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Exploring the role of Mewat development agency (MDA) in the socio-economic development of Nuh, Haryana: A critical analysis

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Abstract

The purpose of this study was to evaluate the impact of the Mewat Development Agency (MDA) on the socio-economic development of the Mewat region, which comprises six blocks in the state of Haryana, India. Specifically, the study aimed to assess the capacity and effectiveness of the MDA in delivering ground-level services in health, gender, education, livestock, agriculture, cultural development, and community development. An exploratory research design was utilized to obtain quantitative and qualitative data from both the MDA and the public. A structured questionnaire was used to gather quantitative data from the public, while qualitative data was obtained from the MDA and other relevant departments. The collected data were analyzed by comparing the budget allocation with the progress made in different sectors. The study found that the MDA had not met the public's expectations due to a variety of factors, including the irresponsible attitude and lack of interest among MDA officials, the public's reluctance to change, and the non-cooperation of public and panchayats with various socio-economic development schemes. Additionally, the MDA did not conduct enough extension activities to popularize their initiatives effectively. To improve the situation, the study recommends continual trainings, interactive sessions, and feedback mechanisms for MDA officials. It is essential to engage the public and panchayats to increase their participation in the socio-economic development process. These measures can help to overcome the challenges faced by the MDA and enable it to deliver more effective services in the future.

Keywords: Mewat development agency, Haryana, socio-economic, healthcare, education

Introduction

Mewat is a region in the state of Haryana, India, which comprises six blocks, including Nuh, Taoru, Ferozpur Jhirka, Nagina, Punhana, and Hathin (now in Palwal district). It is bordered by the Bharatpur district of Rajasthan and some parts of the Mathura district of Uttar Pradesh. As of 2011, Mewat had a population of 1,089,263, with males and females comprising 571,162 and 518,101, respectively. The overall sex ratio for the district is 906 females per 1000 males (Census of India, 2011^[1]). The region covers an area of 1,507 sq. km, with a population density of 723/km².

A high proportion of household heads in Mewat belong to the Other Backward Classes (OBCs), with an average household size of seven. Additionally, Mewat has one of the lowest literacy rates in the country. The madrasah system of education is widespread in Mewat, and very few villages have proper healthcare facilities. The health data also indicates that diarrhea and acute respiratory infections are the leading causes of death among children in the region. Maternal health is also a significant concern, with not all village women having access to vaccination during pregnancy. More than 90percent of deliveries in these villages occur at home, in the absence of trained health personnel.

The Mewat Development Agency (MDA) was established by the Government of Haryana to address the economic and social backwardness of the Mewat region. MDA works to implement developmental schemes specifically designed to benefit the region, with a focus on raising the standard of living and accelerating the pace of development (MDA ^[2]). The agency is responsible for implementing various economic, social, educational, and health development activities with financial assistance from the government. These activities include soil and water conservation, irrigation development, crop and livestock development, community development, formal education, rural water supply, construction of schools, science

laboratories, libraries, and health centers.

The Mewat Development Agency (MDA) is committed to improving the standard of living and accelerating the pace of development in the Mewat region [2]. It aims to achieve these goals by implementing developmental schemes that are specifically designed to benefit the area. MDA receives financial assistance from both the Government of Haryana and the Government of India. MDA focuses on four major areas of work. The first area is economic activities, which includes soil and water conservation, canal irrigation development, arable crop development, horticulture development, and livestock development. The second area is social development, which includes community development, formal education, and rural water supply. The third area is education, which involves the construction of Mewat model schools, girls' hostels, classrooms, science laboratories, and libraries.

The fourth and final area of work is health, which includes the construction of Primary Health Centers (PHCs), Community Health Centers (CHCs), and Sub Centers in the region. By concentrating on these four areas, MDA hopes to improve the lives of the people in the Mewat region and bring about significant positive changes in the community. There was a significant knowledge-application gap with regards to contraceptives knowledge and their actual usage in study participants (Prateek and Saurabh, 2012^[3]). In the present context, women's bodies, health and sexuality are being grossly neglected and abused and there is a dire need for reform in the state's attitude towards women's health needs (Mathur, 2008^[4]). As postulated by Sinha *et al.* (2014)^[5] knowledge-practice gaps existed among mothers counselled by ASHAs. Poor utilization of reproductive and child health services decreased opportunities for ASHA-mother dialogue on safe practices. It was reported by Srivastava *et al.* (2004)^[6] that five easily recognizable malaria paradigms, namely irrigation command, catchment/non-catchment, mining, urban and flood-prone areas, were mapped.

Material and methods

The section presents materials and methods on the 'Role of Mewat Development Agency (MDA) on the Socio-Economic Development of Mewat (Nuh) Haryana'. There are two sets of data to assess the factual position of progress being made in various spheres of Mewat- one data set is quantitative (taken from the response of people of Mewat on the progress made in various spheres that MDA aims in its objective and vision) and other is qualitative (taken from MDA and other departments). This gives a complete picture of the situation from the perspective changes in the life style of people of Mewat and role of MDA in implementing these changes thereby provides a context to the study.

Research design

An exploratory research design was used to assess the capacity (in terms of budget allotments) and ground level services delivery in health and gender, education, livestock, agriculture, cultural development and community development of people of the Mewat by the MDA. Under this chapter, operationalization for existing services offered and a capacity gap that need to be undertaken by MDA for efficient delivery of services to increase effectiveness of MDA, constraints perceived and finally, proposed suggestions regarding efficient delivery of services in the Mewat are

covered.

Sampling Procedure

A structured questionnaire was used to elicit responses from the respondents. A pilot study was conducted at Akera village to check the reality of the questionnaire. In this study 30 respondents were asked to respond to the questionnaire. Based on this pilot study necessary changes were made and questionnaire was adopted finally for assessing role of MDA on socio-economic development of Mewat (Nuh). During the pilot study the Focus Group Discussions (FGDs) were also conducted. Since no new information came forward in focus group discussions, the idea of conducting further FGDs was negated. The questionnaire was administered to respondents from 1st November 2017 to 26th February 2018.

Sampling plan

District Mewat was divided into six blocks (Nuh, Taoru, Ferozpur Jhirka, Nagina, Punhana and Hathin) and within these blocks villages were randomly selected for data collection. Respondents for the present study constitute people of Mewat (both male and female) above the age of 18 years. It was further ensured that same number of males and females participate as respondents for data collection. The purpose of the study and importance of their participation was explained to the respondents before data collection. After obtaining informed willingness to participate, face to face interview that lasted 25-30 minutes was conducted. After pilot study and initial data collection, help of an NGO involved at grass root level of Mewat was sought for subsequent data collection due to paucity of time. They also followed the same procedure as explained above while collecting the data from the respondents. Special training was also given to the members of the NGO assisting in data collection.

Besides explaining the respondents about the importance of their response in the research being conducted, informed consent was taken from all the respondents. None of the respondents was forced to participate in this study and no incentive in the form of cash or kind was given for participating in the research work.

Data collection

The samples size of respondents interviewed for the dissertation was limited to 2400 (400 from each block) due to paucity of time, administrative duties assigned from time to time and lack of human resources. Considering all these factors, there is scope to perform a more detailed study on the subject based on a larger sample population for getting on to more generalized conclusions.

The next step was to conduct in depth interviews of Government officials of MDA and Non-Government Organizations (NGO) involved in implementing different projects, schemes, multi-sectorial development plans etc. The budget details and progress of work done under different schemes were sought out in an interview schedule from Government officials of MDA. Two senior officials of MDA were interviewed with an interview schedule directed towards the existing mode of functioning of MDA and other improvements that can be implemented to refurbish the organization towards its objectives and vision of development of Mewat. The obtained data was analysed and interpreted to arrive at a conclusion.

Quantitative data from response of the respondents in interview schedule was analysed and inferences were drawn on comparing with the budget details.

Results and Discussion

The section presents impact Mewat Development Agency (MDA) could have on the Socio-Economic Development of Mewat (Nuh), Haryana and critically evaluates the response of people towards the health & gender, education, livestock rearing, agriculture, cultural development and community development aspects of their immediate surroundings. The two sets of data are assessed to present the factual position of progress being made in various spheres. The quantitative data (taken from the response of people of Mewat on the progress made in various spheres that MDA aims in its objective and vision) and qualitative data (taken from MDA and other departments) gives a complete picture of the situation from the perspective changes in the life style of people of Mewat and role of MDA in implementing these changes.

Health and gender

The response of males and females of Mewat regarding smoking depicts that 63.8 percent of males of Mewat district smoke. Moreover, significant number of them are from village background. The analyses of the religion reveals that Muslim population of Mewat relish smoking more as compare to Hindu population. When it comes to smoking in females very low per cent (16.7%) of females of Mewat smoke. On further analyzing the smoking pattern in females, same religious trend follows as in males and smoking is not performed in the open by the majority of females of Mewat, who prefer to smoke in secluded area only.

On aggregating the response of male and female respondents pertaining to smoking habit it was found that 40.3 percent of the respondents were active smokers.

The response of males and females of Mewat regarding drinking depicts that 28.4 percent of males of Mewat district drink. Similar to the smoking pattern, significant number of them are from village background. On analyzing the results religion wise, it is revealed that Muslim population of Mewat that consumes alcohol is very low and is actually in decimals of total Muslim population. When it comes to drinking in females very low per cent (3.8%) of females of Mewat drink. On further analyzing the drinking pattern in females, same religion trend follows as in males. Smoking and drinking is considered a taboo in the society of Mewat. This attributes to the low percent of people consuming alcohol and smoking actively.

On further analyzing the distance of nearest PHC it was ascertained from the response of the respondents during the survey conducted that even the primary medical facilities are not available to the general public of Mewat within a radius of 4-5 kilometers (distance of nearest PHC). Digging deep into the vaccination undertaken by the respondents, it was found that 64 percent of the respondents were vaccinated and majority of them were vaccinated against polio vaccine.

It was rather disappointing to find that negligible qualified doctors were assessable to the respondents involved in the survey. The reason for this might be lack of enthusiasm in doctors to work in the backward area of Mewat despite incentives by the Government.

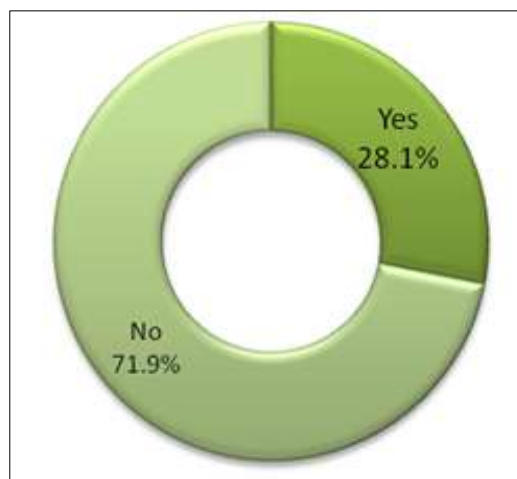


Fig 1: Ambulance facility in your area

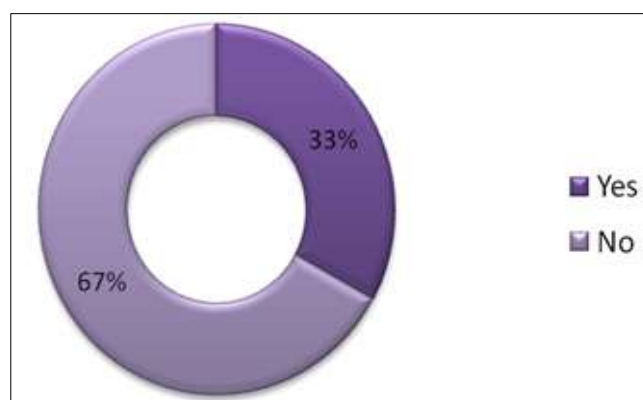


Fig 2: Have you ever attended health awareness campaign?

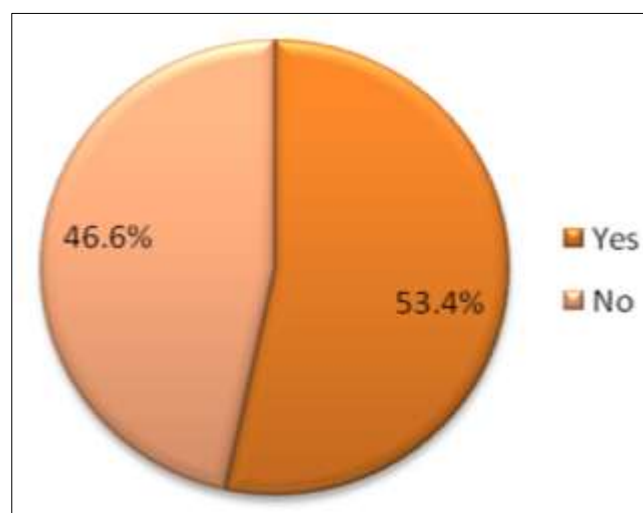


Fig 3: Do you know ill effect of smoking/ drinking

The same apathy in health services continued when results of ambulance facilities were analyzed from the data collected (Fig. 9). Only 28.1percent of the respondents responded in affirmative regarding assess to ambulance facility in their area. Though there may be knowledge or communication gap between authorities and the general public, it should be the responsibility of MDA to bridge this gap and make public more aware regarding the schemes/programmes run by the health department. Fig. 10 depicts the knowledge in public regarding the health awareness programmes. Only 33percent of the respondents affirmatively responded to have knowledge

of various Health awareness programmes run by the health department with the funding of MDA.

It was rather disappointing to review the results that despite heavy campaigning, 46.6 percent of the respondents negated to have any knowledge regarding ill effects of smoking and drinking (Fig. 11). The low percentage of drinking among the respondents or among the general public of Mewat as a whole was particularly because of drinking considered as a sin in Islam. And the major the population of Mewat follows Islam religion. Since smoking is not considered as a sin in Islam the results are not replicated. There is minimum or little contribution of MDA towards making general public aware regarding the ill effects of smoking/drinking. Though 53.4 percent of respondents positively replied to have attended a health awareness campaign but much more require to be done on the aspect of making people aware regarding the ill effect of smoking and drinking.

When it comes to health care services, it was disappointing to find out that 43.2 percent of the respondents have faith in drug sellers/chemists for getting their health checkup done and 31.9 percent get their health checkup done by the quacks. Only 24.9 percent of the respondents responded in affirmation to have visited a PHC or private hospital for health checkup

generally or when infected by a disease (Fig. 12).

Health checkup of the respondents did not cover the HIV status and majority of the respondents have been never tested for HIV. Though they were never tested for HIV status, respondents negated any chance of them being infected with the deadly disease. HIV status is still a taboo in Mewat and many women had either no knowledge of the disease or refused to answer.

When surveyed regarding health facilities available in their area, it was found on analyzing the response of the respondents that only 26.8 percent have knowledge of X-ray facility in their area. On further investigating it was found that even if machines are available in the government establishments, experts and doctors are not available to conduct the X ray and analyze the image of the X-rays (Fig. 13).

Similar trends of response followed for the OPD facilities. 54.7 percent of the respondents negated to have any knowledge of free OPD in the governments run PHC and CHCs (Fig. 14). Even lesser respondents (38.4 percent) knew of the free medicines made available by the Government (Fig. 15).

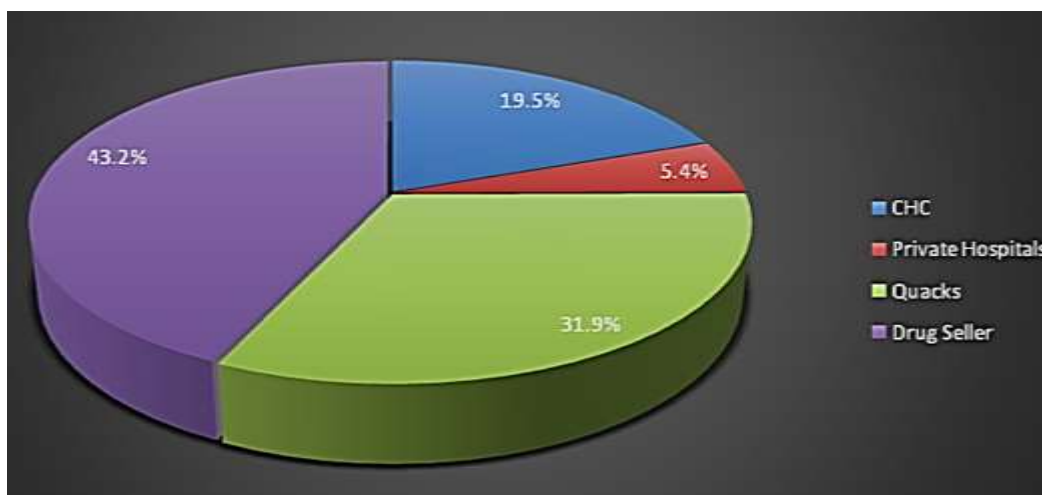


Fig 4: For health check-up which institute you prefer?

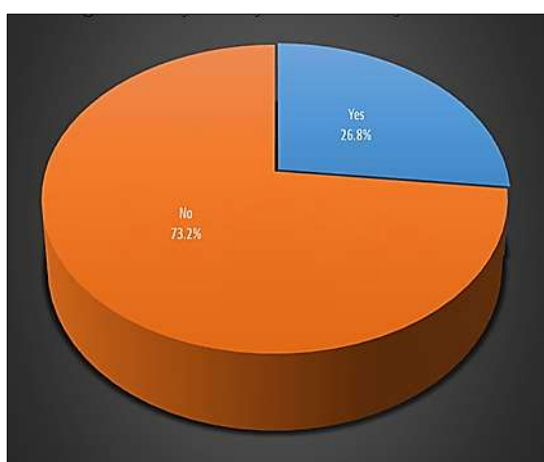


Fig 5: X-ray facility available in your area

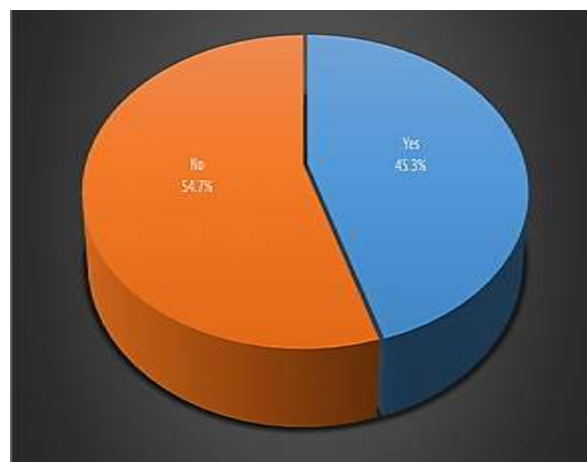


Fig 6: OPD facility available in your area

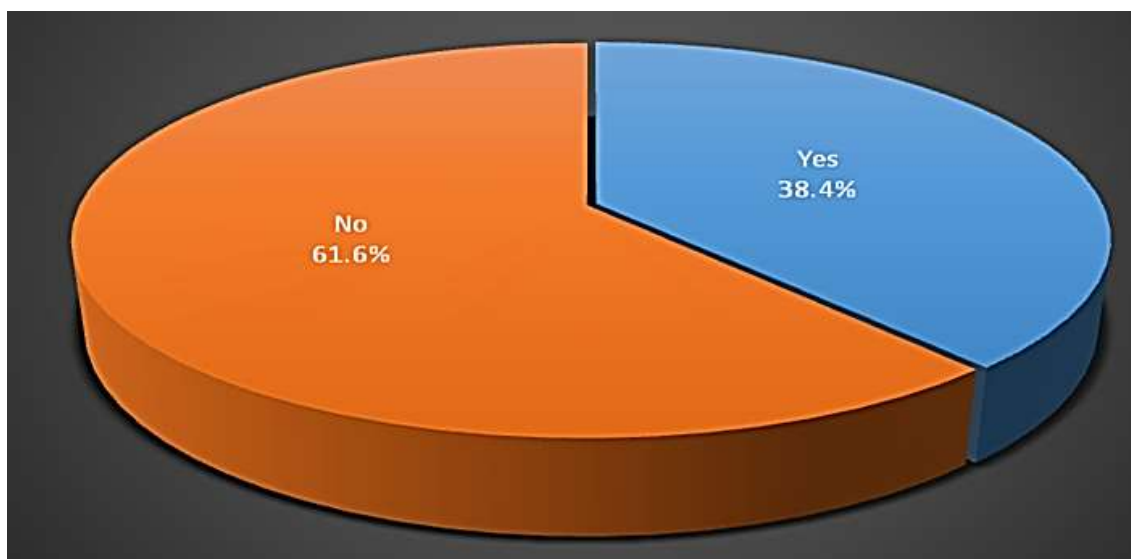


Fig 7: Medicine facility available in your area

This shows the lack of knowledge among the respondents and make it urgently necessary for MDA to take steps regarding popularizing and extension contact pertaining to health facilities that are available for free or at a minimal cost. Even lesser number (19.7%, 16.6%) of the respondents made an affirmative response regarding OT facilities (Fig. 16) and neonatal intensive care unit (Fig. 17) available in their area.

There were wide disparities in the response of people belonging to urban area and rural area of Mewat. This may be attributed to the better health care facilities available in the cities as compare to villages. On further analyzing the situation of hospitals and staff recruited, it was found that while doctors are easily assessable in the cities, it was rather disappointing to find limited availability of doctors and other para medical staff in village PHCs/CHCs. The availability of medicines at various health centers were also found to be limited and basic in nature. Medicines of grave health issues were not available at the health centers.

When surveyed regarding the number of births and deaths in the family in past 5 years, respondents revealed that number of births (2.7) outnumber the number of deaths (1.3). It is inferred from the births and deaths in past five years that the population is in a state of positive growths since five years that would be visible in the 2021 census very soon. MDA needs to run birth control programmes in more effective manner and reach out the people of Mewat regarding the benefits of having small and planned family. On surveying the reproductive active females, it was found that only 19.6 percent of responding females were using contraceptive pills as a measure to avoid unwanted pregnancies (Fig. 18). More effective programmes need to be initiated to aware the females of contraceptive pills and their effectiveness in having planned families.

It was also found that only 16.9 percent of responding reproductive active females were using sanitary pads during menstruation (Fig. 19) and large number of responding population did not even have the basic idea of what sanitary pads are? MDA need to run more effective programmes for awareness of females regarding use of sanitary pads as part of maintaining hygienic body.

The data regarding number of times a reproductive active females were pregnant clearly states lack of contraceptive measures undertaken and use of condoms while having sex (Fig. 20). Only 29.7 percent of the responding females have positively answered to have used or encouraged used of condoms during intercourse. 35.1 percent of reproductive active females have been pregnant more than four times and of the total number of respondents that were ever pregnant, only 27 percent have undergone ultrasound during pregnancy to confirm their pregnancy status and inquire about the health status of new borne.

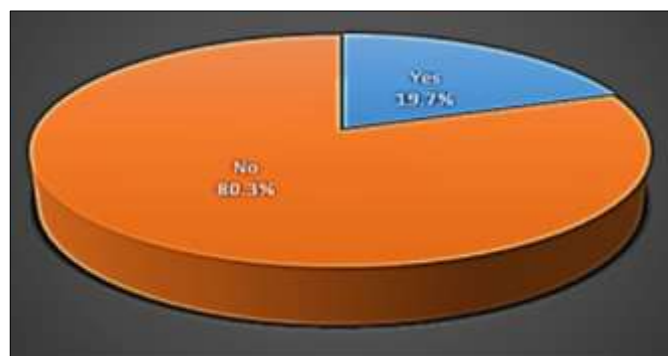


Fig 8: OT facility available in your area

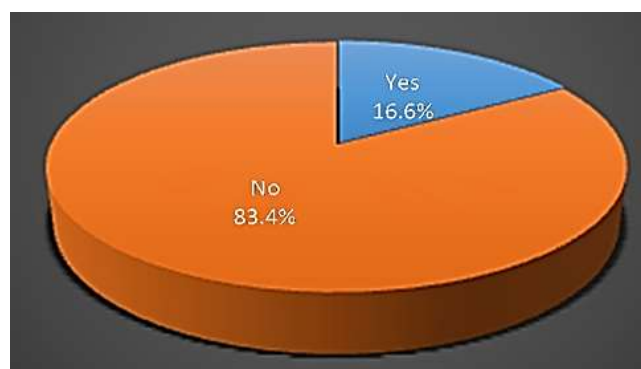


Fig 9: Neonatal intensive care unit facility available in your area

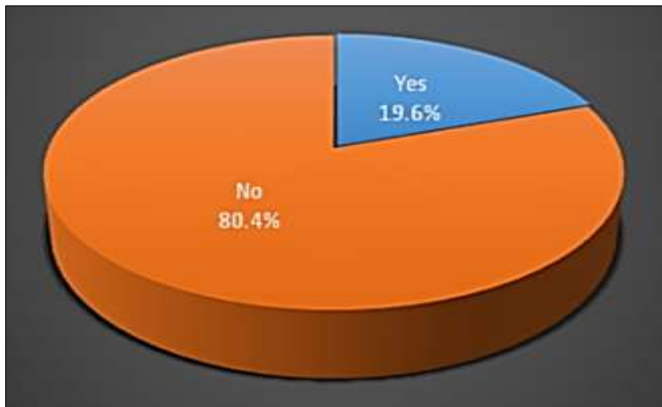


Fig 10: Have you ever / do you see contraceptive pills

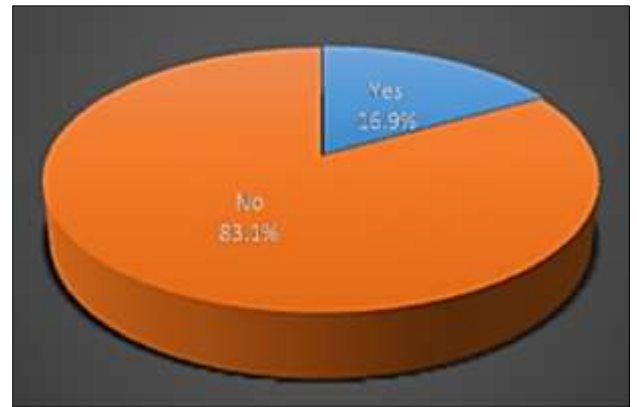


Fig 11: Have you ever / do you use Sanitary Pads?

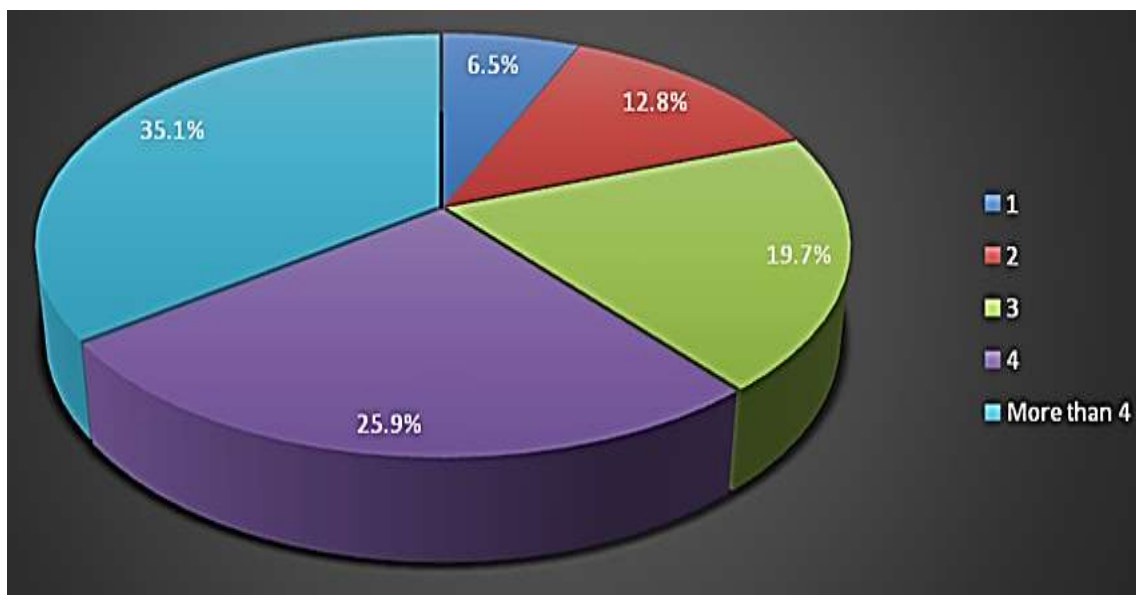


Fig 12: How Many Times were You Pargament?

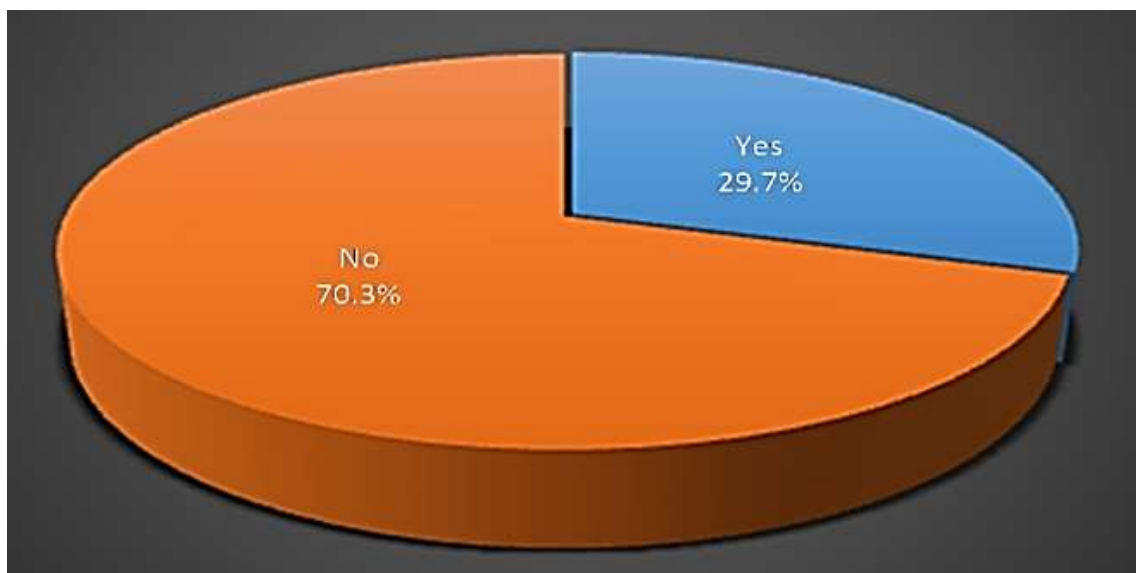


Fig 13: Did you use / encourage use of condoms, if yes please specify

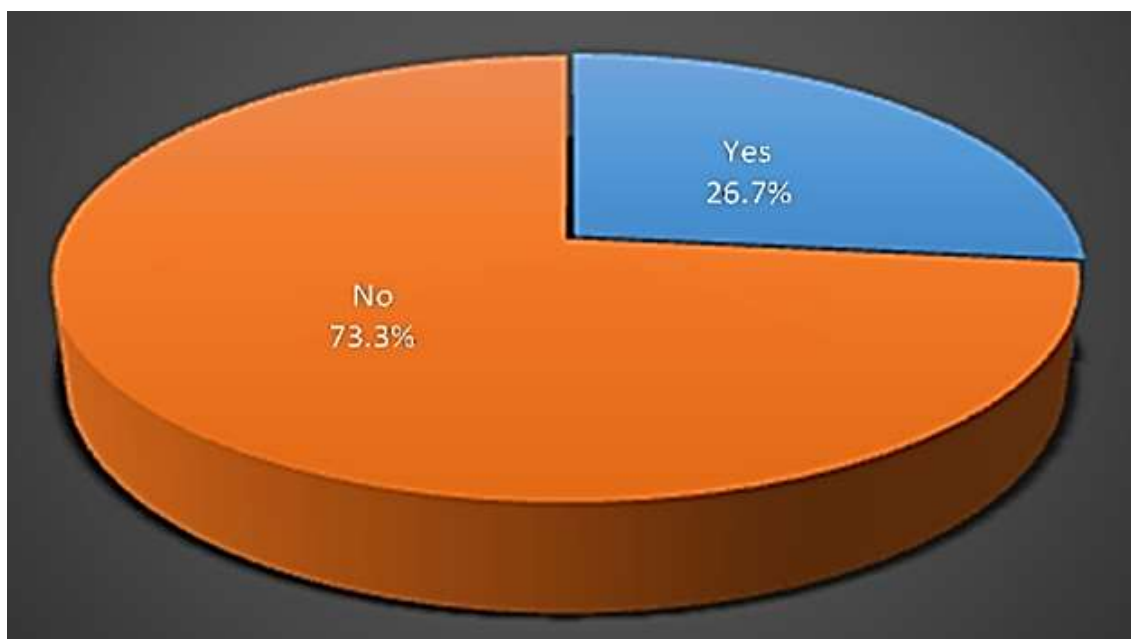


Fig 14: If pregnant, have you undergone ultrasound during pregnancy?

It was rather disappointing to find while analyzing the results of the survey pertaining to age at which first sexual encounter took place. As a whole 85.9 percent of the total respondents had an intercourse less than 18 years of age. Females have even a higher per cent of 91.3 percent. The high per cent of respondents having met with a sexual intercourse at such small age is primarily due to lower age at the time of marriage in the area of Mewat. While the average marriageable age in case of girls is 13.7, even boys got married at an average age of 16.8 as figured out from the response of the respondents. 45.6 percent of the women that have ever been pregnant during their life span have undergone an abortion (unwanted). The prime reason for such high rate of abortions is lack of proper care of females, regular medical check-up or ultrasound examination of the fetus during pregnancy. MDA

requires to raise the awareness among the general public regarding use of ultrasonography available in hospitals to determine the pregnancy status of females and health status of new borne. 35.4 percent of the respondents made an affirmative response regarding occurrence of goiter in new borne in their family. Considering the iodized salt easily available in the market, this number is very high and requires testing of water to be done in areas of high occurrence of goiter.

A large majority (81.9%) of the responding females practices or have practiced breast feeding of new borne. The awareness regarding benefits of breast feeding in the area is very high and contribution of MDA towards creating awareness on this aspect should be appreciated but more awareness on this aspect is the need of the hour.

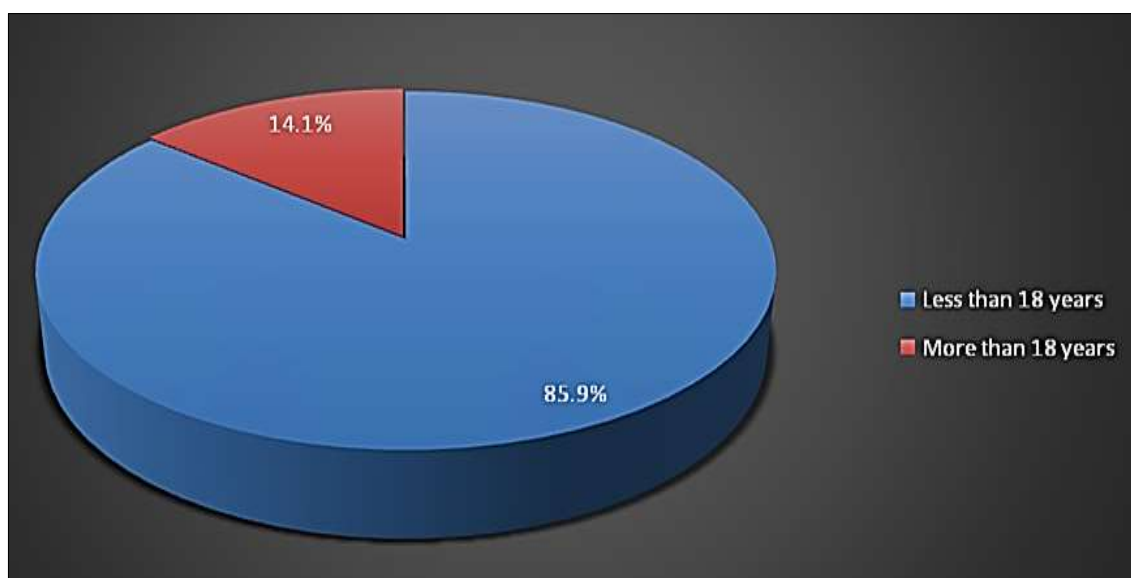


Fig 15: At what age fist sexual intercourse took place

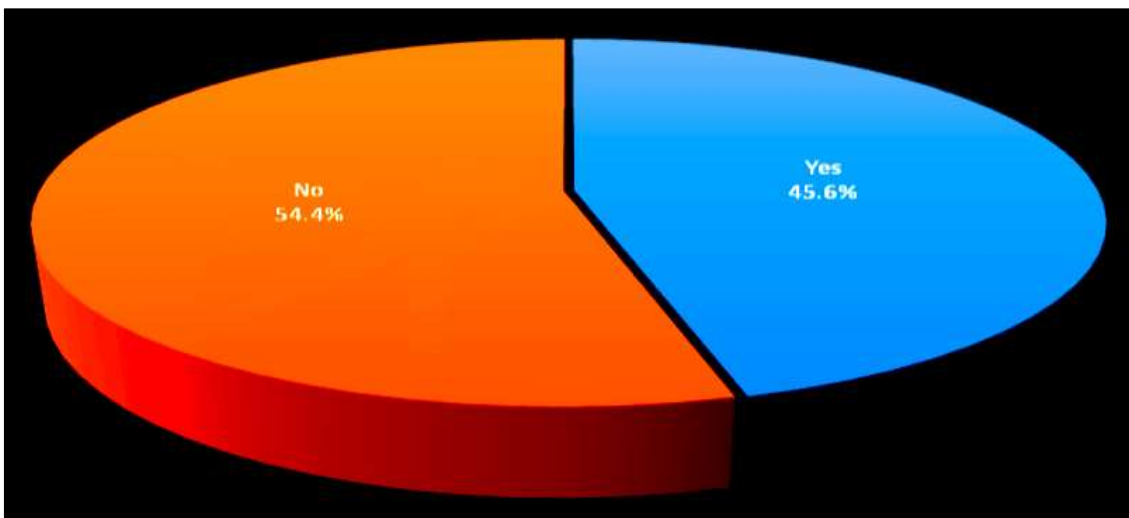


Fig 16: Have you ever undergone an abortion

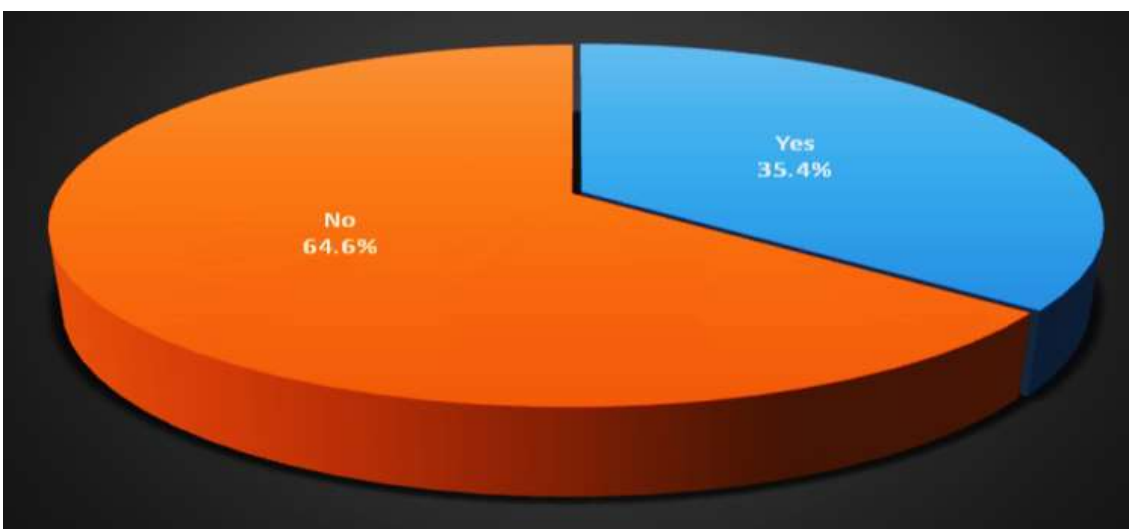


Fig 17: Was there occurrence of goiter in new borne?

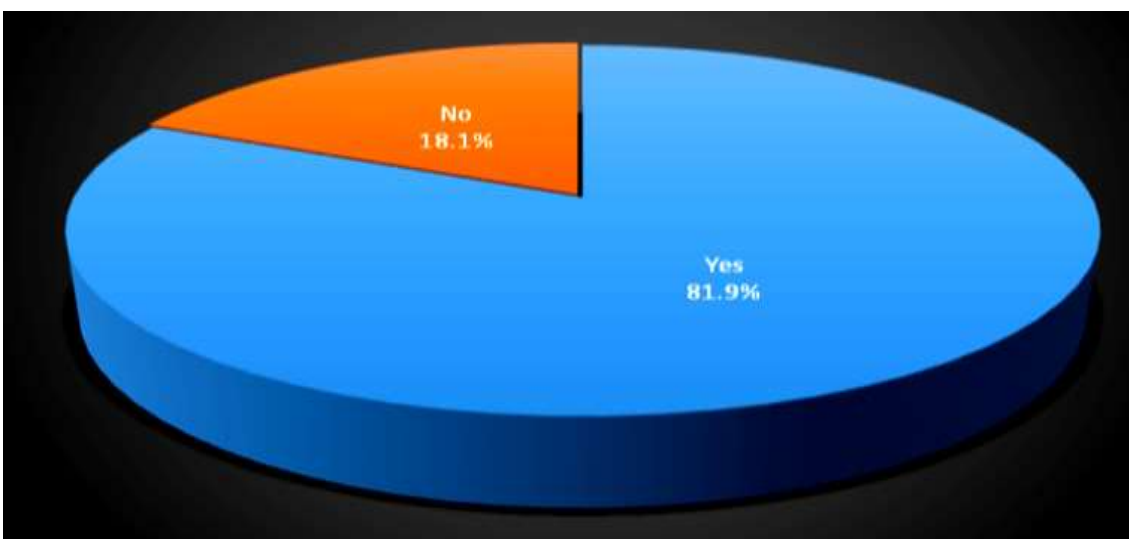


Fig 18: Have you/do you a practiced breast feeding of new born

Only 11.7 percent of the new borne babies had access to the feed supplements necessary for promoting the growth and wellbeing. Necessary steps need to be taken for making these essential feed supplements available at the door step of newly mother females or awareness should be such spread that

people start using these supplements for their new borne. Economics is the issue in such case, so steps should be taken on the part of MDA to provide subsidized or even pre feed supplements for babies.

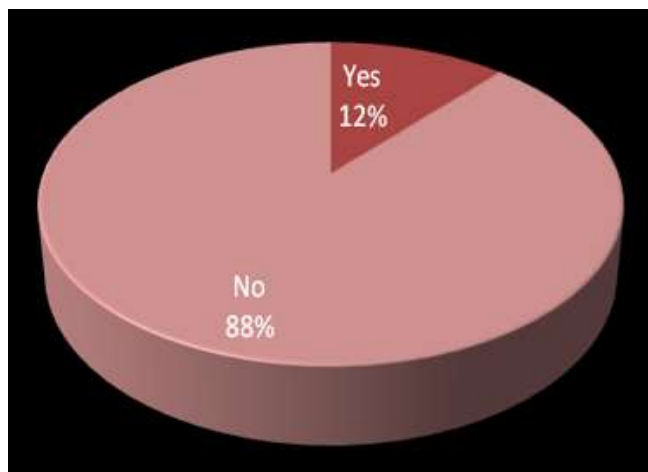


Fig 19: Any feed supplements for babies

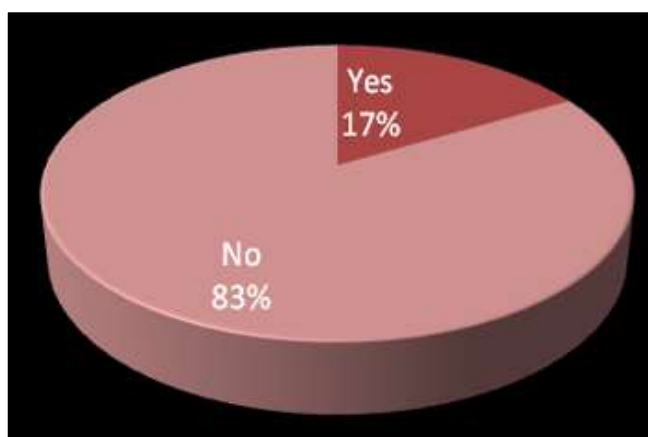


Fig 20: Do you know about benefits of ORS for new born?

Only 16.8 percent of the respondents have knowledge of benefits of ORS for new borne. The lack of knowledge regarding these key aspects of health may be attributed because of two reasons. One is the education barrier. Majority of the respondents that were contacted for the survey were illiterates or had limited capacity to read and write. Even the steps undertaken by the Government organizations to popularize better aspects of health and extensively promote good health practices fell flat on the ground due to their inability to read and understand.

Only extensive contact of the experts with them by delivering lectures, holding sabhas, presenting videos would overcome this barrier. Other is the cultural barrier, where taboos are widespread and concoctions reverse to good health practices have become part of their cultural legacy which they do not want to leave behind even after extensive efforts by the organizations involved.

Education

On reviewing the education facilities in the area of Mewat from the response of the respondents towards the questionnaire following inferences were drawn. About half (50.9%) of the responding population refuted the claims of primary education available in each and every area of Mewat. Although most agree to have sent their boys to schools up to 8th class after which some occupation is taken by them without having basic vocational training. On an average, the ratio of boys to girls at primary education level is 73:27 which became worse at secondary education level and college level

education. The number of private schools were also found limited in the response of the respondents, although government school infrastructure is adequately placed throughout Mewat. 54.8 percent, 27.2 percent, 11.9 percent and 16.8 percent of the responding students or their guardians affirmed the availability of libraries, boys' hostels, girls' hostels and science laboratories facilities, respectively in schools they are attending. Though when further investigated most of the libraries did not have the basic infrastructure, books, newspapers etc. facilities in them. Libraries even do not have the record of daily visitors. Similar pathetic conditions followed in the case of boys' hostels, girls' hostels and science laboratories.

Only 1 in 10 number of students go out of village or block for higher education. The low number of students taking up higher education is primarily because of the parents forcing them to take up jobs at an early age. Career counselling at different stages of their education is missing and should be actively taken up in coming year. Also there is lack of qualified teachers at school level and student-teacher ratio is very high (110:1). For higher education majority of the respondents have to travel or their ward travels a distance 5 to 10 kilometers daily

Livestock

The livestock sector of Mewat showed a very varied trend. Of the total respondents which rears livestock, 39.8 percent (maximum number) prefer goats, 34.2 percent rear sheep, 23.5 percent rear cattle, 19.2 percent rear buffaloes and 8.2 percent of respondents are involved in rearing of other species. Goat, also called as poor man's cow and bank on hooves forms the prime livestock reared in the area of Mewat. There is a declining trend in the rearing of cattle as a livestock resource for controversies in the public domain.

On the status of vaccination of dairy animals, it was found that only 29.7 percent of dairy livestock was vaccinated against the foot and mouth disease and 63.8 percent against deadly Hemorrhagic Septicemia. On further investigating the GVDs/GVS it was ascertained that vaccinations and extension contact programmes were part of the regular schedule of the Veterinary Surgeons/VLDAs. Still the huge unvaccinated population of dairy animals in the area of Mewat which shares borders with Rajasthan and Uttar Pradesh suggests lapses on the part of Animal Husbandry Department. MDA should initiate steps to improve the vaccination status of the area to avoid unnecessary financial losses of the farmers involved with livestock rearing.

On further surveying the participation of women in various activities of livestock rearing responses of the respondents revealed huge (72.5%) of women participation. Therefore, livestock could play an important role in the emancipation of women if subsidies, loans, waivers are provided to the women to start entrepreneurship on small scale.

More than half (58.8%) of the respondents have knowledge of or have visited Government Veterinary Dispensaries (GVD)/ Government Veterinary Hospitals (GVH) in their areas. Still 23percent of treatment of animals is done by the Quacks and 34.5 percent of treatment of animals is done by the Gopals which are hired by the Government for artificial insemination purpose only. Further analyzing the low contribution of Veterinary Surgeons (16.8%) towards the treatment of livestock population of Mewat might be attributed to the door step treatment facilities made available by the Quacks and

Gopals for their personal gains.

More than half (62.4%) of the responding population involved in milk production agreed to have used oxytocin for letdown of milk once or more in their life. Despite a blanket ban on the use of oxytocin for milk production, the drug is easily available at pharmaceutical stores without prescription. On further analysis, the extension services offer to the livestock owners it was found that VS, VLDA and Scientists are the most frequently utilize sources of extension while milk cooperative societies have list participation in dispensing of knowledge to livestock owners.

The livestock owners have limited exposure of mass media and radio/TV are most frequently utilized sources for gaining knowledge regarding various aspects of livestock rearing. Instances of clinical camps, exhibitions were also narrated by respondents, but very limited. So, MDA needs to work on the extension activities.

Agricultural

The personal land holding (acres) of majority of respondents (54.8 percent) was less than two acres. The reason for low personal land holding (acres) is large family size since many generations. The land was divided amongst the heir. 70.6 percent of the respondents negated having the basic irrigation facilities made available to them in the recent past. No canal irrigation system is present for irrigating the fields. Inland water and tube wells still forms the backbone of irrigation system of Mewat.

More than three-fourth (76.6%) of the respondents refuse to have knowledge of or have ever received improve seeds, subsidized or non-subsidized from the Government agencies. Similar trends followed regarding distribution of free or subsidized fertilizers and manures, with only 26.8percent of respondents receiving benefits. The reason for this bridge in Government schemes reaching the general public is lack of participation of people the extension programmes covering agriculture and allied fields. Only 9.6 percent of the respondents had contact or have ever visited Agricultural Department/Extension Contract Programme.

Due to lack of exposure to Agricultural Department/Extension Contract Programmes, only 13.3 percent of the respondents have knowledge of soil conservation schemes.

Cultural Development

A large majority (89.2%) of the female respondents have witnessed domestic violence. The main reason for the domestic violence is lower education level, cultural and community backwardness. Around 56.3 percent of the total respondents are afraid of their spouse/better half and this number is way more in case of female respondents as compared to male respondents. While surveying the female respondents, it was established that despite being the victims of domestic violence female respondents were not very comfortable talking about the bitter experience of their lives. While most of the respondents have never or not very often consumed alcohol, beedi, cigarette and hookah are preferred by the respondents for smoking. Religious sentiments of the majority population of Mewat has played a major role in lower incidences of alcohol consumption and higher smoking rate. Since the major population in Mewat profess Muslim religion in which drinking is considered as a sin. 83percent of the respondents in survey conducted do not have LPG gas connection for cooking and are dependent on dung cake, fire

wood crop residues for cooking.

Now talking about participation of the respondents in local bodies/panchayats, co-operative societies and farmer producer organizations. 13.9 percent, 11.1 percent and 13.8 percent is the average per cent participation of the respondents in local bodies/panchayats, co-operative societies and farmer producer organizations, respectively. The low participation of respondents might be stemmed out of lack of awareness towards the local bodies and progress that can be attained by participating in them, limited publicity of the meetings held or not able to connect with the existing organizations.

Though the situation of linkage of third section organization is better than participation in local bodies, but not very enticing. PHCs, CHCs, Aanganwadis, NGOs and SHGs registered 36.5 percent, 42.8 percent, 33.6 percent, 12.9 percent and 16.3 percent participation by the respondents. The low participation is primarily because of need to travel large distances to reach these centers, lack of awareness and no proper outreach programmes from these organizations.

Community Development

Only 19 percent of the total respondents have access to toilet/latrine in their home. Mewat has been declared ODF area after sincere efforts, but behavioral change in people would take some more time. So way more emphasis need to be put by the MDA in order to maintain Open Defecation Free (ODF) status of Mewat and changing the behavior of people.

Only 15 percent of the total respondents have access to potable drinking water in their home. Though water is supplied by tankers, well water still forms the biggest supply of potable drinking water.

More than one-third (35%) of the total respondents in the survey do not electricity connections in their homes. The state of electricity in the area is very poor and receives only 3-4 hours of electricity in a day. Around 69.3 percent, 74.3 percent, 29.6 percent and 20 percent of the respondents in survey confirm to have ration card, aadhar card, bank account and mobile phone connection, respectively.

The road facilities in all the areas of Mewat where respective respondents were residing are truly in pathetic state. Most of the roads in villages are non-bituminous (Kachi or Brick). Most of the houses in which respondents reside are semi-pakka with tin/aluminum sheds.

The employment status that emerged from the analysis of data of survey of randomly selected respondents revealed that only 13.4 percent of the respondents are self-employed, 29.7percent of them are laborers and 47.1 percent unemployed. The employment status of females is more dismal, with only 3.8percent of the respondents are self-employed, 34.2 percent of them are laborers.

Although the participation of women towards the daily labor activities was more as mentioned earlier, their participation in panchayats was very limited (12.5%). This indicates the brazen male dominant society of Mewat where women were allowed and given more participation in daily labor activities but participation in decision making panchayats was very limited. Limited or even we can say no presence of industries was analyzed from the response of respondents. Due to lack of industries, employment generation in Mewat suffered leading to large scale unemployment and forcing people to migrate to adjoining cities like Gurugram to look for employment opportunities.

Conclusions

On evaluating the hypothesis, it can be said that there is significant wastage of funds by not choosing the target areas wisely. At district level a task force involving the District Collector and officers from respective departments and panchayat representatives should be entrusted the task of identifying area specific interventions in each schemes to address needs of local public. Secondly, failure of MDA in living up to the expectations is primarily of due to many factors- irresponsible attitude and lack of interest amongst MDA officials, public's attitude and reluctance to change, non-co-operation of public and panchayats to various schemes implemented for socio-economic development and also not enough extension activities are undertaken to popularize the works done by MDA.

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