

Experiences of Poverty Among Particularly Vulnerable Tribal Groups (PVTGs) in Rural Eastern India

(A QUALITATIVE STUDY)

PALAMU, JHARKHAND | INDIA

Coverage Area

Villages: Bandua, Banaudha, Hatai, Kumi Khurd, Korta, Sinjo, Sohdag Khurd, Theki

Target group: *Parahiya Community (PVTG)*

Panchayat: Kumbhi Kala, Kanda and Sohdag Khurd

Block: Nawa Bazar

District: Palamu

State: Jharkhand

Why was the intervention/project done?

This field study was undertaken to understand the socio-economic status (SES) of the PVTG population known as “**Parahiya**” in Nawa Bazar Block covering 8 villages namely Banaudha, Bandua, KumiKhurd, Korta, Hatai, Sinjo, Sohdag Khurd, and Theki. Total 43 members of the PVTG community were interviewed, and Focus Group Discussions (FGDs) were conducted.

Some Preliminary Insights

Geography

Palamu district is in Jharkhand which is in the eastern region of India. It shares its border with Bihar, Chhattisgarh, West Bengal, Uttar Pradesh, and Odisha. It is essentially rural with 93% of Palamu’s people living in the villages; it is one of the poorest districts in the country with high levels of migration frequently subjected to droughts. Palamu has 36.87 % of its area under forest cover. It falls in the rain shadow area of the Netarhat hill range and hence suffers from frequent droughts. The district is also prone to droughts. The region faced three continuous drought years from 2008 to 2010 and in the year 2013. [2]

Demography

Jharkhand is home to 292359 (Census, 2011) PVTGs which is second highest in India after Madhya Pradesh. According to the 2011 census, the total population of the Palamu district is 1936319. Its population growth rate over the decade 2001-2011 was 25.94 per cent. Palamu has a sex ratio of 929 females for every 1000 males, and a literacy rate of 65.5 percent. Female literacy rate is at 53.87 percent as compared to male literacy of 77.27 percent. According to the National Sample Survey 2016, the nutrition profile of Palamu is one of the worst in India. The percentage of children under five years of age who are stunted is at 45.4 and the percentage of under five

children who are underweight is at 43.9. Women who are in the reproductive age group and suffer from anaemia is at 53.6 percent. As per 2011 census religion wise it is a Hindu (86.77 percent) majority district followed by Muslims (12.28 percent).[1]

Total PVTG population Block wise distribution as 2011 census:

Sl. No.	Block	No. of Village
1	Bishrampur	3
2	Chainpur	44
3	Chhatarpur	15
4	Hariharganj	1
5	Hussainabad	9
6	Manatu	15
7	Medininagar(Daltonganj)	6
8	Nawa Bazar	8
9	Nawadiha Bazar Nawadiha	3
10	Nilambar-Pitambarpur(Lesliganj)	1
11	Panki	12
12	Patan	4
13	Pipra	1
14	Satbarwa	3

	TOTAL Villages	125
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Table I: No. of PVTG villages in Palamu District

Field Findings

Education Status

It was found that **99% of the interviewees are illiterate**. However, it was encouraging to note that all of them are sending their children to school. But their confidence in the education system and its potential to lift them out of the vicious cycle of poverty was found to be very low. They seem to just follow the practice of sending their wards to school with no additional support to provide an enabling environment for their children to pursue their education and do well in life. When Maina Devi, mother of 7 was asked, how do you ensure that your children do well in their studies.

She said, “I send them to school, is that not enough? And they will ultimately remain where we are today, it is a tradition running for generations and a few years of schooling cannot change our intergenerational poverty.”

It was also found that absences of an enabling environment at home impede them from reaping the benefits of education. However, the **key challenges** and **barriers** of the community regarding access to school are as below:

- **Schools do not provide regular meals as per the menu:** As per the villagers, both the primary school in Theki, which is primarily a PVTG village does not serve eggs, fruits in mid-day meal, the primary school in Bandua was found to be not cooking mid-day meals when inquired the teacher informed that as the nearby drinking water tap is not working they are unable to cook meals. Other schools that do not follow the menu include Banaudha and Sohdag Khurd.
- **School teachers’ irregularity:** In Shurgahi tola village Sohdag Khurd, the primary school teacher doesn't come on a regular basis. This had led to irregular school activities. The frequent absenteeism of teachers demotivates children from attending school regularly.
- **Poor Maintenance:** Irregularities were found in three primary schools wherein the school building maintenance was not done. For example, the school in Shurgahi Tola (Sohdag Khurd) building is in deplorable condition. The flooring plaster of the school verandah and classroom are fully worn out, and wall paintings have worn out.
- **Access to Schools:** Lack of roads also discourages the PVTG children from going to school. Point in case is the primary school at Banaudha, the PVTG children have to walk more than 2 kilometres over a rough, roadless, forest path to reach school which becomes worse during the rainy season.

Pictures from primary schools in Theki Moraniya Tola and Shurgahi Tola village Sohdag Khurd



Anganwadi Centre Status

Majority of the PVTG villages are not able to access the Anganwadi centres which is crucial for the PVTG children specifically in ensuring supplementary nutrition, pre-school education, health information and referral services. During the interviews the following issues were recorded in the 8 PVTG villages:

- **7 villages reported functional irregularities:** (Kumikhurd, Hatai, Sinjo, Theki, Banaudha, Bandua, Sohdag Khurd,) do not provide anganwadi services on a regular basis. The main complaints are:
 - No supplementary nutrition and distribution nutrition food packets
 - No preschool activities and no learning resources like toys and charts
 - Cooked meal not distributed on regular basis
 - Referral services not available for pregnant mothers
 - Do not open the centres on regular basis
 - They do not provide information or communicate to PVTGs regarding immunisation and other important information like family planning.
- **3 villages reported absence of anganwadi centres** (Bandua, Banaudha, Korta) do not have centres in their own village or tola. Banaudha's anganwadi centre was moved from Parhaiya Tola to the primary school without any information. The primary school is too far for children and pregnant/lactating mothers. PVTGs of Korta are required to go to nearby village Pipra for anganwadi centre and PVTGs of Bandua are required to go to Hatai anganwadi centre.
- **2 villages changed the anganwadi centre location:** The Kumi Khurd anganwadi centre for PVTGs was moved to the primary school by the anganwadi worker and her husband who is the school teacher at the primary school in Kumi Khurd. The same happened in Banaudha, the anganwadi centre was moved from Paraihaya tola to the primary school, which is far and difficult (due to absence of road) to reach for under five children and mothers.

Food Security vis a vis targeted Public Distribution System (PDS)

It is heartening to see that all the interviewees have access to ration under the targeted public distribution system. However, there were some areas of concern like delayed distribution and quantity not maintained/adequate. Following issues were recorded related to PDS:

- Majority of the interviewees complained about **receiving less than 35 Kg** of rice.
- Majority of the interviewees complained about the **delay in receiving** the rice. They do not receive it on a monthly basis but every 2 or 3 months.

The PVTG families expressed that salt and sugar should be included in their PDS kitty. They have limited food options and their traditional food habits are on the decline due to scarcity in forest produce and development of new food habits like use of atta wholewheat flour were found

especially among the families whose members migrate outside the state for work. Due to poor nutritional status some of the PVTG adults are not able to work.

Housing Status

Only 60 percent of the PVTG families confirmed having a pucca house under the PMAY and Birsa AwasYojna. Out of the rest of 40% most of them mentioned that they are not familiar with the process of applying for the house or are still waiting for it to be processed. Their unlettered state is also a barrier for them to navigate through the official processes.

Deena Parahiya from Sinjo says, “I am an unlettered man, how will I understand the long government documents? I do not want to get into all this. I am fine even without a house.”

· Key Challenges to Access:

- a) Lack of information and awareness
- b) Middleman exploitation (they ask money even for application process) and build improper houses picture below:



Picture: A newly built house with sheet roof instead of concrete roof in Sinjo

Drinking Water and Sanitation

Drinking Water

80 percent of the PVTG families do not have access to safe drinking water mainly due not working of the Jal Minars(Water Tank). Due to this PVTG families are drinking dirty and contaminated water as seen in picture below. The status of drinking water in PVTG villages are as follows:

- **7 out of 9** Jal Minars are not working (Banaudha, Bandua, Kumi Khurd, Sohdag Khurd, Hatai, and Sinjo)
- Only **2 Jal Minars are working** but they also require repair work (Theki&Korta)
- All Jal Minars require repair work
- **One New Jal Minar Required** in Korta (Inside)

In Korta there are 2 PVTG tolas, and one does not have any drinking water provision. They have to come to the roadside tola which is almost 2 kilometres from their tola. However, the roadside Jal Minar water is not enough for all of them.



Picture: Unsafe Drinking Water used by PVTGs in Banaudha



Picture: Dysfunctional Jal Minar in Sinjo and Bandua

Sanitation

Although the village is claimed to be open defecation free it is not the case for the 8 villages covered under this study. The poorly constructed toilets under the Swachh Bharat Abhiyan are not used by the Parhaiya community. The toilets do not meet the standard technical and structural standards. For example, there is no pit for faecal waste collection or in some cases the pits are too small in size. Only one household in Bandua had a proper toilet and was in use.



Picture: Unused Toilet in Banaudha

Health Status

During the group discussions it was found that there was prevalence of Tuberculosis (TB) among the Parahiyas and they do not have access to the treatment which has also led to many deaths in the community. Majority of the TB cases were found in Kumi Khurd in the two Parahiya tolas Sor Mahua and Sailaya Tikar. Total 19 cases of TB were found in this village. However, it should also be noted that the number could be higher and further medical screening is required. Other 7 villages also reported TB cases. One of the TB patients in Hatai, and only 48 years old said,

“I have no one left in my family...and I do not have money for treatment because I am unable to work...thus I am suffering everyday...”

This is the plight of majority of the Parahiyas who are in immediate need of treatment for their survival.



Picture: Parahiya T B Patients from Hatai & Banaudha

MGNREGA Status

The challenges faced by the PVTG community in accessing jobs under the MGNREGA is manifold. Their struggles begin from the time they wish to apply for the job card. As they are unaware of the process and systems, they are easy prey to middlemen who exploit them throughout the process. As a result, they are dependent on middlemen for getting job cards. The dependency of the community does not end here, they are not aware of the facilities they are entitled to under the MGNREGA scheme, and this leads to exploitation by the contractors (Thikedar).

· Key Barriers & Challenges in Accessing MGNREGA

- Lack of awareness and knowledge about the scheme and Act
- They do not have knowledge about the work demand process
- They do not know the officials like Gram Rozgar Sewak, hence can't access work demand
- In some villages the Thikedar seized the workers Job card. Case in Point Bandua.
- They are given work outside their village which becomes difficult for them to go
- The MGNREGA work is mostly manual and hard for them especially women as they suffer from high rate of malnutrition
- Majority of the worksites do not provide the basic facilities at worksites like creche, medicines, shade/resting area, drinking water for the workers.
- Delay in payment is a major deterrent for the PVTG families as they live on daily basis



Picture: MGNREGA Worksite (DobhaNirman) in Sinjo



Picture: MGNREGA worksite Sinjo, worker's child sleeping no shade

Basic Services that Require Immediate Action



Figure: Housing, Water, Sanitation and Electricity status of PVTG households

Key Suggestions & Recommendations

- **Habitat approach** should be adopted by taking care of socio-economic and cultural requirements of the PVTGs and a plan should be made under Conservation –cum – Development (CCD).
- Scheme should be customised for PVTGS under **MGNREGA**, and work should be opened in their hamlet.
- Contractor and machine use in MGNREGA work should be banned.
- All efforts should be made to ensure that the PVTGs are given the **forest rights** which are enshrined in the FRA.
- **Mini anganwadi** should be opened in PVTG hamlet
- Health **check-up camp** should be organized every three months
- The water towers (**Jal Minar**) which are dysfunctional should be repaired and made operational. To sustain the functioning of the water towers a group of villagers can be trained to repair and maintain the water tower as well as other such community assets.
- According to the provision, a special officer/employee should be appointed, and a **single window system** should be made to avail the services.

[1] <https://www.mea.gov.in/Images/pdf1/S5.pdf> Accessed on 7th September 2022

[2] <https://www.census2011.co.in/data/religion/district/109-palamu.html> Accessed on 7th September 2022

ⁱ The names used in this report are pseudonyms to protect their identity. The original list can be made available on request to authorized officials.