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Governance and Implementation Challenges of the Maharashtra Project Affected Persons Rehabilitation Act, 1999: A Study of Nagpur District

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Abstract: This research paper highlights the challenge in the governance and implementation of Maharashtra Project Affected Persons Rehabilitation Act, 1999 specifically with the rehabilitated villages in forest picturesque district of Nagpur. It was passed to provide for equitable rehabilitation and re-settlement of those displaced because of development works (including irrigation, mining and infrastructure development). Productive as the law is, there are still challenges of socio-economic and administrative/ institutional barriers at the grassroots implementation level. The study is a case study which examines implementation of rehabilitation policies by government organizations and whether affected people have benefited from these policies. It focuses on the challenges identified like compensation delay, failure to restore livelihood, land allocation problems, and inter-departmental coordination weaknesses. The results suggest mismatches in implementation with policy objectives, implying that good governance is required to guarantee implementation and accountability in the field and that participatory rehabilitation planning is essential for achieving justice for project affected persons.

Keywords*:* Maharashtra Project Affected Persons Rehabilitation Act, 1999; Rehabilitation and Resettlement; Governance; Implementation Challenges; Displacement; Project Affected Persons (PAPs); Forest Protected Areas; Nagpur District; Policy Implementation; Socio-economic Rehabilitation.

Introduction

A nation's evolution is an unavoidable affair and while this involves the large-scale construction of infrastructure in the nation like dams, highways, irrigation systems, mining activity and industrial expansion, it possibly also involves combinations of these project types. Development in any country is an unavoidable affair and while it involves large-scale construction of infrastructures like dams, highways, irrigation systems, mining activity, and industrial expansion, it also may involve combinations of these projects. These projects will be considered for economic growth and regional development, but might bring about the displacement of local populations with their socio-economic and environmental implications. Development displacing has long been a problem in India, with rural, tribal and forest dependent populations primarily experiencing the effects. To overcome these concerns several legislations and policies have been enacted over the years, one such policy is Maharashtra Project Affected Persons Rehabilitation Act, 1999. The main thrust behind the enactment of this Act was to provide for fair, equitable and systematic rehabilitation and resettlement of persons suffering from the adverse impacts or effects of development of the state. To minimize the impact of displacement and promote social justice by offering compensation, alternative land and housing facilities and employment/livelihood support to the families that are displaced.

Although the rehabilitation policy is well structured, it is often faced with several challenges in the implementation in India. The scenario is complicated in Maharashtra, where there are multiple ecological zones including forest protected where displacement is more sensitive and legally complex. Forest areas not only have indigenous and tribal people but also play an ecologically critical function and are subjected to strict ecological regulations. In district Nagpur, a number of villages in or close to forest protected areas are found to be relocated due to

developmental project, conservation efforts and infrastructure development. Eligible for ‘relocation' options on ecological and developmental grounds, the communities are to be rehabilitated, although this presents some critical questions related to governance effectiveness, administrative efficiency, socio-economic justice etc.

The Nagpur District within the Vidarbha division of Maharashtra has seen many development initiatives such as irrigation schemes, forest protection efforts, and infrastructure development. As a result of these activities, some villages located in forest protection area system have been displaced and rehabilitated. The rehabilitation of MAPA lessens under the foot of the Maharashtra Project Affected Persons Rehabilitation Act, 1999, although at the ground level, the real picture may show a mismatch between the intent of the policy and its impact. Inadequate livelihoods restoration, delayed compensation, insufficient land allocation, poor access to basic infrastructures in resettlement sites are among the frequently voiced concerns. Furthermore, coordination among different implementing agencies (like revenue authorities, forest authorities, local प्रशासन etc.) is often not very strong, and this results in gaps and inefficiencies in the rehabilitation process.

The other key socio-economic factor in this context is the vulnerability in the sense of socio-economic ties of project affected persons, including tribal and forest-dependent. Forest resources have long been important for the people's livelihood, cultural and identity of these communities. As they are uprooted, their economic activities are thrown into disarray, social networks are broken, and they can become impoverished and marginalized in the long term. The Act does focus on rehabilitation and livelihood restoration, but this socio-cultural aspect of rehabilitation is rarely well addressed during implementation. This has led to problems for many rehabilitated families to return to their communities, find a job and keep up their quality of life.

In governance, what matters is that it sets the tone for the success or failure of rehabilitation policies. Transparency, accountability, participative decision-making and robust institutional coordination are essential for effective implementation. However, in many instances the rehabilitation processes involve bureaucratic delays, lack of involvement of the community and limited monitoring processes. It is clear that these are barriers to a more inclusive, and people-centred approach to rehabilitation planning. An analysis of the implementation of the Maharashtra Project Affected Persons Rehabilitation Act, 1999, gives an interesting glimpse on the strengths and weaknesses of the prevailing governance mechanisms in the Nagpur District context.

Motivated by these issues, the present study aims at an in-depth analysis of the problems of governance and implementation of Maharashtra Project Affected Persons Rehabilitation Act, 1999 in rehabilitated villages of Nagpur District, within forest-protected areas of the district. It aims to find out the rehabilitation outcomes, policy implementation challenges, and post-resettlement socio-economic situation of rehabilitees' communities. The aim of the study is to add to the overall discussion on issues of sustainable development, social justice and implementation of polices in India spanning displacement and rehabilitation in ecologically sensitive areas.

Literature review

A rapidly expanding literature in the field of urban poverty, slum health and access to health services in India and other developing countries all point to a widespread health access gap in terms of service, utilization, and governance. The research conducted by Adams et al. (2015) put a strong focus on spatial inequalities in imbalance of access to healthcare and attributed that imbalance to an unequal distribution of access in urban poor areas, especially in slum settlements like Dhaka. E P AA et al. (2021) found that in Indian-specific contexts, the reliance on informal healthcare providers is seen as the dominant choice extending the argument of attesting "affordability, accessibility and trust" for a specific 'place', also reflecting one form of geospatial inequality. This reliance on nontraditional channels underscores structural gaps in provision of health services to the public.

Awareness levels, socio-economic constraints and cultural practices have very great influence on the health seeking behaviour of slum dwellers. This study shows that the urban slum people in Delhi are not much aware of

the disease like cataract providing delay in cure and complication. (Misra et al., 2017) Likewise, Gaiha and Gådin (2020) emphasize that working couples in slums are also faced with constraint on time, affecting health promotion and preventive health care practices. The results suggest that the impact of structural poverty is that it significantly limits health-seeking behaviours that are likely to be pro-active.

Gender and social relations are additional factors that affect health in slums. For example, using a slum example from Mumbai, Gundewar and Chin (2020) demonstrate the role played by social capital and gender relations in influencing access to health services among women. Das et al (2018) have claimed that in urban slums of Kolkata gender gaps make significant difference in health-seeking behaviours. Overall, the research presented here highlights both the economic and social and structural dimensions of a person's health vulnerability.

A number of issues relating to public health systems are also well documented as barriers to implementation. Multiple areas of challenges have been pointed out by Banerjee et al. (2021) in the working of Urban Health and Nutrition Days in Nagpur, including lack of infrastructure, lack of coordination, and limited outreach. Further, Das et al. (2020, 2018) delve into the ways in which slum dwellers build knowledge on health and lay out sickness patterns, uncovering cultural and informational barriers that impede the delivery of effective services.

Child health outcomes and nutrient deficiencies continue to be important issues. Houghton et al. (2020) and Ravindranath et al. (2019) found that the feeding practices of migrants are suboptimal, as well as the malnutrition status and the scarcity of healthcare services among migrants living in slums. However, the put-up changes in food preferences noted by Kumar et al (2022) have added difficulties arising from shifting food preferences in urban areas, which were also accompanied by health risks.

Social protection measures like health insurance coverage is not widely used by the urban poor. Delhi suffers from a limited awareness of and irregular use of insurance schemes, which highlights out-of-alignment policies and lack of coverage exposure, as noted by Kusuma et al. (2018). Additionally, Harpham (2009) offers a larger conceptual picture, noting broader governance failures and poor policy integration in urban health for developing countries.

Migration also increases the challenges of access to and provision of health services and results.Health access and results are also complicated by migration. As pointed out by Kusuma and Babu (2018) in their systematic review, there are major hindrances regarding access to healthcare for the internal migrants in India as they are mobile, lack documentation and are socially excluded on grounds of socio-economic exclusion. This is similar to Abdi et al. (2018) who emphasize the importance of customized screening and intervention strategies for priority health conditions in urban slums.

The overall findings in the literature were clearly and consistently that spatial inequalities, socio-economic deprivation, ineffective governance, gender inequalities and poor policy implementation were all barriers to poor peoples' access to health care. Overall, these studies highlight the pressing challenges of having health systems that are integrated, inclusive, and well-governed, which will have to tackle structural and behavioral determinants of health in urban slum contexts.

Objectives of the study

1. To analyze the governance framework under the Maharashtra Project Affected Persons Rehabilitation Act, 1999 in Nagpur District.
2. To examine the implementation challenges faced in the rehabilitation of project affected persons in forest-protected areas of Nagpur District.
3. To assess the socio-economic conditions of rehabilitated villages under the Maharashtra Project Affected Persons Rehabilitation Act, 1999 in Nagpur District.

Hypothesis (H_0 and H_1):

H_0 (Null Hypothesis): There is no significant improvement in the socio-economic conditions of rehabilitated villages under the Maharashtra Project Affected Persons Rehabilitation Act, 1999 in Nagpur District.

H_1 (Alternative Hypothesis): There is a significant improvement in the socio-economic conditions of rehabilitated villages under the Maharashtra Project Affected Persons Rehabilitation Act, 1999 in Nagpur District.

Research Methodology

The present study adopted a descriptive and analytical research design to study the governance and implementation issues of Maharashtra Project Affected Persons (MAP) Rehabilitation Act, 1999 in the rehabilitated villages of the forest protected areas of Nagpur District. The study has employed Primary Data and Secondary Data as its source of data. The data gathered is primary which is obtained by structured questionnaires, interviews and field observation of the rehabilitated households, the local leaders as well as the relevant government officials involved in either the rehabilitation and resettlement process. Secondary data is derived from government reports, policy documents, research articles and published literature on project affected persons and rehabilitation policies. Representative rehabilitated villages and respondents were selected using purposive sampling selection method so that the selected villages and the respondents were relevant to the study objectives. Appropriate statistical methods including percentage analysis, mean scores and inferential statistics are used to analyse the collected data and provide insights into socio-economic conditions and gaps. The study also uses a qualitative method which enables an understanding of the problems facing the administration with a view to presenting good governance, and the lived experience of the displaced communities at local level, giving the study a holistic view of how effective a good young person is as regards implementation of the Act in the selected area.

Descriptive Statistics of Socio-Economic Conditions (Rehabilitated Villages – Nagpur District)

Socio-Economic Indicator	Sample Size (N)	Mean Score	Standard Deviation	Interpretation
Monthly Household Income	200	3.42	0.88	Moderate improvement
Employment Status	200	3.18	0.91	Slight improvement
Housing Condition	200	3.75	0.79	Significant improvement
Access to Drinking Water	200	3.90	0.65	High improvement
Sanitation Facilities	200	3.55	0.83	Moderate improvement
Access to Education	200	3.60	0.80	Moderate improvement
Health Facilities	200	3.28	0.92	Moderate improvement
Overall Living Standard	200	3.53	0.81	Improved conditions

Descriptive Statistics of Socio-Economic Conditions of the rehabilitated villages under the Maharashtra Project Affected Persons Rehabilitation Act, 1999 in Nagpur District suggests that there was moderate to significant level of improvement on selected indicators, overall. The means for some of the indicators—including access to drinking water (3.90) and housing conditions (3.75)—indicate generally good results, corresponding to the increasing levels of basic infrastructure facilities in the rehabilitated settlements. Access to education (3.60) and sanitation facilities (3.55) also make moderate progress but this leaves only partial success in delivering basic social service provisions as a part of rehab. In contrast to the scores of other variables, employment status (3.18)

and health facilities (3.28) have comparatively lower mean scores as a result of continued hardships in employment generation and health access. Responses have a moderate variation in measuring by the standard deviation, between 0.65 and 0.92. This suggests some of the household members benefited a lot, and others remain constrained by socio-economic factors. The overall mean score for living standard is 3.53, indicating, overall, that conditions after rehabilitation have improved, therefore the implementation of the Act has, on average, brought positive effects in socio-economic aspects, but not really in all aspects. The extent to which this policy is successful in making these improvements to basic infrastructure is reflected in these findings which indicate that there is still a need for more robust livelihood support systems and increases in service delivery where it does not yet exist in order to achieve balance among rehabilitated communities in terms of socio-economic development.

Multiple Regression Analysis

Dependent Variable: Socio-Economic Conditions (Composite Index)

Independent Variables: Income, Employment, Housing, Education, Health Facilities, Infrastructure

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	0.782	0.612	0.598	0.421

ANOVA Table

Model	Sum of Squares	df	Mean Square	F	Sig. (p-value)
Regression	52.364	6	8.727	49.85	0.000
Residual	33.214	193	0.172		
Total	85.578	199			

Coefficients Table

Variables	B	Std. Error	Beta	t	Sig.
(Constant)	1.214	0.185	—	6.56	0.000
Income	0.276	0.048	0.312	5.75	0.000
Employment	0.198	0.051	0.221	3.88	0.000
Housing	0.241	0.046	0.285	5.24	0.000
Education	0.167	0.044	0.193	3.79	0.000
Health Facilities	0.152	0.050	0.168	3.04	0.003

Variables	B	Std. Error	Beta	t	Sig.
Infrastructure	0.289	0.047	0.335	6.15	0.000

Multiple regression analysis was conducted to find the degree of contribution by various socio-economic factors towards the overall improvement in the rehabilitation condition of the rehabilitated villages as per the Maharashtra Project Affected Persons Rehabilitation Act, 1999 (MAPFRA) in Nagpur District of Maharashtra. The results revealed that the selected independent variables namely income, employment, housing, education, health facilities and infrastructure explained 61.2% of the variation in the socio-economic conditions which shows a strong and statistically significant model fit in terms of R and R^2 value (0.782 and 0.612 respectively). The adjusted R^2 value of 0.598 has also been confirmed by the strength of the model with the removal of the number of predictors known as R^2 adj. ANOVA test yields the result that the regression model is highly significant ($F = 49.85$, $p < 0.001$) it means that all of the independent variables have significant effect on the socio-economic development in rehabilitated villages.

All independent variables have positive and statistically significant relationships with the socio-economic conditions based on the values of the coefficients table in which all p values are less than 0.05. Among the predictors, infrastructure would appear to be the most important ($\beta = 0.335$), after income ($\beta = 0.312$) and housing ($\beta = 0.285$), which also means that the improvement of physical and economic infrastructure is of great importance in improving rehabilitated populations' living standards. Vocation ($\beta = 0.221$), education ($\beta = 0.193$) and health facilities ($\beta = 0.168$) are also significant but lesser. These results imply that socio-economic rehabilitation is multi-faceted as infrastructure and income generation are the most crucial factors of improvement. The regression results validate the alternative hypothesis that overall by rehabilitating the villages under the Act the socio-economic conditions have significantly improved in Nagpur District and also underscore the importance of balanced development with respect to all the socio-economic indicators.

Overall conclusion

The Maharashtra Project Affected Person Rehabilitation Act, 1999 is critically analysed in the present study with special reference to the rehabilitation level villages in forest protected areas of Nagpur district as far as governance and implementation aspects are concerned. The Study reveals that while the Act gives a comprehensive legal framework for the rehabilitation and resettlement of the evacuees of the projects, there are several socio-economic, institutional, and administrative challenges on the ground level. This analysis revealed moderate to significant gain of basic infrastructure facilities, including drinking water, houses and sanitation in the rehabilitated villages. But there are still significant gaps in a critical field like employment people, health care and sustainable livelihoods, all of which continue to work against the sustained safety and viability of displaced communities.

The statistical analysis not only reveals that the socio-economic situation in the rehabilitated villages has improved considerably, but also that the following factors have a significant influence, namely: infrastructure development, income of the residents, the quality of housing, education and health facilities. Among the socio-economic parameters, infrastructure and income stood out as the most determining, indicating that a stable economy, and adequate physical facilities are crucial for rehabilitation success. Although there are favorable or good developments in some villages, a study has revealed that the gains of the rehabilitation are not equally distributed in all the villages.

The paper additionally shows governance related issues like delayed compensation, inter-departmental coordination, less participation of the public, and less monitoring of the Act in the implementation. These challenges not only have a negative impact on the overall effectiveness of rehabilitation programs, but they are also a factor in affecting the satisfaction of project-affected persons (PAPs). The complexity accentuates when

the area is protected as a forest or conservation area, with socio-cultural vulnerabilities of tribal and forest dependent communities on the one hand and ecological restrictions on the other.

The general inference of the study is that the implementation of the Maharashtra Project Affected Persons Rehabilitation Act 1999 (MAPFRA) has been a positive step towards enhancing the socio-economic conditions in Nagpur District, but a number of actions are needed to strengthen its implementation. There is a growing need for a more participatory, transparent and decentralized approach to governance that would result in an equitable rehabilitation approach. Building livelihood support systems; building coordination between agencies and maintaining post-resettlement monitoring is essential in securing sustainable rehabilitation outcomes. The study finally highlights the importance of effective implementation instead of policy formulation, in realizing social justice and inclusive development of project-affected persons.

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