Common causes in grassroot development: a case for community-based and community-driven response in the postpandemic era

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Abstract

Purpose – The purpose of this study is to determine the impact of community-based and driven approaches during the lockdowns and early periods of the pandemic. The study examines the impact and perceptions of the state-led intervention. This would help to discover a better approach for postpandemic interventions and policy responses.

Design/methodology/approach – This article used the inductive method and gathered its data from surveys. In search of global opinions on COVID-19 responses received in communities, two countries in each continent with high COVID-19 infection per 100,000 during the peak period were chosen for study. In total, 13 community workers, leaders and members per continent were sampled. The simple percentile method was chosen for analysis. The simple interpretation was used to discuss the results.

Findings – The study showed that poor publicity of community-based interventions affected awareness and fame as most were mistaken for government interventions. The study found that most respondents preferred state interventions but preferred many communities or local assessments of projects and interventions while the projects were ongoing to adjust the project and intervention as they progressed. However, many preferred community-based and driven interventions.

Research limitations/implications – State secrecy and perceived opposition oppression limited data sourcing for this study in countries where state interventions are performed in secret and oppression of perceived opposition voices limited data collection in some countries. Thus, last-minute changes were made to gather data from countries on the same continent. An intercontinental study requires data from more countries, which would require more time and resources. This study was affected by access to locals in remote areas where raw data would have benefited the study.

Practical implications – The absence of data from the two most populous countries due to government censorship limits access to over a third of the global population, as they make up 2.8 out of 7 billion.
Social implications – The choice of two countries in each continent is representational enough, yet the absence of data from the two most populous countries creates a social identity gap.
Originality/value – The survey collected unique and genuine data and presents novel results. Thus, this study provides an important contribution to the literature on the subject. There is a need for maximum support for community-based interventions and projects as well as global data collection on community-based or driven interventions and projects.

Keywords Common causes, Community-based, Community-driven, Interventions, Pandemic, State-led
Paper type Research paper

Introduction

The effects of the COVID-19 pandemic have affected virtually all aspects of human life and communality from individual mental health to routines, choices, economies, and so on. The pandemic exposed human fragility and vulnerability. Its novelty surprised the world, and its efficacy and effects shocked humanity. The World Health Organization (WHO) initially called it a health crisis before declaring it a pandemic after a transmission and efficacy milestone. Despite the scientific ingenuity that has led to the quick production of a vaccine, the pandemic is still spreading. Its recent victims are those who are fully vaccinated. This means that total immunity is not yet available. With more than four million reported deaths and about 200 million reported infections and still counting, the virus with its variants still rages, and waves of the pandemic continues.

Restrictions introduced by governments across board as preventive measures often contribute to producing other effects. The economic cost of the first and second waves of the pandemic to the global economy is valued at more than USD 5 tn which is the size of the Japanese economy (Forbes, 2020). The individual impact differs depending on several factors: such as personal income, purchasing power, access to basic needs, availability of social communication, and so on. In developing countries, the effects have been felt by the poor, who constitute a larger portion of the population. Due to socioeconomic realities in recent decades, especially since the structural adjustment program (SAP) era, the middle class has gradually disappeared. SAP was a World Bank and the International Monetary Fund (IMF) economic recovery plan for commodity countries in crisis during the fall of commodity prices in the 1980s where states were encouraged to privatize its firms, allow market forces to control the economy and liberalize trade and imports.

Privatization and commercialization programs made many top civil servants, contractors and many others lose their livelihood. Many middle-class individuals and households slide into poverty, and the gap between the rich and poor increased. The gains of the economic recovery era prior to the new millennium and after (1998 and 2008) global recessions in commodity-dependent countries evaporated gradually as the impact of the pandemic set in. In developing countries, like Nigeria, the middle class is a fluid class that responds almost immediately to economic shocks similar to the lower class. Most members of the lower class suffer the effects of an economic crisis for many reasons, like daily income dependence, vulnerable income sources, proximity to policy or shock corridors and so on.

The COVID-19 pandemic contributed to fewer deaths in the first wave in the global south than in the north. The epicenter of the pandemic in the first wave was China and the global north, especially Italy, France, the USA, Spain, the United Kingdom (UK), Germany and Russia. A few countries in the global south recorded high cases. They are Turkey and Iran. The second wave had more severe effects in more countries, including South Korea, where it was well contained in the first wave, and with the mutation of the virus, more countries in the south like South Africa, Brazil, India, Mexico, Indonesia, Chile, Peru, Columbia and others joined countries in the epicentre. The direct impact on the economic and social lives of citizens in these countries came with the lockdowns and preventive measures put in place. Mostly,

only essential services could operate in most cities. This had its impact on the economy of many individuals and households.

The traditional measurement scale of gross domestic product (GDP) and gross national income (GNI) cannot properly account for the impact of the pandemic at the grassroot. Therefore, there is a need to look beyond that scale in response to this pandemic and to rebuild our communities. Community-based indexing (i.e. assessing the community to get its sense of community especially its membership, needs, influence, integration, needs achievement and shared emotions or connections) is a necessity, and community development approaches are necessary to reach the people affected in situations like this (Leach, MacGregor, Scoones & Wilkinson, 2021).

People reside in communities, and communities serve as the primary social structure in which routine economic activities occur, and social interaction takes place. When disasters occur, the first impact assessment considers which human communities are affected to understand how many people were affected before considering the state and country impact. The effects of this pandemic on the economy of any state can be assessed in the economy of the people or households vis-a-vis the community. The United Nation (UN)'s Millennium Development Goals (MDGs) poverty reduction programs were implemented mostly at the grassroot level, which is the community (Amin, 2006; The Conversation, 2015). The impact of recovery efforts from global shocks like recessions, and development programs like poverty alleviation were discussed. The contribution from developed and developing countries vis-a-vis global north and south towards global institutions like the WHO was briefly discussed. The influence such contributions have on the priority attentions each received was mentioned also. Healthcare access in the global north and south was also discussed.

The need for common causes for all members of society is essential to sustain humanity, as disasters expose the frailty of society's less privileged. The COVID-19 pandemic proved this quickly. There is a need to adopt the community as the impact assessment and intervention basis, as well as create development policies at the community level to reach people at the grassroot whether in urban or rural settlements. Thus, this study intends to answer the following questions: What is the perception of state-led interventions and community-based interventions during the pandemic's peak? Based on the pandemic experiences, which successful approach should be adopted for postpandemic recovery? Given the impact level of the pandemic on individuals, communities and economies, what governance level and economic measurement system should be strengthened for a better postpandemic society?

Understanding community-based and driven development
The concept of community-based planning and development is well established in literature (Kent, 2006, p. 313). George Kent explained that it involves working together face-to-face with the people of the community. Community-based development, therefore, brings people together to work for the community. It involves physical or virtual contact, communication, active involvement and cooperation. Mansuri and Rao (2004) explained that community-based development refers to projects that actively engage beneficiaries in its design and management. This definition affirms the place of active engagement of the people in the development process from the onset, at least from the design or planning through its evolution. The beneficiaries are also involved at the management level. This puts the beneficiaries in the various stages and phases, including in its management. The development projects described in this paper include responses, such as pandemic or crisis responses.

Mansuri and Rao (2004) explained that community-driven development is a community-based project that allows people to have direct control of essential project decisions, including investment management funds. Community-driven development is a further step or higher level of community engagement in projects and responses because it gives the beneficiaries

direct control of critical aspects of the project or response. Traditionally, this begins in the earliest stages and continues to the terminal point of the project or response.

Mansuri and Rao (2004) explained that the World Bank's Poverty Reduction Strategy Paper Sourcebook views community-driven development as the mechanism that would drive sustainability, efficiency and effectiveness, better poverty reduction, inclusive development, social capital creation, people empowerment, market and public sector improvement and better governance. Mansuri and Rao's postulation is the model on which the thesis of this discussion is built. They (Mansuri and Rao) made a case for community-based and driven responses on which most international interventions since the new millennium have been encouraged and patterned.

The effects of the COVID-19 pandemic differ from country to country. All countries have been challenged by the novel coronavirus, which is metaphorically a forest fire burning in every country (Committee for the Coordination of Statistics Activities, 2020, p. 8). The pandemic prompted governments to take the lead in sourcing preventive measures to save their people, system and economy (Woods, 2020). This prompted restrictions, huge losses for businesses and industries locally, nationally and globally, massive job losses and, overall, huge economic impacts.

The impact prompted many governments to start borrowing to meet expenditures and curtail the effects of the pandemic. In 2020, the African Development Bank (ADP) created a US$ 10.2 billion crisis response facility (Committee for the Coordination of Statistics Activities, 2020) in response to the pandemic, yet this was hardly felt in the communities in Africa. Most African countries still depend on the UN COVAX program for vaccination of citizens. The appropriation of these borrowed funds and the effects on people call for question and a better alternative to build and recover in a way that has a real-time impact on the people without bureaucratic bottlenecks and gateway checks that feed corrupt systems and leave citizens with little or nothing.

The concept of "community"
Etymologically, the word "community" comes from commune, which means "a group of families or single people who live and work together sharing possessions and responsibilities" (Cambridge Online Cambridge Dictionary, 2021). In the preindustrial era, community "refers to people living in a place who have face-to-face contact with each other" (Brint, 2001; Goel, K., 2014; MacQueen *et al.*, 2001). Today, community has diverse definitions. Modernity and recent technological advancements further broadened its definition. Some argue that geography is important to what makes a community, while others opine that it is not. Proponents of geography define community as "'a neighbourhood, a small town, or a village[. . .] regardless of the absences of any cohesion in it'" (Goel, 2014, p. 2). Opponents "define community in terms of the networks of people tied together by solidarity, a shared identity and set of norms, that does not necessarily reside in a place" (Bradshaw, 2009).

In community development terms, a community "includes both place-based, interest-based and other forms of new and emerging communities, for example, web community, Facebook or other social media community and online groups that traverse physical boundaries and relate with unknown people in diverse locations" (Goel, 2014, p. 2). In this study, the geographic location or place-based definition of community is adopted, as the study is focused on specific locations or places.

Why community-based development?
Community-based and community-driven development strategies have far reaching impact on the people of the community directly and indirectly because the people are involved. It is a

strategy that is less assumptive and more assertive in approach, methodology, nature and execution and goal achievement. This creates a sense of belonging and ownership in participants and retains the acquired knowledge in the community through its participants who are members of the community.

Community-based and driven programs engage the community itself through its members. Community-based programs are built on a people participation principle. This principle advocates the engagement of the members of the community in the entire process so that they can obtain knowledge of the processes and programs as well as commit to them with a sense of ownership or membership. "Community-based programs have become an important strategy to enhance health and safety since [. . .] the 1970s and 1980s" (Nilsen, 2006, p. 142). Community-based programs are not limited to healthcare and social services. "With increasing frequency, one hears the term 'Community-based programs' applied to projects in public health, social services, criminal justice, and other fields in which evaluation is used" (Leviton, 1994).

Essentially, the role of non-state-led development was strengthened by the neoliberal school of the 1980s that advocated for a return to a market economy and abandonment of state-led development. Following the failures of state-led interventions in the economies of developing countries, especially in Africa, Middle East and North and South America, the neoliberal panacea gained credence in academia and policy-making ecology and with political leaders and international organizations. The Bretton-Wood institutions, World Bank and IMF became the foot soldiers. They provided SAP for most African countries as part of the conditions for managing their huge debt and receding economy. During this period, some governments, such as Nigeria, introduced the CEPALISMO import substituting industrialization (ISI) alternative to save the local economy by reducing importation and boosting domestic manufacturing (Grosfoguel, 1996). Some importers turned to manufacturing based on the government's suggestion (Agulonye, 2020). Nonprofit development organizations grew during that period as development partners. Since then, they have significant impact in sectors that affect communities such as health, education, agriculture, emergency response and economic empowerment as grassroot development in the developing world.

Complex societal needs and challenges that have often been approached by a state-led and centered response, which seems to compound the situation, spurred the quest for community-based development that would be participatory. "Growing interest among academics and practitioners in finding new ways to study and address complex societal challenges has intersected in recent years with increasing community demands for research that is community based, rather than merely community-placed" (Hall & Tandon, 2017, p. 7). The isolation of the people in sourcing solutions and solving the problems in their society is a community-placed strategy that most governments adopt (Zieglar et al., 2019). In contrast, "the community-based initiatives (CBI) strategy outlined in this document advocates this view, that human health and well-being are the ultimate goals of development" (WHO, 2003, p. 7). A community or country cannot be graded as developed on the basis of high per capita income if its people are illiterate, have poor health status and lack the infrastructure necessary for a healthy lifestyle. Therefore, sustainable development should always be measured in terms of social indicators mainly health, reduction of absolute poverty and improvement in the quality of life (WHO, 2003, p. 8).

Community-based programs are often driven by practicality. This means that they are focused on engaging people with the problems, projects and practical realities on the ground to achieve defined goals or set objectives without identifying with any philosophical position as a foundation, pillar or guide (Choi, 2021). The absence of such a philosophical foundation and guide weakens the base and form of community-based programs. Excessive emphasis on practicality and less on philosophy is one of the major criticisms of community-based or

driven development strategies. Boadu, Ile and Oduro (2020) discovered a gap between current community-based development activities and indigenous customs, values, cultures and traditions. Community-based programs need to engage indigenous values, customs, traditions practices and people.

Common causes and welfare economics

Common causes relate to common good or social actions carried out for the benefit of many. They appropriately relate to welfare economics and social actions that advocate for sustainable, postmaterial values, especially the environment, and public economics by extension. Common causes encompass the essence of governance and public policy in meeting the common basic needs of the majority in society. Common causes include the activities of government and nongovernment organizations (NGO), inter- and intra-government organizations, grassroot groups like community organizations, etc. (Sober, 1984; Public Interest Research Centre, 2012).

Welfare economics serves as the foundation for assessing the successes of markets and policymakers in allocating and distributing resources. Modern welfare economics is summarized in two key theorems. The first states that "subject to certain exceptions—such as externalities, public goods, economies of scale, and imperfect information—every competitive equilibrium is Pareto optimal" (Blaug, 2007). Pareto optimality is the state "at which resources in a given system are optimized in a way that one dimension cannot improve without a second worsening" (Alhammadi & Romagnoli, 2004). The second key theorem states that

> Every Pareto-optimal allocation of resources is an equilibrium for a perfectly competitive economy, provided a redistribution of initial endowments and property rights is permitted; alternatively expressed, every Pareto-optimal allocation of resources can be realized as the outcome of competitive equilibrium after a lump-sum transfer of claims on income. (Blaug, 2007, p. 185)

Although the details and applications of these theories are not discussed in this study, they are mentioned as they are core of the discipline, welfare economics. Professor Amartyr Sen's works on social choice theory, inequality and famine strongly relate welfare economics (Atkinson, 1999) to current realities though Brahmananda (1999, p. 143) explained that Sen's approach leaned more toward an individualism-centered basis of social choice theory.

As one of the pillars of new or modern welfare economics (Vanberg, 2018, p. 41, 48), Sen advocated for the environment as well. Amartya Sen's theoretical postulations are not discussed because of the focus of this study, the pandemic period. The lockdown period at the beginning of the pandemic was a period when there was no perfect competition and complete market information. The appropriate environment was not completely available because of the crisis. The public and private sectors were preoccupied with meeting the needs of people and adapting to the new reality. There was high production of essential goods like in a war situation. The emergency preventive measures vis-a-vis the lockdowns with increasing hospitalization kept the economy at standstill. Most efforts were towards reducing the effects of the pandemic and providing the regulatory environment to enhance a return to normalcy.

Prevailing inequality

After the MDGs failed to wipe out extreme poverty in poorer countries by the end of the goals' lifespan in 2015 (Liu, Yu & Wang, 2015; Vadiya & Mayer, 2016; Waqar, 2017; Durokifa & Ijeoma, 2018; Asadullah & Savoia, 2018) and the Sustainable Development Goals (SDGs) are still trying to improve on the MDGs' success, huge capital growth was recorded in some emerging and developed economies during this time frame. This increased the gap between

richer and poorer economies. Access to healthcare services, good food, basic education, sanitation and basic human needs remains beyond the reach of some (in the global south) yet abundant to others (especially in the global north). This makes it difficult for equal access to the basics of life, especially healthcare.

Healthcare access is more difficult and limited in low- and middle-income countries (LMICs) than in higher-income countries (Peters *et al.*, 2008). Geographic accessibility, availability and quality play significant roles in healthcare access in these countries; the poor are constantly disadvantaged. They are not included in strategic decision-making in governance that seeks to improve access to vulnerable communities and individuals. Residents of remote communities are equally vulnerable because they usually have difficulties accessing healthcare services. In most countries in the global south, access to healthcare is more available to and affordable for people of higher-income classes than for the lower-income classes. Governments in these countries hardly focus on the poor in healthcare policies, implementations and monitoring (Peters *et al.*, 2008).

The gap between both divides determines who contributes more to the sustenance of global institutions like the WHO. The contribution influences the amount of attention each side attracts. This explains why more attention is paid to developed countries than to developing countries because of what they bring to the table. The WHO's three levels (global, national and local) priority setting hardly reaches remote inaccessible communities in developing countries (Barasa, 2015). The Ebola pandemic in West Africa remains an example: Health emergencies break out in remote communities for days before public health officials can reach them. Therefore, more lives would have been saved, and such an epidemic would have been controlled and reported earlier. The community response during the Ebola outbreak in West Africa was marred by suspicion of the competence of community health workers handling the crisis. The communities expected the people from the health ministry to lead the response (Camara *et al.*, 2020; Mayhew *et al.*, 2021).

Vaccine nationalization and privacy hoarding by multinational firms further reinforce and renew parity, healthcare variation and historical inequality. The one-way traffic of global healthcare funding and decisions always coming from higher-income countries reemerged with the COVAX program. While the global north again dominates the debate, propaganda and research and leaving the global south to suffer from infectious diseases and other health issues. Some epidemics linger in the global south years after they peaked in the global north, like Polio.

The parity paved the way for an unequal response level during the pandemic across countries, regions and governments. Lockdowns imposed as COVID-19 preventive measures created economic need in many sectors, regions and economies. Supply chains were strained to their limits similarly to hospitals. Vaccine discovery brought relief and seeming solutions to the virus but also a new yardstick for measuring inequality among countries. It obviously created a new market for pharmaceutical products firms, logistics and electronics manufacturing firms, among others. It created jobs in manufacturing, medical, logistics and administrative services, among others. However, it exposed global inequality, differences and bias beginning with vaccine nationalization and vaccine stockpiling in richer regions, while poorer countries are left to fate.

The level of mutuality witnessed during the peak of the pandemic in most societies is commendable (Jewett, Mah, Howell & Larsen, 2021). The initial response brought aid to communities from governments, businesses, cooperative organizations, religious organizations, diaspora networks, philanthropists, etc (Leach, MacGregor, Scoones & Wilkinson, 2021; Litman, 2021). There are enormous numbers of volunteers in communities across the world. Sustaining such cooperation is necessary in a world that has become highly individualistic. The consequence of individualism is often in the news where individuals living alone are found dead in their house after days, weeks or months. Such occurrences

peaked during the pandemic (Committee for the Coordination of Statistical Committee for the Coordination of Statistics Activities, 2020; Nelson-Becker & Victor, 2020; Corpouz, 2021). Even if it has become a reality no one can change, high neighborhood cooperation and communication that could help save lives are recommended (United Nations Habitat, 2021).

Politically, postpandemic leadership and service would be better if the values associated with and taught by the pandemic are acculturated in every ramification of human existence and relations (Cavallo & Powell, 2021; Mawani *et al.*, 2021). Values as cardinal currency of human society should be knitted into the fabrics of our entire existence to open our minds to the essence of a better society with a premium on humanity and cooperation that links the grassroot directly (Nillumbik Shire Council, 2021). The struggle to save lives should spur consistent mutual support in the postpandemic world (Reid, Abdool-Karim, Geng & Goosby, 2021) and should be reflected in our policies, politics and practices. Manufacturing and supply chains should, henceforth, consider strategically locating their facilities and operations in the global south to enhance distribution and accessibility for poorer countries. Economic aid by governments should target households with lower incomes in urban and rural settlements, especially in remote communities. Primary health centers should be sited in inaccessible communities to save lives and improve healthcare access. State interventions should prioritize marginalized households through community leaders who have knowledge of households in their communities (Muhyiddin and Nugroho, 2021).

A people-centric and more accountable state is needed; thus, state officials and public servants should be aware of people's awareness of corruption. The burden of trust in the state hangs on officials and public servants. The services they render should reflect the weight of that trust. Continual betrayal of that trust could have boomerang effects. Political officeholders and public servants need to place a premium on the principles of equality and let them guide the things that people have in common. Common causes are clear reflections of our shared humanity and how real community life should be promoted and strengthened, whether in rural or urban settlements (Diprose, Valentine, Vanderbeck, Liu & McQuaid, 2019). Governments across levels need to promote grassroot common goods, values and neighborhood bonds in rural and urban areas alike.

Community pandemic responses
The experiences during the pandemic sparked the emergence of self-motivated community response groups in various countries. Relying on related literature, a review of some community responses during the COVID-19 pandemic is carried out to verify the data collected. We would examine two countries: one in the global north – the UK and one in the global south – India. In the UK, job losses, grocery shortages, food and toiletry scarcity during the earliest part of the lockdown with the social isolation imposed by the government ignited voluntary aid in communities and neighborhoods, which became a COVID-19 mutual aid group (Benton & Power, 2021). Like a bush fire, the positive vibes in communities quickly spread across the country charging existing community groups and businesses, including food firms, to aid the National Health Services (NHS), struggling households and vulnerable members of communities and neighborhoods. As the pandemic humbled the British and global economies, mutual aid groups serviced community and national needs by organizing resources to provide medicines, foods and toiletries and linking socially isolated people in a bid to reduce the trauma and psychological impact of the pandemic on them (Tiratelli & Kaye, 2020).

Curtin *et al.* (2021) stated that more than 700 local solidarities or response groups involving tens of thousands of people make up the UK mutual aid group. Mao, Fernandes-Jesus, Ntontis and Drury (2021) explained that the waves of high infections with a seven-day daily average of 50,000 cases necessitated the services of many mutual aid groups. In many cases, it was the easiest, fastest and nearest help to people in communities and

neighborhoods than the usual public (state) services, and they were able to meet people's various needs. Tiratelli and Kaye (2020) explained that digital services and social capital were vital instruments that engineered the participatory activities of these groups. They moved from collecting medicines, groceries and other items from donors to supply to needy members of society to assisting lonely, depressed and financially distressed people through direct contact.

Similarly, the Kudumbashree [1] scheme in India was instrumental in providing psychosocial support, enlightenment campaigns on safety measures through daily WhatsApp groups (including POSHAN Vani (Nutrition Voice)), a community radio, a frequency modulation (FM) radio campaign and direct contact with people in communities and neighborhoods (Ummer, Scott, Mohan, Chakraborty & LeFevre, 2021). Working at the grassroot level, they provided social support to vulnerable members of society. Members of this group contacted the chemistry departments of nearby higher education institutions for technical knowledge of the production of sanitizers and masks (Thomas & Prakash, 2020). The knowledge received aided the production of sanitizers that helped control the pandemic. More than 5115.8 L of sanitizers were made and distributed (Biju, 2020). With the aid of some microenterprises, the network manufactured face shields and other protective equipment to help healthcare workers who were treating COVID-19 patients. Through Snehitha (a women health foundation that is involving many community development projects that help women and girls in India), the network counseled children exposed to domestic violence and encouraged them to start kitchen gardens at the beginning of the lockdowns and provided them with seeds with which they began their own gardens (Venugopalan, Bastian & Viswanathan, 2021).

Community Kitchen, initiated through the Local Self-Government Department (LSGD) supported by Kudumbshree, helped serve 8,651,627 meals to laborers, patients in isolation, people in quarantine, the destitute, the vulnerable and needy in society (WHO, 2020). Nutrimix (an easy to make nutritious food mix for malnourished children) was produced and distributed in 14 districts, and 241 units of the nutritious meal were served through Kudumbshree networks to parents as part of the Take Home Ration (THR). A total of 33,115 infants and children aged 6–36 months were fed nutritious meals throughout the lockdowns in native daycare facilities across the state (Thomas & Prakash, 2020). Through the state government's Sannadha Senna, a local volunteer team, it targeted to raise 2.3 lakh (230,000) to 3 lakh (300,000) able-bodied young men to support the Kerala state pandemic response. The state government provided online study platforms and distributed laptops worth INR 15,000 (around US$200), which are paid on an INR 500 (around US$6.69) monthly installment for 30 months to help students study while at home through the Vidhyashree (the micro-chitty program that enables students buy a laptop for study and pay in small installments) program.

Methodology
To investigate community-based response cases, the general inductive research method was adopted to test the efficiency of state and community response methods using a primary data source, a survey that was administered in 12 countries across six continents, two from each continent. These countries were selected randomly and included Nigeria and Zimbabwe (Africa), Philippines and the United Arab Emirates (UAE; Asia), the UK and Portugal (Europe), Canada and the US (North America), Brazil and Venezuela (South America) and Australia and New Zealand (Oceania) [2]. In total, 13 respondents were sampled from each continent to get their opinions on state-led responses and community-based interventions witnessed since the pandemic, especially during lockdowns. Such small population was chosen to ensure an easy access to data and to get mainly community workers, leaders and few members with ease as the questions were not few.

Initially, China and India were the Asian countries chosen for this study, but they were replaced due to difficulties in enrolling respondents. The contacts for these countries were afraid of being tracked by officials whom they said spy on data communication from abroad and carry out raids. Thus, fear of the state limited access to foreign communication regardless of the purpose. After trying without success to get alternatives in academia, we chose the UAE and the Philippines as study sites. The responses from these countries were collected within a short period, despite the short notice.

The surveys were created on Google Forms and administered in English language via emails and social media to the respondents. A pilot test carried out in China and the UK contained personal data and was meant to be distributed manually, but most people did not want to present their details. This informed the adjustments made in the proper study. Responses were updated instantly on Google Forma once they were submitted. A time frame of one to three days was given to each respondent to provide a response with daily follow-ups. This time frame enabled the individuals to provide their responses at their convenience without pressure to guarantee candid responses. After three days, if no response was received, another respondent was sourced. The survey questions were structured to determine people's preferences between state-led and community-based interventions. The identities of the respondents were anonymized, and personal details, which were not required, including the email addresses used, were hidden. The survey was structured into three sections: A, B and C.

Results
The data collected from selected countries where there was no restriction on data sourcing and fear of the state clamping down on Internet communications are discussed in detail. The data collected from 12 countries cannot sufficiently represent 195 countries nor can their population represent the global population (Obando-Pacheco *et al.*, 2018). Because they were drawn from all the continents, they can represent the world. Common variables, such as gender, race, age, religion and other person data, were avoided to aid trust, confidentiality and confidence in providing candid responses. In place of personal information, profession, location and residence were chosen in section A. In second B, response type, source, participation and satisfaction was tested, and in section C, the impact, measure, perception and future preferences were tested.

Profession
Most (71.5%, 50) of the respondents were either professionals or vocational workers (30%, 21), public servants or community workers (22.9%, 16) or researchers or students (18.6%, 13). However, a significant portion (15.7%, 11) held other job classifications. This shows that most of the respondents were educated and likely knowledgeable about the subject. A significant percentage (12.9%, 9) were in business. The target population in some of the countries sampled were health professionals, community leaders or workers and academics residing within pandemic-affected areas.

Residence
Of the 70 respondents, 17 were from Asia, 14 were from Africa, 12 were from South Oceania, 11 were from Europe, 8 were from South America and 8 were from North America. These respondents represent the global human population, estimated to be around 7.8 billion (World Ometer, 2021). This represents the population size of each continent like Asia, which has the leading response. Africa, which is next, is followed by Oceania, which has the smallest population, Europe, and then South and North America (see Figure 1), respectively.

Pandemic residence
Most (82.9%, 58) of the respondents stated that they resided within their neighborhood during the pandemic. A small percentage, 14.3% (10 respondents), did not reside within their neighborhood during the pandemic. Only 2.9% (2 respondents) chose "maybe," indicating that they resided in their neighborhood only some of the time. Therefore, most respondents resided within or around their neighborhood while working in the response teams (see Figure 2).

Pandemic responses
The second part of the survey (B) focused on pandemic responses and the level of participation. The first question focused on the response type in the respondent's neighborhood. Most (60%, 42 respondents) chose government responses, while 20% (14 respondents) chose individual responses. Government and individual responses caught the people's attention more. However, some community responses were mistaken for government responses, especially when the respondent did not have full knowledge of the source. Many stated-led responses were ignited by individual and community responses; thus, the choice of government response to this question could be linked to community and individual responses. However, a fraction of the population (11.4%, 8 respondents) chose community-initiated and coordinated responses, and 7.1% (5 respondents) chose community responses. Thus, a total of 18.5% (13 respondents) chose two forms of community response. Only one respondent (1.4%) received only an employer response in the respondent's neighborhood.

Response initiator
The next question tried to find out who initiated the response in the respondents' neighborhood. Most of the respondents, 72.9% (51), chose the government, and 20% (14)
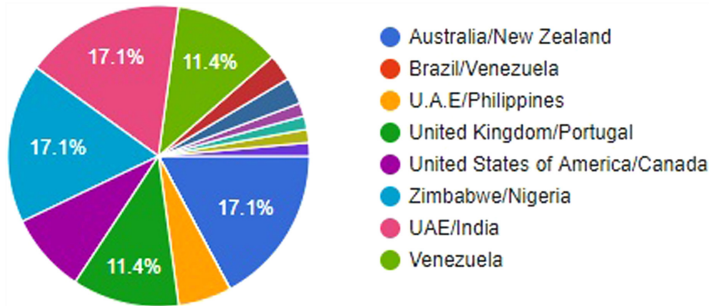
Figure 1.
Respondents' country of residence

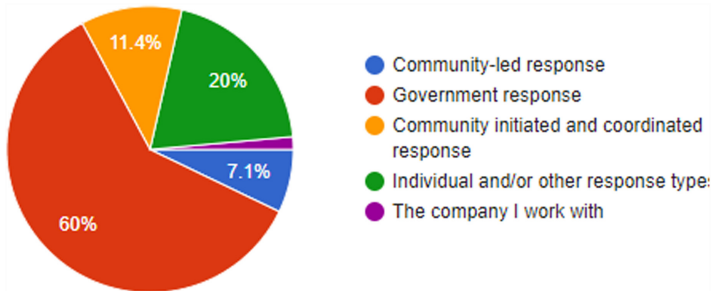**Source(s):** Author's work based on survey data

Figure 2.
Response type received

Source(s): Author's work based on survey data

chose individuals. A small fraction, 4.3% (3), stated that community leaders initiated the response. Two respondents (2.9%) chose others. This result shows that the responses were initiated by the state. Sometimes, community responses were mistaken for state-led responses because the individual was either misinformed or was not keen on discovering the source. Although there were many state-led responses that showed the welfare aspect of the state, resilient community responses thrived.

Inclusion/participation
Regarding people's inclusion or participation, most of the respondents (62.9%, 44) chose "yes" that people were involved, and a significant percentage (18.6%, 13 respondents) chose "no" that people were not involved. Another 18.6% (13 respondents) chose "maybe," which means they are not sure people were involved. These data contradict the claim that most of the responses were state-led because state-led interventions do not usually include citizens. The data also confirmed the explanation for the previous response that community responses were sometimes confused for state led. As most respondents confirmed people's participation, most of the pandemic responses were community-led and involved people's inclusion or participation.

Stage of inclusion/participation
The last question in Section B tried to find out the response stage that included people. This question received 69 responses, of which 39.1% (27 respondents) were "throughout the response," 24.6% (17 respondents) were "grew," 23.2% (16 respondents) were "at the beginning" and 8.7% (6 respondents) were "toward the end." However, the responses "not sure," "hardly involved" and "not involved" were chosen only once (1.4%). These responses imply that community-based and driven responses were received in many communities around the world during the COVID-19 pandemic lockdowns. Most of the respondents chose the community-driven response, which involves citizens throughout the response, especially during the planning and sensitive stages, while others were simply community-based responses.

Satisfaction and measurement
Section C focused on the respondents' level of satisfaction with the common cause executed during the pandemic: the impact that the respondents felt it had on the community, the preference for subsequent causes and the measurement preference. Level of satisfaction: The level of satisfaction ranged from 0 to 5, with 0 unsatisfied and 5 highly satisfied. Of the 70 responses to this question, 31.4% (22 respondents) chose 5 (highly satisfied), 30% (21) chose 4 (satisfied) and 27.1% (19) chose 3 (indifferent). However, only 3 respondents (4.3%) chose 2 (not satisfied), and 5 respondents (7.1%) chose 1 (highly not satisfied). The response partly answered the first research question that showed that there is a high level of satisfaction with the responses received. The perception of government interventions, which dominated the response type received, was high, and community response had an average perception. This implies that there is a need for more publicity about and confidence building in community-based and driven responses. These results confirmed the theoretical assumption that community-based and driven approaches generate more satisfaction among people because they involve people in various segments and phases of the intervention.

Response part enjoyed by many
Of the 65 responses, 38 (58.5%) chose the execution stage, 8 (12.3%) chose the planning stage and 8 (12.3%) chose the feedback stage. A small percentage, 10.8% (7), chose the assessment stage, and the option "none", "indifferent" and "with confused" were each chosen once, each representing 1.5% of the sample. The implication is that more people enjoyed the execution stage, which involved assessment, measurements and adjustment where necessary as the work progressed.

Influence

The influence of the pandemic response on people ranged from 0 to 5, with 0 representing no team spirit and 5 representing team spirit. Of the 69 respondents, 33.3% (23) chose 5 (high team spirit), 23.2% (16) chose 4 (good team spirit) and 27.5% (19) chose 3 (average team spirit). However, a small percentage of the sample, 5.8% (4) chose 2 (low team spirit and independence) and 10.1% (7) chose 1 (no team spirit). This result shows that the pandemic responses in many communities and neighborhoods across the world had significant influence and a good level of cooperation in the communities and neighborhoods.

Preference for future responses

The preference for postpandemic responses generated 70 responses. In total, 50% (35) preferred government-/state-led responses for future responses, 25.7% (18) preferred community-initiated and executed responses and 11.4% (8) preferred community-based responses only. In contrast, a small percentage, 12.9% (9), preferred individual-based responses in the future. These responses answered the second research question, "based on the pandemic experiences, which successful approach should be adopted for the post-pandemic recovery?" The respondents mostly preferred three response types: government-led, community-driven and community-based. The identity issue with community-based responses discussed in the earlier part of this discussion might have influenced the choice of government-/state-led responses for future responses. However, a large percentage chose community-based responses second after the government as the first choice. These responses affirm the postulation of the community-based and driven theory as the basis of future interventions (see Figure 3).

Preferred measurement style

The measurement type preferred for future responses got the maximum number of responses, 70. Preference for community assessment or evaluation received the most responses, 40% (28). Government or state assessment or evaluation was preferred by 38.6% (27), and individual assessment or evaluation was preferred by 20.4% (15). This reveals that many respondents preferred community measurement more than the state measuring its work. This last response answered the last research question: "Given the impact level of the pandemic on individuals, communities, and economies, what governance level and economic measurement system should be strengthened for a better post-pandemic society?" According to the results above, the respondents prefer community responses due to issues with government measurements that could be unreliable. Government measurement and evaluation systems need open, honest and detailed measurements that involve the
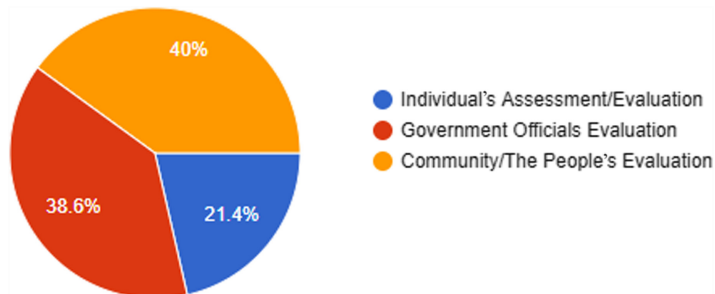

Figure 3.
Preferred
measurement style

Source(s): Author's work based on survey data

community and people to regain public trust. Community response needs strengthening similar to how its response awareness system requires a boost.

The results of this study are consistent with most assumptions of community-based theories, except that more people preferred government- or state-led responses over community responses in the data above. This could be due to the publicity related to state projects and interventions compared to every other type. Moreover, the state has the media and all elements of propaganda at its disposal, unlike communities and individuals. Knowledge of and preference for state-led interventions are strengthened with the instrument and services of the state, its agents and the instrument of direct and indirect coercion. The data gathered in this study revealed that the community-based and driven approaches employed in communities around the world varied according to local realities in each context, location and scenario depending on the impact level, advancement level and healthcare access. Despite the failures of state-led interventions, many still prefer them for future interventions.

Policy responses for a sustainable post-COVID-19 recovery
Since the emergence of the COVID-19 pandemic, the most frequently mentioned responses have come from government and intergovernment institutions. This could be understood from the obvious fact that the state has the power of coercion to enforce lockdowns as it deems necessary, legal instruments to enforce law and order in society and the media at its beck and call. Community responses and private responses usually receive little or no publicity. The state also has the civil service and paid agents of many public services through which responses are planned, organized, executed, managed, monitored and measured.

The core business of the state and governance is welfarism. The state, through its information ministry or media unit, prioritizes the publicity of its responses and maintains a high budget for such activities; thus, state- or government-led responses are prominent. Community-led responses are usually focused and remote and have a low publicity budget and a locally sourced workforce, which sometimes involves or comprises locals (Jewett, Mah, Howell & Larsen, 2021). Most NGOs approach their causes via communities, which is a grassroot and people-purposed strategy with an engagement of the people (community-led and driven) approach.

NGOs and community-based groups a have people-centred welfarism in the totality of their mission and activities. This explains why these organizations usually adopt a community-centred or driven approach, as it not only strengthens communal confidence in responses or projects but also builds a sense of ownership in the project and local technical know-how of the response or project. Trust is also built with such a participatory approach.

Building a strong resilient economy is important for postpandemic policies as it would lead to job creation, business growth and better preparedness cum response to future emergency situations. Stronger microeconomic growth, family and societal recovery and available safety net cum response agility are necessary to avoid a collapse or more disastrous effects of emergencies or disasters in the future (Hallegatte, Rentschler, & Walsh, 2018). As governments, businesses and societies across the world prepare to face the realities posed by the COVID-19 pandemic, disaster preparedness cannot be overemphasized. We have not yet fully understood the source of this virus to prevent another. Although we cannot prepare perfectly for or prevent epidemics, setting up support systems and community-based preparedness and interventions would go a long way in saving lives, reducing damage and promoting common and developmental causes (Holmberg & Lundgren, 2018). In addition, prosocial responses could serve as first points of call, buffer zones and safety nets in emergencies, interventions and developmental causes.

The realities of climate change are staring us in the face with harsh weather conditions and natural disasters. Leach et al. (2021) advocated for the need for proactive development

methods that could predate and respond to imminent uncertainties, be they climate change, financial crisis, natural disasters, pandemics or something new. This study emphasizes the need to promote common causes in societies, communal cooperation and grassroot governance to serve as support systems for all, including the weak, vulnerable and needy members of society. Although each of us is relatively vulnerable, working together could help overcome our vulnerability.

Conclusion

Common causes and their evaluations are necessary in societies for grassroot responses and development services. Humans as social beings relate, socialize and support each other for a collective existence and better lives. The COVID-19 pandemic reinforced the need for common causes and spaces, mutual aid, social actions, welfarism and the need to protect and preserve each other. Governments, businesses, NGOs, community organizations, religious bodies, diaspora networks, various groups and individuals responded to needs and to save humanity from this virus that has killed millions and is still infecting and killing many. The pandemic exposed our vulnerability and beckoned the humanity in us, sustaining that humanity is essential in our postpandemic polices, politics and practices. The return to a more communal and less individualistic lifestyle is necessary in our societies, whether rural or urban.

Promoting common causes is needed to build a common bond where we as people pursue and actualize a common good for the good of our communities (Menocal, 2004). It would aid in early virus or epidemic discovery and avoid disasters. It would help us to think about and care for those in our neighborhood, not only ourselves and our households alone. Public awareness is an essential part of community responses or projects that are often neglected yet essential for the participation and knowledge of members of the community. Open evaluation of projects and responses is essential, as it breeds trust. Therefore, most people trust community projects and responses more because of their inclusive altruistic measurement. Community-based and driven projects should dominate public projects and responses. Furthermore, in the event of another epidemic, pandemic, disaster or emergency, we would not be taken unawares or search for such solutions. To contribute to the economic recovery from the pandemic and to enhance development at the grassroot level, the asset-based committee development (ABCD) strategy (a community-driven approach that looks inward in the community to bring out values, skills, resources – economic, physical, ecological and so on, heritage, local institutions and associations that are often unharmonized are summed to achieve goals) could be employed to enhance speedy intervention and infrastructural development.

The findings of this study contribute to the growing body of literature on the roles and contributions of community-based and driven approaches to development and interventions. During the peak of the COVID-19 pandemic, the role this approach played in intervention programs across the world reinforced the importance of such grassroot-based interventions. The role of the organizations and individuals involved in such contributions as immigrants in Canada, Peru and Colombia, young people in communities in the UK, community leaders and workers in the USA, young men and women in India and so many others deserve to be examined as well. The experiences and effects of the contributions of these individuals during the period of unanticipated crisis strengthened communal bonds and left lasting legacies for people and their communities. Therefore, we call for further research on this subject.

Notes

1. Kudumbashree is a self-help group inaugurated in 1997 by then Prime Minister Atal Bihari Vajpeyee to fight poverty, empower women and aid the State Poverty Eradication Mission (SPEM) in Kerala state. It is a three-tier grassroot network that connects people from neighborhoods (neighborhood groups [NGHs]) through wards (called area development societies [ADSs]) to the local government

(known as community development societies [CDSs]). Membership is open to all adult women but limited to one member per family. It is said to be the largest grassroot-based women's network in the world (Biju, 2020).

2. The author appreciates all who helped with the survey distributed for this study. The author thanks Samson Oparinde and his friend for the responses from New Zealand, Kingsley Okafor, Imelda Tapil da Palma and her sisters for coordinating the responses from the UAE and the Philippines, Rev. Fr. Dr. Daniel Adayi CSSp and Chinyere Ibekwe for the responses from the UK, Uzoma Nwokorie and Pedro Gordon for the responses from Portugal, Joy Ngah Foreman and Anthony Adimbite for the responses from the USA, Cynthia Ikekwere for the responses from Australia, Andriana Molina for the responses from Venezuela, Mojgan Chapariha for the responses from Canada, Kingsley Agulonye, the Ezeigwes and Upenu Zhou Chori for the responses from Nigeria and Zimbabwe, respectively, and many others not mentioned.

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