



International Journal of Research in Management

ISSN Print: 2664-8792
ISSN Online: 2664-8806
Impact Factor: RJIF 8
IJRM 2024; 6(1): 217-224
www.managementpaper.net
Received: 13-11-2023
Accepted: 21-12-2023

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Role of social entrepreneurship in meeting the health-related UN sustainable development goals 2030 in India

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DOI: <https://doi.org/10.33545/26648792.2024.v6.i1c.141>

Abstract

Social entrepreneurship has recently been recognised as one of the most potent tools that can positively impact various societal problems. This study focuses on the role of social entrepreneurship/enterprises which provide healthcare services (HSEs) in meeting the UNSDG 2030 in India. Based on an exhaustive literature analysis, we discovered that social businesses are operating successfully across India and have played an important role in improving India's healthcare landscape. The study's findings imply that the involvement of social businesses is critical in augmenting the government of India's efforts to meet the UNSDG 2030 targets. The findings will assist researchers in better understanding healthcare social enterprises.

Keywords: Social entrepreneurship, healthcare sector, UNSDG 2030

1. Introduction

Social entrepreneurship is defined as the process of creatively applying entrepreneurial skills, leadership, and innovation to meet the needs of marginalised socioeconomic communities. Social enterprises (SEs) are organisations that use bricolage and social innovation to effect social change (Agrawal and Hockerts, 2013; Agrawal and Khare, 2019) ^[1, 2]. SEs are enterprises that are motivated by a "Serve" or "Social Change" perspective regardless of economic returns or sustainability (Austin *et al.*, 2006; Goyal *et al.*, n.d.; Gupta *et al.*, 2020) ^[6, 10]. Social enterprises attract human and resource capital with community-spirited and social welfare motives (Agrawal and Hockerts, 2013; Zahra and Wright, 2016) ^[1, 19]. SEs are also influenced by a "Socio-Economic Change" approach (Austin *et al.*, 2006; Goyal *et al.*, n.d.; Poon *et al.*, 2009; Ridley-Duff, 2008) ^[6, 13, 14].

The SEs create and implement for-profit, innovative, market-based business models with the goal of maximising social impact and economic rewards. Social impact, outreach levels, scalability, and money streams are used to determine social entrepreneurship success. One area where the SEs have in recent time actively contributed is the healthcare sector. Healthcare services are a major source of worry for practically all policymakers worldwide, and they require immediate attention in order to improve people's quality of life. The United Nations General Assembly has established Agenda 2030, which includes 17 SDGs (Sustainable development objectives) that must be met by 2030. SDG 3 or Global Goal 3 is about "Good Health and Well-Being." Because practically every country has vowed to meet these targets, healthcare has become a top priority.

It is critical to investigate the role of healthcare social enterprises/entrepreneurs (HSEs) in India for various reasons.

- **Addressing healthcare gaps:** India faces substantial healthcare issues, including restricted access to high-quality healthcare, particularly in rural and neglected areas. Any other healthcare provider like HSEs than regular ones like government/private run hospitals or clinics can play a critical role in filling these gaps by offering creative and cost-effective solutions, reaching out to marginalised communities, and addressing unique healthcare needs.
- HSEs frequently use innovation and technology (Akter *et al.*, 2020) ^[3] to develop new models of care delivery, diagnostic tools, telemedicine platforms, and healthcare

goods. Investigating their involvement aids in the identification of emerging trends, best practises, and technological breakthroughs that can improve healthcare accessibility, cost, and quality.

- **Social impact and financial sustainability:** HSEs have a twin objective of social impact and financial sustainability. They want to make a positive social impact while also securing their long-term profitability. Understanding their tactics, business models, and impact evaluation methodologies can aid in the identification of viable approaches for long-term healthcare delivery and the scaling up of successful initiatives (Roy *et al.*, 2014) ^[15].
- **Empowering marginalised communities:** Many HSEs are dedicated to assisting underserved populations such as low-income people, women, children, and the elderly. We can acquire insights into how these firms handle specific health concerns faced by these communities and devise focused interventions by researching their function (Maseno and Wanyoike, 2022) ^[11].
- **Policy and ecosystem development:** Researching HSEs can provide policymakers and stakeholders with information on the role and potential of social enterprises in the healthcare sector. It can aid in the development of laws, legislation, and support mechanisms that promote the growth of HSEs, encourage innovation, and facilitate collaboration between the public, private, and social sectors (Chandra *et al.*, 2022a) ^[6].
- **Lessons for global healthcare:** India's healthcare system faces unique issues and can teach other countries how to address them. We can uncover creative solutions and methods that may be applicable in other situations by researching the role of HSEs in India, contributing to global knowledge sharing and collaboration in healthcare entrepreneurship.

Insights into creative approaches, technology-driven solutions, and sustainable models for solving healthcare gaps, empowering marginalised populations, and altering healthcare policies and ecosystems can be gained by researching the role of healthcare social enterprises/entrepreneurs in India.

Seeing the immense importance of this topic our study attempts to examine three relevant issues. First is to understand whether there are social entrepreneurs /enterprises working actively in the healthcare sector (HSEs) in India? Second is to find out in which field or area of health care are the HSEs working; and third is to determine whether their work and role supplement the government of India's efforts to meet the UNSDG 2030 goal?

2. Literature review

2.1 Social entrepreneurship

Ashoka's founder and CEO, Bill Drayton, literally created the term "social entrepreneur" when he started the non-profit in 1980, nearly 40 years ago. In nature, people have found the concept of philanthropy to be appealing. It has the best blend of social service and enterprise, which makes it the most appealing and distinctive in nature. Typically, entrepreneurship is associated with economic activity and profit maximisation while ignoring social advantages or societal wellness.

In the current era of heavy industrialization and economic growth, societal gains have taken a back seat or even vanished all over the world, including India. However, the concept of social entrepreneurship emerging in India and around the world has assisted in serving the society in a more meaningful manner than ever before, while also living the spirit of entrepreneurship to the fullest. This is the goal of social entrepreneurship: to make entrepreneurs more responsible for society and its well-being than just profit. According to experts (Such as Chandra *et al.*, 2022b; Miragaia *et al.*, 2015; Samuelsson and Witell, n.d.; Short *et al.*, 2009) ^[6, 12, 16], this notion also covers social need and social innovations in their whole; social entrepreneurship is nothing more than identifying a social need and solving that need with a distinctive social innovation. This is where social and economic entrepreneurship vary; economic entrepreneurship focuses on economic demands, whereas social entrepreneurship focuses on social needs.

2.2 Healthcare Social entrepreneurship in India and UNSDG 2030

The constituent states and territories of India maintain a universal public health care system. In India, the private medical industry is more popular than the public health sector. Both urban and rural Indian households prefer the private medical sector to the public sector. Despite a three-tiered government healthcare system and a network of private healthcare facilities, India faces significant obstacles in providing a good healthcare system to the great majority of Indians. 70% of the population continues to live in rural areas with limited access to hospitals and clinics, relying on alternative treatments and government programmes in rural health clinics.

Social entrepreneurship is especially useful in countries that are still developing. As a developing country, India faces its unique social challenges and social development issues. Socioeconomic entrepreneurship has the potential to address all of India's socioeconomic inequities. In recent years, some start-ups/new businesses have emerged with the goal of delivering long-term solutions to social challenges while also making a profit. Because profit is everything, this is what distinguishes economic and social entrepreneurship. A social enterprise/entrepreneur have social goal as their prime motive and only after this they have financial goals in mind.

A social entrepreneur can be either a company or an individual. Because SEs working in healthcare sector (HSEs) provide services in areas where healthcare has traditionally been considered as a state role (and certainly where private actors predominate), they have recently become the subject of discussions among academic and professional specialists. Previous research has conclusively proved the ability of social companies to improve people's and communities' health and well-being, generate chances for social interaction, and empower the disadvantaged (Chandra *et al.*, 2022a) ^[6].

HSEs mainly have two distinct roles. First, they have been viewed as an alternate style of healthcare service delivery in some jurisdictions, filling gaps in mainstream service provision (Roy *et al.*, 2014) ^[15]. Second, social businesses affect the health and well-being of individuals and communities by addressing social determinants of health: the socioeconomic variables that govern how people are born, grown, live, work, and age (Solar and Irwin, 2010) ^[18]. According to Chandra and Shang, (2021) ^[5] HSEs make

many Interventions such as relational, service, economic, and policy that are made so that desired impact of such inventions can be studied on HIV/AIDS. Daru and Gaur, (2013) [8] state that in the developing world, the issues covered under Millennium Development Goals (MDGs) are the social issues that need urgent attention of the authorities. MDGs include eradicating extreme poverty and hunger, establishing universal primary education, fostering gender equality and women's empowerment, lowering child mortality, improving maternal health, and battling HIV/AIDS, malaria, and other diseases. In healthcare sector, social entrepreneurship has a large scope and role. Nandita Saikia and Purushottam. Kulkarni assess India's readiness to track SDG targets on health and nutrition: This report investigates India's readiness to evaluate its progress towards the SDGs for nutrition and health (Including reproductive, maternal, new-born, and child health).

India has had a significant impact on the development of the Sustainable Development Goals (SDGs). It is not surprising that the SDGs reflect the country's national development aspirations. As a result, even before the SDGs were fully crystallised, India was effectively committed to reaching them.

Health is one of the 17 goals in SDG that have been envisaged in the Resolution 70/1 of the United Nations General Assembly "Transforming our World: the 2030 Agenda for Sustainable Development" OR "2030 Agenda". These 17 goals have 169 targets which will be measured with 232 indicators.

Goal 3 of SDG says SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.

The health targets for SDG 3 are shown in table below

Targets of Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all at all ages
<p>3.1. Maternal mortality By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.</p>
<p>3.2. Neonatal and child mortality By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</p>
<p>3.3. Infectious diseases By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.</p>
<p>3.4. Noncommunicable diseases By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being.</p>
<p>3.5. Substance abuse Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p>
<p>3.6. Road traffic By 2020, halve the number of global deaths and injuries from road traffic accidents.</p>
<p>3.7. Sexual and reproductive health By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>
<p>3.8. Universal health coverage Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
<p>3.9. Environmental health By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>
<p>Goal 3 – Means of implementation for the targets</p>
<p>3.a. Tobacco control Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.</p>
<p>3.b. Medicines and vaccines Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries. Provide access to affordable essential medicines and vaccines in accordance with the Doha Declaration on TRIPS and Public Health, which affirms the right of developing countries to the fullest use of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement) regarding flexibilities to protect public health and, in particular, provide access to medicines for all.</p>
<p>3.c. Health financing and workforce Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>
<p>3.d. Emergency preparedness Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>
<p>Target 3.8. Universal health coverage This target can be seen as an overarching one that supports the achievement of the other targets. It is derived from the Millennium Development Goals, the new targets and the means of implementation.</p>

SDG India Index - Baseline Report 2018: NITI Aayog conducted a thorough assessment of India and its states' progress towards the SDGs for 2030, culminating in the creation of the inaugural SDG India Index - Baseline Report 2018. The SDG India Index aims to present a comprehensive picture of the country's social, economic, and environmental standing, as well as those of its states and union territories. It is intended to provide an aggregate

assessment of the performance of all Indian states and union territories, as well as to assist leaders and change agents in evaluating their performance on social, economic, and environmental aspects. The Index was created to cover 13 of the 17 SDGs (Goals 12, 13, 14, and 17 were left out). It tracks the success of all states and union territories (UTs) on a set of 62 National Indicators, gauging their progress on the outcomes of the Government of India's actions and schemes.

The significance of HSEs in attaining Goal 3 of the UN Sustainable Development Goals 2030 in India is critical. They can address disparities in healthcare access, fill service shortages, emphasise preventive care, assist vulnerable groups, and implement sustainable and innovative approaches to healthcare delivery. By doing so, HSEs can make a vital contribution to improving health outcomes, eliminating inequities, and constructing a healthier and more equitable future for all Indians. Hence the need to study them becomes important.

2.3 Some Social enterprises / entrepreneurs working in healthcare sector in India

- **The Narayana Hrudayalaya:** Is the equivalent of a Wal-Mart for cardiovascular care. The hospital was developed by Dr. Devi Shetty and can do up to twenty-five (25) heart surgeries in a single day. It is one of the largest healthcare facilities in Asia. Dr. Shetty performs cardiac surgeries for as little as \$1300, compared to \$30,000 at comparable facilities, despite the fact that 70% of treatments are provided at a reduced or free cost.
- **Arvind Eye Hospital:** Dr. Goindappa Venkataswamy established the hospital with thirty beds in 1977. Arvind's social strategy began in 1988 with 135 beds for paying patients and 400 for free patients, and it was enlarged in 1991 to accommodate 280 paid and 1100 free patients. In 2007, Arvind opened a new state-of-the-art manufacturing plant for intraocular lenses, sutures blades, and other eye care equipment, as well as an Arvind Managed Eye Care Service Division to handle eye hospitals in various parts of the country. Arvind Eye Hospital already performs 286,000 treatments per year, with the goal of reaching one million by 2015.
- **Vision Spring:** Local villagers/vision entrepreneurs are trained to do outreach and vision exams in their communities, as well as provide high-quality, low-cost glasses. Their Vision Entrepreneurs sell low-cost reading glasses, sunglasses, and eye drops, while referring customers who need prescription glasses to a Vision Spring doctor or a partner eye health facility. Vision Spring is always evolving by offering new and cost-effective services.
- **Genome Foundation:** identifies India's enormous genetic illness problem. Genetic illnesses such as thalassemia, muscular dystrophy, type 2 diabetes, coronary heart disease, and others affect millions of individuals. The prevalence of inherited genetic disorders has never been thoroughly examined in India, which has one-sixth of the world's population. Indians are vulnerable to prevalent diseases such as diabetes and coronary heart disease due to their genetic makeup. The Genome Foundation is a non-profit organisation devoted to addressing the aforementioned issues.
- **Forus Health:** A Bangalore-based affordable medical technology and solutions startup solves healthcare delivery challenges in underdeveloped countries through innovative, inclusive product design and service implementation. Forus argues that healthcare should shift from a cure-centric to a prevention-centric strategy. As a result, they are focusing on the advancement of technology for early screening. 3nethra is a portable, low-cost, non-mydratic, non-invasive ophthalmology pre-screening device that can identify a wide range of abnormalities, can be deployed in remote places, and is controlled by technicians with little training.
- **IGEHR:** The Rajiv Gandhi Charitable Trust (RGCT) established the Indira Gandhi Eye Hospital and Research Centre (IGEHR) in Uttar Pradesh to minimise preventable blindness and bridge the demand-supply gap for affordable high-quality eye care, particularly in northern India. RGCT began by collaborating with AECS to develop IGEHR systems. The IGEHR is now led by a team of highly competent and dedicated medical, paramedical, and administrative staff. Thanks to cross-subsidization from paying patients and donor contributions, its hub-and-spoke approach makes efficient use of resources while offering quality eye care to the underprivileged.
- **Glocal:** Currently, 50 basic and secondary care facilities are being built in Uttar Pradesh, Bihar, Chhattisgarh, Odisha, West Bengal, and Jharkhand. Within a 15-kilometer radius, each hospital will serve a sub-district with a population of around 5 lakh people. The organization's goal is to become India's largest rural healthcare provider, with 2,000 institutions distributed across the country.¹¹ Glocal's protocol-driven cost-efficient and high-volume delivery approach is supported by information and communication technology (ICT) and aims to reduce costs to almost one-third of current norms.
- **The Eye-Q:** The hospital network is committed to provide high-quality eye care at a reasonable cost throughout India. Dr. Ajay Sharma, the founder and CEO, leads an ISO 9001-2015 accredited organisation. Eye-Q, which was formed in 2007, has grown into a 44-hospital chain with facilities across Delhi-NCR, Haryana, Uttar Pradesh, Uttarakhand, and Gujarat. It recently expanded its services in Maharashtra and will soon launch operations in Africa, with a base in Lagos, Nigeria.
- **GV Meditech Ltd.:** Has a network of secondary level hospitals spread over Uttar Pradesh, Western Bihar, parts of Jharkhand, and Nepal. The Apollo Clinic, GV Meditech Hospital, and Surya Meditech Hospital are all operated by GV Meditech. The Apollo Clinic Varanasi offers a wide range of world-class healthcare services under one roof, including specialist consultations, diagnostics, preventive health checks, a dental clinic, IVF, and an Apollo pharmacy. The G. V. Meditech Hospital was designed primarily to treat trauma patients.
- **Sevamob-24x7 Healthcare:** Sevamob is revolutionising on-the-ground basic healthcare provision in remote areas of North India through mobile clinics, doctors at the door, and unsurpassed service for as little as Rs. 100 per subscription. Shelley Saxena, Founder and CEO of Sevamob, discusses the company's subscription-based basic health care and financial assistance initiative for low-income residents in Lucknow. In Lucknow, Uttar Pradesh, Sevamob provides primary healthcare and insurance to low-income residents.
- **Caring Souls Foundation (CASOF):** Is a registered NGO (Under the Societies Registration Act, 1860) with a presence throughout India. The organisation is

committed to HIV/AIDS and CANCER prevention, as well as patient care. CASOF stands for dedication, shared ideals, common goals, and concern for the entire team. The central office in Lucknow, Uttar Pradesh, oversees three branch offices and 88 counselling and information centres spread throughout 18 states. By teaching and assisting the operational teams, the parent office aids them in their goal to benefit people. The goal of the Caring Souls Foundation (CASOF) is to prevent and help cancer and HIV/AIDS patients through education, communication, research, and collaboration in order to establish long-term financial assistance for patients.

- **SEEDS (Sustainable Environment and Ecological Development Society):** SEEDS is a prominent humanitarian organisation that was just awarded the most prestigious annual Subhash Chandra Bose Aapda Prabandhan Puraskar 2021 by the Government of India for its enormous contribution and selfless service in the field of Disaster Management. It is currently focusing on the continuing Covid-19 challenge.

2.4 Some Social entrepreneurs working in healthcare sector in India

Ashoka Fellows are the world's most successful social entrepreneurs. They push for innovative new ideas that transform society's institutions, benefiting everyone and improving the lives of millions of people. Ashoka Fellows create new roadmaps that allow individuals to live in this new climate by providing solutions and demonstrating how to implement the plan on ground. They are the ideal role models in today's society.

Andrew Cross has been an Ashoka fellow since 2019 and works in the healthcare industry in India. In 2015, he formed Everwell Health Solutions, a social organisation founded by Microsoft Research India to support public health efforts. Our key beliefs are impact at scale, user dedication, data-driven strategy, sustainability, excellence in commitments, and excellence in our goods.

Since 2018, Prasanna Shirol has been an Ashoka fellow. Prasanna is building an ecosystem under the aegis of the Rare Disease Organisation to address the immediate and unmet needs of patients and families living with rare diseases. He is providing the social, physical, and policy infrastructure required to diagnose and treat patients by establishing a coherent coalition of partners from the public, private, and citizen sectors. Prasanna's Organisation for Rare Diseases India (ORDI) is catalysing the collective power of patient and carer communities to advocate for, and then create, support systems to first identify the issue as one of national importance, and then empower these patients and families with the resources they need.

Sujay Santra has been an Ashoka fellow since 2015. He established iKure Techsoft. Recognising that there will never be enough doctors in India to treat each patient individually, Sujay is shifting the healthcare system from an individualised curative model to a community-based preventative healthcare system in order to assure communities' entire well-being. He achieves this through the use of information and communication technology (ICT) for low-cost diagnosis and data analysis of a community's health indicators, as well as the execution of community behaviour change projects in conjunction with academic institutions, local NGOs, and businesses.

Hilmi Quraishi has been an Ashoka fellow since 2008. He informed ZMQ that the use of mobile gaming for both education and entertainment is a fresh concept in India. Hilmi Quraishi uses mobile phone technology to disseminate important public health information. He anticipates employing future technology tools such as cell phones, computers, and the internet to address many health and other critical social issues by providing useful knowledge commodities in the form of games.

Eldred Tellis has been an Ashoka fellow since 2008. Mr. Tellis develops long-term interventions for the Mumbai drug user population. His programmes increase healthcare and treatment facilities, provide counselling and rehabilitation assistance, and provide opportunity for users to earn a living.

Since 2004, Subroto Das has been an Ashoka fellow. Dr. Subroto Das, a Padma Shri recipient for his work on highway trauma care, co-founded Lifeline Foundation with his wife, Sushmita (After surviving a life-threatening accident on one of India's busiest highways in August 1999), with the goal of reducing the 100,000+ annual highway deaths in India. The Highway Rescue Project, the first ever Highway Emergency Medical Services (EMS) to be given over an entire state, commenced in 2002, for which he garnered international recognition. The Lifeline Foundation has rescued hundreds of injured highway accident victims on National Highways throughout numerous states since 2002.

3. Methodology of the study

We employed descriptive research methodology in this study. For our investigation, we used secondary data that is relevant to the current research. The study's data and information are derived from a variety of secondary sources. The following are the sources from which the data for this study was gathered.

1. A survey on Household Social Consumption conducted by National Statistical Office (NSO), Ministry of Statistics and Programme Implementation Education as part of 75th round of National Sample Survey (NSS).
2. Reports of various industrial agencies like CII, ASSOCHAM, FICCI etc. has been duly referred for the study.
3. Publication of findings from various government entities at the federal and state levels
4. Research publications on related issues were used as inputs.
5. For the information, web resources connected to the topic were employed.
6. Websites and published materials of social enterprises operating in India and around the world.
7. Throughout the investigation, all additional published literature on social entrepreneurship or entrepreneurship was referenced to.

4. Findings and analysis

4.1 Number of social entrepreneurs who are working in healthcare sector

From the detailed analysis of the secondary data that was used for study we found the though there are no exact numbers available of social enterprises who are working in healthcare sector but it is very clear there are number of social entrepreneurs are actively involved in the providing the healthcare services in India in almost all the states of the

country. Many social enterprises and their work have been illustrated in the above sections. The Figure 1 shows the

social enterprises in terms of number of years they are into their work of operation as per ADB report.

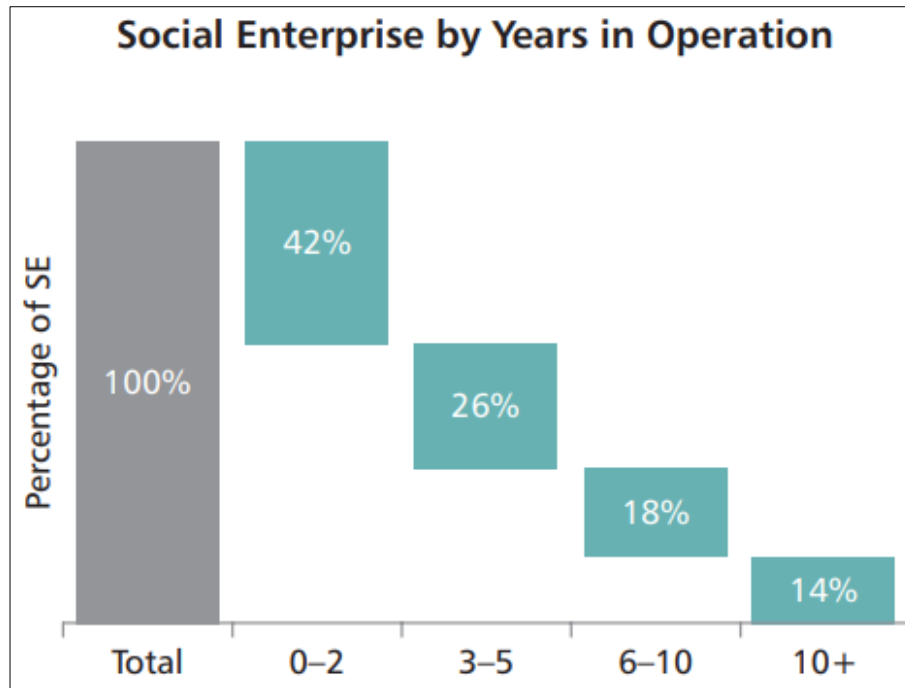


Fig 1: Social enterprise by year in operation

HSEs have the ability to improve the lives of India's disadvantaged population by leveraging the country's extraordinary economic narrative. India's fast expanding economy has failed to eliminate extreme poverty, which affects over half of the country's population. Inadequate infrastructure, uncertain governmental delivery of cheap education and health services, and resource constraints are all contributing factors to this scenario. HSEs are tackling India's massive development requirements in a sustainable manner by utilising new business strategies and viable income methods. More and more impact investors are joining India's social enterprise area, looking to help enterprises achieve triple bottom line returns—profits (Or, at the very least, financial sustainability), social and environmental impact.

4.2 Key work areas in which social entrepreneurs are working in healthcare sector

After researching different HSEs operating in India using secondary sources, we conclude that the healthcare social enterprises' areas of focus include AIDS, tuberculosis, malaria, and neglected tropical diseases, as well as combating hepatitis, water-borne diseases, and other communicable diseases. Services for sexual and reproductive health care, family planning, information and education, and the incorporation of reproductive health into

national strategies and programmes, among other things. This means that HSEs are operating in practically all of the important areas for which targets have been set under UNSDG 2030 in India's healthcare sector.

4.3 Contribution of the healthcare social enterprise in supplementing the efforts of Government of India to meet the UNSDG 2030 goal

As per report of 75th round of National Sample Survey (NSS) there are 7 broad categories of ailments for which health care providers provide their service namely: (i) infections (Including fevers, jaundice, diarrhoea/dysentery), (ii) endocrine or metabolic (Including diabetes and thyroid diseases), (iii) cardio-vascular (Including hypertension and heart disease) (iv) respiratory, (v) musculo-skeletal (Including joint pain, back & body aches), (vi) psychiatric or neurological, and (vii) other ailments. As per the report contribution of social enterprises is meagre 0.9% in rural India and slightly above 1% in urban area. Even the informal healthcare providers have greater contribution in treating the ailments. In-patient hospitalization (excluding childbirth) is case of Charitable/trust/NGO-run hospitals accounted for 2.7% (2.4% in rural areas, 3.3% in urban areas). From the NITI Ayog in their report SDG India-Index and Dashboard 2019-20 a comparative chart has been drawn in Table 1.

Table 1: NITI Ayog in their report SDG India-Index and Dashboard 2019-20 a comparative chart has been drawn

SDG Goals	Indian Index	UN Target
Maternal Mortality Ratio (Per 100000 persons)	122	70
Natality Rate for Children aged under 5 yrs. (per 1000 live births)	50	25
Immunization cover among children aged between 0-5 yrs.	59.20%	100%
Use of Modern methods for Family Planning among married women aged 15-49yrs	47.80%	100%
Deliveries in Qualified Institutions	54.70%	100%
Number of HIV cases per 1000 uninfected persons	0.07	0
Number of Tuberculosis cases per 100000 persons	160	0

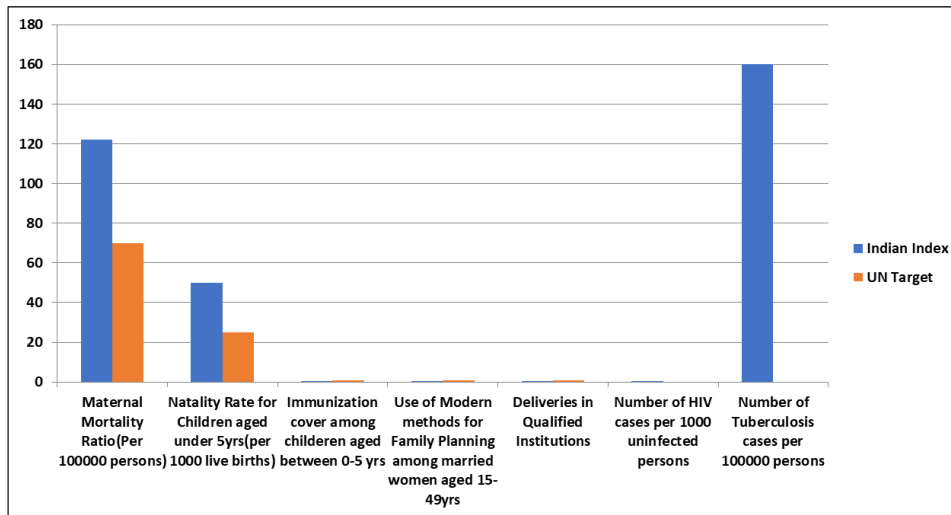


Fig 2: Show the Indian index and UN target

Social enterprises are making contribution in meeting the goals of UNSDG 2030 but percentage wise their contribution still very less. In country like India where resources are severely constrained social enterprises can greatly supplement the work and efforts of government agencies to meet the SDG goals.

5. Implications of the Study

5.1 Theoretical implications

There are many theoretical implications of this study. Researching the role of HSEs in health-related SDGs in India advances scholarly understanding of social innovation and sustainable development. It explains how social entrepreneurs navigate complex healthcare systems, interact with stakeholders, and develop new solutions. The study can serve to improve existing ideas and frameworks in the fields of social entrepreneurship, social innovation, and sustainable development. It has the potential to contribute to the developing field of social entrepreneurship research by increasing understanding of the role of social entrepreneurs in tackling important health issues. The findings may also contribute to the creation of new theoretical perspectives on the relationship between social entrepreneurship, health systems, and the accomplishment of the SDGs, thus enhancing the broader debate on sustainable development.

5.1 Practical implications

Understanding the role of social entrepreneurship in addressing the SDGs connected to health in India can have a big real-world impact. Individuals or organisations who pursue innovative and sustainable solutions to social and environmental concerns are referred to as social entrepreneurs. Policymakers, practitioners, and researchers can uncover effective solutions and best practises by examining their involvement in meeting health-related SDGs. This information can be used to build targeted actions and policies to improve healthcare access, quality, and affordability. It can also aid in the identification of successful healthcare delivery models, such as telemedicine, community health workers, or mobile clinics, which can be copied and scaled up across the country. Furthermore, the research can give insight on the challenges and enablers that social entrepreneurs confront in the healthcare industry, informing supporting ecosystems and funding mechanisms to help them succeed.

6. Conclusion

Based on the finding of our study we are able to shed some light on the three research questions that we have posited in the beginning of the paper. We conclude that there are good number of social entrepreneurs who are working in healthcare sector and every year their number is increasing. Healthcare Social Enterprises (HSEs) are active in many fields and areas of healthcare in India. They specialise on primary care, including preventive care, general consultations, and needed medications. HSEs also work in mother and child health, providing prenatal care, birthing preparation, and postnatal care. They meet rural healthcare needs through clinics, mobile healthcare units, and telemedicine services. HSEs use technology and digital solutions to manage chronic diseases, provide mental health assistance, and innovate healthcare. Furthermore, they place an emphasis on health education and awareness initiatives to promote preventive care and healthy lifestyles, which has a substantial impact on healthcare access and results in India. The study also confirms the role of HSEs in supplementing the government's efforts to accomplish UNSDG Goal 3. They go out to disadvantaged populations and provide affordable and accessible healthcare services, particularly in distant and marginalised locations where government resources are scarce. HSEs frequently bring innovation and technology to healthcare, improving efficiency and broadening service access. They supplement the government's efforts to ensure equal healthcare access and improved health outcomes by focusing on specific healthcare needs and vulnerable populations. HSEs also interact with government agencies, non-governmental organisations (NGOs), and other stakeholders to create synergies and leverage resources in order to achieve Goal 3 targets. As shown in the data above we clearly see that even though the government hospitals and care centers are overburdened but the role of social enterprises in healthcare sector is easily visible. Some significant conclusion that can be drawn from the above findings are as follows:

- The social enterprises in healthcare sector are active in all states.
- We see that the social enterprises are making active contribution pan India in meeting the targets of UNSDG 2030 in case of India.
- There is great scope of lessening the burden of government run hospitals by increasing the percentage contribution of social enterprises

- The average medical expenditure in case of social enterprises is less than private hospitals but more than the government hospitals.
- There are many active social enterprise working in India whose roles and impact is very significant as shown above. For example Arvind Eye care, Narayan Hridayalay, Glocal, IGEHRC etc.

7. Limitations and suggestion for further studies

Any study is not without limitations. One limitation with the study is that this study has used the secondary data for analyzing the role, impact and contribution of social enterprises in servicing the healthcare sector. In future research primary data from the actual beneficiaries or stake holders could be collected to study the actual impact that HSEs are making on the lives of people and health industry. Another major limitation with the study is that no published data available on the work of social enterprises in meeting the UNSDG 2030 targets from any government agency or from any reliable source working in healthcare sector. Therefore we had to rely on the data provided in the report published by National Statistical Office (NSO), Ministry of Statistics and Programme Implementation Education, Government of India. This limitation can be overcome only when some authentic latest government report is published citing the actual figures for social enterprises working in healthcare sector in India. This can be part of further study.

No comparative study of different states is done in this study. In future studies we can do performance comparative study of social enterprises for different states as well.

8. Disclosure statement

No potential conflict of interest was reported by the author (s).

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