its healthcare capacity. The Indian Council of Medical Research (ICMR) rapidly expanded testing capabilities by setting up additional laboratories and involving private healthcare providers to ensure widespread testing and contact tracing. The Government also imposed restrictions on exporting essential medical supplies, declared masks and sanitisers essential commodities, and launched social security measures, including an insurance scheme for healthcare workers (WHO, 2020). The lockdown and accompanying measures were aligned with the World Health Organization (WHO) guidance, which called for aggressive action to control the pandemic. The WHO praised India's "timely, comprehensive and robust response," highlighting the importance of the whole-of-government approach in managing the crisis (UN et al. perspective Human Stories, 2020).

Community Resilience and Grassroots Mobilization

The pandemic has created an extraordinary level of community mobilisation in India. Across the nation, local communities, NGOs, and individuals supported each other. Neighbours assisted one another, social networks filled in gaps left by overstretched healthcare systems, and essential efforts provided food, medical supplies, and emotional support to those in need. This community-driven Response highlighted the importance of local action in crisis management. India's grassroots mobilisation and community resilience during the COVID-19 pandemic have played an essential role in reducing the crisis's adverse effects on vulnerable groups. Mutual aid groups emerged rapidly, driven by a shared sense of responsibility and solidarity. These groups organised to provide food, medical supplies, and other essentials to those affected by lockdowns and economic disruptions. Unlike traditional charity, these initiatives often emphasise reciprocal support and horizontal relationships, fostering community and collective efficacy (Resmi M, 2021).

Volunteer Recruitment

Volunteers played a critical role in India's pandemic response. They helped implement government schemes, distributed aid and ensured adherence to health guidelines. In many cases, volunteers were locals who understood the community's needs and had established trust among residents. This local knowledge and trust were essential in effectively delivering aid and maintaining social cohesion during lockdowns. During the COVID-19 pandemic, India demonstrated significant community resilience and mobilised a robust volunteer response to address the crisis. Several initiatives highlighted the country's capacity to harness the power of volunteers in times of need. These efforts collectively showcased India's ability to mobilise volunteers effectively during a public health crisis, emphasising the importance of structured volunteer recruitment, training, and deployment to enhance community resilience and support vulnerable populations (TS Sumitha, 2022).

The Indian Red Cross Society (IRCS)

The IRCS played a pivotal role by rapidly scaling up its volunteer network, which included over 1,100 branches across the country. Volunteers were trained to conduct awareness and prevention programs, distribute essential hygiene materials like masks and sanitisers, and educate communities on COVID-19 precautions. They also distributed food and essential commodities to vulnerable groups such as migrant workers and the elderly (Indian Red Cross Society, 2022).

The Government Initiatives

Various state governments recruited and deployed volunteers for pandemic response tasks. The Government has successfully mitigated the

effects of the nationwide COVID-19 pandemic by implementing a multi-pronged response to the outbreak. This comprehensive strategy involved implementing a wide array of measures designed to address the multifaceted challenges posed by the virus. These measures included enhancing healthcare infrastructure, expanding testing and contact tracing capabilities, ensuring the availability of medical supplies and equipment, and launching an extensive vaccination campaign. The strategy incorporated public education initiatives to encourage COVID-safe practices, utilised technology for remote healthcare and digital health innovations and implemented economic assistance programs to aid impacted individuals and businesses. By encompassing all sections of the population and addressing the diverse needs of the health sector, the Government's efforts were instrumental in curbing the virus's spread and preserving public health. Similarly, in several states, volunteers assisted in maintaining social distancing, supporting community surveillance, and ensuring the delivery of essential services (Welfare, Effective Response in the Face of a Pandemic: Measures Adopted by the Government of India to Combat COVID-19, December 24 2021).

Online Volunteer Recruitment

Digital platforms were extensively used to recruit volunteers. The Indian Red Cross and other organisations utilised their websites and social media channels to attract volunteers, providing clear role descriptions and online application forms to streamline recruitment. This approach ensured that even those with mobility or transportation issues could participate in volunteer activities through remote or online opportunities (Indian Red Cross Society, 2022).

The Government and NGO Collaboration

India's Response to the pandemic was strengthened by extensive collaboration between the Government and various organisations. UNICEF has significantly assisted the Government's efforts by overseeing the continuity of vital health services and spearheading substantial immunisation campaigns. They actively combated misinformation and promoted COVID-19-appropriate behaviours, which were pivotal in reducing the expansion of the infection. UNICEF and the Indian Government have worked closely to advance the country's immunisation programme and guarantee compliance with COVID-19 safety measures. Responding swiftly and flexibly, UNICEF demonstrated a willingness to learn and implemented a comprehensive multi-sectorial strategy, working in concert with the UN organisations, including WHO, under a unified action plan. Two primary objectives have guided UNICEF's work: first, to implement public health measures to prevent epidemics and reduce their effects on health and mortality; Second, continuing to provide vital and life-saving maternal, newborn and child health (MNCH) services with a

particular focus on supporting the most vulnerable populations (UNICEF India).

Innovations in Healthcare and Technology

The pandemic also spurred innovation in healthcare delivery and technology in India. The rapid scale-up of telemedicine, the development of low-cost medical devices, and the widespread use of digital platforms for health communication were some of the key advancements. For instance, the Bill & Melinda Gates Foundation collaborated with Indian organisations to enhance genomic sequencing capabilities, which are crucial for tracking and managing new virus variants. Data and technology were leveraged to improve the efficiency of response efforts. Various regions developed data-driven approaches to prioritise resource allocation. For instance, some areas used social vulnerability indices to ensure equitable vaccine distribution. (Neema Agarwal, Payal Jain, Rambha Pathak, and Rakesh Gupta, 2020) Additionally, digital platforms facilitated communication and coordination among volunteers, CSOs, and government agencies, making the Response more agile and comprehensive

Medical Preparedness

India's medical preparedness for the period of the COVID-19 pandemic involved a set of strategic measures aimed at strengthening healthcare infrastructure, increasing testing capacity, ensuring the availability of medical supplies, and accelerating vaccine development and distribution. Alongside the lockdown, there is a national push to improve medical readiness. A nationwide network of laboratories has been established to enable prompt and efficient sample testing. Two hundred twenty-three labs are running right now. State-specific labs have been selected, and State Nodal Officers have been appointed. Here are some key aspects of India's medical preparedness during the pandemic (Neha et al., 2022).

Testing and Surveillance

India expanded the number of testing facilities nationwide and dramatically increased its testing capacity. Surveillance techniques, rapid antigen assays and RT-PCR tests have helped in early detection and isolation of cases.

Medical Supplies and Equipment

Efforts were designed to guarantee that essential medical supplies, such as oxygen, ventilators, and personal protective equipment (PPE), are available. Domestic production of PPE and ventilators was boosted, and imports were streamlined to meet the urgent demand.

Telemedicine and Digital Health Solutions

Telemedicine services were expanded to reduce the burden on physical

healthcare facilities and provide remote care. Digital platforms were used for consultations, monitoring, and awareness campaigns.

Research and Development

The Indian scientific community engaged in extensive research to understand the virus, develop treatment protocols, and create vaccines. Public and private sectors collaborated to expedite research and clinical trials.

Policy and Regulatory Measures

The Government implemented various policy measures, including lockdowns, travel restrictions, and economic relief packages to support the healthcare system and the general public. Regulatory approvals for drugs, vaccines, and medical devices were fast-tracked.

Capacity Building and Training

Training programs were conducted for healthcare professionals to manage COVID-19 cases effectively. This included training on infection control practices, clinical management, and new medical technologies (WHO, How India scaled up its laboratory testing capacity for COVID-19, 2020).

Strengthening Medical and Healthcare Infrastructure

The Indian Government has focused on improving healthcare and medical infrastructure. Efforts have been made to develop indigenous capacity in critical logistics such as ventilators, oxygen production plants, diagnostics, personal protective equipment and hospital infrastructure, along with strengthening the essential capacity of laboratories, hospitals and research and development. Diagnostics. Steps have been taken to put citizens at the centre of government operations, from COVID-19 prevention, diagnosis and treatment to raising public awareness about COVID-19 appropriate behaviour. The Government has successfully provided financial and logistical assistance to the states dealing with the Covid-19 pandemic. The whole of India has joined the world's most extensive vaccination campaign (Welfare, Effective Response in the Face of a Pandemic: Measures Adopted by the Government of India to Combat COVID-19, December 2021).

The Ministry of Health and Family Welfare has approved the procurement of ventilators for distribution to states and Union Territories in Response to requests from these regions. It ensured that ventilators are available nationally to prevent the spread of Covid-19. More than 19,000 medical professionals and paramedics have received comprehensive training on how to use these ventilators from states. States are required to ensure that the ventilators are continually maintained in the best possible working order also make sure that ventilators are kept and tended to, that hospital infrastructure is ready, including medical gas pipeline systems with the proper oxygen pressure, that ventilators are readily available, and that

skilled labour is employed to operate these ventilators. 1463 out of 1563 pressure swing adsorption (PSA) oxygen-generating plants approved by the Government have been commissioned. 1225 PSA plants have been set up and serviced nationwide under the PM-CARES Fund (Welfare, Update on Availability of Ventilators across the country, December 14 2021).

Besides, public sector utilities like the Ministry of Petroleum and Natural Gas, the Ministry of Power, the Ministry of Coal and the Ministry of Railways have set up 338 PSA plants. As per the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), these plants can support 1,00,000 beds daily. Provisions have been made to establish integrated public health laboratories in all districts and strengthen block public health units in 11 states. Under PM-ABHIM, the Department of Health Research or Indian Council of Medical Research (ICMR) has been allocated Rs 1347.00 crore for 2021 to strengthen bio-security preparedness, pandemic research and multi-sector national institutes and platforms. -22 to 2025-26 (Welfare, The Government has Sanctioned 1563 PSA Oxygen Generation Plants, December 10 2021).

Controlling of COVID-19 Cases

For the COVID-19 pandemic, India adopted a structured three-tier system for managing COVID-19 cases to ensure appropriate care based on the severity of symptoms. This approach helped to optimise healthcare resources and provide targeted treatment to patients. The three tiers are:

1. COVID Care Centers (CCC)

These facilities were designed to handle mild or pre-symptomatic cases, and CCCs are set up in various locations such as schools, stadiums, community halls and hotels. Key features include isolation beds to house patients with mild symptoms or those who were pre-symptomatic, essential medical monitoring and support, Provision for food, sanitation, and other basic amenities, and monitoring by healthcare workers to identify any deterioration in the patient's condition, necessitating transfer to higher-tier facilities.

Dedicated COVID Health Centers (DCHC)

These centres catered to patients with moderate symptoms who required oxygen support, and dedicated COVID Health Centers (DCHCs) were established in existing healthcare facilities, such as community health centres and district hospitals equipped with oxygen-supported isolation beds. They provided oxygen support and primary medical care for moderate cases, continuous monitoring of patient vitals and symptoms, the availability of trained healthcare professionals, including doctors and nurses, and the capability to escalate care and transfer patients to Dedicated COVID Hospitals if their condition worsened.

3. Dedicated COVID Hospitals (DCH)

These hospitals were intended for severe cases requiring intensive care and advanced medical intervention, and DCHs were established in tertiary care hospitals, including government and private institutions. They featured Intensive Care Unit (ICU) beds with ventilators and advanced life support systems, availability of specialised medical staff including intensivists, pulmonologists, and other specialists, advanced diagnostic and therapeutic capabilities to manage severe and critical COVID-19 cases, and comprehensive treatment facilities including the administration of antiviral medications, steroids, and other supportive treatments.

Additional Measures

Referral System: A robust referral system was in place to ensure the seamless transfer of patients from one tier to another based on the severity of their condition.

Telemedicine: Telemedicine services were utilised to provide medical advice and support, especially for patients in CCCs and those isolating at home.

Training and Protocols: Healthcare workers across all tiers were trained on COVID-19 management protocols, personal protective equipment (PPE) usage, and infection control measures.

Coordination and Monitoring: To ensure timely medical intervention and resource allocation, district and state health authorities maintained continuous monitoring and coordination between the tiers.

Reduction Techniques

Several unique initiatives have been started to lessen the struggles that the impoverished and disadvantaged, such as older adults, widows, people with disabilities, women, and workers, face. Nationwide delivery of food supplies, cooking fuel, cash assistance, and other types of help is provided. These initiatives try to provide a safety net, especially for the underprivileged groups suffering most from these circumstances. These are a few of the critical policies and initiatives:

Healthcare Infrastructure

The Support for Frontline Workers: Communities rallied to support frontline workers by organising events to honour their efforts and providing meals, PPE kits, and accommodation facilities. Additionally, volunteers offered emotional support and counselling to healthcare professionals and frontline workers dealing with stress and burnout. (Jo Billings, 2021)

The Quarantine Facilities: Some communities repurposed public buildings or set up makeshift quarantine centres to accommodate individuals who

tested positive for COVID-19 or those returning from affected areas. Volunteers managed these facilities, ensuring proper care and support for patients during their isolation period (WHO, Repurposing facilities for quarantine or isolation and managing mild COVID-19 cases, 2022).

Vaccination Drives: Community leaders, NGOs, and volunteers actively participated in vaccination drives by organising awareness campaigns, mobilising people to get vaccinated, and facilitating vaccination camps in remote areas. They addressed vaccine hesitancy and misinformation, encouraging widespread participation in the vaccination effort. (India U. f., 2023)

Expansion of Healthcare Facilities: Temporary COVID-19 care centres and hospitals were set up, and existing hospitals were equipped with additional ICU beds and ventilators. (Francisco Javier Candel, Jesús Canora, Antonio Zapatero, Raquel Barba, Juan González del Castillo, Gonzalo García-Casasola, Jesús San-Román, Ruth Gil-Prieto, Pablo Barreiro, Marcos Fragiél, Fernando Prados, Pablo Busca, Jesús Vázquez-Castro, Javier, 2021).

Economic Relief Measures

Financial Support to States: Under the National Health Mission (NHM), funding of Rs. 1113.21 crore were made available to the States and Union Territories (UTs) for the management and containment of the COVID-19 pandemic during the 2019–20 fiscal year. Beginning in September 2020, the Union Government has approved using State Disaster Response Funds (SDRF) for various COVID-19-related projects. States have received help in the form of financial aid through ECRP packages in the financial years 2020-21 and 2021-22. Additionally, the Indian Government and non-governmental organisations distributed substantial aid and resources to the most vulnerable populations. During the COVID-19 pandemic, India witnessed remarkable community resilience through grassroots efforts and community support networks (Ministry of Health and Family Welfare, 2021).

Pradhan Mantri Garib Kalyan Yojana (PMGKY)

This all-inclusive comfort package aimed to provide direct financial assistance to people experiencing poverty, including free food grain cash transfers to women and the elderly. The Government also increased wages under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (India i. n.).

Atmanirbhar Bharat Abhiyan: The Government announced a series of economic stimulus packages totalling around \$266 billion (10% of India's GDP) under the Atmanirbhar Bharat Abhiyan to support various sectors, including MSMEs, agriculture, and manufacturing, in fighting the COVID-19 pandemic (India I.).

Loan Moratorium and Credit Support: The Reserve Bank of India (RBI) extended credit support and suspended loan repayments to help businesses weather the economic storm (Loan moratorium: Banks told to credit 'interest on interest' to borrowers, RBI tells SC, 2020).

Social Support Programs

Community Kitchen Initiatives: Organisations and volunteers set up numerous community kitchens across India to provide free meals to those in need, especially migrant workers, daily wage earners, and people without homes who were severely impacted by lockdowns. Volunteers cooked and distributed meals, ensuring that vulnerable populations had access to food during difficult times (Ministry of Rural Development, 2020).

Distribution of Essential Supplies: Community-driven initiatives distributed essential supplies such as groceries, hygiene kits, and masks to marginalised communities. Volunteers went door-to-door to deliver these items, ensuring that vulnerable individuals, including the elderly and those with limited mobility, had access to necessities while adhering to safety protocols (Distribution of food supplies/ essentials to people during Covid lockdown, November 21 2021).

Medical Assistance and Telemedicine Services: Volunteer healthcare professionals and organisations provide medical assistance through telemedicine. They offered virtual consultations, advice on COVID-19 symptoms, and guidance on seeking medical help, thereby supporting individuals who could not visit healthcare facilities due to restrictions or fear of exposure (Annie et al., 2022).

Awareness Campaigns: Volunteers and community organisations conducted awareness campaigns to inform people about symptoms, COVID-19 prevention strategies and the value of vaccination. They utilised various channels such as posters, pamphlets, street plays, and social media to disseminate accurate information and dispel myths surrounding the virus (Unicef, 2021).

Food Security: Under the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY), the Government provided millions of people (Wikipedia).

Direct Benefit Transfers (DBT): Financial aid was directly transferred to the beneficiaries' bank accounts to ensure immediate relief.

Technology and Innovation

Aarogya Setu App is a contact tracing mobile application developed to alert users if they encounter a COVID-19-positive individual. Contact tracing of individuals in contact with a COVID-19-positive person has prompted people to check their health status for COVID-19 to ensure they are not infected. Guidelines on the clinical care of COVID-19 have been published,

frequently updated and widely distributed. This included case definition, infection prevention management, laboratory diagnosis, early supportive care, and management of complex and critical cases. In addition, allowances were made for using remdesivir, convalescent plasma, and tocilizumab as experimental drugs to manage critically ill patients under intensive medical observation (Rajan et al., Vaishnavi Verma, 2020). Another one is the Co-WIN Platform, an online portal created for vaccine registration and management, helping streamline the vaccination process (Co-WIN in India: the digital backbone for the COVID-19 vaccination program).

India's International Response to the COVID-19 Pandemic

India has contributed significantly to the global effort to combat the COVID-19 pandemic through several key initiatives, focusing on global cooperation, aid, and diplomacy. Here is how India managed its international Response to COVID-19:

Vaccine Diplomacy

India launched the Vaccine Maitri (Vaccine Friendship) initiative to provide COVID-19 vaccinations to other countries, particularly those with poor access, distributing millions of doses of Covaxin (Bharat Biotech) and Covishield (AstraZeneca) vaccines to nations in the Caribbean, South Asia, Africa, and Latin America. Also, India plays a significant role in the COVAX program, a global effort to provide COVID-19 vaccinations equitably, and supplying vaccines to several low- and middle-income nations through this initiative (Drishti).

Medical Supplies and Aid

India exported essential medical supplies such as PPE kits, masks, gloves, and medicines (including hydroxychloroquine and paracetamol) to over 150 countries, providing critical support in helping these nations manage the initial phases of the pandemic. Additionally, India provided humanitarian aid, including medical teams and equipment, to severely affected countries. For instance, medical teams were sent to countries like Kuwait and the Maldives (Affairs et al. fighting the COVID-19 pandemic together).

Collaboration and Knowledge Sharing

Scientific Cooperation: India collaborates with various countries to research and develop COVID-19 treatments and vaccines. Indian scientists and institutions participate in global research efforts and clinical trials.

Virtual Summits and Dialogues: India actively participated in virtual summits and dialogues organised by international bodies like the United Nations, the World Health Organization (WHO), G20, and BRICS. These platforms were used to discuss and coordinate the global Response to the

pandemic (Ministry of Chemicals and Fertilizers, 2023).

4. Repatriation and Consular Services

India launched one of the most significant repatriation initiatives worldwide through the Vande Bharat Mission to bring back stranded Indian citizens worldwide. Special flights were arranged to ensure the safe return of Indian nationals. Furthermore, Indian embassies and consulates worldwide provided extensive consular support to Indian citizens abroad, assisting with visas, travel arrangements, and emergency services (Indians Brought Back Under Vande Bharat Mission. Ministry of External Affairs., March 17 2022).

5. Economic and Trade Measures

India has economically partnered with foreign countries to ensure the stability of international supply chains, keeping trade routes open and facilitating the export of essential goods. In addition, India extended financial and technical support to neighbouring countries to help them manage the economic impact of the pandemic, including providing credit lines and facilitating trade agreements.

6. Multilateral Engagement

India advocated for strengthening global health governance and reforming the WHO to better prepare for future pandemics, emphasising the importance of multilateral cooperation in health emergencies. India supported various global initiatives to tackle the pandemic, including the Access to COVID-19 Tools (ACT) Accelerator, which focuses on developing and equitably distributing COVID-19 diagnostics, therapeutics, and vaccines.

Conclusion

India has steadily risen to the unprecedented challenge posed by COVID-19 infections to reduce the number of deaths. Government and non-government support has been extended to increase diagnostic and research facilities, tracking services and preventive and curative healthcare facilities. In these challenging times for planning and implementation, national and state governments have been highly praised for their management strategy. The second wave's speed and size have surprised the country. Despite the consequences of the virus, India's supply chain health system has not broken down. India should also take pride in treating the affluent and low-income people equally during this epidemic. These activities have helped India manage the complex issues created by the COVID-19 pandemic, aiming to protect public health while minimising negative social and economic impacts. The COVID-19 pandemic in India exemplified the impact of grassroots populations and community resilience as people demonstrated mutual aid, engaged in volunteer efforts,

and formed innovative collaborations; communities were able to provide critical support and build a foundation for future resilience. These experiences offer valuable lessons for handling future crises, emphasising the importance of local knowledge, community solidarity, and equitable resource distribution. Through these efforts, India demonstrated its commitment to global solidarity and cooperation in the fight against COVID-19, leveraging its strengths in pharmaceuticals, healthcare, and diplomacy to make a significant impact internationally.

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