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With heartfelt and everlasting gratitude,

Surbhi Garg

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PART 1

WORK FROM HOME REPORT BY ORGANIZATION

**TOPIC: A study to assess the reverse migration and
infrastructure of gram panchayat of Haryana in the
context of the corona crisis.**

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1.INTRODUCTION

Coronaviruses are a wide family of viruses which can cause animal and human illness. Some examples in humans include many coronaviruses that cause respiratory infections to range from common cold to more serious diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

The most recent coronavirus discovered triggers the COVID-19 coronavirus disease. COVID-19 is an infectious disease, caused by a coronavirus that has recently been detected. The latest virus and disease was unknown in December 2019, until the outbreak began in Wuhan, China. COVID-19 is now a pandemic which affects many countries worldwide and a serious threat to us all.

The novel virus is circulating in over 190 countries. For most countries, there is a national emergency and the lockdown. To date, the COVID-19 virus has infected more than 14.3 million people all over the globe and about 602 thousand people have lost their lives.

The pandemic is not new to India, to the Plague (1896 to 1939) and to Spanish flu (1918). For just three months the history caused 12 million deaths. So far there are more than 1,08 million cases COVID-19 recorded in India, and 26,186 people lost their lives.

This has caused major havoc in the economic sector also, globally. The worst-hit is the poor and developing countries. India ranks 49 in the poverty index. As per the 2011 Census, nearly 22 percent of India's population is poor.

According to the 2012 World Bank report, 1 in 5 Indians is poor, with 80% of the poor living in rural areas, which is why many people move to larger cities in different states every year to pursue employment opportunities to earn money for their families.

India's efforts to fight the COVID-19 virus have earned worldwide acclaim. The shutdown, however, often came on economic cost and cascading effects across all parts of society. The coronavirus pandemic has caused a major reversal of urban to rural migration. In substantial parts of the world. Indian roads are crowded with hundreds of thousands of

workers marching back to their villages to find some comfort and empathy (Dandekar and Ghai, 2020).

Because, COVID-19, India is considering the second largest mass migration in its history after the 1947 Partition of India, where more than 14 million people were displaced (2) and migrated to India and Pakistan respectively, based on their religious beliefs.

In India jobs is very badly affected because of the COVID-19 crisis. Job loss is the most significant immediate impact of the COVID-19 crisis while the long-term consequences will be reduced economic growth and increase in inequality. Migrants from villages and small towns across India who had migrated to big cities in search of employment and better lives lost their jobs when the lockout was enforced.

Faced with the tough choice to stay put and die, or go home to their homes, many migrants have opted to go home, often walking for days, and without food and water. Many of them had older members of their family in tow and held young children on their backs. The return of these migrants to their villages caused different problems for the village heads as they had to be quarantined, and many migrants were reluctant to require quarantine for themselves.

1.1 NEED OF THE STUDY

Migrant workers have been the driving force behind the development of centuries of working days and

Night to every place across the globe for economic growth. At the other side they 're the. Most vulnerable and without access to any form of social security as regards health, education, or jobs. Forced reverse migration from urban to rural areas would have a significant effect on rural India's demographics, culture, and economy. Many of the migrant workers in the past were marginal farmers who abandoned farming and migrated to urban areas for better economic opportunities. The forced reverse migration in the midst poses a major challenge to falling into abject poverty for men.

The central government and states in India, under the special economic programme, Pradhan Mantri Garib Kalyan Yojana (PMGKY) program, etc., attempted to look after the

economy and the A big problem is the weakest among the disadvantaged yet successful implementation of this scheme (Jha2020). The problems relating to governance are very relevant for successful implementation of the scheme (Singh 2019). The current research offers insights into the effect on rural society and the reverse migration Economics. Rural Economy status and progress Planning for rural areas is also ensured. Its standing Rural health system is evaluated.

COVID-19's long-term and short-term economic ties with the economy are likewise Talked. It also addresses the status of the agricultural sector, health sector, secondary job prospects and IT infrastructure.

2. OBJECTIVE

2.1 RESEARCH QUESTION

A study offers insights on the plight of migrant laborers and how the gram- panchayats of various districts of various states across India are handling this COVID-19 crisis in terms of their infrastructure.

2.2 OBJECTIVES

1. To assess the increase in the population of villages of Haryana due to Reverse migration.
2. To ascertain the awareness and about employment schemes, self-employment, and secondary employment opportunities in the villages of Haryana.
3. To assess the availability and functioning of the quarantine facilities and health monitoring committee of villages in Haryana.

3. METHODOLOGY

The methodology is the most important part of the research study which helps the researcher to shape the research blueprint. This includes the systematic process by which the researcher begins from the time the question was first found until its conclusion.

3.1SETTING OF THE STUDY

Setting refers to the region the research is performed in. This may be a natural setting or laboratory environment according to the subject of the analysis and the preference of the researcher;

This study was carried out in one Gram Panchayats per block of all Haryana districts.

3.3 PARTICIPANTS

Population includes all possible elements that could be included in research;

In this study population was the sarpanch/mukhiya or husbands of sarpanch of gram panchayats of various districts of Haryana. The total gram panchayats included in this study were 90.

3.4 STUDY DESIGN

Study concept implies all parts being combined to create a masterful piece of art. Project is something about how to carry out and organize the work. The research design refers to the overall approach that you use to incorporate the various components of the analysis systematically and logically, thus ensuring that you tackle the research question effectively.

The research design selected for this study is a descriptive (cross-sectional) study design. The study was carried out to showcase the real scenario of the rural economy of Haryana state in the COVID-19 crisis by analysing their employment schemes, health workforce, reverse migration status, secondary employment opportunities, and quarantine facilities.

SAMPLE SIZE; In this study, all the districts of Haryana are covered that constitute 5 Gram Panchayats of each block in one district.

3.5 VARIABLES

Variables are the attributes, properties or characteristics of persons, objects or circumstances that alter or vary

They are;

- ✓ DEPENDENT VARIABLE
- ✓ EXTRANEIOUS VARIABLE

DEPENDENT VARIABLE

This is the value result variable, the variable hypothesized to depend on or be induced by another variable that is the independent variable.

EXTRANEIOUS VARIABLE

A variable that confuses the relationship between the independent and dependent variables, must be regulated either by the study design or by statistical procedures.

In this study Dependent variable was knowledge, awareness of employment schemes, health, reverse migration. It was measured by a structured questionnaire. The extraneous variable was socio-demographic data of different gram panchayats.

3.6 SAMPLE

Sample is a small portion of the population chosen for study and observation.

The sample for the current study is 90 sarpanch of different gram panchayat of Haryana District.

3.7 CRITERIA FOR SELECTING THE SAMPLE

The sample selection was based on the following inclusion and exclusion criteria.

INCLUSION CRITERIA

1. Only the sarpanch or mukhiya or sarpanch's husband of the gram panchayat.
2. Sarpanch who were willing to participate in the study.
3. Sarpanch who was present during the Telephonic survey.

EXCLUSION CRITERIA

The exclusion criteria for the sampling was

1. People other than Sarpanch/Sarpanch's husband
2. Sarpanch who were not willing to answer the survey.
3. Sarpanch who refused to take the calls.

3.8 SAMPLING TECHNIQUE

For the present study clustered random sampling was considered appropriate and selected.

3.9 STATISTICAL METHODS

In this study, descriptive and statistical methods are used in the form of pie-charts, bar graphs and heat maps.

3.10 INSTRUMENTS USED FOR THE STUDY

An instrument selected in research should be the vehicle best obtained for drawing conclusions that were applicable to the test, as far as possible.

An interview with a structured questionnaire was prepared to determine the specific research majors based on the study objective.

3.11 DEVELOPMENT OF TOOL

Validated structured questions were used to assess the reverse migration, employment schemes, health, secondary employment opportunities, self-help group density, and IT infrastructure of the gram panchayat of the various districts of Haryana in the COVID-19 crisis.

The steps used in the development of tool were

- Review of literature
- Preparation of blueprint
- Preparation of item tool
- Preparation of tool

REVIEW OF LITERATURE

A review of the literature was done using journals, research articles, newspapers, books, and research articles published on the valid source.

PREPARATION OF BLUEPRINT

The blueprint was made to prepare the tool. It was made for different states and consisted of 15 questions in both English and Hindi form.

3.12 DESCRIPTION OF TOOL

The final structured questionnaire was comprised of 15 questions both in English and Hindi. It was in google form so it also consists of Intern ID, state for which data was collected, the block of the state, Gram Panchayat, Sarpanch name, contact number of the Sarpanch. All the data was recorded precisely.

FIRST QUESTION

In this question, Sarpanch was asked about the total population of the village. So that we get to know the population statistics of the gram panchayat.

SECOND QUESTION

In this question number of returning to the village was recorded. this helped to get an insight into the reverse migration in the gram panchayat. It also showed the number of migrants in the village during the Covid-19 crisis.

THIRD QUESTION

In this question number of people in the home, quarantine was asked to the sarpanch. This showed the awareness regarding precautionary measures in the COVID-19 crisis.

FOURTH QUESTION

In this question number of people in the institutional quarantine was recorded according to the information received by the sarpanch.

FIFTH QUESTION

What are the different self-employment schemes run by the village panchayat in the village?

SIXTH QUESTION

Which of the self-employment schemes run by the state and central government are operational in the village?

SEVENTH QUESTION

The next question was is there any health monitoring committee in the village.

EIGHTH QUESTION

In this question, the sarpanch was asked what amount of money Panchayat has received from the government to manage the COVID-19 crisis? This shows how Gov is helping gram panchayat in terms of funding, soaps, masks, sanitizer, and other measures to tackle the COVID-19 crisis.

NINTH QUESTION

In this question, the total amount of land (unused or barren) under the possession of village panchayat was asked to sarpanch so that if there is any possibility to make it useful for employment opportunities.

TENTH QUESTION

This question focused on people benefitted from mudra yojana in the village. This shows that people are aware of self-employment, small scale businesses, shops, and loans.

ELEVENTH QUESTION

This question gave an insight into what is the major occupation of the people in the village apart from farming?

TWELFTH QUESTION

In this question, the sarpanch was asked about the number of people involved in the above occupation apart from farming so that other employment opportunities can be strengthened for the migrants in the village.

THIRTEENTH QUESTION

This question was framed to know about the self-help groups in the village. This data was asked for the forms of self-help groups and operational self-help groups.

FOURTEENTH QUESTION

In this question, sarpanch was asked if he has organized or participated in any meeting using the virtual platforms like Zoom/Google Meet/Microsoft teams, etc

FIFTEENTH QUESTION

This question was asked to know about the quality of the internet in the village area. This showed the IT infrastructure of the village.

There is another column in the questionnaire that is Remark it can be filled if any other information related to the research is shared by the sarpanch.

3.13 PROCEDURE FOR DATA COLLECTION

There is a structured questionnaire in the form of google forms. These questions are intended to gather basic information related to their village on lines of their preparation to counter the challenges posed by the COVID19 pandemic.

This data will contain information regarding the preparation at the panchayat level to mitigate the COVID-19 challenge as well as the situation arising because of the returning of the migrant laborers back to the villages.

All the information on the details of the gram panchayat was provided by the foundation on the online website. According to the suitable time a call was made to Panchayati Raj Representatives and will have to ask them a set of questions.

In this research, it was appropriate to reach each block within all the districts across the country by choosing any 5 Panchayats from each district for data collection and only one panchayat from one block was selected.

During the interview, the firstly brief introduction of the intern and the objective of this study was given to the Panchayati Raj Representative.

Deal with the Panchayati raj confidently whether inbound call or outbound call. The natural tone should be maintained while speaking and answer the genuine question of the respondent patiently.

Listening carefully to the sarpanch is very important during the interview. Their sentences should not be completed by the researcher as it may lead to different meanings other than the study.

The conversation should be made interesting and words like ooh and ahh should not be used as they will create wrong impressions. No information should be given that can mislead them and they should be made comfortable during the entire process.

The researcher should use a structured questionnaire to keep it as a guide for the conversation.

3.14 PLAN FOR DATA ANALYSIS

Analysis is the systematic preparation and synthesis of research data, and the use of that data to test the research framework It was planned to analyse the data using descriptive and inferential statistics.

The data will be presented in the following headings:

- Comparison of increase in populations due to Reverse migration
 - a) Within each state, district wise (the percentage increase in population in each of the villages was compared, and combine it to show which districts are seeing a higher percentage as compared to others and the same for states. Data can be represented in a heat map - showing red, yellow, green, and blue regions.)

- Awareness and prevalence of employment schemes
 - a Panchayat level Schemes (% of villages having their schemes.
 - b The Central Government and State Government led employment schemes for villages Panchayat other than MNREGA.
 - c Percentage of villages having MNREGA as the only alternative employment source.

Data was presented in the form of percentage and pie chart

- Self-employment
 - A-Count of people in each district (<10,10-50,50-100etc) who have received mudra loans - comparison will show one of two answers - whether panchayats are aware, and if awareness is there, then maybe people don't want to.
 - Data was presented in the form of a percentage.
- Analysis of secondary employment opportunities in villages –
 - A- show state-wise how many states have villages with more opportunities other than agriculture.
 - B- In each state - Y-axis - number of villages which have the occupations, X-axis - the type of occupation.
- Comparison of the condition of the Health Monitoring Committee
- Status of Quarantine- Home Quarantine VS Institutional Quarantine

3.15 PROTECTION OF HUMAN SUBJECTS

Informed consent was obtained from the Panchayat Raj Representative during the call after proper explanation of the usefulness of the study, purpose, importance and how can it be beneficial for the rural economy in the COVID-19 crisis.

4.RESULTS

Normally the data itself does not give us answers to our research questions. The volume of data obtained in a study is too broad for mere perusal to accurately explain. To answer the research questions in a meaningful way, the data must be systematically collected and analysed;

The word analysis refers to the estimation of certain variables, along with the search for patterns of relationships between data groups. General data analysis includes several closely related activities, which are conducted to summarize the data obtained, arranging them in such a way as to address the research questions. This topic deals with the analysis and interpretations of the information collected through the structured questionnaire via telephone to Sarpanch of Gram Panchayat in 90 districts of Haryana.

The present study was designed to assess the infrastructure of gram panchayat in this COVID-19 crisis.

The collected data were coded, tabulated, organized, analysed, and interpreted using descriptive and inferential statistics. The data has been analysed and interpreted in the light of objectives of the study;

4.1 PRESENTATION OF RESULTS

The percentage, graphs, pie charts are represented here from the data collection process to various Panchayat Raj Representative.

❖ Comparison of region-wise increase in populations due to Reverse migration

A- Within Haryana, district wise

(the percentage increase in population in each of the villages was compared, and combine it to show which districts are seeing a higher percentage as compared to others and the same for states. Data can be represented in a heat map – showing red, yellow, and green regions.)

TABLE 1

This heat map shows the average increase in the population after reverse migration in various districts of Haryana

DISTRICT	POP	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 Total	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

In this table, we have shown the average increase in the percentage of the population in various districts of Haryana due to reverse migration. The data was converted into percentage form and divided into three parts according to the percentage of reverse migration that is:

RED- highest reverse migration
YELLOW- moderate reverse migration
GREEN- lowest reverse migration

TABLE 2

This table shows the index used to divide the districts into the Red, Yellow, or Green region.

0.87% is the average increase in population due to reverse migration in all districts of Haryana so 0.87 is taken as a base.

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

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

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

LOWER BOUND	UPPER BOUND (not inclusive)	INTERVALS
0	0.87	GREEN
0.87	1.74	YELLOW
1.74		RED

TABLE 3

THIS TABLE SHOWS THE PERCENTAGE OF VILLAGES OF HARYANA IN RED (highest reverse migration), YELLOW (moderate reverse migration) OR GREEN REGION (lowest reverse migration)

COUNT OF VILLAGES ACROSS ZONES	FREQUENCY	PERCENTAGE
GREEN	56	63.63%
YELLOW	12	13.63%
RED	19	21.50%

❖ **Awareness and prevalence of employment schemes**

TABLE 4

These TABLES SHOWS THE NUMBER AND PERCENTAGE OF VILLAGE LEVEL EMPLOYMENT SCHEMES IN HARYANA

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

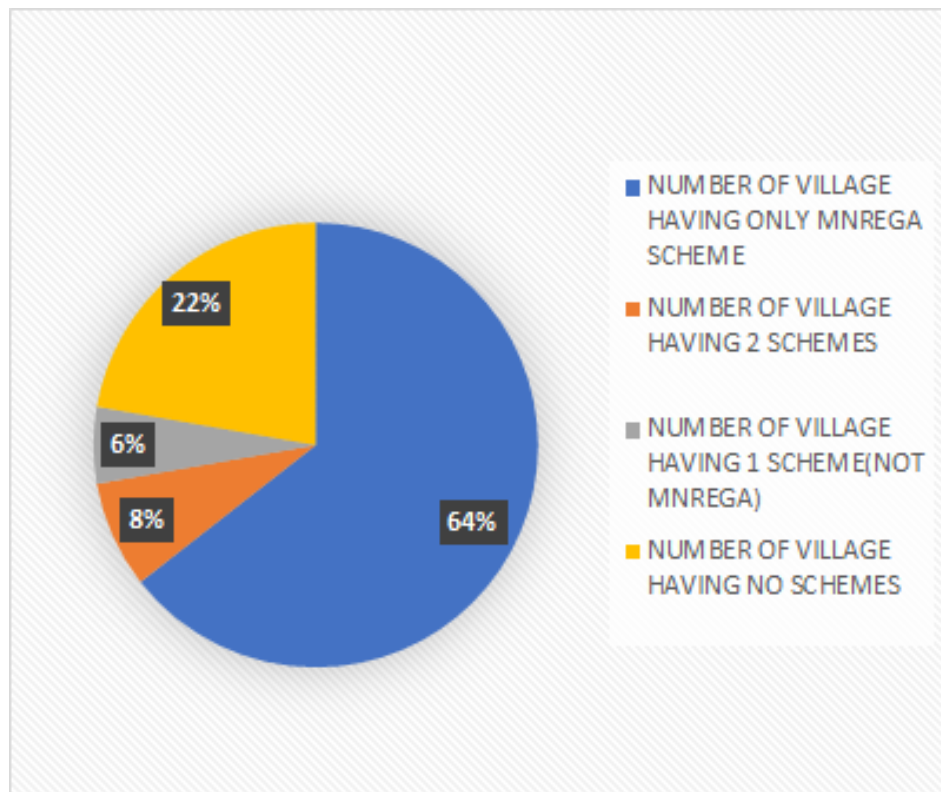
TABLE 5

THIS TABLE SHOWS THE NUMBER OF VILLAGES WITH EMPLOYMENT SCHEMES BY STATE/CENTRAL GOVERNMENT IN HARYANA

STATE/CENTRAL LEVEL EMPLOYMENT SCHEMES	
NUMBER OF VILLAGE HAVING ONLY MNREGA SCHEME	58
NUMBER OF VILLAGE HAVING 2 SCHEMES	7
NUMBER OF VILLAGE HAVING 1 SCHEME (NOT MNREGA)	5
NUMBER OF VILLAGE HAVING NO SCHEMES	20

PIE CHART 1

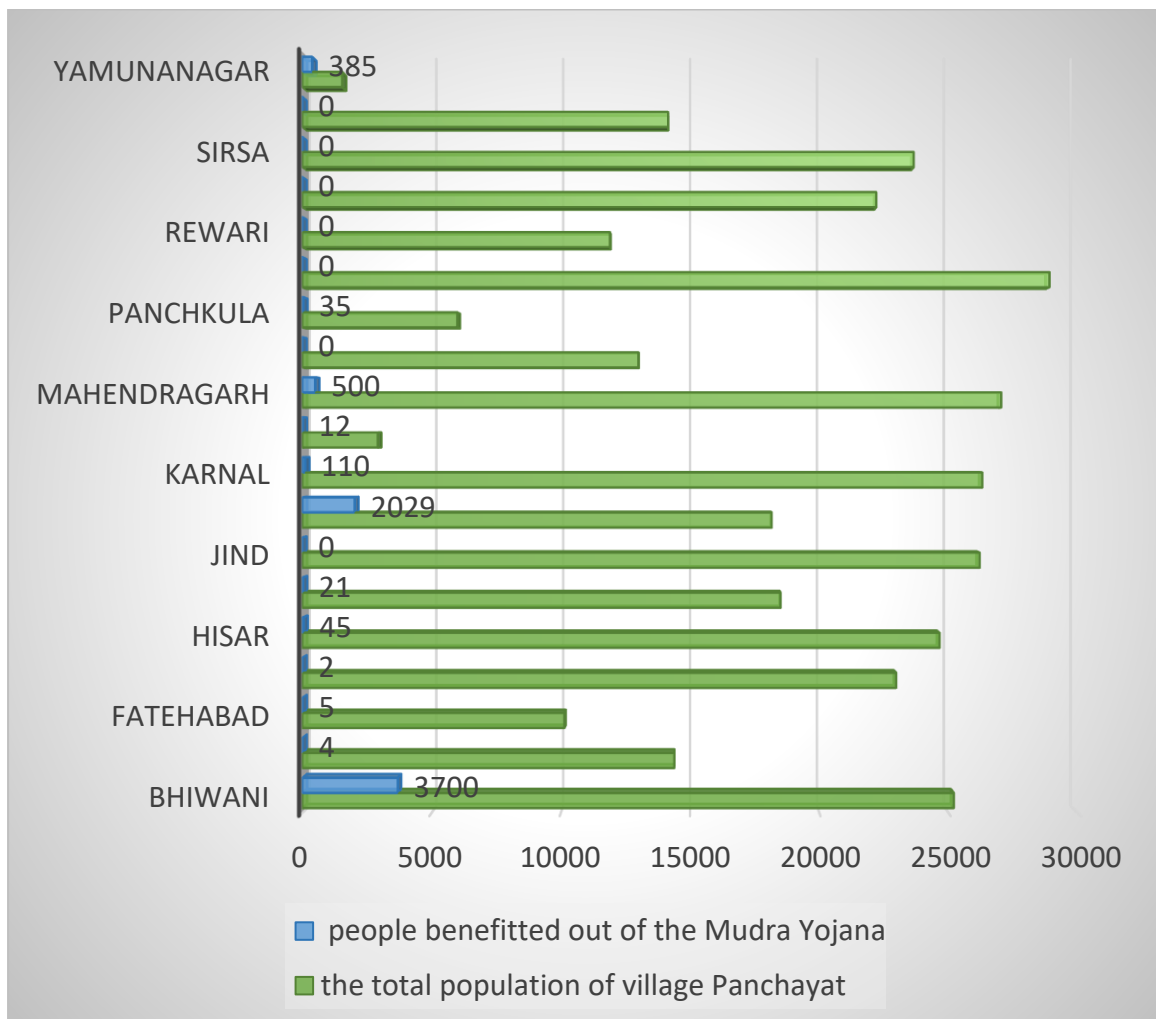
THIS PIE CHART SHOWS THE PERCENTAGE OF VILLAGES HAVING MNREGA AS EMPLOYMENT SCHEMES AND OTHER EMPLOYMENT SCHEMES AS WELL



- Self-employment

TABLE 6

THIS TABLE SHOWS THE POPULATION OF DISTRICTS OF HARYANA AND PEOPLE BENEFITTED FROM THE MUDRA YOJANA IN VARIOUS DISTRICTS OF HARYANA



This data shows the percentage of people benefitted from mudra yojana in various districts of Haryana

I

In Bhiwani, 12.75% of the population benefitted from the Mudra Yojana.
 In Fatehabad, 0.06% of the population benefitted from the Mudra Yojana.
 In Gurugram, 0.07% of the population benefitted from the Mudra Yojana.
 In Hisar, 0.38% of the population benefitted from the Mudra Yojana.
 In Jhallar, 0.11% of the population benefitted from the Mudra Yojana.
 In Jind, 0% of the population benefitted from the Mudra Yojana.
 In Kathal, 20.36% of the population benefitted from the Mudra Yojana.
 In Karnal, 0.32% of the population benefitted from the Mudra Yojana.
 In Kurukshetra, 3.20% of the population benefitted from the Mudra Yojana.
 In Mahendragarh, 1.75% of the population benefitted from the Mudra Yojana.
 In Palwal, 0.07% of the population benefitted from the Mudra Yojana.
 In Panipat, 0% of the population benefitted from the Mudra Yojana.
 In Rewari, 0% of the population benefitted from the Mudra Yojana.
 In Rohtak, 0% of the population benefitted from the Mudra Yojana.
 In Sirsa, 0% of the population benefitted from the Mudra Yojana.
 In Sonipat, 0% of the population benefitted from the Mudra Yojana.
 In Yamunanagar, 17.50% of the population benefitted from the Mudra Yojana.

- **Analysis of secondary employment opportunities in villages**

TABLE 7

THIS TABLE SHOWS THE NUMBER OF VILLAGES OF HARYANA INVOLVED IN NON-FARMING OCCUPATION

Occupation other than farming	No. of Villages Engaged in the non-farming Occupation
Animal Husbandry	14
Manual Labour	21
Dairy Farming	6

Service	7
Miscellaneous	3
No other occupation	43

TABLE 8

THIS TABLE SHOWS THE PERCENTAGE OF POPULATION IN NON-FARMING OCCUPATION IN VARIOUS DISTRICTS OF HARYANA AND COMPARISON TO REVERSE MIGRATION IN THAT DISTRICT

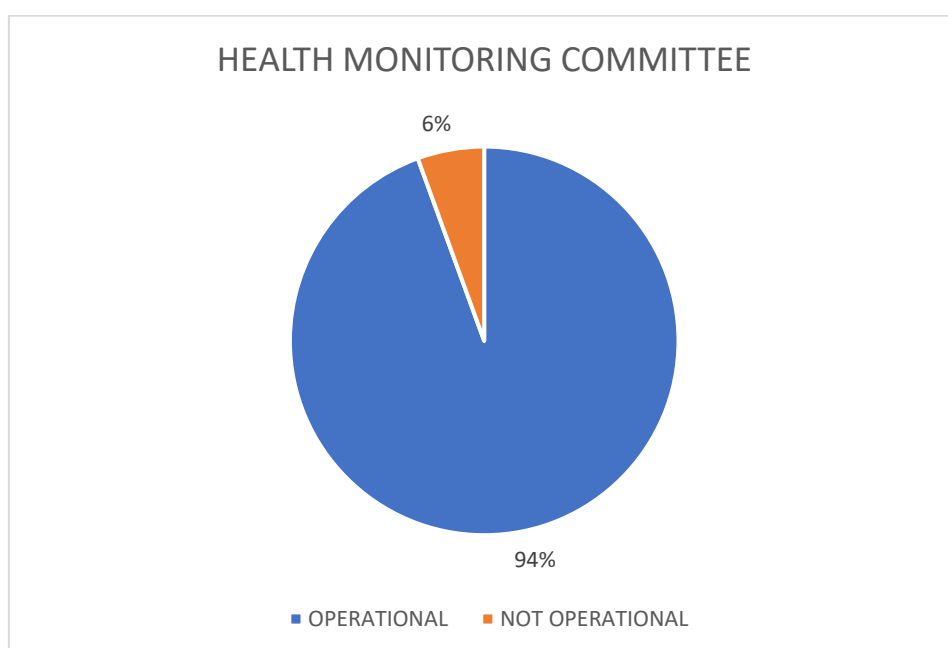
District	% Population Engaged in Non-Farming Occupation	No. of Non-farming occupations	% increase in population due to reverse migration
BHIWANI	3.75%	2.00	0.59%
FARIDABAD	#DIV/0!	1.00	0.00%
FATEHABAD	37.90%	1.00	0.49%
GURUGRAM	1.62%	3.00	0.00%
HISAR	0.02%	2.00	0.31%
JHAJJAR	0.00%	0.00	2.67%
JIND	16.31%	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%

- **STATUS OF HEALTH MONITORING COMMITTEE OF VILLAGES OF HARYANA**

PIE CHART-2

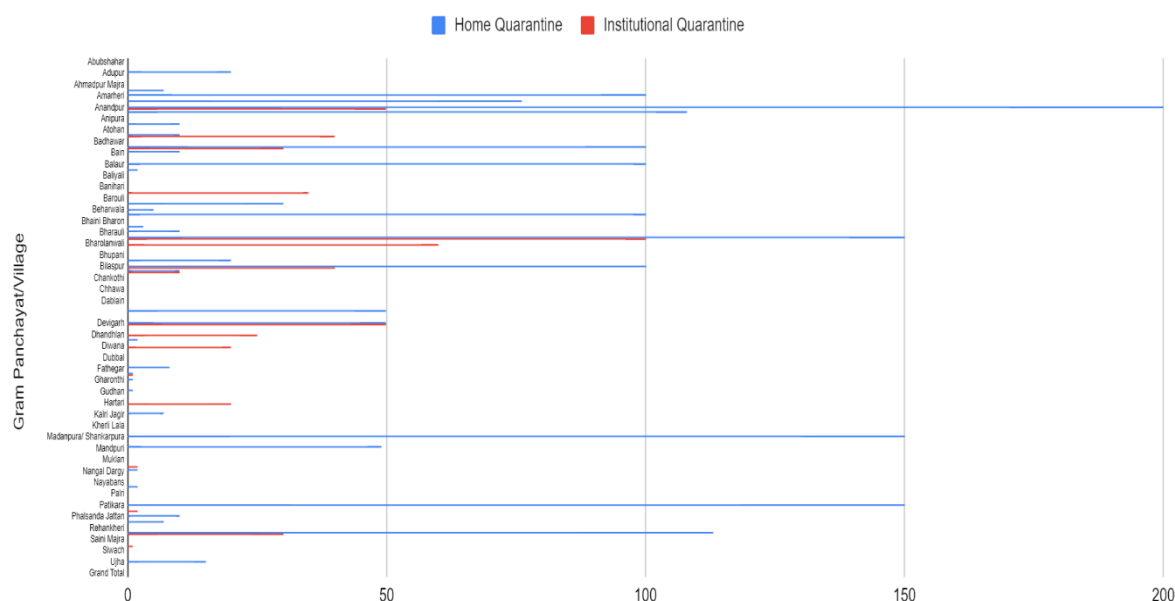
THIS PIE SHOWS THE PERCENTAGE OF VILLAGES OF HARYANA WHO HAVE OPERATIONAL HEALTH MONITORING COMMITTEE AND WHO DON'T HAVE OPERATIONAL COMMITTEE



BAR GRAPH-2

THIS BAR GRAPH SHOWS THE STATUS OF HOME QUARANTINE AND INSTITUTIONAL QUARANTINE IN GRAM PANCHAYATS OF HARYANA

Home Quarantine Vs. Institutional Quarantine



5.DISCUSSION

The present study was intended to work on reverse migration of gram panchayat, employment schemes by the central government and village panchayat, health committee, secondary employment opportunities, and quarantine facilities in Gram Panchayats.

The major findings will be discussed here;

- **Comparison of region-wise increase in populations due to Reverse migration**

In this comparison of gram panchayat of Haryana was done for the reverse migration by using total population data percentage in an increase in population was found and from that average increase in percentage was calculated.

It was shown that the average increase in the percentage of the population was 0.87%.

In this district with the highest percentage increase in population were Rohtak, Sirsa, Jhajjar, Rewari highlighted with Red areas.

Out of all 63.63% of villages have the lowest reverse migration

13.63% have moderate reverse migration

21.50% have maximum reverse migration.

- **Awareness and prevalence of employment schemes**

Percentage of the village having village level schemes are 13.33%

Percentage of villages having MNREGA as the only employment scheme are 64%

Percentage of the village having 2 schemes are 8%

Percentage of villages having one scheme other than MNREGA are 6%

Percentage of the village having no schemes are 22%

- **Self-employment –**

In Bhiwani, 12.75% of the population benefited from the Mudra Yojana.

In Fatehabad, 0.06% of the population benefited from the Mudra Yojana.

In Gurugram, 0.07% of the population benefited from the Mudra Yojana.

In Hisar, 0.38% of the population benefited from the Mudra Yojana.

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In Sirsa, 0% of the population benefited from the Mudra Yojana.

In Sonipat, 0% of the population benefited from the Mudra Yojana.

In Yamunanagar, 17.50% of the population benefited from the Mudra Yojana.

The benefit of Mudra Yojana has been received the most by the people of Kaithal and Yamunanagar.

- **Analysis of secondary employment opportunities in villages**

A-Manual labour is the most popular secondary employment opportunity in 22.34% of the villages of Haryana.

B-Animal husbandry being the second most common constitute 14.89% of villages.

C-There are no secondary employment opportunities other than farming in 45.744 villages.

D-Out of all the districts surveyed, Fatehabad has the highest population engaged in the non-farming occupation. 80% population in Devlawas and 50% population oh Kheri Lala village engaged in manual labour.

A- Rohtak has seen the highest reverse migration but it does not have any secondary employment opportunities to support the migrated population as of now.

- **Status of the health monitoring committee**

94% of villages have an operational health monitoring committee.

6% have not 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.

- **Status of home and institutional quarantine of villages of Haryana.**

The high propensity of home quarantine than institutional quarantine.

Many villages did not do either for returned migrants.

6.CONCLUSION

Following conclusions were made based on the findings of the study;

- 1) A maximum number of the villages of Haryana that are 52 have a population in the range of 0-4000.
- 2) The average increase in the population of villages during the COVID-19 crisis across Haryana is 0.87%.
- 3) Two districts that's GURUGRAM and FARIDABAD experience no reverse migration at all in the COVID-19 crisis.
- 4) ROHTAK, SIRSA, JHAJJAR, AND REWARI experience a maximum increase in reverse migration ranging between 3.11% to 1.89%.
- 5) Across Haryana, 63.33% of villages experience the lowest reverse migration, and 21.50% experience the highest reverse migration.
- 6) For village level employment schemes only 12.33% have village-level employment
- 7) 64% of villages have only MNREGA is the only.
- 8) MGNREGA has been found inactive at all our survey locations. This is a serious problem and requires prompt activation across rural India, given the huge income loss of millions in the non-farm sector (farm labour, daily wagers, small-scale service providers and business owners). With migrants returning home to their villages, and mobility constraints in place, MGNREGA may be a lifeline for many involved in rural India's non-farm sector;
- 9) 9) In this reverse migration situation, villages are not equipped to deal with the jobs of migrants because many government job schemes are not operational in the villages concerned.
- 10) Secondary employment opportunities are also very scarce as we can see manual labour is practiced in 21 villages being the highest secondary employment opportunities but due to the lockdown crisis, it is not practiced now.
- 11) JHAJJAR, REWARI, ROHTAK, AND SIRSA experienced maximum reverse migration but the secondary employment opportunities are minimum in these districts which will ultimately lead to migrants unemployed.
- 12) Self-employment is also very less as 40% of districts of Haryana are not aware of MUDRA YOJANA or not benefitted by it. In other villages, few people have got the benefit of MUDRA YOJANA.

- 13) In many villages, Banks impose many conditions on people to take a loan so it is not feasible for them to start a small-scale business even after Government schemes running.
- 14) The government is neglecting these villages as no help was provided in any form.
- 15) Health monitoring committees are operational in 85 villages and that is a good number but funds provided by the government are not sufficient in case the COVID-19 spreads.
- 16) 16) In rural India, knowledge of COVID-19 is still nascent and problematic, although there is ample evidence that village officials such as ASHA-ANM-SHG are doing extremely well. Therefore, it would be very beneficial to make further development and advancement the reputation of these village functionaries to build awareness;
- 17) Quarantine facilities need to be improved in some home quarantine is the only option and many villages did not even bother to put returned migrants to quarantine centres that may impose a serious threat to the village in the COVID-19 crisis.
- 18) On 12 May 2020, Prime Minister Narendra Modi announced a mega-20 lakh crore rupees package for the Indian economy which represents 10% of total GDP.
- 19) The key focus of the package is on property, labour, affordability and legislation that will meet the needs of the middle class and the workers. The need for the hour is in the long run to rising income inequality, geographical disparity and the share of migrant employees, industrial location, and jobs.
- 20) Immigration or migrant workers are the sources of development in the manufacturing sector. In COVID-19 or post-COVID world manufacturing products will still be needed. The government will also focus on the process of how these migrant workers are returned to their respective employers.
- 21) Industry and job localisation will relieve pressure from the agricultural sector.
- 22) Agricultural reforms such as fair incentives, new agricultural inputs, and better farmers' prices to be used to make agriculture profitable;
- 23) At the other hand, COVID-19 monitoring should be increased to control and spread to the population.
- 24) In the short term, steps such as cash rewards should be given to migrant workers and marginal farmers in order to save them from poverty and hunger.

7.KEYWORDS

- Migrants
- Unemployment
- COVID-19
- Coronavirus
- Reverse migration
- IT infrastructure
- Rural economy
- Employment schemes
- MNREGA
- Secondary employment opportunities
- Land comparison
- Quality of internet
- Virtual meetings
- Panchayati raj representative
- Sarpanch/ mukhiya
- Population
- Mudra yojana
- Self-employment
- Self-help groups
- Haryana
- Health monitoring committee

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PART-2

ONLINE COURSE REPORT

COURSE NAME- e-Health: more than just an electronic record

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eHealth: More than just an electronic record

by The University of Sydney

COURSE DESCRIPTION

The MOOC, "eHealth: More than just an online record," is multidisciplinary and seeks to connect health professionals, teachers, executives, administrators, and researchers with a global audience to focus on the potential effect of eHealth on care integration. This discusses the scope of technology use, current and emerging developments, and highlights eHealth practice and research both at the local and international levels.

We'll know in this course-

- The eHealth fundamentals, and where it is going.
- What kinds of health data are we gathering now and how can healthcare change in the future?
- How emerging innovations enable healthcare customers to become interested in their healthcare
- How can eHealth boost healthcare management and performance, and what the obstacles might be?

GUEST PRESENTERS

* Jordan Andersen | The University of Sydney

* Dr. Teresa Andersen | Sydney Local Health District

* Dr. Robert Birnbaum | Harvard Medical School / Partners Healthcare

* Melissa Brunner | The University of Newcastle & The University of Sydney

* Professor Jane Burns | Young and Well Cooperative Research Centre & The University of Sydney

* Professor Rafael A. Calvo | The University of Sydney

* Dr. Andrew Campbell | The University of Sydney

- * Dr. Jelle Demeestere | John Hunter Hospital, Newcastle NSW
- * Professor Hugh Durrant-Whyte | The University of Sydney
- * Karen Finnin | Physios Online
- * Professor Afaf Girgis | UNSW Medicine
- * Anna Janssen | The University of Sydney
- * Professor Judy Kay | The University of Sydney
- * Dr. Melanie Keep | The University of Sydney
- * A/Professor Jinman Kim | The University of Sydney
- * Dr. John Lambert | eHealth NSW
- * Dr. Melanie Keep | The University of Sydney
- * Dr. Karen Luxford | Clinical Excellence Committee NSW
- * Michael Marthick | Chris O'Brien Lifehouse & The University of Sydney
- * A/ Professor Mark McEntee | The University of Sydney
- * Professor Kathryn Refshauge | The University of Sydney
- * Dr. Ursula Sansom-Daly | Sydney Children's Hospital, Prince of Wales Hospital & UNSW Medicine
- * Dr. Arran Schlosberg | The University of Sydney
- * Professor Stephen Simpson | The University of Sydney
- * Professor Leanne Togher | The University of Sydney
- * Josh Zadro | The University of Sydney

LEARNING METHODOLOGY

The course was in the online format with a Practice quiz, Reading material, and Peer Graded Assignment and Discussion Prompt.

COURSE OBJECTIVE

We 're going to research e-Health in this course-more than just a medical record. It's essentially how we use technology to facilitate collaboration between health care providers and customers in the health care field.

During this course, we will address that e-Health is about using emerging technology to build new care models and facilitate a new delivery of health services, health efficiencies and overall health quality improvement.

COURSE CONTENT

Module1:

Lesson 1- An Introduction to e-Health

- E-Health – eHealth refers historically to the use of electronic health records and apps, typically in the acute sector. But now eHealth is how we use technology to facilitate contact between healthcare providers and customers in healthcare. Reducing travel time for both professionals and health-care users is advantageous in rural practice. This includes the use of apps, blogs, social media, and wearable devices
- E-Health Model-It involves the the use of wearable devices, apps, and social media, the effect of emerging technology on how health professionals interact with each other, and the quantified self-records of patients and results.
- Challenges-Incorporating this concept is the greatest obstacle in e-Health. They must be highly qualified for the students to use it. The health care provider must provide the patients with smooth, linked, and organized care. They have access to all their knowledge for patients but do not know the importance of that knowledge.
- The Future- For the patient, e-Health is all about access, distribution of health care, and collection of knowledge about health care. It is data-driven treatment, for the health care provider, that reduces their entire administrative burden.

Module 2:

Lesson 1- Health in your Hands

- **Health in your Hands-** E-Health in the form of apps or software, wearable devices, online health information and social media all help to encourage healthier habits and track current conditions
- **Health, not healthcare-** E-Health helps people to take care of their wellbeing, so that they can do the best thing for them that works in their own lives. We prefer to focus on illness in health care, and patients want to be involved in their treatment, and they want to be able to comment on their various problems and issues, etc.

Lesson 2- Collecting your Data

- **Wearables-** Wearable devices which communicate with apps are the biggest trend in e-Health. The fitness bands are now at the same acceptance rate as the tablets in 2012.
- **Clinical application of personal health data-**The true value of e-Health is from the viewpoint of behavioural improvement. It is difficult to change the habits of people to more exercise to enhance their sleep quality or any other health behaviour, and it is only one piece of the kit that can be used by patients or boost healthcare delivery

Lesson 3- Apps, Social Media, and health online

- **Mobile health technology-**The use of smartphones, mobile devices and sensors is generally referred to as mHealth or Mobile Health. There are many examples of mHealth in education and understanding using it as a help line for providing assessment, and remote tracking and data collection support for care. It can also be used for monitoring disease and epidemic outbreaks. It is putting safety and health care in the hands of the patient. It allows them to track themselves, and to take charge of their circumstances.
- **Healthcare social media-**Social media is a major new healthcare frontier. Nurses, healthcare professionals, are really exchanging information using social media space. . And from a patient perspective, increasingly sharing their experiences of healthcare. patients using sites where they can share their information and share their experiences of being in healthcare.
- **Digital health information-**Customers turn to the internet to access information that will help them diagnose themselves. Comprise their situation. And promote decision-

making. E-health is a very helpful tool as a doctor on the wards to re-chart medications for a patient or to clarify something that offers better treatment for the patient.

Lesson 4- Designing and evaluating e-Health solutions

- **Co-design of e-Health solutions-** eHealth relies entirely on the interface efficiency which each user sees. If a person uses a cell phone or website, they usually record anything they do, keeping track of everything they do. Designers make sure they build the interfaces with the logging in”” mind so they can continue projects in the long term.
- **Assessment of Health Apps-** The Young and Well Cooperative Research Centre is an Australian-based international research centre that has developed a mobile app rating scale that enables us to evaluate the quality of mental health information provided by apps, called MARS. Five broad categories and criteria were identified, including four objective quality scales. Engagement, functionality, aesthetics, and information quality, and one subjective quality scale, which were refined and developed into a 23-item MARS tool

Module 3:

Lesson 1- Data and the quantified self

- “The use of health data has massive implications for how healthcare is delivered and how we manage our health. The whole healthcare industry is undergoing a huge reformation, whereby access and utilization of vast amounts of data are becoming more and more accessible.”

Lesson 2- Electronic health records

- **Data and digital health records-** “Digitizing paper records are beneficial. It enables a patient's medical history to be tracked over time. To alert patients for routine or follow up consultations, to monitor patients' vital signs. And overall, to improve the quality of care.”
- **Anatomy of a digital health record-** “Standards can be maintained for certain information. This is how you represent a discharge summary. This is how you represent a summary of care in the community setting. This is how you represent a list of medications; this is how you represent a list of allergies, immunization records, and a whole number of different forms of information.”

- **Owning your data-** “Traditionally as consumers of health, the Patient had little access to our information. But now Patients are the experts here, they're the people who know themselves best and they have a great opportunity to be able to contribute information and to manage that information.”

Lesson 3- Privacy and security

- **Privacy and security – should we be worried?** - Whether to do it safely is the problem of digitization of safety. We need as much data related about each patient for eHealth to work to its best. Beyond any statutory protection and privacy standards, the end user who relies on keeping their data must be assured that it will be adequately protected and that eHealth privacy approach will make it work.

Lesson 4- Using data to improve performance

- **Using data to improve our performance-** In our health care system, patients are surrounded by three data domains. First, data currently available that is primarily limited to clinical data, imagery, history, and some information on how patients respond to treatment. Second, data on the rise. This includes genomic data, and items such as outcome measures documented by patients. Eventually, new data includes the vast connect data gathered from fitness centers or diet apps, as well as information on what we are purchasing, where we are going and almost every other part of our life. So if that is combined with the data from all the patients that a team is handling, we will soon have a clear image of the treatment that a team receives.

Module 4:

Lesson 1- Improving access to health care

- **Interacting in new ways-** The next frontier for using technology in supporting communication is how virtual consultation can be incorporated into integrated eHealth programs and new models of care. For many health professionals using technology in their communication with patients and peers represents a brave new frontier.
- **Improving care: Ten e-Health Advantages-** Improved consumer access, care stays local, benefits smaller center, expands provider reach, diagnosis on the move, more service delivery options, fast track diagnosis, integrates care, and daily life, supports professional development, and offers professional flexibility.

Lesson 2- Innovations in health care

- **Telehealth and new models of health care-** Telemedicine, telehealth, mobile health, teleconferencing, and video conferencing are tools that improve connectivity in healthcare. We 're concentrating on four key issues at the center. Among medical contact, community correspondence, communications doctor and, of course, medical back to the home of the patient. All each of these ventures required different sets of technologies.
- **E-Health enabled professional development-** BREAST is the Breast Reader Evaluation Program funded by the New South Wales Cancer Institute, the National Breast Cancer Foundation, and the Federal Government. This seeks to enhance the efficiency of radiologists when viewing mammograms. Technology for improving contact between physician and patient. Therefore, doctors are trained in protocols on how to deliver bad news and how to gather the knowledge from patients that contributes to their professional growth.

KEY LEARNINGS

Module 1:

- E-Health helps us provide a more streamlined, integrated healthcare system. Yet eHealth empowers both clinicians yet health users to become more involved partners in the ongoing management of their health and wellness. Nowadays, eHealth is so common in health science and clinical implementation and practice, and its capacity to collect data on the wellness of everyone, both biological and lifestyle. The ability to use the data to create health forex models in setting an emergency where someone is unconscious.
- This covers how we store data in conventional medical records through to how we store smartphones and app-related data. The e-Health 's biggest problem is accessibility and pace. Greater Internet access also through satellite and multimedia. The greater educational period about how the patient can monitor safety, regulated by the health care provider, and managed by Allied Health teams.
- Health practitioners need the opportunity and technology to have the knowledge collected in one location or dash boarded or database relationship and things are brought together into a cohesive image to be there for the patient in order to build the treatment plan and enhance their care.

Module2:

- E-Health includes capturing and displaying personal health data, plotting data to monitor and track progress, delivering information in a variety of formats, and providing opportunities for communication with health care professionals and patients and providing links to social networks.
- Mobile safety applications can be used for monitoring illness and infection outbreaks. This is bringing insurance and preventive care into the hands of customers. This allows them to track themselves, because taking care of their conditions such as diabetes ensures they can track their health in the comfort of their own home, which can minimize the need for unnecessary hospital admissions. In the viewpoint of the healthcare professional, it can help make better choices quicker and maximize outcomes for the patient by transferring more of the burden and power to the customer. It can also lower increasing demands on resource stretch networks.
- Governments use social media to promote health awareness, as well as to collect data. This can also help in interactions between patients, or between patients and health providers, and can also be used to gather data on patient perceptions and views. Connection to programs, including social and emotional support, has been shown to increase. This can provide monitoring of public health, and can have a major impact on health policy.
- MARS demonstrated excellent internal consistency, which is how well items calculated the same constructor or concept as well as excellent reliability between raters on the test. MARS is quick, objective, and accurate and can be used as a method for the classification and quality assessment of mHealth devices. This can also be used as a guide for designing and creating new high-quality wellness apps.

Module3:

- The most fascinating and daunting part of managing health data is how we relate data from all the devices and applications that we use to traditional data that is collected and shared with our health professionals. This has yet to be reached the capacity to use digital knowledge to improve treatment. The through accessibility means the opportunity for patients to exchange events, details, and enhance the diagnosis. When we link hospital to hospital, state to state, patient details will be accessible across the network, and we have a lot of information flow, but the confidentiality and data collection to be converted into treatment is still unclear.

- In this huge network of information, the patient should oversee this incredibly personal information and they should have the right to control it.
- The collection of patient-reported results is effective, and using eHealth is also highly appropriate. We will rate the data using eHealth, with algorithms that are integrated into the program. E-Health helps us to automate all the scoring and it can be completed in real time and almost quickly. E-Health will allow us to gather and deal with patient-reported results by providing timely input to the patient's care team. Basically, it makes the consultation job more effective and does not appear to prolong the consultation time.

Module 4:

- Early on, eHealth was about static websites, details, telepsychiatry. Perhaps the most exciting field to work in is now eHealth. This includes assistive technology, biometric tools, games, and gaming.
- eHealth offers a way for patients to be linked. And offer web-based service or Skype-based service for exercise interventions. Exercise may be recommended; appraisals may be made.
- eHealth also allows health care professionals to allow professional development and focus on their skills and emotions using various techniques.