

# DENOTIFIED AND NOMADIC TRIBES IN RAJASTHAN

Using Citizen Generated Data to Leave No One Behind in Achieving SDGs



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# Executive Summary

This comprehensive study provides crucial insights into the Nomadic and Denotified Tribes (NT-DNT) in Rajasthan, a community often marginalized and underserved. With an estimated population of 60 lakhs<sup>1</sup>. These tribes are primarily situated in rural areas and engage in diverse livelihoods, ranging from traditional occupations to daily wage labour. Despite playing a significant role in the state's economic fabric, these communities encounter substantial challenges concerning political representation, education, employment prospects, and access to government provisions.

Employing an innovative methodology involving community volunteers, this study gathered data from over 400 households, shedding light on critical development indicators that impact the NT-DNT population. The study's outcomes not only seek to amplify the community's visibility but also empower its leaders to effectively advocate for their rights with local and state authorities, fostering inclusive and equitable development. Rooted in evidence, this framework strives to establish a sustainable groundwork for ongoing advocacy efforts, leading the way towards substantial advancements and improved living standards for the Nomadic and Denotified Tribes in Rajasthan.

## The key findings of this study are as follows:

### 1. Education level and access to scholarships

- In a significant number of households, no men (69%) or women (86%) had received any education.
- 51% of boys and 51% of girls from the surveyed NT-DNT households in Rajasthan are still out of school.
- Only 2 % boys and girls have received any education scholarship from the government

### 2. Land settlement, possession and encroachment

- 66% of households live in huts and temporary sheds and only 34% reside in *pucca* houses

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<sup>1</sup> <https://www.actionaidindia.org/wp-content/uploads/2018/06/A-Study-to-Understand-the-Issues-and-Concerns-of-the-Children-from-the-Denotified.pdf>

- 79% do not possess official papers indicating ownership or tenancy rights for the house they reside in
- 47% households have never applied for a patta
- 12% of households within the NT-DNT community in Rajasthan have reported experiencing forceful displacement from their land
- Only 15% households have received housing under any government housing scheme
- 12% of households within the NT-DNT community in Rajasthan have reported facing violence during the process of cremating their community members

### 3. **Status of employment, key sources of income and average household income**

- 11% of children in the surveyed households are engaged in paid work.
- 1 in 4 households face harassment by community members and/police while pursuing their current profession
- The most common sources of income include daily wage work and farming
- 9 in 10 households earn less than INR 10,000 per month
- Overall, more than 6 in 10 households suffered a reduction in income due to the pandemic

### 4. **Overview of debt and key causes**

- 31% reported having unpaid loans
- Top reasons for taking debt include marriage, health-related expenses and to meet daily expenses

### 5. **Access to key social welfare schemes and documents**

- 94% of the surveyed households have a ration card, while 6% do not possess one
- 1 in 3 of the surveyed households did not receive their entitled amount of ration for all 12 months in the last year
- 55% households within the NT-DNT community in Rajasthan reported not receiving food grains under the Pradhan Mantri Garib Kalyan Ann Yojana
- Birth certificates, caste certificates and domicile certificates are held by less than 1 in 5 individuals
- Over 2 in 3 households don't possess the PM-JAY (Pradhan Mantri Jan Arogya Yojana) health insurance card

## 6. Access to health services and challenges in accessing support and vaccination during the pandemic

- Top sources of healthcare include private clinics, PHCs and the use of home remedies
- Less than 10% of the community received any financial assistance such as cash transfers during the pandemic
- Only 55% adults in NT-DNT households have received both doses of the COVID-19 vaccine
- Key challenges in getting vaccinated include losing a day's wages, waiting long hours and mobile not linked to Aadhar

## Recommendations

### For ensuring educational access and retention of NT-DNT children

- **Develop targeted programs and initiatives** to address the barriers preventing boys and girls from NT-DNT households in Rajasthan from accessing quality education
- **Make scholarships unconditional**, wherever possible, wherein all eligible children receive scholarships without the need to apply or provide requisite documentation

### For ensuring greater land rights including legal ownership and preventing displacement

- **Organize mobile camps** that travel to different settlements within the district, assisting NT-DNT households in completing documentation requirements for housing schemes and entitlements.
- **Collaborate with local NGOs and community representatives** to design eligibility criteria that consider the NT-DNT community's unique land settlement patterns, allowing families without formal land titles to access housing assistance
- **Allocate resources to establish dedicated cremation grounds** for the NT-DNT community, ensuring respectful final rites and rituals, as well as facilitating access to these facilities to prevent resorting to ad hoc arrangements

## For ensuring better employment opportunities and mitigating the impact of the pandemic

- **Direct vocational institutes to develop skill training programs** specifically designed for the NT-DNT community. The programs should encompass both traditional and modern skills, fostering income diversification and adaptation to market changes
- **Implement awareness campaigns and training** for law enforcement agencies to combat harassment and discrimination against the NT-DNT community, fostering better community-police relations
- **Issue a notification to expand the scope and coverage** of existing social safety net programs like MGNREGA. This could include increasing the number of workdays, extending the program to more occupations, and facilitating easier access for the NT-DNT community

## To enable universal access to key documents and welfare schemes

- **Establish mobile documentation units** specifically designed to cater to marginalized communities; these units should visit remote areas, providing on-site assistance for document applications and ensuring equitable access to key documents
- **Implement innovative information dissemination strategies** beyond the panchayat level to enhance awareness of government schemes.
- **Simplify the enrolment process for the PM-JAY health insurance scheme**, making it accessible and inclusive for all individuals, including those from marginalized communities
- **Simplify eligibility criteria for the caste certificate** to ensure that all NT-DNT families have access to a caste certificate so that they can get all caste-based social welfare benefits

## To increase access to and quality of formal health services in underserved areas

- **Allocate resources and invest in strengthening formal healthcare infrastructure**, particularly in underserved areas, to increase accessibility to qualified medical professionals and formal healthcare facilities
- **Communicate information about health and related issues in local languages** and culturally appropriate formats to effectively reach and engage the surveyed households and other marginalized communities



- **Implement targeted vaccination drives and awareness campaigns** within DNT communities to increase vaccination coverage, ensuring equitable access to COVID-19 vaccines

# Introduction

## Background and Objectives of Study

Centre for Social Equity and Inclusion (CSEI) initiated work on Citizen-Generated Data (CGD) in 2018 as part of a collaborative effort of '100 hotspots' project by Wada Na Todo Abhiyan (WNTA). Conceptualized in the 'Leave No One Behind' (LNOB) agenda of the Sustainable Development Goals (SDG), the project started with the ambitious plan to bring to focus 100 socially excluded communities in 100 geographic locations across the county by 2030 and effectively broaden the policy dialogues to prioritise the inclusion of marginalised communities.

The project was executed using participatory approaches and built upon the knowledge of community-based organisations that have a long-term engagement and commitment to inclusive and sustainable development of these communities. The project behind this report similarly worked with the Tribal community in Bihar and the NT-DNT community in Rajasthan, in collaboration with local organisations and state networks to engage stakeholders and influence policies in their favour. In both states, we have taken up 4 Hotspots covering 400 households to build substantive data and evidence.

The focus of this report, Denotified-Nomadic Tribe (DNT) communities are among the most marginalized and excluded communities in India. Many of them continue traditional occupations and nomadic-semi-nomadic lives. They lose out on many state provisions as the state does not categories them under a common administrative category unlike the Scheduled Caste and Schedule Tribes. According to the Renke Commission report 98% of the DNT in the country do not own land, 57% live in impermanent huts, and 72% have no identification documents. Rajasthan state has 32 DNT communities like Banjara, Kalbelia, Rebari, Sansi, Kanjar, Gadia Lohar, Satia, and others. Not being significant or organized politically, they are neglected by successive governments and invisible to the political processes.

By working with community volunteers from the DNT community, this study gathered data from over 400 households on various development indicators. Through this, it aims to bring visibility to the Tribal community in the state and support the community leaders to highlight their status and advocate with the local and state government to promote their development and inclusion. It also aims to lay an evidence-based framework for sustained advocacy engagement to the community.

## Methodology and Demographics of Sample

The research study employed a structured survey form that was developed through extensive consultations with members of the NT-DNT community in Rajasthan. The survey form was piloted prior to the main data collection to ensure its effectiveness and refine the questionnaire.

The study was conducted in the Jodhpur, Rajsamand, Bhilwara and Ajmer districts of Rajasthan, which were selected due to their relatively high concentration of members from the NT-DNT community there. Five blocks were identified within these districts to conduct the study, with a total of 418 households included in the sample. The distribution of households within each block was as follows: Bap (104 households), Raipur (102 households), Rajsamand (114 households), Sarwaad (50 households) and Ajmer (48 households).

Purposive sampling was employed to select Panchayats with a higher proportion of NT-DNT communities. Convenience sampling was then used to select households within each selected Panchayat. Special consideration was given to ensure the representation of marginalized families, including those residing in isolated hamlets. This comprehensive approach aimed to capture a wide range of perspectives and experiences within the ST community.

The choice of interviewing the head of the household was considered methodologically sound for two reasons. Firstly, the head of the household is often responsible for making important decisions and managing resources, making them well-informed about the family's dynamics and circumstances. Secondly, as a central figure within the household, the head can provide reliable and comprehensive information about the family's access to documents, social welfare, and other relevant factors. By interviewing the household head, the study aimed to obtain a holistic understanding of the family's situation and gather accurate data.

90% of the household heads interviewed were men while 10% were women. The skewed gender distribution is reflective of existing patriarchal norms, where men are more likely to be the household head.

To administer the structured survey form, an online platform was utilized. Respondents were guided through the survey, and any necessary instructions or clarifications were

provided to ensure the accuracy of the collected data. The data collection process was carried out by volunteers, all of whom were members of the NT-DNT community in Rajasthan, and had established relationships with the households being surveyed. In addition, a gender balanced team of volunteers was selected, with around 40% women volunteers, to ensure diverse perspectives and insights while collecting the data. This approach fostered trust and rapport, contributing to the reliability and validity of the collected data.

Overall, the methodology employed in this study aimed to ensure a representative sample, capture diverse perspectives, and gather accurate and reliable data. The use of a structured survey form, piloting, and online administration, coupled with the selection of the head of the household as the primary respondent, were all strategic choices made to enhance the methodological robustness of the study.

## Key Findings

### Family Profile

The data collected reveals a diverse range of family sizes, indicating the varying dynamics and structures within NT-DNT families in Rajasthan.

The most common household size consists of four to six members, constituting over 50% of the sample. This finding suggests that medium-sized families are more prevalent within the surveyed population.

A notable percentage of households (16%) indicated that they have more than eight members. Observations from the field suggest that these large families are primarily composed of numerous children, while in certain instances, they encompass multiple generations living together.

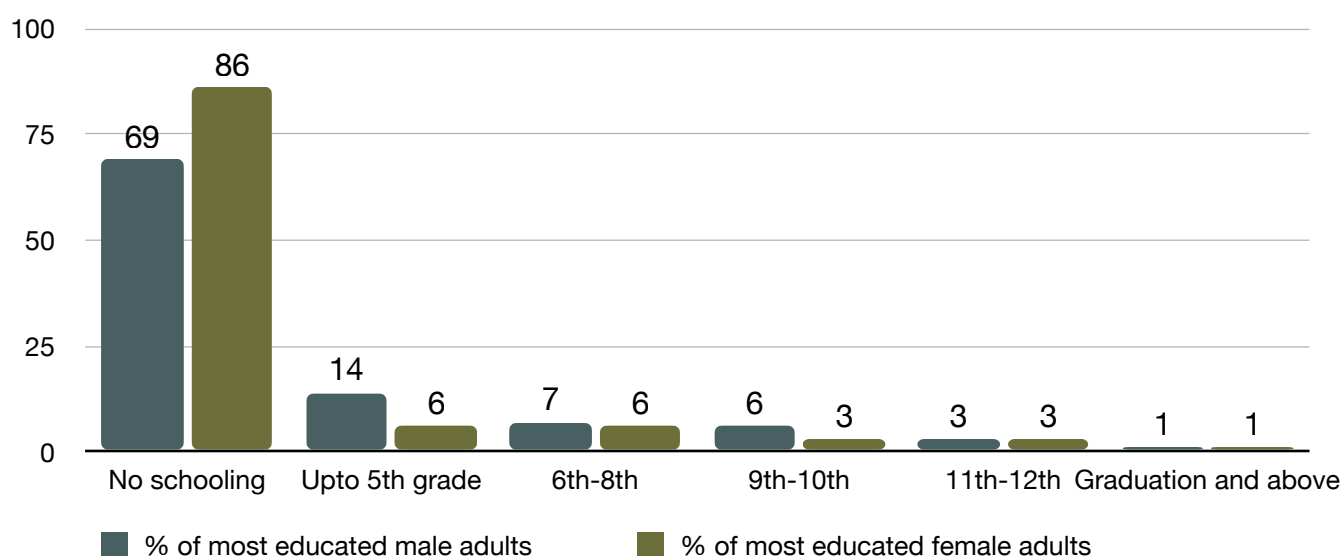
### Status of Education and Access to Scholarships

#### Education level of adults

The survey asked respondents about the education level of the most educated male and female adults in the household. It is noteworthy that in 69% households, no male adult had received any schooling while in 86% households, no female adult had received any schooling. This finding reveals the persistent challenges faced by NT-DNT communities in accessing education, in addition to the gender gap in accessing education, highlighting the prevalent gender-specific barriers faced by women from NT-DNT families in accessing education.



**Table 1: Level of Education Amongst NT-DNT Community in Rajasthan**



Fewer than 4% adults overall have completed senior secondary schooling, which is significantly lower than the national average of 29%<sup>2</sup>. This low percentage reflects the significant barriers that NT- DNT communities continue to face in accessing and completing higher education, resulting in limited opportunities for professional advancement and economic empowerment.

### Education Status of Children

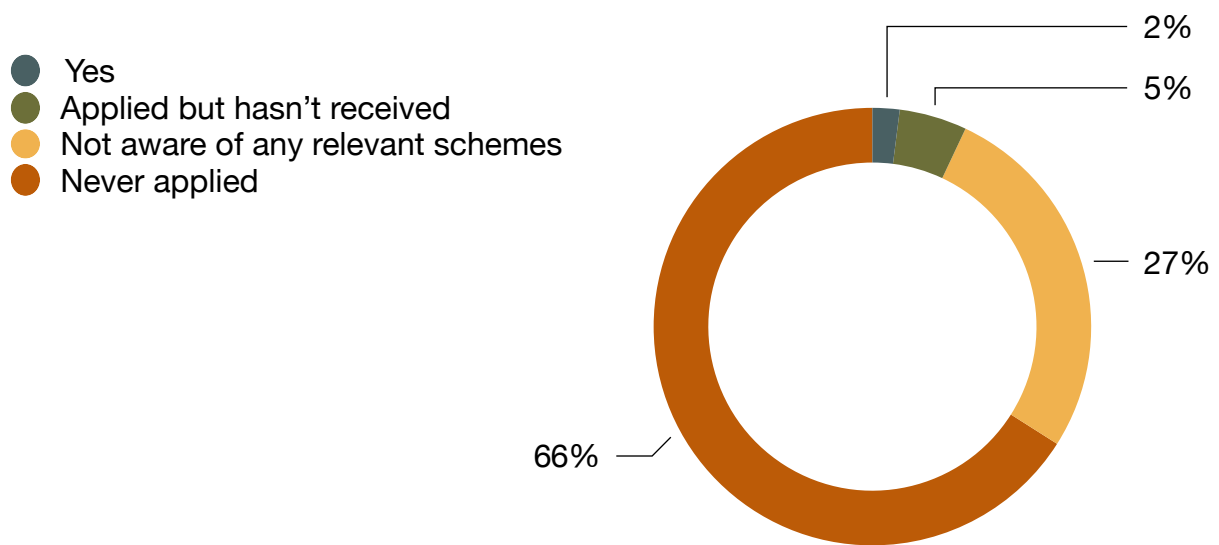
Despite overall progress in educational access, it is concerning that 52 % of boys and 51 % of girls from surveyed NT-DNT households in Rajasthan are still out of school. This disparity indicates a need for targeted interventions and initiatives to address the barriers that hinder these children from accessing quality education.

### Access to education scholarships

A mere 2% of the surveyed households reported that their children received any education scholarships from the government. Further, 5% stated that they have applied for scholarships but have not received them. This indicates challenges in the disbursement process or limited availability of scholarships. Efforts should be made to streamline the application and disbursement process to ensure timely and efficient delivery of scholarships to all eligible students.

<sup>2</sup> [https://www.oecd.org/education/education-at-a-glance/EAG2019\\_CN\\_IND.pdf](https://www.oecd.org/education/education-at-a-glance/EAG2019_CN_IND.pdf)

**Table 2: Access to Educational Scholarship Amongst NT-DNT Community in Rajasthan**



A staggering 66% had never applied for any education scholarship. Insights from the field show that this is a combination of not being aware and not having the necessary documents to apply.

### Recommendations

- **Develop targeted programs and initiatives** to address the barriers preventing boys and girls from NT-DNT households in Rajasthan from accessing quality education
- **Launch extensive awareness campaigns** to inform households about the available scholarship schemes, eligibility criteria, and application procedures
- **Make scholarships unconditional**, wherever possible, wherein all eligible children receive scholarships without the need to apply or provide requisite documentation

# Land Settlement, Possession and Encroachment

## Type of House and Status of Legal Ownership

The housing conditions of the NT-DNT community in Rajasthan paint a picture of marginalization, with 66% of households living in huts and temporary sheds and only 34% residing in *pucca* houses. The percentage of NT-DNT families living in *pucca* houses is significantly lower than the national figure of 85%<sup>3</sup>.

This stark disparity highlights the failure of existing government initiatives to provide adequate housing support, perpetuating a cycle of poverty and limited access to essential services.

A significant majority of households within the NT-DNT community in Rajasthan, accounting for 79%, do not possess official papers indicating ownership or tenancy rights for the houses they reside in. This lack of legal documentation further contributes to their marginalization, as it denies them the security and stability associated with formalized housing arrangements. The absence of proper documentation not only hinders their ability to access basic services and entitlements but also reinforces their vulnerability to displacement and eviction.

## Status of Patta for Land the House is on

Among the families within the NT-DNT community in Rajasthan who possess official papers in the name of someone in the household for their houses, a significant majority of 84% also have a *Patta* (land title) for the land on which their houses are built. This provides them with a level of legal recognition and ownership rights, offering a certain degree of security and stability in their housing situation. However, it is concerning that 16% of these families lack a *patta* for the land, leaving them vulnerable to potential land disputes and the risk of losing their homes. Efforts should be directed towards ensuring that these families obtain the necessary land titles to safeguard their housing rights and prevent further marginalization.

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<sup>3</sup> <https://ceda.ashoka.edu.in/how-many-indians-live-in-a-pucca-house-with-basic-amenities/>



## Application for a Patta

Within the NT-DNT community in Rajasthan, **over half (53%) the households have reported having applied for a Patta** at some point. However, it is concerning that 47% of households have not applied for a patta, highlighting a significant gap in accessing this crucial legal protection. Discussions with people on the ground indicate that these are mainly households who are settled on Charaga (pasture) and Bilanaam land; due to the type of land they are settled on, their applications for a patta are not accepted.

## Forceful Displacement from Land or Threat to Move

**12% of households within the NT-DNT community in Rajasthan have reported experiencing forceful displacement** from their land or receiving threats to move. According to primary research in 2021 by the Housing and Land Rights Network<sup>4</sup>, nomadic communities were amongst the most affected communities by forced displacement and evictions across India.

Observations gathered from on-site investigations reveal that specific nomadic clans have positioned themselves in regions where the value of the land has notably increased. Consequently, representatives and authorities from different communities are actively attempting to relocate them from these areas with the intention of taking over the land for their own use. This stands as a primary catalyst for the coerced eviction experienced by these nomadic families. The occurrence of such forced displacements and the accompanying threats not only interrupt the daily existence of individuals and households, but also intensify the ongoing cycle of marginalization and insecurity that they are confronted with.

## Type of land households are living on

The NT-DNT community in Rajasthan resides on different types of land, reflecting the diverse circumstances they encounter. The majority of households, comprising 58%, live on Abadi land, which refers to residential or settlement areas. Another 18% of households reside on Charaga land, which is often associated with grazing or common land. A significant 17% of households live on Bilanaam land, indicating that they do not possess legal ownership rights over the land they occupy. Lastly, 7% live on Krishi Bhumi, which is farm land. This distribution reveals a complex landscape in terms of land tenure, with a substantial portion of the community lacking secure land rights.

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<sup>4</sup> [https://www.hlrn.org.in/documents/Forced\\_Evictions\\_2021.pdf](https://www.hlrn.org.in/documents/Forced_Evictions_2021.pdf)

A staggering 96% of households within the NT-DNT community in Rajasthan, who live on Charaga or similar types of land, have reported not receiving funds to construct toilets for their families. Discussions with people on the field reveal that a lack of documents is the main reason for exclusion of NT-DNT households from this scheme.

The lack of access to toilets is a problem that plagues NT-DNT households across India, with one survey<sup>5</sup> in Maharashtra showing that 80% of NT-DNT families lacking access to a functional toilet. This alarming statistic highlights a significant lack of support and resources allocated to address sanitation needs within these communities.

### **Ways in which Land was Procured/Received**

The majority, accounting for 57% of households, reported that they occupied the land as it was empty or unclaimed. This indicates a situation where the community has settled on unutilized land without formal allocation. Insights from the ground indicate that nomadic families mainly live far away from other settlements where there is ample unoccupied land. This could explain why a large percentage of NT-DNT families are now living on land that was unclaimed.

Furthermore, 25% of households stated that they received the land from their relatives, indicating a pattern of land being passed down through family connections or inheritance. A minority of 10% of households reported that they purchased the land they currently occupy, implying that they were able to acquire land through monetary transactions.

A small portion, approximately 8% of households, reported that the land they currently occupy was allocated to them by the government. This suggests that some government initiatives have been successful in providing land to only a limited number of community members.

Half the families have lived on the same land for over 40 years, while 46% have lived there in between 11-40 years.

### **Locations before current settlement**

The respondents were asked where they were settled before they came upon their current piece of land. A significant majority, comprising 71% of households, reported that they

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<sup>5</sup> <https://thewire.in/rights/for-nt-dnt-communities-in-maharashtra-swachh-bharat-has-not-brought-clean-toilets>

were not settled anywhere and lived a nomadic life. This suggests a lifestyle characterized by constant movement and lack of a fixed abode.

In contrast, 18% of households stated that they have stayed on the same land since birth, indicating a more settled lifestyle with a long-standing connection to their current location.

Additionally, 8% of households reported that they were on a different land previously but made a conscious decision to move to their current location. This could be due to various reasons, such as seeking better opportunities or a more stable environment.

A small percentage, 3% of households, reported being displaced from a different land, highlighting the unfortunate reality of forced displacement experienced by some community members. This displacement likely disrupted their lives and led them to seek alternative settlements.

These findings underscore the diverse experiences and living arrangements within the NT-DNT community, with some leading nomadic lives, while others have established a more settled existence. Understanding these dynamics is crucial for formulating targeted policies and interventions that address the specific needs and challenges faced by different segments of the community, whether they are nomadic or settled populations.

## **Review of coverage under Pradhan Mantri/Indira Awas Yojana**

When it comes to housing assistance under the Pradhan Mantri Awas Yojana or Indira Awas Yojana, the NT-DNT community in Rajasthan has encountered various challenges and barriers. A mere 15% reported receiving housing under this scheme. Media reports<sup>6</sup> show that discrepancies and corruption in the scheme has led to exclusion of legitimate households from its ambit.

Among the households surveyed, 47% reported not receiving housing assistance under these schemes due to not having a patta for the land. Additionally, 15% of households stated that they have applied for housing assistance, but their applications are still pending, indicating delays and bureaucratic hurdles in the process.

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<sup>6</sup> <https://realty.economictimes.indiatimes.com/news/industry/odisha-central-government-agree-to-resolve-issues-in-pmay-gramin/93537787>

However, 23% of households reported that they applied for housing assistance but had their documents rejected, suggesting that even those who actively sought support faced challenges in meeting the eligibility criteria or providing the necessary documentation.

These findings highlight the need for a more inclusive approach to housing assistance programs, specifically tailored to the unique circumstances and challenges faced by the NT-DNT community. Simplifying the application process, providing support in acquiring necessary documents, and expanding eligibility criteria could help ensure that a larger proportion of the community can benefit from these government housing initiatives.

### **Availability of Land for Cremation**

A small percentage of households, accounting for 6%, reported that a cremation ground was allocated by the government along with land ownership documentation (Patta). This indicates that specific efforts have been made to provide dedicated spaces for cremation within certain communities.

Another 36% of households reported that the government has constructed a cremation ground, indicating that authorities have recognized the importance of providing dedicated spaces for cremation within the NT-DNT community.

Approximately 30% of households, stated that they are using an existing piece of land as a cremation ground. This suggests that community members have found alternative arrangements or have designated a particular area for cremation purposes without specific government intervention.

However, it is concerning that 28% of households responded that the community does not have access to a designated cremation ground. This lack of infrastructure can pose challenges and impact cultural and religious practices related to final rites and rituals. A media report<sup>7</sup> shows that a nomadic tribe in Jharkhand has resorted to burying their dead beside their houses as they have not been allocated a graveyard by the government.

Ensuring that all community members have access to proper cremation grounds is essential to respect their cultural practices, provide a dignified final journey, and support the overall well-being of the NT-DNT community. Efforts should be made to address this gap and provide adequate facilities for cremation within proximity to their residences.

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<sup>7</sup> <https://www.hindustantimes.com/ranchi/no-land-for-graveyard-jharkhand-tribe-bury-their-dead-near-homes/story-nYt7EqIsmRxU5d6WtP5fDP.html>

It is deeply distressing to learn that **12% of households within the NT-DNT community in Rajasthan have reported facing violence during the process of cremating their community members**. This alarming statistic highlights a severe issue of discrimination and social hostility that community members encounter while performing last rites and cremations. Such acts of violence not only violate the rights and dignity of the bereaved families but also perpetuate a cycle of marginalization and exclusion.

## Recommendations

- **Organize mobile camps** that travel to different settlements within the district, assisting NT-DNT households in completing documentation requirements for housing schemes and entitlements.
- **Collaborate with local NGOs and community representatives** to design eligibility criteria that consider the NT-DNT community's unique land settlement patterns, allowing families without formal land titles to access housing assistance
- **Allocate resources to establish dedicated cremation grounds** for the NT-DNT community, ensuring respectful final rites and rituals, as well as facilitating access to these facilities to prevent resorting to ad hoc arrangements
- **Collaborate with the NT-DNT community to identify suitable and unclaimed land** for nomadic settlements, ensuring legal allocation and access to basic services, thereby addressing the need for appropriate land settlement
- **Establish a rapid response mechanism**, led by local administration and community leaders, to promptly address any conflicts arising from land disputes or forced displacements, ensuring the safety and security of the NT-DNT community

# Status of Employment, Key Sources of Income and Average Household Income

## Status of Employment

Among the surveyed households, 63% of male members above the age of 18 reported having paid work. On the other hand, 45% of female members above the age of 18 reported having paid work. The data reveals that **11% of children in the surveyed households are engaged in paid work**. This finding raises concerns about child labor and highlights the challenges faced by these children in accessing their right to education and a safe and healthy childhood.

24% of adult male as well as female members who have been seeking paid work have been unsuccessful to find it for the past six months. This is significantly higher than the overall unemployment rate in India, which is 8%<sup>8</sup>. This denotes that the NT-DNT community faces greater challenges and discrimination in seeking paid work.

## Traditional Occupations of NT-DNT Households

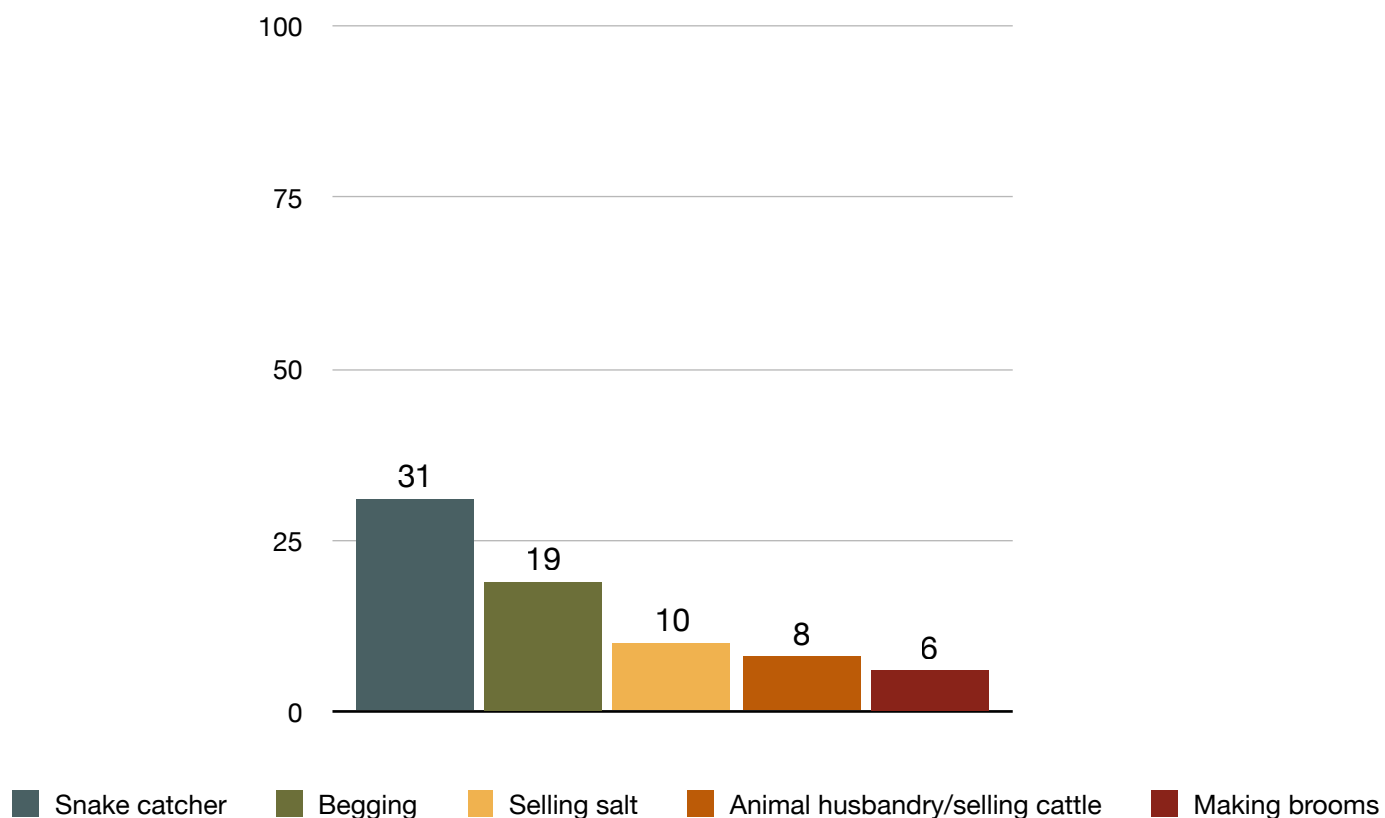
The most common traditional profession reported by the respondents is **snake catching, with 31% of them engaged in this occupation**. Snake catching, while an age-old practice within some DNT communities, is an informal and hazardous job. Those involved in this profession often lack legal recognition and social acceptance, leading to a marginalized status within society.

**Begging, reported by 19% of the respondents**, is another significant traditional occupation among the DNT communities in Rajasthan. Begging is a form of informal work that is often associated with stigmatization and exclusion. The lack of alternative opportunities and limited access to education and skill development programs contribute to the perpetuation of this occupation within some DNT communities.

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<sup>8</sup> <https://www.forbesindia.com/article/explainers/unemployment-rate-in-india/87441/1>

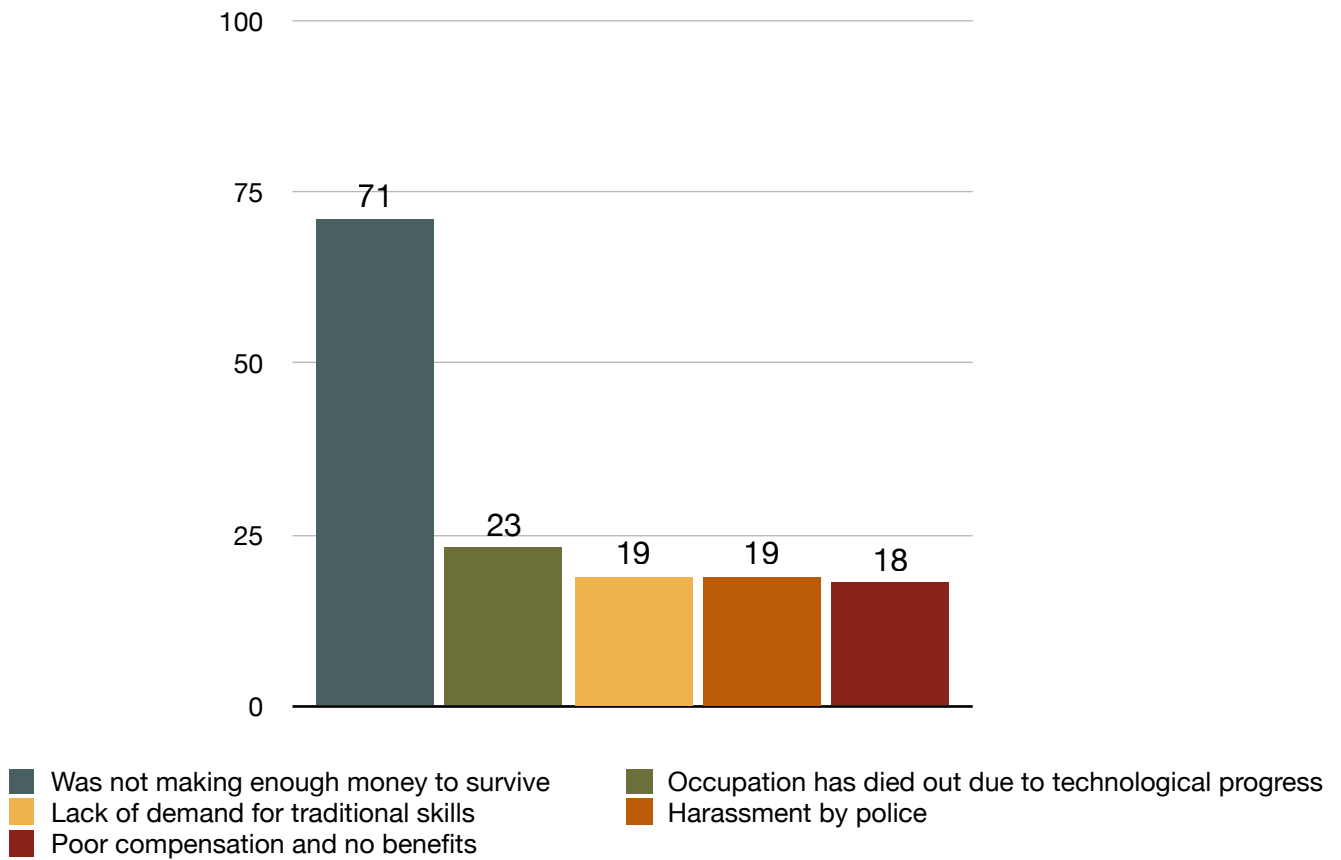
**Table 3: Types of Traditional Occupations Amongst NT-DNT Community in Rajasthan (%)**



Selling salt (10%) and animal husbandry/selling cattle (8%) are also prevalent traditional professions among the DNT communities. Both of these occupations are often informal and vulnerable to economic fluctuations. Making brooms, reported by 6% of the respondents, is another traditional occupation that reflects the informality of work within the DNT communities. The lack of market linkages and access to formal credit can further restrict their economic growth and social mobility, reinforcing their marginalized status.

**60% families are unable/choose not to pursue their traditional occupation.**

**Table 4: Reasons why Traditional Occupations are not being pursued anymore by NT-DNT Community in Rajasthan (%)**



The data reveals that the primary reason for not pursuing traditional occupations among the NT-DNT community in Rajasthan is the inability to make enough money to sustain a livelihood, with 71% of households reporting this as a significant factor. This highlights the economic challenges faced by the community, indicating that traditional occupations do not provide sufficient income to meet their basic needs.

The second most prominent reason is the occupation dying out due to technological progress, reported by 23%. Related to this is the reason reported lack of demand for traditional skills, reported by 19% of households. This suggests a shift in market dynamics and preferences, where traditional occupations may no longer align with current market demands or trends.

Harassment emerges as a significant issue, with 19% of households reporting harassment by the police. Such harassment creates a hostile environment and discourages individuals from engaging in traditional occupations.



Poor compensation and no benefits are also major concerns, with 18% of households reporting this as a reason for not pursuing traditional occupations. This indicates that the financial rewards and social security associated with traditional occupations are insufficient to meet the community's needs.

Addressing these challenges requires comprehensive interventions that address economic disparities, improve working conditions, foster recognition of traditional skills, and provide protection against harassment and exploitation. Efforts should be made to explore alternative livelihood opportunities that align with current market demands while also preserving and promoting the cultural heritage and skills of the NT-DNT community

### **Challenges Faced in your Current Profession**

The data reveals various challenges faced by the NT-DNT community in their current professions. The most prevalent challenge reported by over **1 in 4 households** is **harassment by community members and/police**. Police harassment of NT-DNT communities has a long history, with community members habitually picked by the police and charged for crimes they did not commit<sup>9</sup>.

The second prominent challenge, faced by **13% of households**, is **the lack of recognition for their traditional skills**. This indicates a lack of acknowledgment and appreciation for the expertise and cultural heritage they possess, which undermines their professional growth and opportunities.

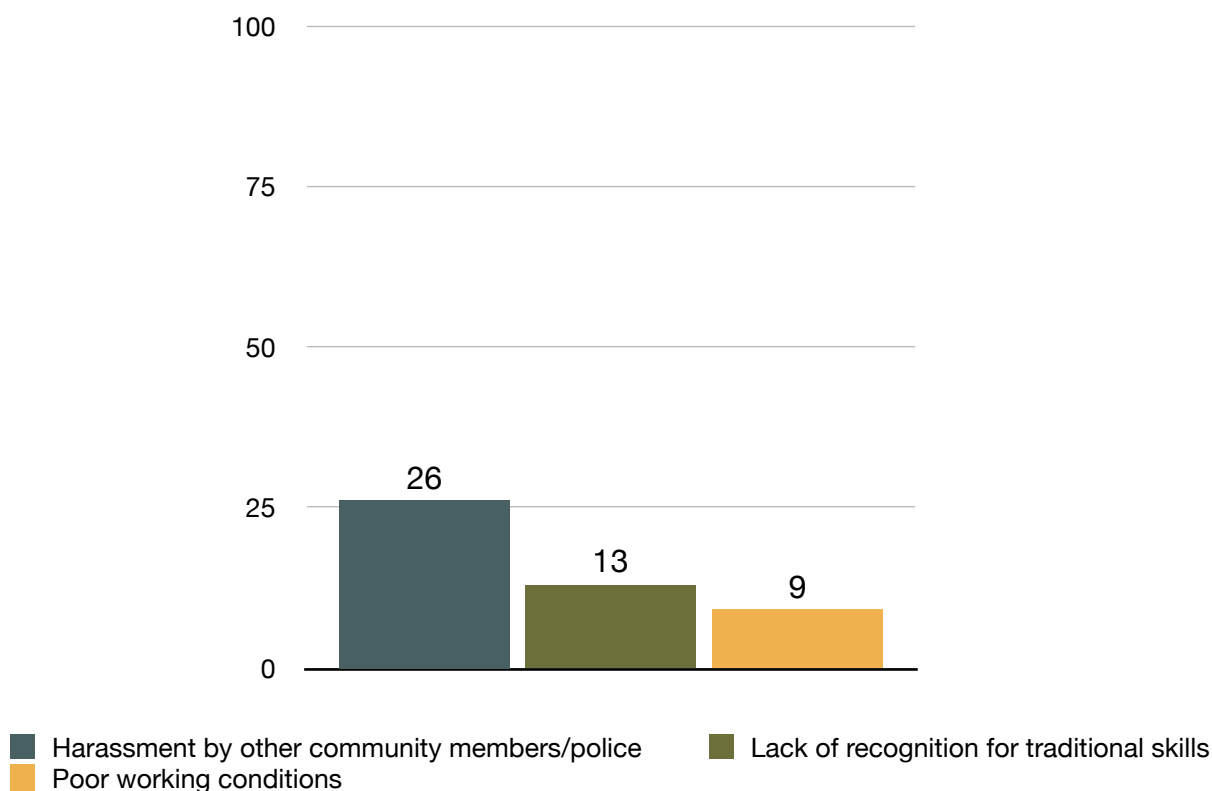
Poor working conditions are a significant concern, reported by 9% of households, indicating that the physical and environmental conditions in which they work are unsatisfactory and may affect their well-being and productivity.

Addressing these challenges requires targeted interventions and support systems. Recognizing and promoting the traditional skills of the NT-DNT community can help empower them professionally and preserve their cultural heritage.

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<sup>9</sup> <https://thewire.in/politics/polices-continued-victimisation-denotified-tribal-communities-can-no-longer-go-unchallenged>

**Table 5: Challenges faced in their Traditional Occupations by NT-DNT Community in Rajasthan (%)**



### Key Sources of Income

Daily wage work (including MGNREGA) is a significant contributor of income for an overwhelming 98% households.

Farming is another significant source of income, wherein farming on other’s land contributes significantly to the income of 48% families, while farming on own land contributes to the income of 11% families. This is broadly comparable with pan-India figures<sup>10</sup> as well where agriculture and casual labour constitutes main sources of employment.

8% of the households earn money through fishing/poultry/animal grazing. Traditional arts and crafts, small businesses and working in private offices collectively contribute to smaller shares of employment.

<sup>10</sup> [https://www.niti.gov.in/sites/default/files/2022-04/Discussion\\_Paper\\_on\\_Workforce\\_05042022.pdf](https://www.niti.gov.in/sites/default/files/2022-04/Discussion_Paper_on_Workforce_05042022.pdf)

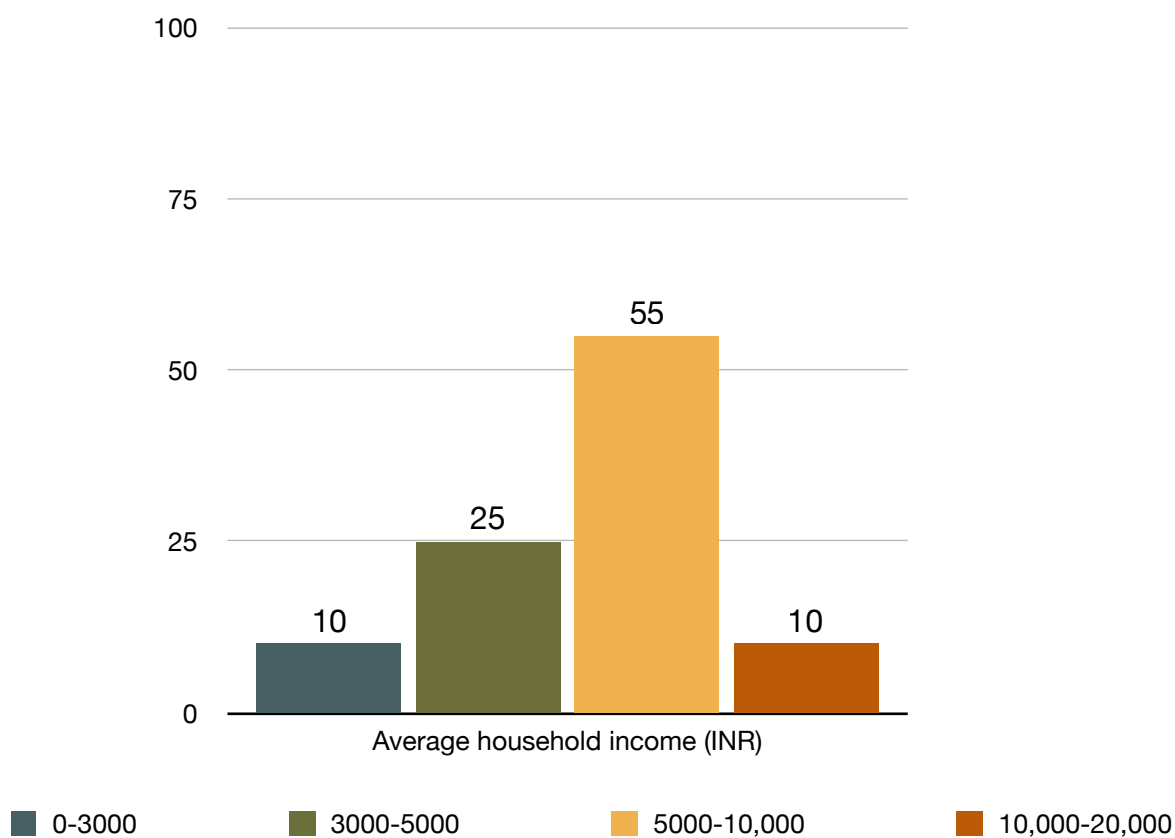
The data indicates that most family members are engaged in professions that are a part of the unorganised sector and therefore lack job security and benefits. Not a single member surveyed reported being employed in the government while less than 1% reported being employed in a private office.

### Average household income

The lowest income range reported is 0-3000, accounting for 10% of households. This indicates a significant proportion of the community struggling with extremely limited financial resources, which likely leads to various socio-economic challenges and difficulties in meeting their basic needs.

The income range of 3000-5000 is the next category, representing 25% of households. While slightly higher, this income range still signifies a relatively low level of earning, which can make it challenging for families to attain financial security and access essential services.

**Table 6: Level of Household Incomes Amongst NT-DNT Community in Rajasthan (%)**



The majority of households, comprising 55%, fall within the income range of 5000-10,000. While this represents the largest proportion, it is important to note that this income level is still modest and often insufficient to meet the needs of a family adequately. Overall, 9 in 10 households earn less than INR 10,000 per month.

The highest income range reported is 10,000-20,000, accounting for 10% of households. However, it is crucial to recognize that even within this range, the income may not be considered comfortable or secure, as it depends on the specific family size and local cost of living.

These findings highlight the prevailing economic challenges faced by the NT-DNT community, with a significant portion of households struggling to meet their basic financial needs. Addressing this income disparity requires targeted interventions to enhance livelihood opportunities, provide skill development programs, and create avenues for better-paying employment. Additionally, social welfare programs and

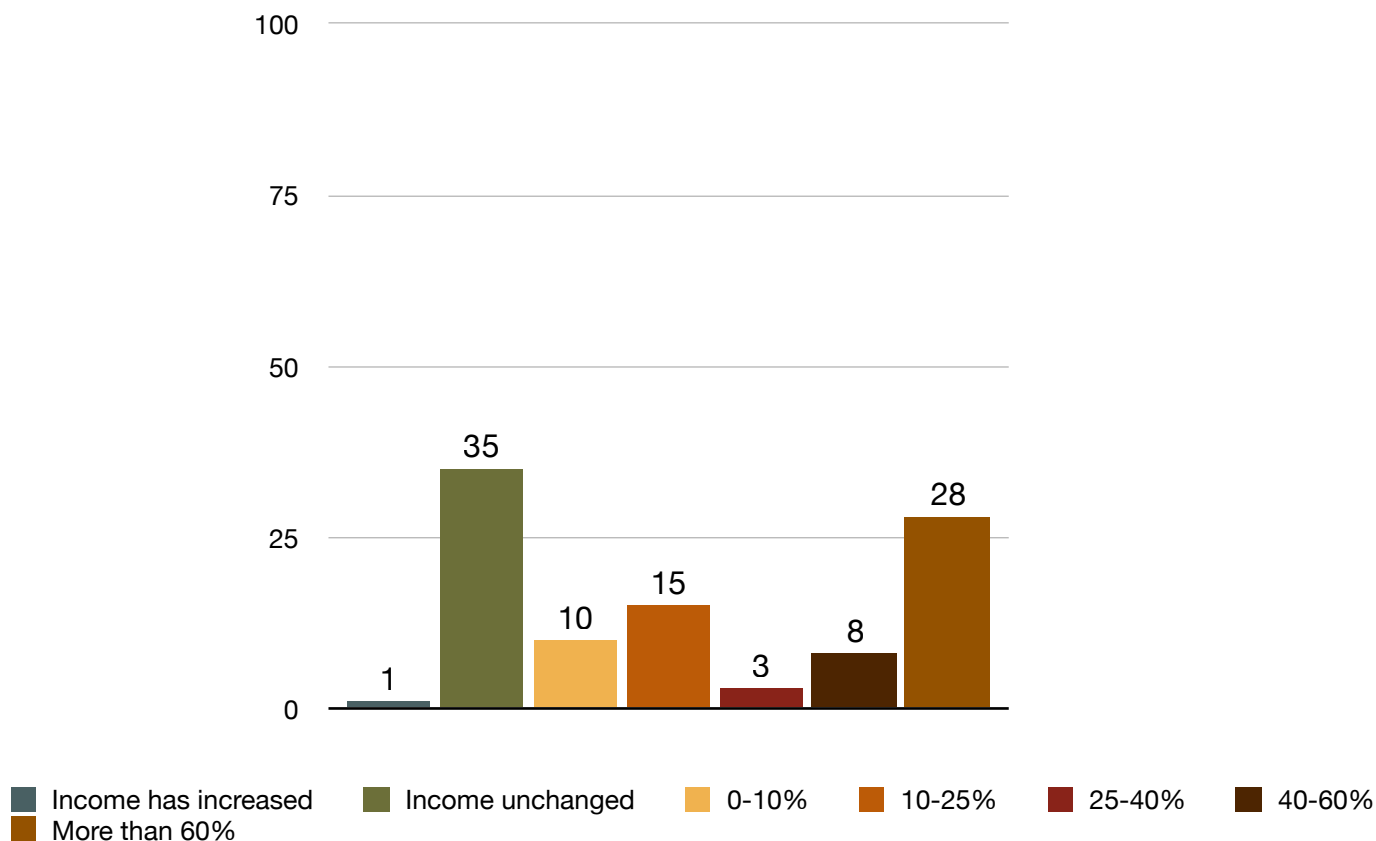
initiatives should be implemented to ensure access to essential services and support systems that alleviate the economic hardships faced by the community.

### **Impact of the COVID-19 pandemic on household income**

The largest percentage, 28% of households, reported a significant reduction of more than sixty percent in their income. This highlights the severe economic repercussions faced by a significant portion of the community due to the pandemic, which has led to substantial financial hardships and instability.

A minimal percentage of households, accounting for 1%, reported an increase in their income during the pandemic. This could be attributed to various factors such as access to specific government support programs or engaging in alternative income-generating activities to adapt to the new circumstances.

**Table 7: Impact of COVID 19 Pandemic on Household Incomes of NT-DNT Community in Rajasthan (%)**



A significant portion of households, 35%, reported that their income remained unchanged during the pandemic. One possible explanation could be that their income was low to begin with.

For households that experienced a reduction in income, the range varied. Approximately 10% reported a reduction of 0-10%, while 15% experienced a reduction of 10-25%. A smaller percentage of households, 3%, faced a reduction in the range of 25-40%. Another 8% reported a reduction of 40-60% in their income.

Overall, more than 6 in 10 households suffered a reduction in income due to the pandemic, a finding that is consistent with existing evidence<sup>11</sup>.

These findings emphasize the diverse impact of the pandemic on the NT-DNT community's household income. While a significant proportion experienced substantial reductions, some households managed to maintain their income levels, and a few even saw an increase. It is crucial to provide targeted support to those who have been severely affected, including access to financial assistance, skill development programs, and job

<sup>11</sup> <https://indianexpress.com/article/india/oxfam-report-2021-income-households-fell-7726844/>

opportunities that can help them recover from the income losses and build economic resilience.

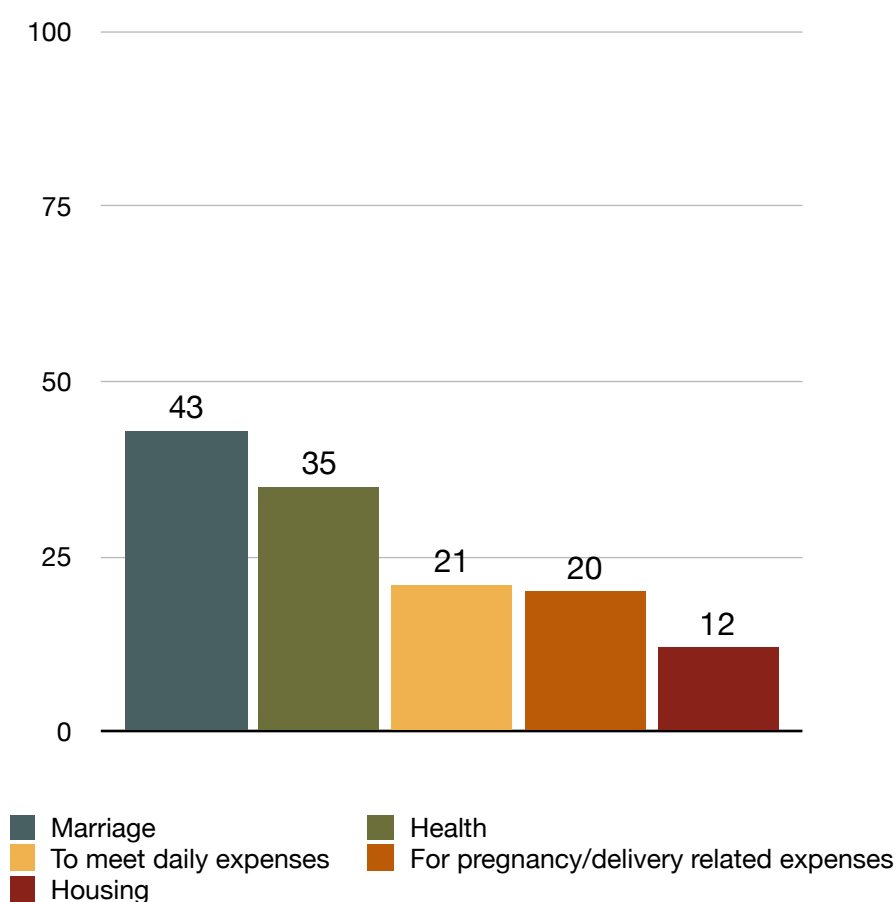
## Recommendations

- **Direct vocational institutes to develop skill training programs** specifically designed for the NT-DNT community. The programs should encompass both traditional and modern skills, fostering income diversification and adaptation to market changes
- **Implement awareness campaigns and training** for law enforcement agencies to combat harassment and discrimination against the NT-DNT community, fostering better community-police relations
- **Issue a notification to expand the scope and coverage** of existing social safety net programs like MGNREGA. This could include increasing the number of workdays, extending the program to more occupations, and facilitating easier access for the NT-DNT community

## Overview of Debt and Key Causes

Among the surveyed households, **31% reported having unpaid loans**. For the households with unpaid loans, the distribution of remaining loan amounts varied. Over 3 in 5 households have loans exceeding 50,000, which is a significant part of the average annual household income reported in the survey. Further, 18% of the households have loans ranging between Rs. 20,000-50,000. These findings indicate the presence of unpaid loans and the potential financial burdens experienced by households.

**Table 8: Major Reasons for Taking on Loans/Debt Amongst NT-DNT Community in Rajasthan (%)**



The most prevalent reason for taking loans is to cover marriage expenses, with 43% of households relying on loans for this purpose. Marriages often entail significant financial commitments, including dowry, ceremonies, and other associated costs. Accessing loans becomes a common practice within the community to manage these expenses.

Health-related expenses are the next prominent reason for taking loans, with 35% of households requiring financial support to meet medical needs. These expenses may include hospital bills, treatments, medications, and other healthcare-related costs.

Meeting daily expenses is a significant concern for 21% of households, resulting in the need to take loans to bridge the financial gap. This indicates the challenges faced by the community in sustaining their daily livelihoods and covering basic necessities.

For 20% of households, loans are taken to cover pregnancy/delivery related expenses. This highlights the financial burden associated with childbirth, prenatal care, and postnatal care, which often require additional financial support.

Housing-related loans are taken by 12% of households, indicating the need for funds to construct, repair, or improve their living arrangements. This reflects the community's aspiration for better housing conditions and the challenges they face in accessing suitable housing options.

Investing in healthcare infrastructure, affordable housing, and education can alleviate the financial burden on the NT-DNT community, ultimately leading to their socio-economic upliftment and empowerment.

## Recommendations

- **Establish microfinance initiatives that provide accessible and affordable credit options** specifically tailored to the needs of the community, helping to reduce the reliance on high-interest loans and improve overall financial resilience
- **Raise awareness about existing government health insurance programs** among the NT-DNT community and streamline the enrolment process for government health insurance, making it user-friendly and easily accessible



## Access to Key Social Welfare Schemes and Documents

### Status of Ration Card and Entitlement Received

94% of the surveyed households have a ration card, while 6% do not possess one.

Possessing a ration card is significant as it allows households to access subsidized food grains and essential commodities through the public distribution system (PDS). However, it is important to examine the reasons behind the 6% of households without a ration card.

Possible factors could include eligibility criteria, difficulties in obtaining or renewing the card, lack of awareness, or specific circumstances unique to those households.

Among the households with a ration card, 44% have all members added on one card, while in 46% households, all members have individual cards. However, 10% households reported that all members do not have a card and are not added on an existing card. The majority of households either have all members added on one card or all members possessing individual cards, ensuring comprehensive coverage for accessing subsidized food grains and essential commodities through the public distribution system (PDS).

However, a significant portion of households reported not having a card for all members or not being added on an existing card. This suggests potential challenges in obtaining or maintaining ration cards for the entire household, which may limit the accessibility of PDS benefits for those members.

31% households have a Priority Household Ration Card/NFSA card, which is issued to households classified as priority under the National Food Security Act (NFSA), ensuring access to subsidized food grains and essential commodities through the public distribution system (PDS).

12% of households have an Antodaya Anna Yojana Ration Card. This card is specifically designed for the most economically vulnerable households and provides even greater benefits under the PDS. 43% of households possess an Above Poverty Line Ration Card, which is issued to households not eligible for priority or Antodaya Anna Yojana cards. This could be a case of incorrect classification as the survey clearly shows that majority of NT-DNT communities earn an extremely low income, making them eligible for Priority Household and Antodaya ration cards.

14% have an Annapurna Yojana ration card. This card is provided to destitute individuals above 65 years of age<sup>12</sup>.

The data shows that **2 in 3 of the surveyed households received their entitled amount of ration for all 12 months in the last year**. This means that 33% did not receive ration throughout the year. Further, 16% reported not knowing their entitlement. This highlights the importance of ensuring transparency and clear communication regarding ration entitlements to avoid confusion or uncertainty among households.

### **Ration Received under Pradhan Mantri Garib Kalyan Anna Yojana**

According to the survey, **55% households within the NT-DNT community in Rajasthan reported not receiving food grains under the Pradhan Mantri Garib Kalyan Ann Yojana** in the past six months. This suggests gaps in the implementation or accessibility of the scheme, potentially leaving a significant proportion of the community without access to adequate food support during challenging times.

### **Access to Key Identification and Other Documents**

It is encouraging to see that 83% of all members possess an Aadhar card. This high percentage suggests a substantial level of enrolment and awareness about the importance of this identification document within the community.

While the possession of Aadhar cards is high, other documents such as birth certificates, voter IDs, caste certificates, and domicile certificates show varying levels of coverage.

**Birth certificates**, which serve as vital records of birth and citizenship, **are held by only 14%** of all members. This indicates a potential lack of awareness or difficulties in obtaining birth certificates within the community. Increasing the number of individuals with birth certificates is essential, as it provides an official record of identity and citizenship, opening up access to various services and rights.

The possession of voter IDs among adult members stands at 76%, signifying a relatively healthy proportion of politically engaged individuals within the community. In addition, 92% of those who applied for an MGREGA job card received one.

However, the lower percentages for **caste certificates (20%) and domicile certificates (12%) highlight potential challenges in accessing these specific documents**. Caste

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<sup>12</sup> <https://food.rajasthan.gov.in/>

certificates are essential for accessing reserved seats in educational institutions and various government job opportunities. Domicile certificates are crucial for availing of state-based benefits and opportunities. The lower percentages for these certificates may indicate disparities in the community's access to government services or difficulties in obtaining these documents due to bureaucratic hurdles. Overall, the lack of key documents is a challenge that has been highlighted by various other surveys and media reports<sup>13</sup> on the NT-DNT community.

Over 2 in 3 households stated that no one in their family possesses the PM-JAY (Pradhan Mantri Jan Arogya Yojana) health insurance card. The absence of a PM-JAY health insurance card for the majority of households could be attributed to various factors, including lack of awareness, eligibility criteria, challenges in enrolment, or the availability and accessibility of healthcare services.

In conclusion, while the high percentage of Aadhar card possession is commendable, there is room for improvement in other areas of identity documentation. Efforts to increase awareness and streamline processes for obtaining birth certificates, caste certificates, and domicile certificates could significantly benefit the community, ensuring that more individuals can access various services and opportunities available to citizens of India. Additionally, enhancing outreach and awareness campaigns can help boost enrolment in these vital identity documents, ultimately empowering the community and promoting inclusivity and equal opportunities for all members.

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<sup>13</sup> <https://timesofindia.indiatimes.com/city/jaipur/de-notified-tribes-no-docus-no-access-to-govt-schemes/articleshow/85781141.cms>

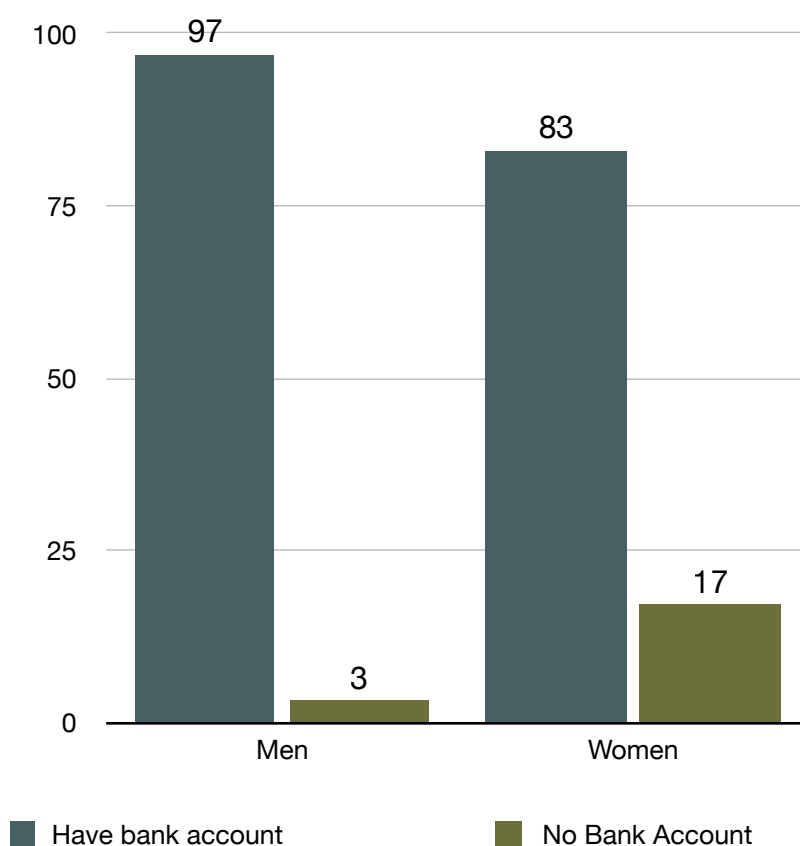
## Recommendations

- **Establish mobile documentation units** specifically designed to cater to marginalized communities; these units should visit remote areas, providing on-site assistance for document applications and ensuring equitable access to key documents
- **Implement innovative information dissemination strategies** beyond the panchayat level to enhance awareness of government schemes.
- **Simplify the enrolment process for the PM-JAY health insurance scheme**, making it accessible and inclusive for all individuals, including those from marginalized communities
- **Simplify eligibility criteria for the caste certificate** to ensure that all NT-DNT families have access to a caste certificate so that they can get all caste-based social welfare benefits

## Gender-wise Access to Banking Services

97% men and 83% women in the sample have a bank account. For men, 33% of the accounts and for women, 40% of the total bank accounts were opened under the Jan Dhan Scheme. This indicates that a substantial proportion of the bank accounts were opened during the financial inclusion efforts facilitated by the Jan Dhan Yojana.

**Table 9: Prevalence of Bank Accounts amongst NT-DNT Community in Rajasthan (%)**



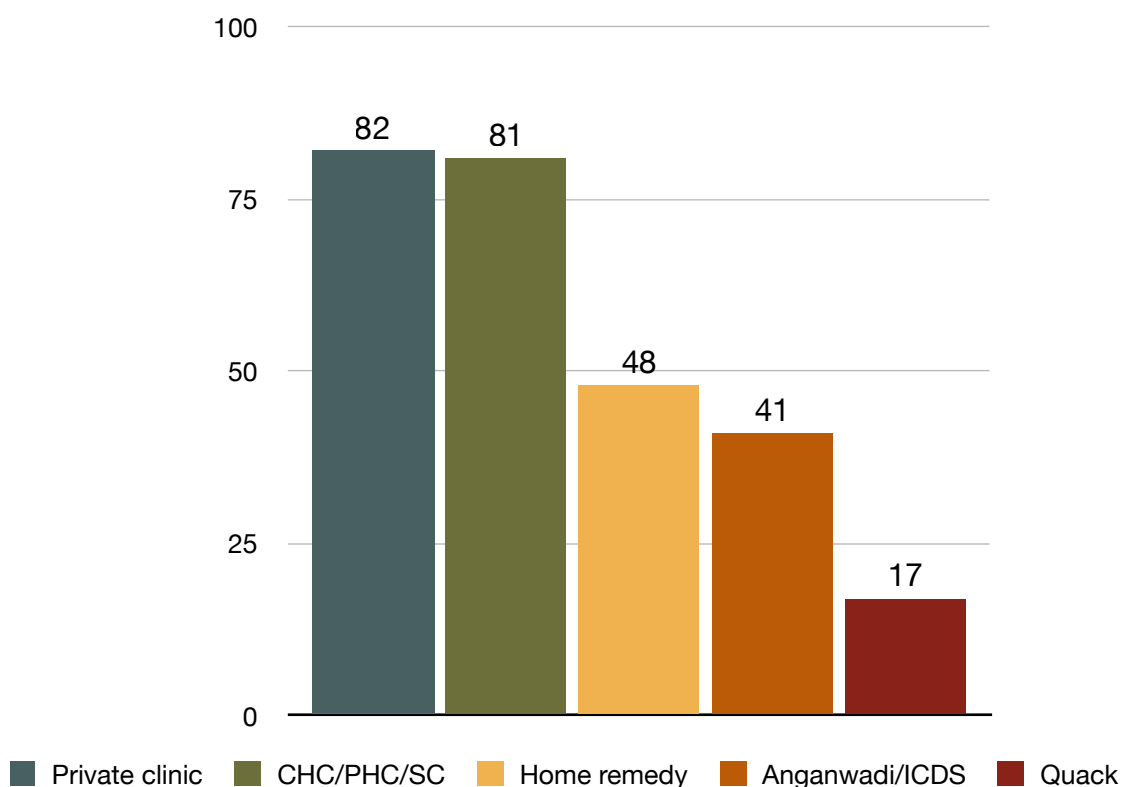
## Access to Health Services and Challenges in Accessing Support and Vaccination during the Pandemic

### Key Sources of Healthcare

The survey asked respondents about the key sources they accessed healthcare from. Each respondent was asked to state their top 3 sources.

At the top of the list is **private clinics**, with **82% of the community members accessing healthcare services from such facilities**. It is essential to note that private healthcare can be costly, which might present a financial burden for some members of the DNT community, particularly those with limited financial means.

**Table 10: Sources of Healthcare Amongst NT-DNT Community in Rajasthan (%)**



Following closely is the utilization of Community Health Centres (CHC), Primary Health Centres (PHC), and Sub-Centres (SC), which serve as government-supported healthcare facilities. These facilities are crucial in providing free and accessible healthcare to rural and remote areas, where the DNT community often resides. The high utilization rate of 81% indicates that government-supported healthcare services play a vital role in catering to the medical needs of the community.

**A significant proportion of the community, 48%, relies on home remedies for healthcare.**

Home remedies are often deeply rooted in traditional knowledge and practices passed down through generations. While these remedies may be beneficial for minor ailments, there is a need to ensure that serious health conditions are appropriately addressed through professional medical care.

The Integrated Child Development Services (ICDS) program is an essential government initiative that aims to provide healthcare and nutrition support to young children and mothers. The fact that 41% of the DNT community accesses healthcare through ICDS shows its positive impact on maternal and child health within the community.

However, the data also reveals that 17% of the community members seek healthcare from informal providers known as "quacks." These individuals lack proper medical training and qualifications, raising concerns about the quality and safety of the healthcare they provide. The reliance on quacks may be attributed to a lack of access to formal healthcare providers or financial constraints.

Overall, the data indicates a diverse mix of healthcare sources accessed by the DNT community in Rajasthan. While private clinics and government-supported healthcare facilities play a significant role, reliance on home remedies and informal providers highlights the need for comprehensive healthcare services tailored to the unique needs of the DNT community. Ensuring improved access to affordable, quality healthcare and promoting awareness about the importance of seeking professional medical attention when required can go a long way in enhancing the overall health and well-being of the DNT community in Rajasthan.

### **Support Received during the COVID-19 Pandemic**

The most widespread support received by the community was related to vaccination, with 70% of the DNT members having access to COVID-19 vaccines. Another essential form of support provided to the DNT community was additional food and rations, reaching 49% of the community members. The pandemic's economic impacts have disproportionately affected vulnerable populations like the DNT community, many of whom depend on daily wages and informal labour for their livelihoods.

Information and updates were made available to 51% of the community members, highlighting the efforts to keep them informed about COVID-19 guidelines, safety

measures, and available support. Medical supplies, including essential items such as masks, sanitizers, and personal protective equipment (PPE), were provided to 12% of the DNT community. Equipping individuals with necessary medical supplies contributes to reducing the risk of COVID-19 transmission and helps protect frontline workers and community members alike.

Testing facilities were made available to 13% of the community, which is crucial for identifying and containing the spread of the virus. **Financial assistance, such as cash transfers, reached 8% of the community, and employment support was received by only 2%.**

Overall, the data indicates a varied approach to supporting the DNT community during the COVID-19 pandemic. While vaccination coverage and access to information have seen significant achievements, there remains a need for continued efforts to provide adequate financial assistance and employment support to help the community recover from the pandemic's socio-economic impacts. Ensuring equitable access to essential resources and support can play a crucial role in safeguarding the health and well-being of the DNT community during and beyond the pandemic

### **Status of Vaccination and Challenges in Getting Vaccinated**

According to the data, **64% of family adult members have received at least one dose of the vaccine, while 55% have completed both doses.** Thus, a significant portion of the community is still not fully vaccinated.

The findings also highlight the challenges faced by individuals during the vaccination process. A considerable challenge, experienced by approximately **60% of respondents, is the loss of a day's wages while getting vaccinated.** For many in the community who rely on daily wages and informal labour, taking time off work to get vaccinated can lead to financial difficulties and further exacerbate the socio-economic impact of the pandemic.

Another significant challenge, encountered by approximately 49% of respondents, is waiting in line for hours at the vaccination centres. Long waiting times can discourage individuals from getting vaccinated, especially if they have other responsibilities or commitments.



The data also reveals that around 38% of respondents faced challenges due to their mobile not being linked to Aadhar, which could potentially hinder the registration process for vaccination.

Furthermore, approximately **22% of respondents reported not having the required documents for vaccination**, which may include identity proof or proof of residence. This lack of proper documentation could be a barrier to accessing vaccines for some community members.

Additionally, around 22% of respondents found it difficult to leave their children alone at home, making it challenging for them to get vaccinated. Childcare responsibilities can hinder the mobility of adult family members and limit their ability to visit vaccination centres.

In conclusion, while the data shows a substantial proportion of family adult members receiving at least one vaccine dose, addressing the challenges identified is crucial to achieving higher vaccination rates and ensuring equitable access to vaccines for all community members. Efforts to minimize the impact of lost wages, reduce waiting times, improve registration processes, and facilitate access to required documents can help overcome these barriers and contribute to broader vaccination coverage within the DNT community. Additionally, community-specific initiatives, awareness campaigns, and outreach programs can play a pivotal role in encouraging vaccination and fostering a safer and healthier environment for the entire community.

## Recommendations

- **Allocate resources and invest in strengthening formal healthcare infrastructure**, particularly in underserved areas, to increase accessibility to qualified medical professionals and formal healthcare facilities
- **Communicate information about health and related issues in local languages and culturally** appropriate formats to effectively reach and engage the surveyed households and other marginalized communities
- **Implement targeted vaccination drives and awareness campaigns** within DNT communities to increase vaccination coverage, ensuring equitable access to COVID-19 vaccines
- **Expand financial assistance programs tailored to the unique needs of the DNT community**, offering direct cash transfers and livelihood support to mitigate the pandemic-induced economic hardships, such as loss of daily wages and informal job opportunities

## Conclusion: Key Recommendations

This section highlights a series of policy recommendations aimed at addressing various social, economic, and human rights challenges faced by NT-DNT households in Bihar. These recommendations cover a range of issues, including ensuring educational access and retention, securing land rights, promoting employment opportunities, enabling universal access to rations and social welfare, facilitating access to key identification and scheme-based documents and improving access to healthcare services. By implementing these recommendations, it is hoped that the rights and well-being of NT-DNT households will be better protected, and their access to essential services and opportunities will be enhanced, contributing to more equitable and inclusive development in Rajasthan.

### For ensuring educational access and retention of ST children

- **Develop targeted programs and initiatives** to address the barriers preventing boys and girls from NT-DNT households in Rajasthan from accessing quality education
- **Make scholarships unconditional**, wherever possible, wherein all eligible children receive scholarships without the need to apply or provide requisite documentation

### For ensuring greater land rights including legal ownership and preventing displacement

- **Organize mobile camps** that travel to different settlements within the district, assisting NT-DNT households in completing documentation requirements for housing schemes and entitlements.
- **Collaborate with local NGOs and community representatives** to design eligibility criteria that consider the NT-DNT community's unique land settlement patterns, allowing families without formal land titles to access housing assistance
- **Allocate resources to establish dedicated cremation grounds** for the NT-DNT community, ensuring respectful final rites and rituals, as well as facilitating access to these facilities to prevent resorting to ad hoc arrangements

## For ensuring better employment opportunities and mitigating the impact of the pandemic

- **Direct vocational institutes to develop skill training programs** specifically designed for the NT-DNT community. The programs should encompass both traditional and modern skills, fostering income diversification and adaptation to market changes
- **Implement awareness campaigns and training** for law enforcement agencies to combat harassment and discrimination against the NT-DNT community, fostering better community-police relations
- **Issue a notification to expand the scope and coverage** of existing social safety net programs like MGNREGA. This could include increasing the number of workdays, extending the program to more occupations, and facilitating easier access for the NT-DNT community

## To enable universal access to key documents and welfare schemes

- **Establish mobile documentation units** specifically designed to cater to marginalized communities; these units should visit remote areas, providing on-site assistance for document applications and ensuring equitable access to key documents
- **Implement innovative information dissemination strategies** beyond the panchayat level to enhance awareness of government schemes.
- **Simplify the enrolment process for the PM-JAY health insurance scheme**, making it accessible and inclusive for all individuals, including those from marginalized communities
- **Simplify eligibility criteria for the caste certificate** to ensure that all NT-DNT families have access to a caste certificate so that they can get all caste-based social welfare benefits

## To increase access to and quality of formal health services in underserved areas

- **Allocate resources and invest in strengthening formal healthcare infrastructure**, particularly in underserved areas, to increase accessibility to qualified medical professionals and formal healthcare facilities
- **Communicate information about health and related issues in local languages** and culturally appropriate formats to effectively reach and engage the surveyed households and other marginalized communities
- **Implement targeted vaccination drives and awareness campaigns** within DNT communities to increase vaccination coverage, ensuring equitable access to COVID-19 vaccines



**Centre for Social Equity and Inclusion (CSEI)** is focused on promoting opportunities in learning and leadership for young people from disadvantaged communities to equip and empower themselves and promote community development with a 'self-to-society' approach. CSEI's 'theory of change' is 'youth development and youth for development' and believe in the power of young people from disadvantaged communities to be at the centre of the 'youth population dividend' that India depends upon for national growth and development. Young women and men access information, opportunities and skill building across multiple dimensions - constitution literacy; social-exclusion-equity-inclusion, gender awareness and action, sexual and reproductive rights; menstrual health and hygiene, human rights and more. We added a special focus on the learning and leadership of adolescent girls through the Girls' learning and leadership programme (GLLP) during the COVID 19 school lockdown. CSEI is an active partner of civil society forums promoting rights and governance accountability. We work closely with the UN in India on strengthening and tracking the sustainable development goals (SDGs) with a special focus on the 'leave no one behind' principle. Our work is underpinned by community experiences, research and citizen generated data (CGD) to enhance the voice and agency of invisible communities to fine-tune policy and access rights and entitlements.