**Summer Training**

**at**

**Impact Guru**

**(From 6th May to 2nd July)**

**A Report**

**by**

**Rashi Rana**

**(Roll No. – 1171)**

**MBA in Hospital & Health Management**

**2020-22**


**Indian Institute of Health Management Research**

**Jaipur**

**TO WHOMSOEVER IT MAY CONCERN**

**Date:2nd July 2021**

This is to certify that **Dr.Rashi Rana** has successfully completed her tenure as a Business Development Consultant from 6thMay 2021 to 2nd July 2021 at Impact Guru Technology Ventures Pvt. Ltd. her performance during the tenure was found to be good.

We wish her all the very best for her future endeavors.

Regards,

Sandeep Kumar Tripathy
(Senior VP Business Development)
Impact Guru Technology Ventures Pvt. Ltd

## ACKNOWLEDGEMENTS

On the road to success, there will be many obstacles and they may hinder progress, but if you keep practicing and keep moving forward there's no way that anything can stop you.

I would like to intend my profound and earnest gratitude to my faculty mentor **Dr. Deepti Sharma**, for granting me this opportunity to my analysis study and providing her inestimable supervision throughout this project. Her dynamics, view, motivation and sincerity have deeply influenced me.

I express my deepest gratitude to Mr. Avin Nair and Ms. Quba Ansari, my mentors at Impact Guru, for taking part in necessary decisions & giving me necessary guidance and advice which were extremely valuable. I choose this moment to acknowledge their contribution gratefully.

Lastly, I would like to pay my deep sense of gratitude to IIHMR University, Jaipur and its faculty members for imparting knowledge and values. The leadership imparted during module delivery by the faculty members has helped me sculpt the report to a great extent.

Rashi Rana

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**ABBREVIATIONS:**

| | |
|---|---|
| **MoHFW** | **Ministry of Health and Family Welfare** |
| **WHO** | **World Health Organization** |
| **BD** | **Business Development** |
| **SARS-CoV2** | **Severe Acute Respiratory Syndrome Coronavirus 2** |
| **MERS** | **Middle East Respiratory Syndrome** |
| **SC** | **Sub Centre** |
| **PHC** | **Primary Health Centre** |
| **CHC** | **Community Health Centre** |

## OBSERVATIONAL LEARNING

## IMPACT GURU (WORK FROM HOME OPPORTUNITY)

**Impact Guru** is a donation-based crowdfunding platform that allows universal crowdfunding for start-ups, individuals, social enterprises and NGOs. Impact Guru was launched by Maneka Gandhi, Union Cabinet Minister, Women & Child Development, Government of India, in September 2015.

Impact Guru offers a more benevolent elucidation to those struggling with critical ailments and to entrust individuals from around the globe to help those in need through online crowdfunding.

Till now, Impact Guru has raised 15,000+ crores from 10,00,000 donors from over 165 countries.

Formerly an approach popular in the west, crowdfunding is becoming a progressively desired choice in India for boosting funds for professional, medical, personal and creative causes/projects.

**Specific Objectives:**

(a). To make healthcare nominal to save lives today, while securing families for a better tomorrow.

(b). Commitment to engage the community towards a common goal of saving lives.

**Department-wise observations:**

**Business Development Intern:** As a BD intern at the firm, I observed the following things:

- Strategic analysis and marketing skills are a must.
- Negotiation skills should be on point.
- Competitive landscape of the crowdfunding business is growing very fast.
- Main focus was on generating leads, marketing and evaluating partnership opportunities.
- Business development helps in carving better leadership roles.

**General findings on learning:** As a BD intern at the firm, I learned the following things:

- Professional Communication: I learned about talking professionally through my mentors.
- Work Ethics: As an intern, working ethically is very important, I learned about what to do and what not to do, through my mentor who conducted meets from time to time to guide me and my colleagues.
- Networking: Learnt how to widen my professional network.

- Constructive Criticism: Through performance evaluation from time to time, learnt a lot about my mistakes and also to take constructive criticism in a positive way.

**Impact Guru and its top competitors:**

| S. No. | Organization | CEO | Funding | Revenue |
|---|---|---|---|---|
| **1.** | Impact Guru | Piyush Jain | $4.3M | $4M |
| **2.** | Ketto | Varun Sheth | $822.7K | $4M |
| **3.** | Milaap | Mayukh Chaudhary | $1.3M | $9.3M |

**A Report**

**On**

**Reluctancy amongst the people of Delhi (North-East region) against the Covid-19 Vaccine**

**by**

**Rashi Rana**

**(Roll No. – 1171)**

**Guided by**

**Dr. Deepti Sharma**

**MBA Hospital & Health Management**

**2020-22**


**Indian Institute of Health Management Research**

**Jaipur**

**Introduction:**

Coronavirus (COVID-19) is a life-threatening infection caused by a freshly detected coronavirus. **SARS-CoV-2** is the virus that causes Covid-19. India has the highest number of confirmed cases in Asia at the moment. India has the second-highest number of confirmed Covid-19 cases in the world, with 29.3 million recorded cases and the third-highest number of COVID-19 deaths, with 367,081 deaths as of June 12, 2021.

The **2nd wave,** which hit in the month of March and April, wreaked havoc on the healthcare system, leaving it scrambling, seeking to endure deficit of oxygen and important drugs in short quantity. A 2nd wave originating in **March 2021** was much enormous than the 1st, with scarcity of oxygen supply, medicines, vaccines and hospital beds in many parts of the country. India reported over 40,000 fresh cases in a 24-hour span and became the first country to report so many cases on **30 April 2021**. Many health professionals conclude that the cases are still underreported and there can be various reasons for it.

**Vaccination:** On 16 January 2021, India launched the world's biggest vaccination campaign, trying to vaccinate a very large population against Covid-19. The first preference was given to the frontline and healthcare workers, followed by the people which are above the age of 60 years and then the people which are above the age of 45 years with co-morbidities from 1 March onwards. By expanding vaccine storage facilities and building the Co-WIN website and mobile application for registration, the MoHFW has attempted to ensure that all operational procedures are in place. The demand-side issues, such as vaccine aversion, were not taken into account.

**Vaccine Reluctancy:** Vaccine reluctancy, as described by WHO, is a delay in accepting or refusing of vaccines despite the availability of vaccination services. It plays a significant part in creating a barrier in accomplishing flawless vaccination coverage amid the individuals all over the world (Larson et al. 2018).

Vaccine reluctancy among healthcare personnel in Tamil Nadu and Punjab was mentioned in the media reports during the first few weeks of vaccine distribution. Certain regional and state-level polls have now authenticated untrustworthiness of these findings (Jayadevan et al. 2021).

In this study, a survey was conducted, exploring the direction in vaccine reluctancy, the reason behind it, and its corporation with authentic Covid-19 vaccination coverage in India.

**Methods and Materials:**

This was a descriptive, cross-sectional type of study carried out as a survey amongst the people of Delhi in the north-east region.

An online Google form was developed along with the consent note for voluntary participation, the questionnaire was forwarded through the means of Email, WhatsApp and other social media platforms.

The study began on June 19,2021 and the responses were collected till June 28, 2021. The questionnaire had three sections, in the first section, the participants were asked to fill their sociodemographic details like age, gender, religion, marital status, education, occupation, the names of the participants were excluded in order to maintain anonymity and after giving their consent to proceed with the survey, the participants were directed to the second section of the survey.

The second section consisted of 2 questions which were aimed to access the medical history of the participants if any, by asking them about if they have any medical illness and if yes, what medical illness are they having. This section was aimed to know about the comorbidities of the participants which is probably one of the reasons to have vaccine reluctancy.

The third and last section had 4 questions, which were aimed to know the approval of the vaccine and the origin of information for the vaccine. This section also included the doubts which the participants have about the Covid-19 and its vaccine.

**Study Question:**

What are reasons/doubts of people of Delhi (Noth-East region) which are leading to the Covid-19 vaccine reluctancy?

**Broad Objective:**

To examine the reason of reluctancy amongst the people of Delhi (North-East region) regarding the Covid-19 vaccine.

**Specific Objectives:**

- To access the perception of people about the vaccination process.
- To approach the people about the doubts they are having regarding the Covid-19 vaccine.

**Outcomes:**

The study was conducted through an online survey, which was aimed to know the doubts of people about the Covid-19 vaccine which is leading to the vaccine reluctancy. An overall of 266 responses were collected and all respondents were above the age of 18. All the 266 respondents agreed to take part in the survey. The maximum respondents were from the 40-49 age group.

Among the respondents, 54% were accounted to be male and 45.7% accounted to be female. Majority of the respondents i.e., 78.9% were Hindu, 6.5% were Muslim others belonged to different religions.

These sociodemographic details were part of section 1 of the questionnaire:

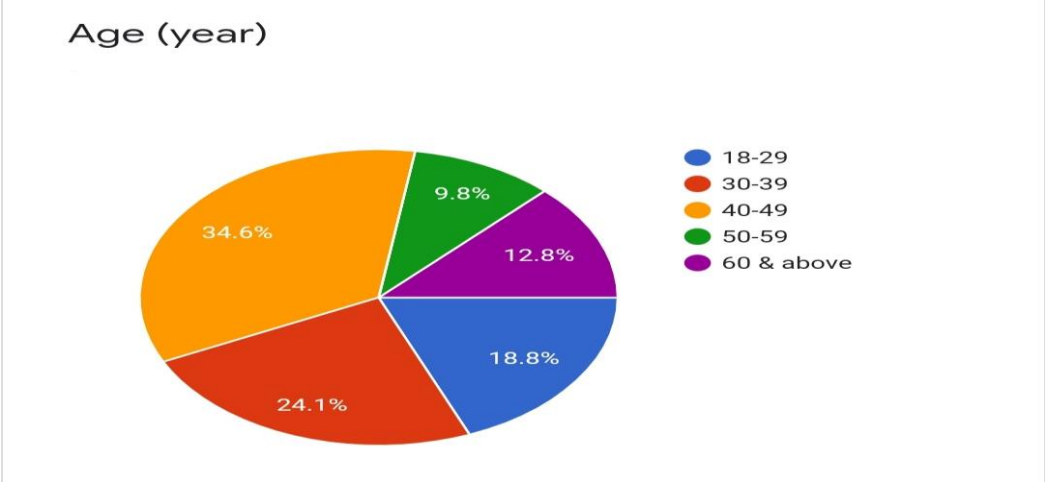


Fig. 1: Age range of the participants

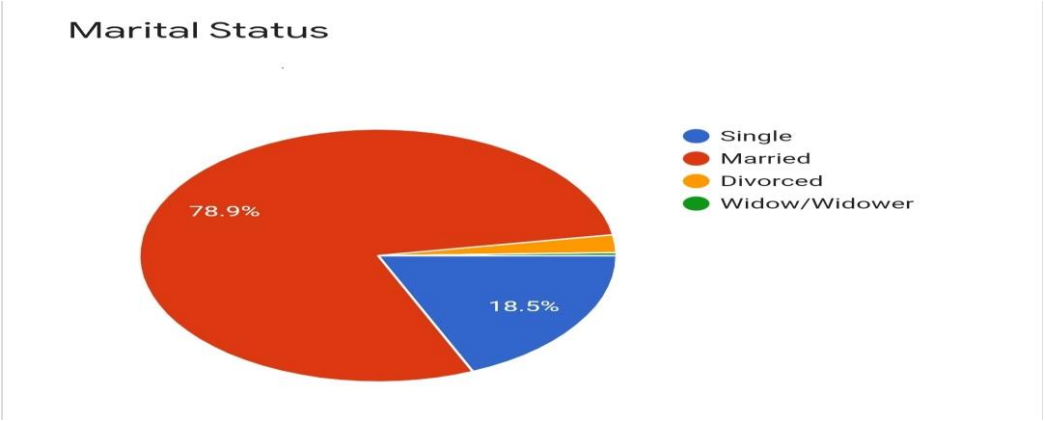


Fig. 2: Marital status of the participants

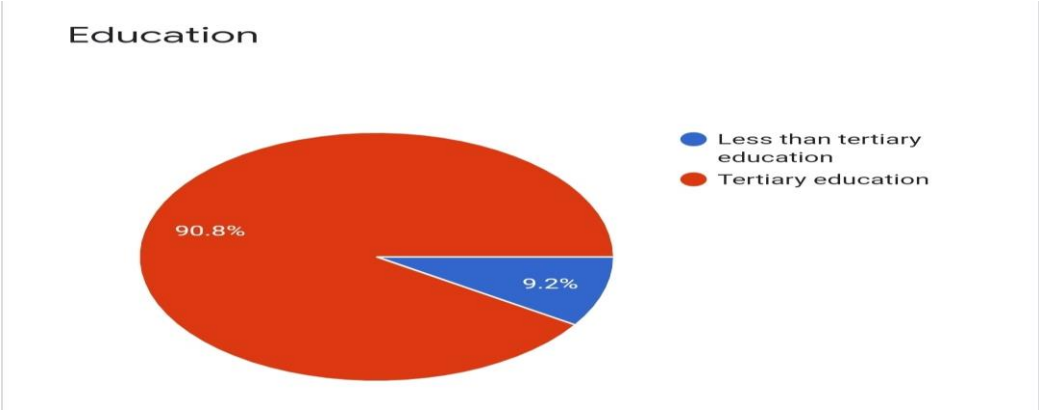


Fig. 3: Education status of the participants

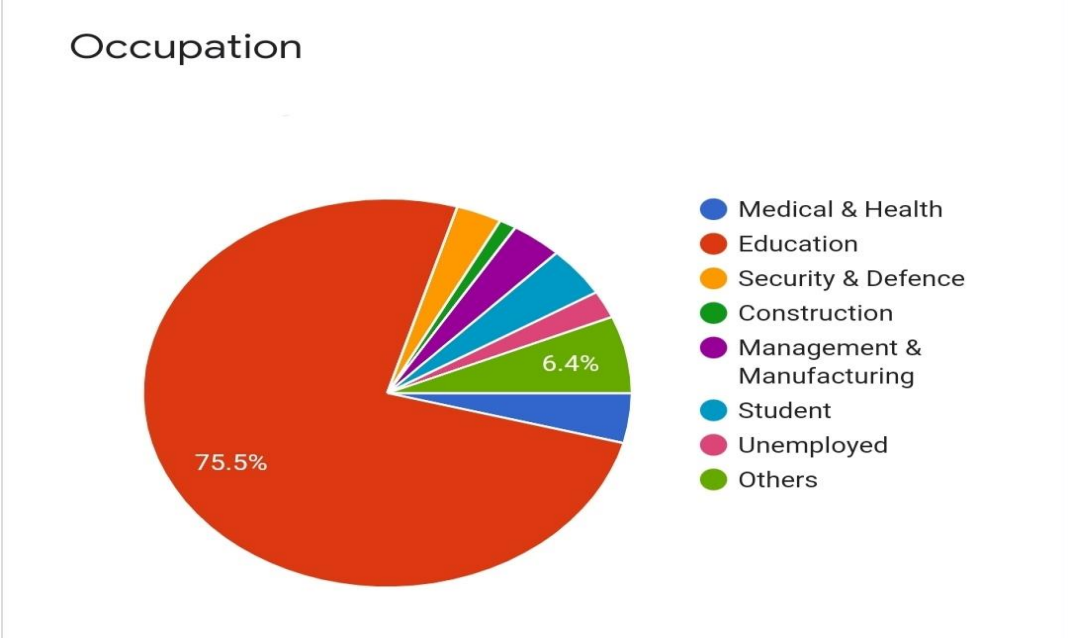


Fig. 4: Occupation of the participants

Section 2: Accessing the medical illness of the participants:

Out of 266 respondents, 26.3% of the participants did not have any medical illness while 69.9% accounted to have one or more than one medical illnesses (co-morbidities). Most common illness amongst the participants was found to be hypertension i.e., 32.7% and majority opted for others i.e., 39.3%.

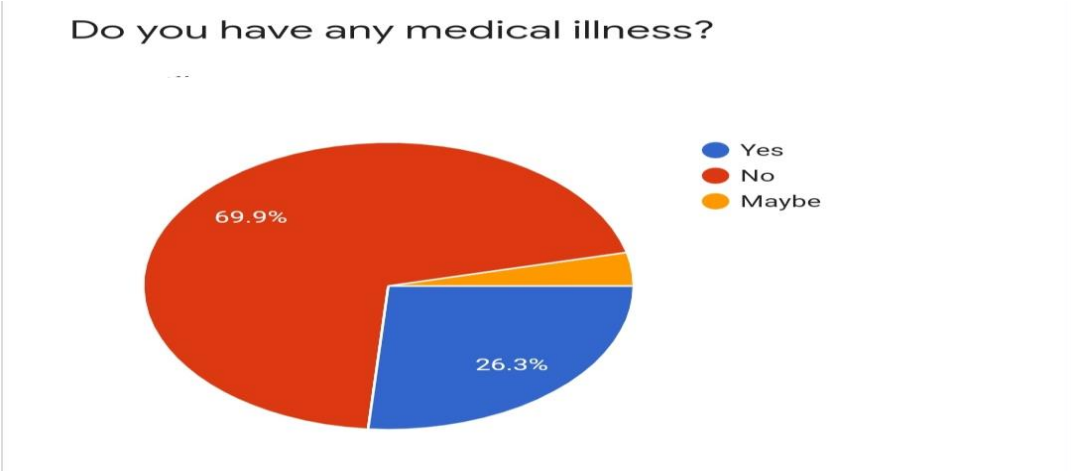


Fig. 5: Responses of the participants regarding have medical illness

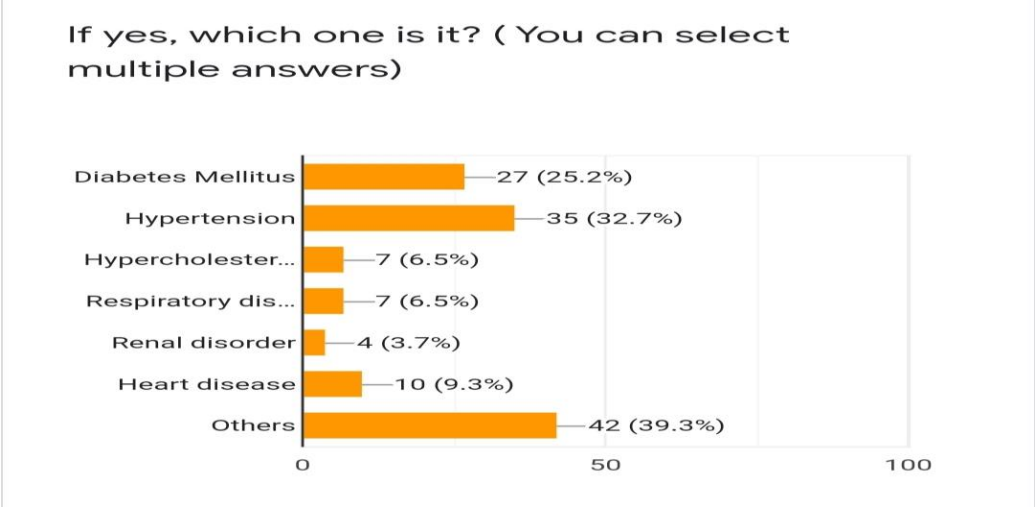


Fig. 6: Responses of the participants about what kind of medical illness the participants have

Section 3: Accessing the doubts of the participants regarding the Covid-19 vaccine:

Respondents were asked if they accept the Covid-19 vaccine or not, out of 266 participants 92.9% of the participants chose yes and 7.1% chose no. When asked about the sources of information regarding the Covid-19 vaccine, 63.6% of the respondents got the information from social media, 51.1% from mass media. On asking about what doubts the participants are having about the vaccine, majority of the participants i.e., 44% were worried about the side effects, while 43.6% were having trouble about the information about the vaccine. Participants were asked that which vaccine will they choose if they decided to take the vaccine, 62.8% chose Covishield, 28.9% chose Covaxin, while 8.3% chose others.

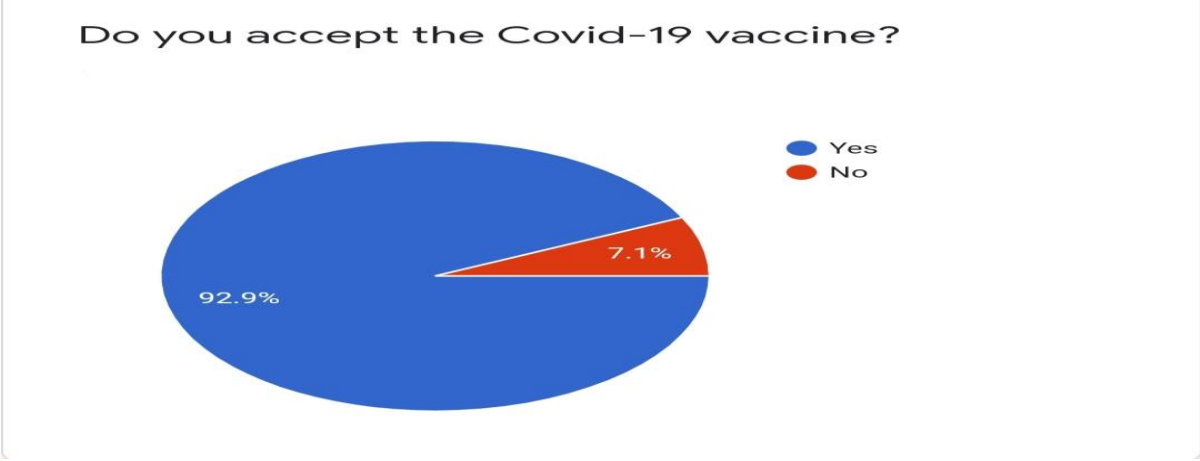


Fig. 7: Responses of the participants regarding the acceptance of the vaccine

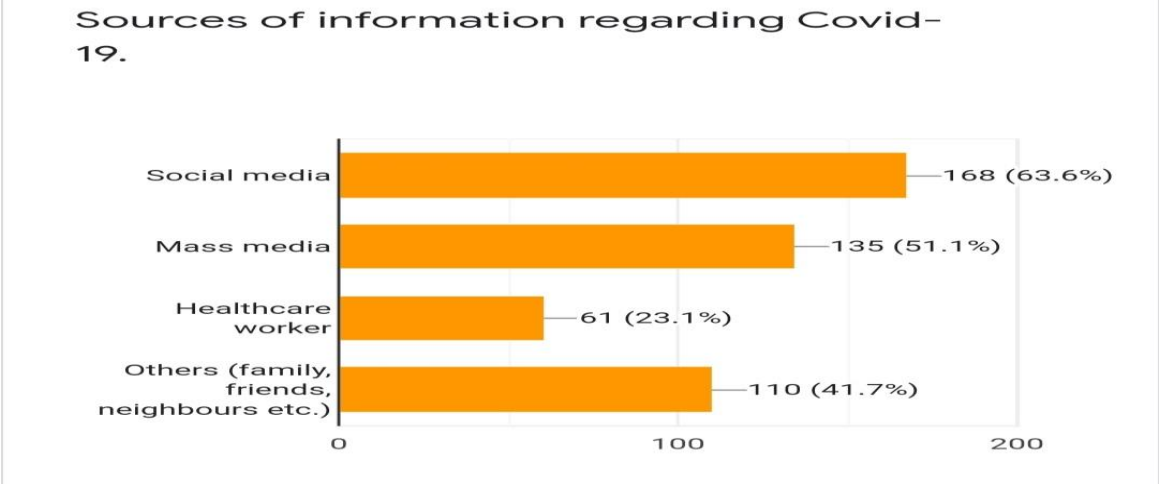


Fig. 8: Responses of the participants regarding the source of information about the vaccine

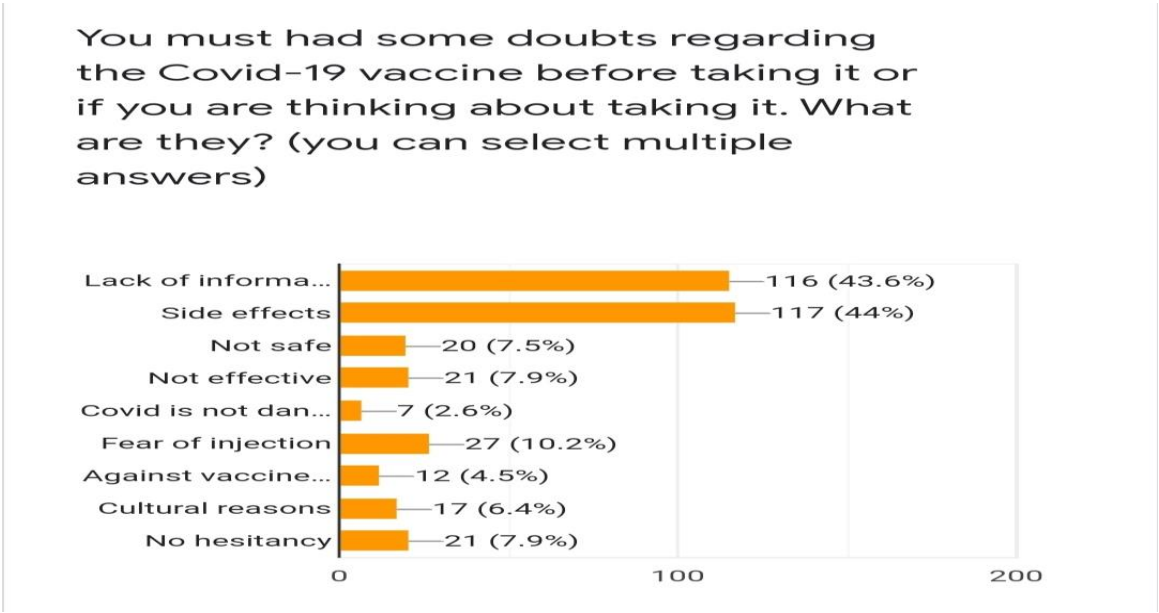


Fig. 9: Doubts of the participants about the vaccine

**Discussion:**

Covid-19 has caused panic and terrorizing condition all over the globe, we have faced pandemics and endemics before like MERS, SARS, cholera, the Spanish flu but Covid-19 is on another level altogether. The 2$^{nd}$ wave of Covid in India in the month March & April has caused anxiety, panic and confusion among the general public and most affected are the healthcare and frontline workers. Vaccination has played a huge role to help tackle the pandemic and is still going on but vaccine reluctancy can see among the people. Hence, this

study attempted to study the perception of people with reference to the Covid-19 vaccine in the North-East region of Delhi.

For this study, race, connubial status, age, occupation and medical condition significantly influenced vaccine acceptance. Further analysis determined important predictors for the vaccine reluctancy, including age and religion. Respondents aged 60 & above were found to have more fear towards the vaccine. This study has not considered factors that influenced acceptance of Covid-19 vaccine, it is considered that the explainations for possible acceptance were the availability of the vaccine, and if it is approved by the government and assurance in the safety & development of the vaccine.

WHO labelled vaccine reluctancy as one of the top ten global health hazards in 2019. The refusal and reluctance of the vaccine for Covid-19 is a universal obstacle. The prominent reason for reluctancy was found to be the doubt of the side effects (44%), lack of information (43.6%) and vaccine safety (7.5%), these were found to be important worries among the participants. This discovery is akin to the studies regulated in other nations that determined doubts about possible side effects, safety of the vaccine and its effectiveness.

**Limitations:**

The sampling method used for the survey is convenience sampling, the participants were from a single geographical area, hence the results cannot be generalized to the whole population. Collection of data occured online, hence it may have not reached the susceptible groups, including the illiterate people & the ones whose socioeconomic status is low.

**Conclusion:**

The pandemic and especially the second wave of Covid-19 has created a lot of fear and anxiety among the people of India. Vaccination can help to control the high count of cases and help prevent the spread of the disease. The Indian government has taken all the necessary steps to vaccinate the whole country, which started in phases and the process is still going on. It is a very difficult task to vaccinate a country of 1.3 billion people. India saw a shortage of vaccines in different states during the month of March, but the pharma firms like Bharat Biotech and Serum Institute have ramped up the manufacturing of the vaccines.

Vaccine reluctancy among the people has caused a road-block in the vaccination process but the acceptance rate is also good. The rural area of India has highest vaccine reluctancy, so SCs, PHCs and CHCs must educate the people about the safety of the vaccine to the people. In making the nationwide Covid-19 vaccination programme a success, the central and state governments and the researchers must persue to investigate why people are hesitant to take the vaccine and must educate the people if they are having any concerns.

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**Annexure:**

- https://docs.google.com/forms/d/1lzpfiliLVKJvoXrAoyqj20x6YebbEGCxTaZWJ2eGFQM/edit?chromeless=1