

A STUDY TO ASSESS THE REVERSE MIGRATION AND INFRASTRUCTURE OF GRAM PANCHAYATS OF HARYANA DURING CORONA CRISIS.

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INTRODUCTION

- COVID-19, pandemic is affecting many countries globally
- The spread of virus is in more than 190 countries affecting 15.5 million people and more than 633 thousand have lost their lives
- Lockdown has caused major havoc in the economic sector, India being the worst hit ranks 49 in the Poverty Index
- Employment is affected very badly in India, migrants from villages and small towns across India lost their jobs
- This has triggered a massive forced reverse migration of migrants across India from the urban to rural area that will have a significant impact on the demography, employment, quarantine, health facilities and economy of rural India
- The current study offers an insights into the reverse migration and infrastructure of Haryana Gram Panchayats during corona crisis

OBJECTIVE



To assess the increase
in the population of
villages of Haryana

- **Due to reverse migration**



To assess the
awareness about

- **Employment schemes**
- **Self-employment**
- **Secondary employment opportunities**



To assess the
availability and
functioning of

- **Quarantine facilities**
- **Health monitoring committee**

METHODOLOGY



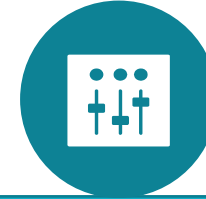
SETTING OF THE STUDY

- ❖ One Gram Panchayat of each block of 19 districts of Haryana that constitutes 90 Gram Panchayats.



PARTICIPANTS

- ❖ Sarpanch or husbands of sarpanch of gram panchayats of Haryana



SAMPLE

- ❖ Sample size - 90 Sarpanch
- ❖ Sampling technique- Clustered random
- ❖ Inclusion criteria - Sarpanch who were willing to participate and present during the Telephonic survey.
- ❖ Exclusion criteria-People other than Sarpanch, not willing and refused to take survey.

METHODOLOGY



STYDY DESIGN

- ❖ **Descriptive (cross-sectional) study design**



DATA COLLECTION AND STATISTICAL METHODS

- ❖ **Structured questionnaire through telephonic survey**
- ❖ **Descriptive and inferential statistical methods.**



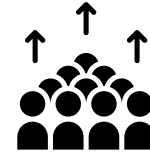
VARIABLES

- ❖ **Dependent variable- Knowledge, awareness of employment schemes, health, reverse migration.**
- ❖ **Extraneous variable- Socio-demographic data of different gram panchayats.**

RESULTS

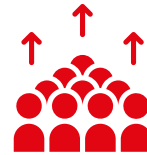
1.Comparison of increase in population due to Reverse migration in 19 districts of Haryana using heat map

DISTRICT	TOTAL POPULATION	POPULATION RETURNED BACK	AVERAGE INCREASE IN POPULATION	
ROHTAK	22200	713	3.112	RED
SIRSA	23650	720	2.954	RED
JHAJJAR	18500	508	2.673	RED
REWARI	11900	230	1.896	RED
MAHENDRAGARH	27035	417	1.519	YELLOW
KARNAL	26300	160	0.605	GREEN
JIND	26200	157	0.596	GREEN
BHIWANI	25200	150	0.592	GREEN
FATEHABAD	10140	50	0.491	GREEN
PANIPAT	28900	120	0.414	GREEN
PANCHKULA	6000	20	0.332	GREEN
KAITHAL	18155	59	0.324	GREEN
YAMUNANAGAR	1550	5	0.322	GREEN
HISAR	24650	76	0.307	GREEN
PALWAL	13000	24	0.184	GREEN
SONIPAT	14150	20	0.141	GREEN
KURUKSHETRA	2925	2	0.068	GREEN
FARIDABAD	14392	0	0	GREEN
GURUGRAM	22970	0	0	GREEN

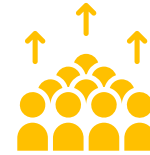


Average increase in the percentage of the population in 19 districts of Haryana is

0.87%.



Average increase in the % population between 0.87-1.74 is the red region (highest reverse migration)



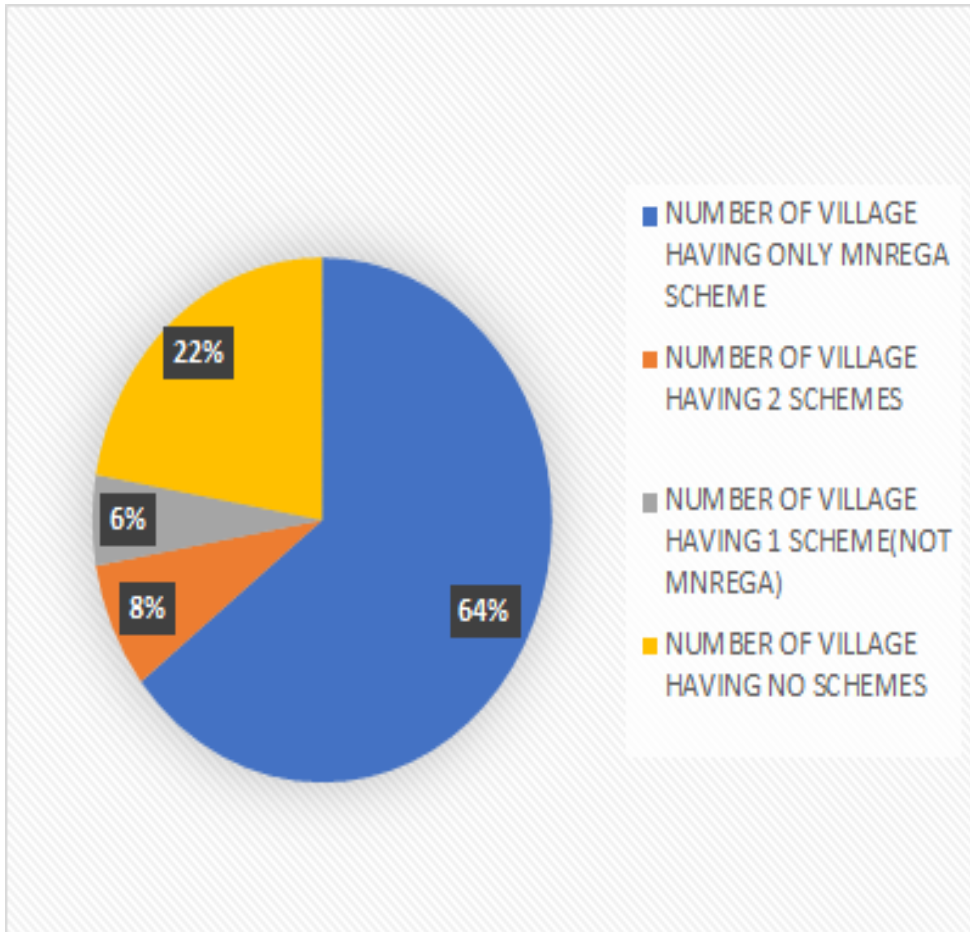
Average increase in the percentage of the population between 0.87-1.74 is the yellow region (moderate reverse migration)



Average increase in the percentage of the population between 0-0.87 is a green region (lowest reverse migration)

2. Prevalence of employment schemes in Haryana

2.1 Central/ State Government employment schemes



- Villages having MNREGA as the only employment scheme **64%**
- Villages having 2 schemes **8%**
- Villages having one scheme other than MNREGA **6%**
- Village having no schemes **22%**

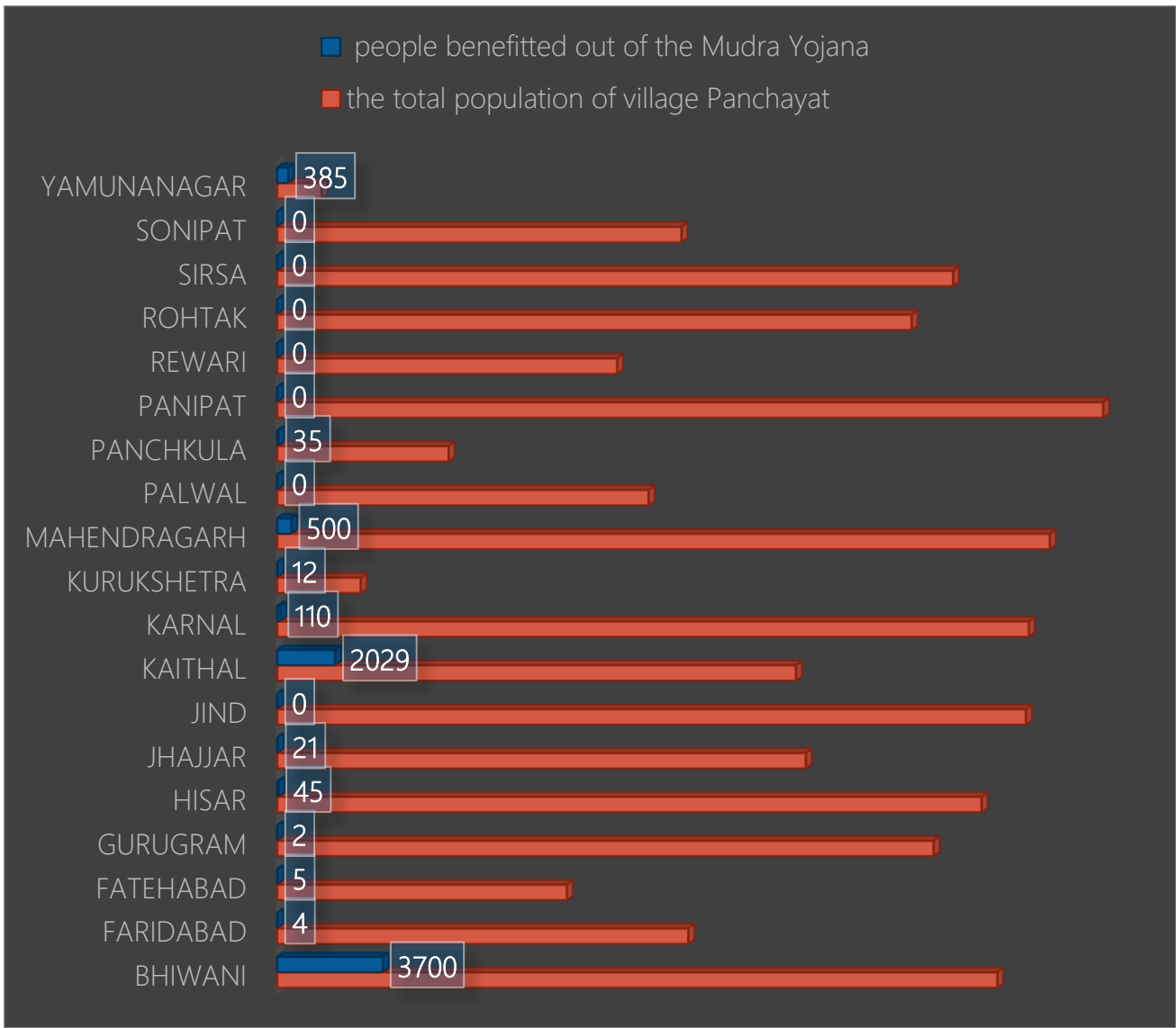
2.Prevalence of employment schemes in Haryana

2.2 Village level employment schemes

VILLAGE LEVEL EMPLOYMENT SCHEMES	
NUMBER OF VILLAGE HAVING VILLAGE LEVEL SCHEMES	12
PERCENTAGE OF VILLAGE HAVING VILLAGE LEVEL SCHEMES	13.33%

Out of 90 villages of Haryana only **13.33%** have village level schemes

3.Prevalence of self-employment opportunities(Mudra Yojana)

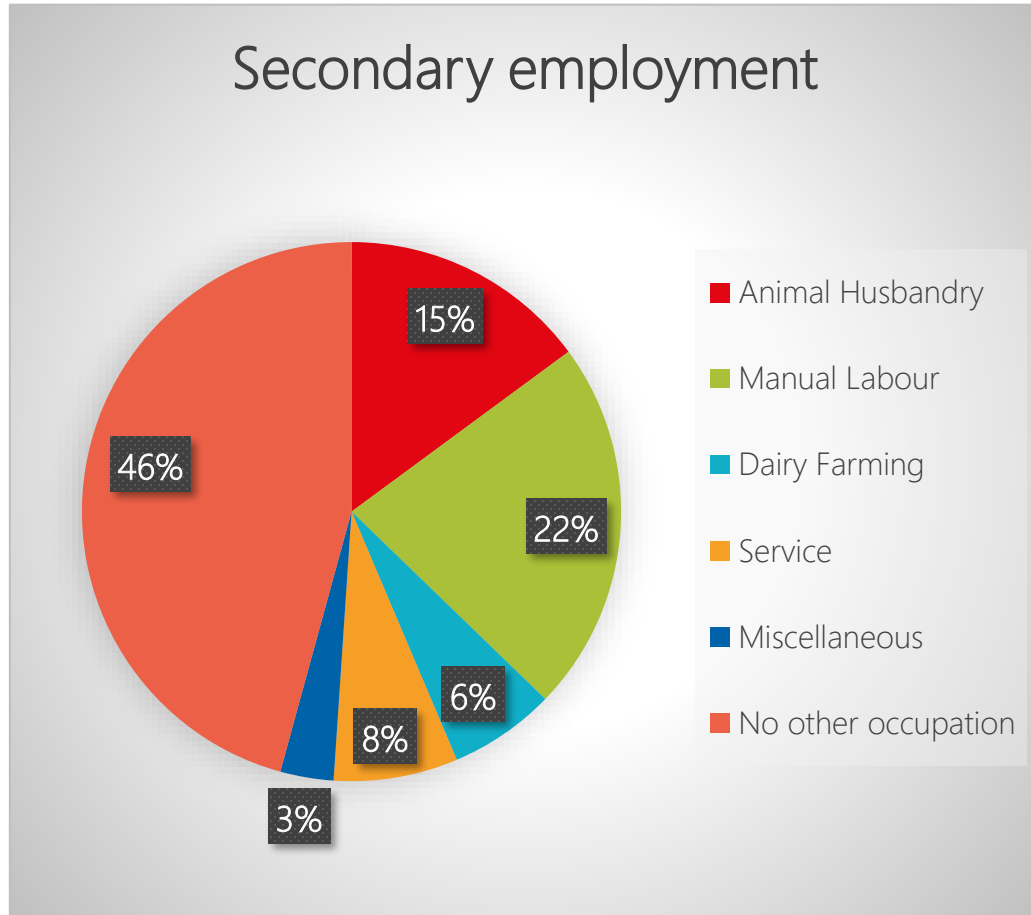


According to this bar graph, most people benefitted from Mudra Yojana are mainly in

BHIWANI
3700

KAITHAL
2029

4.Prevalence of Secondary employment opportunities



Manual labour is the most popular secondary employment opportunity in **22%** of the villages of Haryana.



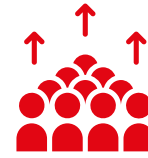
Animal husbandry being the second most common constitute **15** opportunities other than farm **%** of villages.



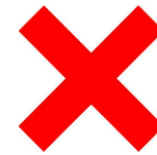
There are **no secondary employment** in **46%** villages.

4.Prevalence of Secondary employment opportunities

District	% Population Engaged in Non-Farming Occupation	No. of Non-farming occupations	% increase in population due to reverse migration
BHIWANI	3.75%	2.00	0.59%
FARIDABAD	#DIV/0!	1.00	0.00%
FATEHABAD	37.90%	1.00	0.49%
GURUGRAM	1.62%	3.00	0.00%
HISAR	0.02%	2.00	0.31%
JHAJJAR	0.00%	0.00	2.67%
JIND	16.31%	2.00	0.60%
KAITHAL	0.00%	0.00	0.32%
KARNAL	1.07%	3.00	0.61%
KURUKSHETRA	26.11%	3.00	0.07%
MAHENDRAGARH	35.13%	4.00	1.52%
PALWAL	0.00%	0.00	0.18%
PANCHKULA	#DIV/0!	1.00	0.33%
PANIPAT	5.00%	1.00	0.41%
REWARI	0.00%	0.00	1.90%
ROHTAK	8.02%	1.00	3.11%
SIRSA	4.71%	1.00	2.95%
SONIPAT	0.00%	2.00	0.14%
YAMUNANAGAR	0.00%	1.00	0.32%
Grand Total	#DIV/0!	28.00	0.87%

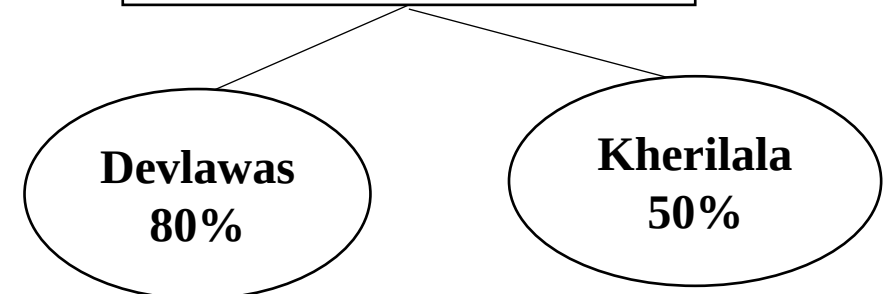


JHAJJAR and REWARI
Red region(highest reverse migration)
districts



The secondary employment opportunities in these
districts are **0.00%** to support the migrated
population as of now

FATEHABAD
Highest population in non
farming occupation



5. Status of the health monitoring committee



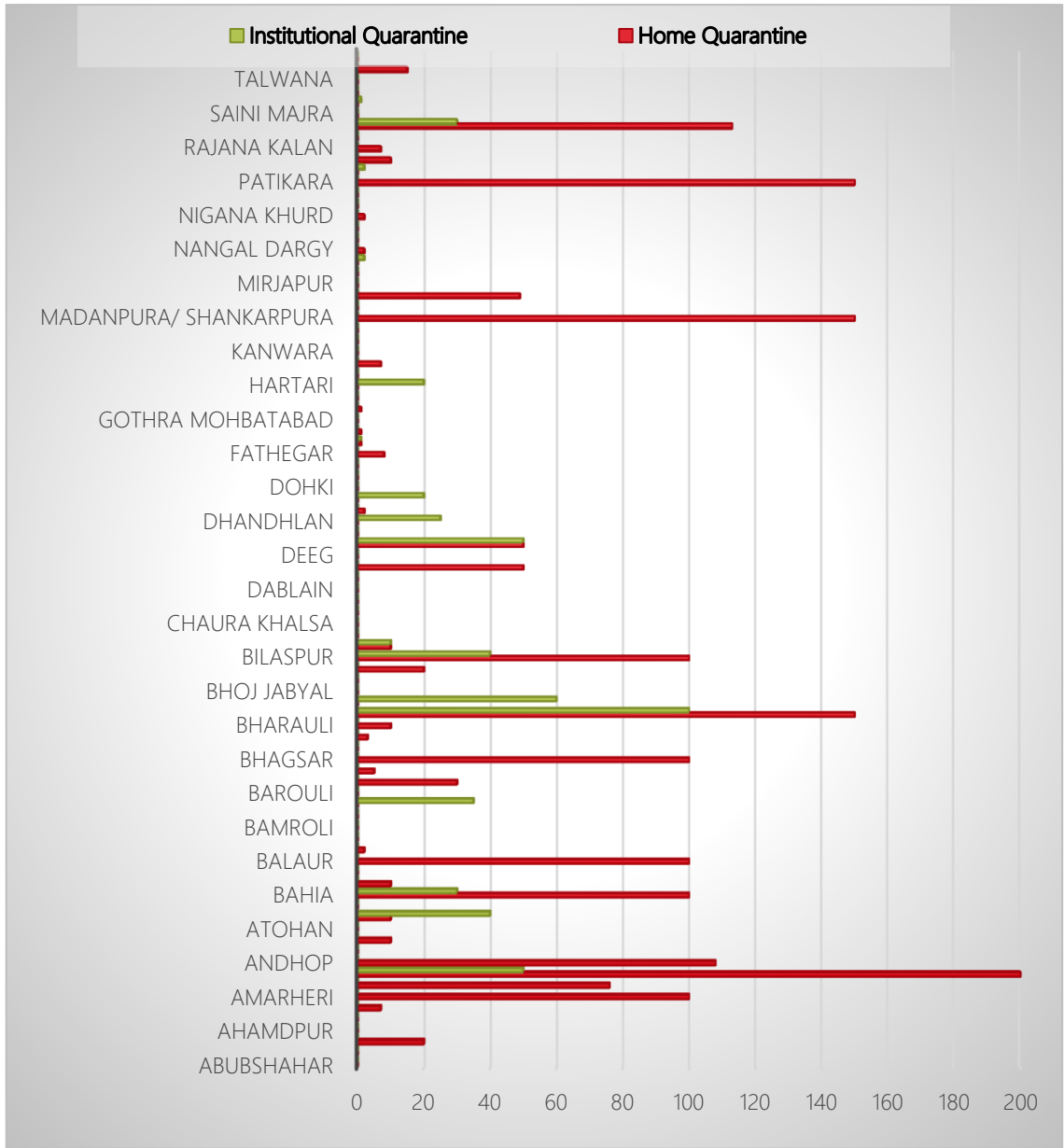
- **94%** of villages have an operational health monitoring committee.
- **6%** have not an operational health monitoring committee.



Threats and challenges

- Infrastructure needs to be provided in case of COVID-19 spreads.
- Lack of funding by the government.
- Quarantine facilities need to be mandatory for people returning to cities

6.Status of home and institutional quarantine in villages of Haryana.



This bar graph shows the high propensity of home quarantine than institutional quarantine in villages of Haryana

CONCLUSION

- Like any other state, Haryana is also facing reverse migration in corona crisis.
- Villages are not prepared to deal with the employment of the migrants
- MNREGA is the only option in most of the villages, found inactive throughout the survey location
- Secondary employment opportunities are also very scarce
- JHAJJAR, REWARI, ROHTAK, AND SIRSA experienced maximum reverse migration but the secondary employment opportunities are minimum in these districts
- Self-employment is also very less as 40% of districts of Haryana are not aware of MUDRA YOJANA or not benefitted by it.
- 94% villages have operational health monitoring committee but home quarantine is the only option in most of them.

RECOMMENDATIONS

- MNREGA needs prompt activation across rural India, could be a lifeline for many who are engaged in the non-farm sector in rural India.
- Cash incentives to the migrant laborers, and marginal farmers
- Banks should make their conditions flexible for Mudra yojana
- Massive overhaul of the healthcare system in rural India should be planned
- Quarantine facilities need to be improved.
- Districts with maximum reverse migration need to be focused.

ONLINE COURSE

E-HEALTH

E-HEALTH



REMOTE

TREATMENT

TELEMEDICINE

DIGITAL

MOBILE

SERVICE

DOCTOR

MONITORING

PATIENT

MOBILE

SERVICE

MOBILE

ONLINE

DOCTOR

DIAGNOSE

MEDICINE

HOSPITAL

ONLINE

DIET

COURSE DESCRIPTION

- ▶ "eHealth: More than just an electronic record!" aims to equip the global audience of health clinicians, students, and researchers to reflect on the overall impact of eHealth on the integration of care.
- ▶ It explores the breadth of technology application, current and emerging trends, and showcases both local and international eHealth practice and research.

In this course we will learn—

- ▶ The fundamentals of eHealth.
- ▶ What kind of health data we are currently collecting and how it will transform healthcare in the future?
- ▶ How new technologies are helping health consumers participate in their own healthcare?
- ▶ How eHealth can improve the coordination and efficiency of healthcare and what the barriers might be?





COURSE OBJECTIVE

- ▶ Use of technology to support communication between healthcare providers and healthcare consumers.
- ▶ To create new models of care and enabling a new delivery of health services, health efficiencies, and overall improvement to health quality.



COURSE METHODOLOGY

Course was in the form of online videos including-

- ▶ Practice quiz
- ▶ Reading material
- ▶ Peer Graded Assignment
- Discussion Prompt.

COURSE CONTENT

MODULE-1

- **An Introduction to e-Health.**

MODULE-2

- **Health in your Hands**
- **Collecting your own Data**
- **Apps, social Media and health online**
- **Designing and evaluating e-Health solutions**

MODULE-3

- **Data and the quantified self**
- **Electronic health records**
- **Privacy and security**
- **Using data to improve performance**

MODULE-4

- **Improving access to health care**
- **Innovations in health care**

KEY LEARNINGS



MODULE-1

- e-Health delivers coordinated care in a more seamless health system
- Data is stored with devices and apps and can be used in emergency situations
- Health professionals need ability and technology to have that information compiled in one place or dash boarded

MODULE-2

- E-Health puts health and healthcare into consumers hands
- Capture and display personal health data to monitor and track progress
- Assist conversations between patients, or between patients and health professionals
- Collect data on patient experiences and opinions
- Used by governments to promote health information and for public health surveillance

KEY LEARNINGS



MODULE-3

- Data recorded provide immediate feedback and decreases consultation time.
- Patient have the right to control their personal information.
- Challenge is to link the data from all the devices and apps with mainstream data stored and shared with the health professionals.

MODULE-4

- Ranges from assistive technologies, biometric devices, apps, and gaming.
- Delivers exercise interventions through web-based service or Skype based service.
- Helps health care providers in enabling professional development using different technology to work on their skills and emotions as well.

THANK YOU !

