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IMPACT OF MGNREGA ON ELEMENTARY EDUCATION AND BASIC HEALTHCARE IN CHHATTISGARH



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ABSTRACT:

MGNREGA guarantees the right to work to by providing 100 days of guaranteed wage employment in a financial year to every rural household whose adult members are willing to do unskilled manual work. It affected very significantly to the living standard of rural people. This is a right based programme ever now. The right to work is closely related to other basic rights such as the right to life, the right to food and the right to education, right to health. In this regard, we are intended to know the impact of Mahatma Gandhi National Rural Employment Guarantee Act, 2005 (MGNREGA) on elementary education and basic health facility access to its beneficiaries in rural areas of

Chhattisgarh. Out of 18 districts of Chhattisgarh, MNREGA was implemented in 11 districts in first phase (2006). Three districts (25%) from the first lot of 11 districts of Chhattisgarh were selected for studying the beneficiary level impact and responses on the basis of demographic profile. These are Bilaspur, Dhamtari and Surguja. The study is based on primary data collected through questioners. The findings show that, there are so many positive changes takes place after MGNREGA, among its beneficiaries.



KEY WORDS: MGNREGA, Elementary Education, Health, Chhattisgarh.

INTRODUCTION

The National Rural Employment Guarantee Act, 2005 (NREGA) guarantees 100 days of wage employment in a financial year to any rural household whose adult members are willing to participate in unskilled manual work. The Act is an important step towards realization of the right to work and aims

at enhancing people's livelihood on a sustained basis, by developing the economic and social infrastructure in rural areas.

The present study, Impact of Mahatma Gandhi National Rural Employment Guarantee Programme (NREGP) in Chhattisgarh, has focused on assessing the impact of this scheme on the overall quality of life of people by gauging parameters such as Impact on elementary education and increase in investment on basic healthcare. The information on the above aspects were collected through primary survey tapping six hundred beneficiaries spread in three districts of Chhattisgarh with 200 beneficiaries from each district, which were part of the first phase of implementation of the scheme. The data pertains to the year 2011-12 & 2012-13. By way of observation and schedule, data on these variables were collected from beneficiaries who are part of the NREGA Scheme.

LITERATURE REVIEW

Mathur(2009), states that in social audit undertaken in Andhra Pradesh, it was found that in certain villages, some people stated that they had not been paid for the work done. When comparisons were made of the payments as per the pass-book with the payment as per the job card, it was discovered that the job card did not contain the inner pages that record the work done by each person; the job card itself was incomplete. This came as a surprise as it had not happened in any region so far but then this area had resisted the initiative. The MPDO was asked to ensure that complete job cards were issued, investigate the lapse, fix responsibilities and send a report. Earlier, several officials, Field and Technical Assistants and Mates admitted to irregularities and about Rs. 50,000 were returned. From separate discussions with the sarpanch, it was evident that they were keen to ensure that there was no irregularity in their villages. On the whole, the authors are very positive about the potential of the scheme and see it as a means to revolutionize the way rural India lives and works. Ambasta, Shankar and Shah (2008), gave a number of important recommendations. Like Information technology has to be utilized optimally to infuse more transparency, accountability and speed at all stages, from sanction of works, release of funds, wage payments to social audit. The author also recommends revision of the Schedule of Rates so that they are in line with a program that bans machines and contractors, are gender sensitive, more accurately reflect variations in climate and geology, value separately the different activities that comprise works and move in tandem with changes in statutory minimum wages.

But on the whole, the writing is very optimistic about MNREGA and believes that the government of India has finally come up with the scheme that could escape the failings of the past and actually reach the common man in a way all other schemes have been unable to.

Lalit Mathur (2007), in this research the short comings of NREGA, which is into its second year of implementation has been studied. The performance of NREGA in states as a general has been evaluated. The performance is weighted according to employment achieved vis-à-vis utilization of money per state. It also looks at the Impact which has occurred due to implementation of NREGA and provides some suggestion for intervention needed in future for better implementation. Jean Dreze (2007), this study highlights the situation of NREGA in western Orissa and highlights the corruption of the programme in this area. He points out that the programme has been sabotaged the transparency safeguards which have been inculcated in the programme which perpetuates the traditional system of extortion already existing through new means of rural employment programme. Datar Chhaya (2007), this article explores why the NREGA has failed to take off in Maharashtra. This study looks into an act which was 30 years old in Maharashtra and one of the Pioneer Employment Guarantee scheme after being converted into a central Act is performing poorly in Maharashtra and every half of the money

allocated for 12 districts in the first phase has not been spent It also compares the field level functioning and how the state Government is not taking interest particularly line department.

Chakraborty, Pinaki (2007), this study analysis the budgetary provisions under NREGA and suggest that it has so far posed no problems for the budget. Its allocation is only marginally higher than what was spent in the past by the government on various rural employment programmes. It is a demand driven scheme and it has falls short of meeting demand in some states. The fund utilization ratio also varies widely across states. Louis Prakash (2006), this article reviews why the Bihar government is not implementing the NREGA. It analyses what holds the Bihar government from implementing the National Rural Employment Guarantee Programme in the state. It finds out that like its predecessor, the present government also seems to be strong on rhetoric and weak in implementation.

Arun,et.al (2006), this is case study in Palakkad district of Kerala how the government's employment scheme is being implemented and reveals the vital role played by local bodies. While implementation has been largely fair and corruption free the scheme needs to be more efficiently and effectively used so as to meet the long term requirements of the state and its people. ISST – Delhi (2006), this study analysis the NREGA from the gender perspective with reference to strengthening of rural infrastructure through creation of durable assets, regeneration of natural resources that would provide the livelihood resource base of local rural economy, etc. A household survey in four districts of Rajasthan, Madhya Pradesh, Karnataka and Orissa reveals that the proportion of eligible men and women are roughly the same, but in Rajasthan there are more women workers than men on the site. The level of mobilization among the villagers has also been studied.

Bela, et.al.(2006), this article reviews the implementation of NREGA in two districts of Jharkhand, which found many serious flaws in its implementation process. The study evaluates NREGA in terms of awareness of programme, Job cards given, Demand for work by people, payments of wages and other implementation issues live worksite facilities, productive assets created, type of work done etc. The study by Khera Reetika (2006), is conducted in Rajasthan and analyses the experience of relief work in drought years. The data revealed that relief work has helped introducing the migration and if work. Continues to be obtained at the rural level it would further decline. Such has been provided under NREGA.

METHODOLOGY

In order to draw meaningful conclusions, appropriate sampling plan is used at different stages of study.

Out of 18 districts of Chhattisgarh, MNREGA was implemented in 11 districts in first phase (2006). Three districts (25%) from the first lot of 11 districts of Chhattisgarh were selected for studying the beneficiary level impact and responses on the basis of demographic profile. These are Bilaspur, Dhamtari and Surguja. Out of the three districts selected, 2 Blocks of each were selected randomly. From each block, 5 Gram Panchayat and from each Gram Panchayat 20 beneficiary were finally chosen again on random basis. So, 200 beneficiaries from each district were selected as sample for primary survey and field work.

A detailed structured interview schedule for NREGP beneficiaries & Gram Panchayat officials were used for Data collection and primary survey. The data collected from all the 03districts is presented in the tabular and graphical form.

BRIEF PROFILE OF CHHATTISGARH

The State Chhattisgarh is one of the youngest States of the Indian nation. Constituted on 1st November, 2000, Chhattisgarh is located in the heart of India. The geographical area of the State covers over 135,000 square kilometers. And the total population in 2011 was 25545198 (2.55 crore). Of this, 77 percent of the people live in rural areas and 23 percent live in urban areas. The State has a low density of population, 189 persons per square kilometer. The sex ratio for the State is 991 females per 1,000 males. In rural Chhattisgarh, there are more women than men.

OBJECTIVE

- To find out the Impact of MNREGA on elementary education and investment on basic healthcare.

ANALYSIS AND FINDINGS

I. IMPACT ON ELEMENTARY EDUCATION

This section deals with the increase in investment on basic education by the beneficiaries of sampled Gram Panchayats like, provisions of schooling for children, type of school, literacy position and educational development etc. before and after MNREGA.

The table No. 1.1 depicts that 66 % respondents said that they sent their children to school before MNREGA whereas 77.80% respondents replied that they have enrolled their children to school after MNREGA. The implication is shown as to increased level of education after MNREGA compared to the situation prior to the launching of MNREGA. It has increased by 11.80%.

Table 1.1

Children Schooling	Before MNREGA	After MNREGA
No	34.00	22.00
Yes	66.00	77.80
Total	100.00	100.00

The table No. 1.2 presents the distribution of the respondents on sending their children to school before MNREGA. In the District of Bilaspur, it was found that 30.5% respondents replied negatively, while 69.5% respondents replied positively that they used to send their children to the schools.

		Before MNREGA School		Total	
		No	Yes		
District	Bilaspur	Count	61	139	200
		%	30.5%	69.5%	100.0%
	Dhamtari	Count	44	156	200
		%	22.0%	78.0%	100.0%
	Surguja	Count	99	101	200
		%	49.5%	50.5%	100.0%
Total		Count	204	396	600
		%	34.0%	66.0%	100.0%

Similarly, in the District of Dhamtari, it was found that 22% respondents did not send their children to the school while 78% respondents replied positively. Again, it was experienced that in the District of Surguja, 49.5% respondents were found that they did not send their children to the school while 50.5% respondents did send their children to the school.

The table No. 1.3 presents the distribution of the respondents on sending their children to

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school after MNREGA. In the District of Bilaspur, it was found that 18.5% respondents replied negatively, while 81.5% respondents replied positively that they used to send their children to the schools.

District		After MNREGA School		Total	
		No	Yes		
District	Bilaspur	Count	37	163	200
		%	18.5%	81.5%	100.0%
	Dhamtari	Count	42	158	200
		%	21.0%	79.0%	100.0%
	Surguja	Count	54	146	200
		%	27.0%	73.0%	100.0%
Total		Count	133	467	600
		%	22.2%	77.8%	100.0%

Similarly, in the District of Dhamtari, it was found that 21% respondents did not send their children to the school while 79% respondents replied positively. Again, it was experienced that in the District of Surguja, 27% respondents were found that they did not send their children to the school while 73% respondents did send their children to the school.

The table No. 1.4 shows the distribution of the respondents on sending their children to the different types of schools before MNREGA. It was found that before MNREGA 31% respondents responded that they did not send their children to the school, while 68.8% respondents replied that they send their children to the Government schools while 0.20% respondents replied that they sent their children to the Private schools.

School Type	Before MNREGA	After MNREGA
Not Applicable	31.00	20.20
Govt. School	68.80	79.30
Private School	0.20	0.50
Total	100.00	100.00

Comparatively it was found that after MNREGA 20.20% respondents responded that they did not send their children to the school at all, while 79.30% respondents replied that they sent their children to the Government schools, and 0.50% respondents replied that they sent their children to the Private schools.

Table no. 1.5 shows the District-wise school going children before MNREGA. In the District of Bilaspur, it was found that 137 respondents replied that they sent their children to the Government schools, in Dhamtari, 157 respondents and in Surguja 105 respondents replied positively that they sent their children for the schooling purpose to the Government schools.

District			Before MNREGA	Total
			School Type	
District	Bilaspur	Count	137	137
		%	100.0%	100.0%
	Dhamtari	Count	157	157
		%	100.0%	100.0%
	Surguja	Count	105	105
		%	100.0%	100.0%
Total		Count	399	399
		%	100.0%	100.0%

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Table no. 1.6 shows the District-wise school going children after MNREGA. In the District of Bilaspur, it was found that 160 respondents replied that they sent their children to the Government schools, in Dhamtari, 159 respondents and in Surguja 146 respondents replied positively that they sent their children for the schooling purpose to the Government schools. Whereas one (01) respondent in Bilaspur replied that after the MNREGA, his children have been sent to the private schools. Similarly in the District of Surguja 02 respondents replied that they sent their children to the private schools after MNREGA.

Table-1.6: District wise School Type (After MNREGA)

			After MNREGA School Type		Total
			Govt. School	Private School	
District	Bilaspur	Count	160	1	161
		%	99.4%	.6%	100.0%
	Dhamtari	Count	159	0	159
		%	100.0%	.0%	100.0%
	Surguja	Count	146	1	147
		%	99.3%	.7%	100.0%
Total		Count	465	2	467
		%	99.6%	.4%	100.0%

The table No. 1.7 presents Literacy Position of the Literate members before MNREGA and after MNREGA , It has been found that before coming to the MNREGA it was 13.80% of 3 members family, Comparatively it was found that after MNREGA No. of 3 members literacy were increased by the 18.70%.

Table-1.7: Literacy Position

Literate Members		
No. of members	Before MNREGA	After MNREGA
0.00	17.50	9.50
1.00	19.00	9.20
2.00	33.70	21.30
3.00	13.80	18.70
4.00	9.30	21.50
5.00	4.80	11.70
6.00	1.00	5.30
7.00	0.30	1.70
8.00	0.20	0.50
9.00	0.30	0.70
Total	100.00	100.00

Table no. 1.8 shows about the Educational Development condition of beneficiaries. It has been found that 66.70% respondents said that did not have been increased in their educational level before MNREGA, whereas 77% respondents opined that after MNREGA there have been increased in their educational level, it means (77%>66.7%) 10.3% respondents replied their education level have been increased after MNREGA.

Educational Development	Before MNREGA	After MNREGA
No	66.70	23.00
Yes	33.30	77.00
Total	100.00	100.00

The table No. 1.9 describes about the educational development of the respondents District-wise as per their possession of educational development before MNREGA. In case of Bilaspur District out of 200 sample size, 125 (62.5%) respondents replied negatively that there has been no increased in educational level, while 75 (37.5%) respondents nodded their heads positively to increase in their educational level. Similarly, in the District of Dhamtari, 104(52%) respondents gave their negative nods while 96 (48%) replied positively for having the vehicles. Again in District of Surguja, a majority of the respondents i.e.172 (86%) did not increased their educational level, while only 28 (14%) respondents have had increased in their education level before MNREGA.

District			Before MNREGA Educational Development		Total
			No	Yes	
District	Bilaspur	Count	125	75	200
		%	62.5%	37.5%	100.0%
	Dhamtari	Count	104	96	200
		%	52.0%	48.0%	100.0%
	Surguja	Count	172	28	200
		%	86.0%	14.0%	100.0%
Total		Count	401	199	600
		%	66.8%	33.2%	100.0%

The table No. 1.10 describes about the educational development of the respondents District-wise as per their possession of educational development after MNREGA. In case of Bilaspur District out of 200 sample size, 43 (21%) respondents replied negatively that there has been no increased in educational level, while 157 (78.5%) respondents nodded their heads positively to increase in their educational level. Similarly, in the District of Dhamtari, 40(20%) respondents gave their negative nods while 160 (80%) replied positively for having the vehicles. Again in District of Surguja, a majority of the respondents i.e.55 (27.5%) did not increased their educational level, while only 145 (72.5%) respondents have had increased in their education level after MNREGA.

District			After MNREGA Educational Development		Total
			No	Yes	
District	Bilaspur	Count	43	157	200
		%	21.5%	78.5%	100.0%
	Dhamtari	Count	40	160	200
		%	20.0%	80.0%	100.0%
	Surguja	Count	55	145	200
		%	27.5%	72.5%	100.0%
Total		Count	138	462	600
		%	23.0%	77.0%	100.0%

II. IMPACT ON BASIC HEALTHCARE

Table no. 2.1 presents the status of the medical assistance in the study area before and after the launching of MNREGA. A total of 97.83% respondents gave their opinions that they received the medical assistance from the Government hospitals, while after MNREGA also 98% respondents agreed that they get medical assistance from Government Hospitals. Before MNREGA only a meager of 1% respondents replied that they used to go the private hospitals, while after the launching of the programme, 1.3% people used to go to the private hospitals. Still before MNREGA some 0.83% respondents said they took help from the Jhad-funk, while it is good to see that only 0.2% still believed in Jhad-funk even after the MNREGA.

Table-2.1

Medical Assistance		
Medical Assistance	Before MNREGA	After MNREGA
Govt. Hospital	97.83	98.00
Private Hospital	1.00	1.30
Jhad-Funk	0.83	0.20
Nil	0.30	0.30
Total	100.00	100.00

Table no. 2.2 presents the district-wise medical assistance given to the respondents before MNREGA. It has been found that before MNREGA, 96.5% respondents placed their trust in the government hospitals, while only 1.5% showed their faith in the private hospital, and 2% did have trust on the Jhad-funk. In the district of Dhamtari, 99.5% respondents placed their confidence in the government hospital, while only 0.5% respondents went to the private hospital. Again in the district of Surguja, 98.5% respondents were of the opinion that they received the medical assistance from government hospitals, while 1% respondents went to the private hospital and 0.5% respondents believed in Jhad-funk.

Table-2.2: District wise Medicine (Before MNREGA)						
			Before MNREGA Medicine			Total
			Govt. Hospital	Private Hospital	Jhad-Funk	
District	Bilaspur	Count	193	3	4	200
		%	96.5%	1.5%	2.0%	100.0%
	Dhamtari	Count	199	1	0	200
		%	99.5%	.5%	.0%	100.0%
	Surguja	Count	197	2	1	200
		%	98.5%	1.0%	.5%	100.0%
Total	Count	589	6	5	600	
	%	98.2%	1.0%	.8%	100.0%	

Table no. 2.3 presents the district-wise medical assistance given to the respondents after MNREGA. It has been found that after MNREGA, 96.5% respondents placed their trust in the government hospitals, while only 3.5% showed their faith in the private hospital, and no respondents trusted on the Jhad-funk. In the district of Dhamtari, 99% respondents placed their confidence in the government hospital, while only 1% respondents went to the private hospital. Again in the district of Surguja, 98.3% respondents were of the opinion that they received the medical assistance from government hospitals, while 1.5% respondents went to the private hospital and still 0.2% respondents

believed in Jhad-funk.

Table 2.3: District wise Medicine (After MNREGA)

		After MNREGA Medicine			Total	
		Govt. Hospital	Private Hospital	Jhad-Funk		
District	Bilaspur	Count	193	7	0	200
		%	96.5%	3.5%	.0%	100.0%
	Dhamtari	Count	198	2	0	200
		%	99.0%	1.0%	.0%	100.0%
	Surguja	Count	199	0	1	200
		%	99.5%	.0%	.5%	100.0%
Total		Count	590	9	1	600
		%	98.3%	1.5%	.2%	100.0%

Table no. 2.4 presents the medicinal assistance during accidents before after MNREGA. It has been found that before MNREGA 98.5% respondents were not taking the assistance from either Primary Health Centers or Health workers, or gram Panchayats. Only 1% respondents accepted that they were receiving medical assistance from primary health center, 0.33% was taking medical assistance from health workers and 0.17% respondents were having assistance from gram Panchayats. On the other hand, after MNREGA, 47.2% respondents were taking the medical assistance neither from primary health centers, nor from health workers nor from gram Panchayats. However, it is amazing to see the findings that 40.5% respondents consulted the gram Panchayats after MNREGA, while 3.30% respondents accepted the fact that they started receiving the medical assistance from primary health centers, 8.80% respondents received the assistance from health workers and 0.20% respondents were found to have assistance from all three agencies.

Medical Assistance	Before MNREGA	After MNREGA
Primary Health Centre	1.00	3.30
Health Worker	0.33	8.80
Gram Panchayat	0.17	40.50
All Three	0.00	0.20
Nil	98.50	47.20
Total	100.00	100.00

Table no. 2.15 presents the district wise accident treatment before MNREGA. In the district of Bilaspur, it has been found that earlier 99% respondents were not at all aware of receiving the assistance from primary health center, health worker and gram Panchayats. However, 0.5% respondents each did have assistance from primary health centers as well as from gram Panchayats respectively. Similarly, in the district of Dhamtari, 99.5% respondents were unaware of receiving the accidental treatment from primary health centers, health workers or the gram Panchayats, while 0.5% respondents were somewhat aware of taking assistance from the primary health centers. In the same line, in the district of Surguja, it was found that 95% respondents were not knowing about the services catered by primary health centers, health workers and gram Panchayats. However, 4% respondents did reply that they had received accidental treatment from primary health centers, while 1% opined that they received the help from the health worker. On an average, 97.8% respondents did not have access to primary health centers, health workers, and gram Panchayats.

		Before MNREGA Accident Treatment					Total
			Primary Health Centre	Health Worker	Gram Panchayat	Nil	
District	Bilaspur	Count	1	0	1	198	200
		%	.5%	.0%	.5%	99.0%	100.0%
	Dhamtari	Count	1	0	0	199	200
		%	.5%	.0%	.0%	99.5%	100.0%
	Surguja	Count	8	2	0	190	200
		%	4.0%	1.0%	.0%	95.0%	100.0%
Total		Count	10	2	1	587	600
		%	1.7%	.3%	.2%	97.8%	100.0%

Table no. 2.16 presents the district wise accident treatment after MNREGA. In the district of Bilaspur, it has been found that 81% respondents accepted that they received help from gram Panchayats. Only 6.5% respondents were not aware of receiving the assistance from primary health center, health worker and gram Panchayats. However, 5% respondents and 7% respondents did have assistance from primary health centers as well as from health workers respectively.

		After MNREGA Accident Treatment					Total	
			Primary Health Centre	Health Worker	Gram Panchayat	All three		Nil
District	Bilaspur	Count	10	14	162	1	13	200
		%	5.0%	7.0%	81.0%	.5%	6.5%	100.0%
	Dhamtari	Count	2	27	76	0	95	200
		%	1.0%	13.5%	38.0%	.0%	47.5%	100.0%
	Surguja	Count	10	12	6	0	172	200
		%	5.0%	6.0%	3.0%	.0%	86.0%	100.0%
Total		Count	22	53	244	1	280	600
		%	3.7%	8.8%	40.7%	.2%	46.7%	100.0%

Similarly, in the district of Dhamtari, 47.5% respondents were unaware of receiving the accidental treatment from primary health centers, health workers or the gram Panchayats, while 1% respondents were somewhat aware of taking assistance from the primary health centers, 13.5% from health workers and 38% from gram Panchayats.

In the same line, in the district of Surguja, it was found that 86% respondents did not know about the services catered by primary health centers, health workers and gram Panchayats. However, 5% respondents did reply that they had received accidental treatment from primary health centers, while 6% opined that they received the help from the health worker and 3% respondents replied to have access to the gram Panchayats for the purpose. On an average, 46.7% respondents even after MNREGA did not have access to primary health centers, health workers, and gram Panchayats. However it is worth noting that 40.7% respondents did have the access to the gram Panchayats after

the MNREGA.

Table no. 2.7 depicts the picture of the maternity benefits before and after the MNREGA. A total of 99.8% respondents accepted that they did not have maternity benefits before the MNREGA. It is amazing to see that even after MNREGA, people were not aware of the maternity benefits as the table shows the figure as to 99.5%. Whereas only 0.20% respondents accepted that they did have the maternity benefits before and 0.50% accepted the fact after the MNREGA.

Maternity Benefits	Before MNREGA	After MNREGA
No	99.80	99.50
Yes	0.20	0.50
Total	100.00	100.00

Table no. 2.8 depicts the picture of the maternity benefits before MNREGA in all three districts. In the district of Bilaspur 99.5% respondents replied 'no' to the maternity benefit before MNREGA, while 0.5% respondents replied positively. Similarly, in the district of Dhamtari, 100% respondents replied negatively that they were not getting the maternity benefit and in Surguja district also 100% respondents replied negatively towards getting the maternity benefit.

Table-2.8
District wise Maternity Benefit (Before MNREGA)

			Before MNREGA Maternity Benefit		Total
			No	Yes	
District	Bilaspur	Count	199	1	200
		%	99.5%	.5%	100.0%
	Dhamtari	Count	200	0	200
		%	100.0%	.0%	100.0%
	Surguja	Count	200	0	200
		%	100.0%	.0%	100.0%
Total	Count	599	1	600	
	%	99.8%	.2%	100.0%	

Table no. 2.9 depicts the picture of the maternity benefits after MNREGA. In the district of Bilaspur 99.5% respondents replied 'no' to the maternity benefit after MNREGA, while 0.5% respondents replied positively. Similarly, in the district of Dhamtari, 99.5% respondents replied negatively that they were not getting the maternity benefit, while 0.5% respondents replied positively. Again in Surguja district also 99.5% respondents replied negatively towards getting the maternity benefit, while 0.5% accepted that they received the maternity benefit after MNREGA.

Table 2.9: District wise Maternity Benefit (After MNREGA)

			After MNREGA Maternity Benefit		Total
			No	Yes	
District	Bilaspur	Count	199	1	200
		%	99.5%	.5%	100.0%
	Dhamtari	Count	199	1	200
		%	99.5%	.5%	100.0%
	Surguja	Count	199	1	200
		%	99.5%	.5%	100.0%
Total	Count	597	3	600	
	%	99.5%	.5%	100.0%	

CONCLUSION-

Empirical evidence indicates that, due to increasing employment availability, the overall quality of life of the beneficiaries in terms of elementary education and basic healthcare facilities have improved. Increasing average annual income facilitated a greater opportunity for children of MNREGA workers and it has also improved the health related benefit. To sum up all we can say that the programme MNREGA played an important role in changing the quality of life of rural people in Chhattisgarh and findings indicated that socio-economic impact of MGNREGA has played a very significant role in empowering of merit goods like education and health facilities.

Suggestions-

- The government has taken up various measures to overcome the problem of poverty, though recent poverty estimates shows that there is highest percentage poverty exists in Chhattisgarh, so there should be implementation of MGREGA or such type of programme on the large basis.
- Because of issuing a single job card for each family, during the survey work, it was found that, in some family like two or three members got benefit from this programme but for the large family members (like 12 to 14 members) did not get benefit from the same programme. Therefore, there are requirement of multiple card for large family size.
- Form view point of human resource of Chhattisgarh State, there is a necessity of more links between MGNREGA and education.
- By increasing awareness of education and wages in nuxal areas, it may be possible that naxal people will be attractive towards this programme.

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