Report on

"The Evaluation Study on Various Development And Welfare Schemes among the Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand"



Submitted to:

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By

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Abstract

The living conditions of Particularly Vulnerable Tribal Groups (PVTGs) show that schemes have had limited impact on improving their welfare. A key challenge is the inadequate understanding of their socio-cultural environment during policy design and implementation, leading to interventions that are often misaligned with their needs. Moreover, substantial funds allocated by the Central Government remain underutilized, restricting the reach and effectiveness of these programs. There is also limited evidence on how efficient or impactful these schemes have been, making it difficult to assess progress or refine strategies.

This report presents the findings of the Evaluation of Schemes survey conducted among Particularly Vulnerable Tribal Groups (PVTGs) of Jharkhand, with the purpose of assessing their socio-economic conditions, access to basic services, and development needs. The primary objective of the survey was to identify gaps in service delivery and infrastructure, thereby enabling targeted interventions to improve the living standards of these communities. In light of these issues, this survey among PVTG households aims to gather reliable data on their access to services, challenges faced, and the effectiveness of government initiatives.

The methodology involved structured questionnaires designed in local languages for ease of administration. Data collection was carried out using KoboToolbox, allowing for both online and offline inputs from remote locations. The survey covered key areas such as access to sanitation, healthcare, education, nutrition, and livelihood opportunities. Power BI was used for data interpretation and visualization to derive actionable insights and trends.

Key findings indicate that a significant proportion of PVTG households lack access to essential services, including functional toilets, healthcare facilities, and quality education. Many households remain outside the coverage of government schemes, and socio-economic vulnerabilities such as poor living conditions and unemployment persist. Additionally, awareness about available programs is low, limiting their uptake and effectiveness. These findings underscore the urgent need for context-specific interventions, improved coordination among stakeholders, and enhanced monitoring to ensure that resources are efficiently directed toward the real needs of PVTG households. The data provides a crucial basis for designing inclusive and impactful development strategies.

The report concludes that focused, community-driven development programs are essential to address these gaps. Improved coordination between government agencies, civil society, and local stakeholders is necessary to ensure equitable access to services. It emphasizes the need for targeted, community-specific interventions that consider the unique cultural and geographical contexts of PVTGs. Strengthening coordination between government agencies, local organizations, and the communities themselves is essential to ensure that resources are effectively used and reach those in need. The data-driven insights from the survey can guide policy improvements, enabling more inclusive, efficient, and sustainable development efforts for PVTGs.

PART - I

INTRODUCTION

Chapter 1 - Introduction

The word *"tribe"* comes from the Latin word *"tribus"*. In India, these groups are commonly called *Adivasis*, which means "original inhabitants" or "indigenous people." The word *Adivasi* is made up of two parts: *Adi* (meaning ancient or earliest) and *vasi* (meaning resident). Adivasis are believed to be the earliest settlers in India. However, the Indian government does not officially use the term "indigenous people" as it is seen as divisive and possibly harmful to national unity. Instead, the government uses the term *Scheduled Tribes (STs)*, which is based on a list in the Constitution Order of 1950. At that time, 212 tribes in 14 states were listed, but today there are 533 recognized tribes across the country.

According to Clause (1) of Article 342 of the Indian Constitution, the recognition of Scheduled Tribes (STs) is specific to each state. Tribes are identified based on certain features: having a simple or primitive way of life, a unique culture, living in remote or isolated areas, and being shy and socially and economically backward. However, studies like the Dhebar Commission Report (1960–61) showed that not all tribal groups are equally developed—some are much more disadvantaged than others. Some were better off and more vocal, so they received more government support, while the most disadvantaged groups were left behind.

Based on these findings, the government created a separate category in 1975 called *Primitive Tribal Groups (PTGs)* and identified 52 such communities. In 1993, 23 more groups were added, bringing the total to 75. These groups were selected based on their use of basic farming methods, very low literacy, and declining or stagnant population. State governments suggest which communities should be considered PTGs, and these suggestions are reviewed by the central government and the Planning Commission. If a community meets all the criteria, it is declared a PTG. Later in 2006, the government renamed these groups as *Particularly Vulnerable Tribal Groups (PVTGs)* to better reflect their condition.

The PVTG status denotes those tribal groups among whom the following socio-economic conditions were found –

1. Whose way of life is still in the pre-agricultural stage,
2. Whose material life is characterized by economic backwardness,
3. Among whom the literacy rate is very low, and

4. Whose birth rate has stagnated due to malnutrition & genetic reasons (where it is low) or less than the death rate.

Many members of these communities continue to live in a pre-agricultural state. Their economic activities largely depend on forest-based resources. While the Birhors have begun settling in permanent housing such as government colonies or Indira Awas, the Parhaiya community still leads a nomadic lifestyle. Even today, their historical pattern of wandering life drives them to migrate frequently in search of work. Nearly all families from these Particularly Vulnerable Tribal Groups (PVTGs) live below the poverty line. Among them, the condition of the Birhor, Birjia, Parhaiya, and Savar is especially dire in terms of food security and nutrition. Poverty here reveals itself in its most extreme and distressing form—one that goes beyond anthropological analysis and deeply stirs human compassion.

PVTGs are among the most backward and vulnerable communities in India. They have limited access to education, healthcare, and other development resources. Their populations are small and, in some cases, declining. Many PVTGs have been pushed out of their original lands and are struggling to adjust to new environments. They also face health issues due to exposure to new diseases, which their traditional lifestyles have not prepared them to handle. These groups are often the most marginalized and face numerous challenges in terms of education, healthcare, and access to resources.

PVTG Communities of Jharkhand

The state of Jharkhand is home to a rich diversity of indigenous communities. Among these, the Particularly Vulnerable Tribal Groups (PVTGs) are a unique and important segment of the population. In Jharkhand, eight tribes have been classified as PVTGs, namely, the Asurs, Birhor, Birjiya, Korwa, Mal Paharia, Parhaiyas, Sauriya Pahdiya and Sabar. These communities are primarily located in the hilly, forested, and remote areas of the state, where their traditional way of life is closely tied to nature. They rely on agriculture, hunting, gathering, and other subsistence activities, but their lifestyles are increasingly under threat due to factors such as deforestation, mining activities, and social and economic changes brought about by modernity. Understanding their unique contexts is essential for designing inclusive and effective welfare interventions.

ASUR

The Asur tribe is known for its distinct cultural identity, pre-agricultural practices, and deep historical roots. Traditionally found in the districts of Latehar, Gumla, Lohardaga, and parts of Palamu, the Asurs are believed to be one of the oldest indigenous communities in the region, with a unique mytho-historical identity often associated with the Asuras of ancient Indian epics.

Economically, the Asur community has historically depended on shifting cultivation, hunting, and iron smelting, with a special legacy in traditional iron metallurgy, which once formed the basis of their livelihood and social standing. However, with the decline of forest-based subsistence and traditional crafts, the community has faced growing economic marginalization.

Since ancient times, the Asur tribe has been renowned for its expertise in iron smelting. Their primary occupation traditionally revolved around extracting and smelting iron from locally sourced ores. The earliest documented account of the Asurs comes from 1869, when Forbes, a Revenue Officer in Palamu district, reported information about the community to Dalton, the then Commissioner of Chhotanagpur. During that period, the economic structure of the Asur tribe was heavily reliant on iron smelting and shifting cultivation.

Scholars like Gupta, S P (1976) provides detailed insights into their iron smelting techniques, noting that the Asurs identified three types of iron ore in the Netarhat plateau: *Pola* (magnetite), *Vichhi* (hematite), and *Gota* (hematite found in laterite). Remarkably, the Asurs identified and surveyed these ores purely through visual inspection and experiential knowledge. The iron smelting process engaged the entire family. It began with cutting raw Sal trees to produce charcoal, as the charcoal made from green wood generated intense heat required for smelting. The furnaces were typically located near rivers or other water sources.

However, with the introduction of forest conservation policies by the Government of India, the traditional iron smelting industry of the Asurs declined and eventually disappeared. Despite earlier hopes that the Asurs' iron craftsmanship could be revived, such efforts have not materialized. Following the decline of iron smelting, the community turned to shifting cultivation, which too was eventually abandoned. Today, the Asur people primarily sustain themselves through settled farming, mine labor, and, to a limited extent, hunting.

Socially and culturally, the Asurs maintain their distinct language (Asuri), oral traditions, and festivals, though many of these are endangered due to limited formal education, loss of traditional occupations, and external cultural influences. With a small and dispersed population, the Asurs remain socio-economically vulnerable, often lacking access to basic services, land rights, and government schemes—conditions that have led to their classification as a PVTG requiring focused developmental attention.

BIRHOR

The Birhor tribe, primarily inhabiting the districts of Hazaribagh, Ramgarh, Chatra, Latehar, and Bokaro. The name "Birhor" literally means "forest people", reflecting their traditional dependence on forests for survival. Historically, the Birhors were nomadic hunter-gatherers, skilled in rope-making from forest vines, and collectors of honey, roots, fruits, and minor forest produce.

The situation of the Birhor community stands out as distinct among the eight Particularly Vulnerable Tribal Groups (PVTGs) of Jharkhand. As recorded in the 2011 Census, the total Birhor population in the state is merely 10,726, spread thinly across 22 districts. In districts such as Dumka, Deoghar, Jamtara, Palamu, and Sahebganj, their numbers are as low as single digits in some locations. A major challenge lies in the fact that Birhor settlements are typically situated atop hills or on *Tand* lands, isolated from the main villages.

The Birhor tribe has traditionally led a forest-dependent, semi-nomadic lifestyle, which continues to shape the economic practices of a significant section of their population. For centuries, the Birhors have lived as food-gatherers and hunters, with their economy largely rooted in customary vocations tied closely to the natural environment. These traditional economic activities can broadly be categorized into five main areas, of which hunting and food collection remain the most significant.

Hunting has long been the primary means of livelihood for the Birhor community. The Birhors are skilled in trapping various animals and birds using nets that they craft themselves. Common prey includes hares, wild pigs, sorghum, deer, squirrels, partridges, porcupines, and monkeys. Hunting is undertaken both individually and collectively, with group hunting referred to as *Kulhai*. Men, women, and children all participate, often spending five to six days a week engaged in this activity. Typically, a hunting group consists of about 12 to 13 individuals

from a *tanda* (settlement). However, as the population of wild animals has dwindled, hunting today focuses mostly on rabbits and squirrels, using nets ranging from 10 to 18 meters in length. The captured animals are often sold in local markets in exchange for rice or cash.

Alongside hunting, food collection constitutes an essential part of Birhor subsistence. Throughout the year, Birhors gather a wide variety of forest produce, including tubers, roots, fruits, flowers, vegetables, and dry fruits. Their intimate knowledge of the forest enables them to identify the best locations and seasons for collecting these resources. Even children as young as ten years old display remarkable skill in this task, contributing significantly to their families' food security. The array of edible items collected reflects the deep connection of the Birhor people with their natural surroundings and their reliance on forest ecosystems for sustenance.

Although initiatives have been undertaken to promote farming as their primary livelihood along with their traditional rope-making craft, the Birhors—being non-agriculturists by tradition—lack the necessary skills for effective farming. In many areas, even where land has been allotted and agricultural tools provided, they have shown little interest in agricultural activities. Consequently, with limited income from rope weaving and minor forest produce collection, they are often compelled to migrate for wage labor or work at brick kilns to sustain themselves.

Culturally, the Birhor community speaks a distinct Austroasiatic language known as Birhor, and they have a rich tradition of oral folklore, animist beliefs, and rituals centered around nature. They typically live in small, scattered hamlets or "tandas", often isolated from mainstream settlements.

Despite their deep ecological knowledge and self-sustaining lifestyle, the Birhors face severe socio-economic marginalization in modern times. Issues such as landlessness, illiteracy, malnutrition, and lack of access to basic services continue to plague the community. Their vulnerable status necessitates targeted development efforts that are culturally sensitive and inclusive of their traditional knowledge systems and way of life.

BIRJIA

The Birjia tribe, traditionally a forest-dwelling and semi-nomadic community, is concentrated in the districts of Latehar, Gumla, Lohardaga, Simdega, and Palamu. Their population is

relatively small and scattered, which has contributed to their cultural and economic marginalization.

Historically, the Birjia people lived in close association with forests, relying on shifting cultivation, hunting, gathering, and basic subsistence agriculture for their livelihood. Their economy was predominantly subsistence-based, with a deep dependence on forest produce such as fruits, roots, and medicinal herbs. Over time, deforestation, displacement, and loss of access to forest lands have severely impacted their traditional lifestyle, pushing many of them to become agricultural laborers or seasonal migrants.

Culturally, the Birjia maintain their own dialect, which is often influenced by nearby tribal languages such as Kurukh and Mundari. They follow animistic religious practices, worshipping nature spirits and local deities. Socially, the tribe is organized into clans or totemic groups, and practices like endogamy within sub-groups are common. Birjia traditions, festivals, and rituals are closely tied to agricultural cycles and the natural environment.

Despite being recognized as a PVTG, the Birjia face high levels of poverty, illiteracy, malnutrition, and health insecurity. Access to healthcare, education, and government welfare schemes remains limited due to geographical isolation and administrative neglect. In recent years, efforts have been made under tribal welfare programs to bring the Birjia into the mainstream through schemes related to housing, food security, and skill development, but the progress has been uneven.

Overall, the background of the Birjia tribe reflects a community caught between tradition and transition—deeply rooted in forest culture yet struggling to adapt to a changing socio-economic environment.

KORWA

The Korwa tribe, mainly found in the districts of Garhwa, Latehar, and parts of Palamu. Traditionally forest-dwelling, the Korwas have long depended on shifting cultivation (podu farming), foraging, and hunting for their subsistence. With deep roots in the forest ecosystem, they possess rich indigenous knowledge of local flora and fauna.

The Korwas are generally divided into two sub-groups—Pahari Korwa and Dihari Korwa. While the Dihari Korwas are somewhat settled and engaged in marginal agriculture or wage labor, the

Pahari Korwas are more isolated, living in remote, hilly terrains with very limited interaction with the outside world. They speak the Korwa language, which belongs to the Munda group of the Austroasiatic language family.

For generations, the Korwa tribe has resided in the mountains and forests of the Chhotanagpur region. Living in close harmony with this natural environment, they have developed deep knowledge of how to sustainably gather and utilize forest resources to meet their basic physical and economic needs. Their livelihood strategies include collecting fruits, roots, and other forest produce, practicing animal husbandry, engaging in small-scale agriculture, trading minor goods in local markets, and seeking wage employment in nearby towns or even outside the state on a temporary basis. These diverse economic activities, shaped by their interaction with nature, reflect the Korwa community's efforts to secure subsistence.

However, despite these efforts, Korwa respondents, in ethnographic studies of TRI Jharkhand, report that their attempts to make effective use of natural resources have faced persistent challenges. As a result, their economic condition remains extremely vulnerable. The economic structure of the Korwa tribe is characterized by a subsistence-based, multi-dimensional system that combines foraging, farming, and wage labor. Notably, their economy operates largely on the principle of 'earn and eat', with almost no emphasis on savings or capital accumulation. This indicates a continued struggle for day-to-day survival rather than long-term economic security.

Socially and economically, the Korwa community remains one of the most underdeveloped in Jharkhand. They face challenges such as low literacy rates, limited access to healthcare and education, and high dependency on seasonal forest produce. Their vulnerable status calls for targeted welfare schemes, livelihood support, and community-based development that respects their cultural identity and traditional way of life.

Mal Paharia

The Mal Paharia tribe, predominantly residing in the Santhal Pargana region, especially in the districts of Dumka, Pakur, Sahebganj, and Godda. Traditionally, the Mal Paharias are hill dwellers—the term "Paharia" itself meaning "people of the hills"—and they have historically inhabited the Rajmahal hills, relying on shifting cultivation (jhum), hunting, and forest gathering for their livelihood.

The Mal Paharias have a strong cultural identity, with their own language—Malto or Mal Paharia—belonging to the Dravidian family, and a rich tradition of oral storytelling, nature worship, and animistic religious beliefs. Their settlements are usually found in isolated, rugged terrains, which has contributed both to the preservation of their traditional lifestyle and to their socio-economic marginalization.

Despite their rich cultural heritage, the Mal Paharias face significant development challenges, including high poverty, illiteracy, malnutrition, and lack of access to basic services like health care, education, and clean drinking water. Their isolation from mainstream society has often led to administrative neglect, reinforcing their vulnerability. Recognizing these challenges, there is a pressing need for focused, culturally sensitive development interventions tailored to the unique needs of the Mal Paharia community.

Parhaiya

The Parhaiya tribe, primarily inhabiting the Palamu, Latehar, and Garhwa districts. Traditionally, the Parhaiyas have been forest-dependent communities, engaged in shifting cultivation, collection of minor forest produce, and occasional hunting. The name "Parhaiya" is believed to be derived from the word *parha*, meaning hill, reflecting their long-standing habitation in hilly and forested terrains.

The Parhaiyas have a unique cultural identity and speak Parhaiya, a dialect of the Dravidian language family, though many are now bilingual in regional languages like Hindi or Nagpuri. They have a strong tradition of nature worship, animism, and ancestor reverence, with rituals closely tied to the agricultural and forest calendar.

Economically and socially, the Parhaiyas remain highly marginalized. They struggle with land insecurity, low literacy levels, poor nutrition, and limited access to government services. Many live in remote and scattered hamlets, which further isolates them from developmental infrastructure. As a PVTG, the Parhaiya community requires targeted policy attention, livelihood support, and inclusive welfare measures that respect their traditional knowledge systems while addressing their pressing development needs.

Sauriya Pahariya

The Sauriya Pahariya tribe is one of the eight Particularly Vulnerable Tribal Groups (PVTGs) of Jharkhand, primarily residing in the Rajmahal Hills of Sahebganj, Godda, and Pakur districts in the Santhal Pargana region. Traditionally known as hill dwellers, the Sauriya Pahariyas have historically led an isolated and self-sustained life, dependent on shifting cultivation (jhum farming), forest produce, and hunting for their livelihood.

The economy of the Sauriya Pahadia tribe is primarily based on agriculture and forest resources. Traditionally, they practice *Kurwa* or shifting cultivation by clearing forests on hill slopes. Major crops grown under this system include maize, millet, *ghanghra* (barbati), pigeon pea, and *sutni*, with cultivation entirely dependent on the monsoon. After farming a plot for two to three years, the land is left fallow for four to five years to restore its fertility. The cultivation process begins in February or March with the selection and clearing of forest patches, followed by burning the dried vegetation in May or June. Ashes from this process help enrich the soil. Sowing is done in July and August using a *khanta* (pointed stick), and families often stay at the fields in makeshift huts to protect crops from wild animals. Harvesting typically begins in December after performing traditional rituals.

Historically, significant areas in Pakur, Rajmahal, and Godda were designated as *Kurwa* land. However, the lack of capital forces Sauriya Pahadia farmers to take high-interest loans from moneylenders, often selling their produce at low prices to repay these debts. Insufficient financial support from the Pahadia Gram Sabha and inadequate storage facilities further contribute to their economic challenges. While *Kurwa* remains central, some Sauriya Pahadias have shifted to settled cultivation in the foothill plains, growing paddy, mustard, and various pulses on *bari* lands.

In addition to farming, the community relies on collecting and selling minor forest produce such as bamboo, firewood, tamarind, mahua flowers, and various fruits. Unfortunately, they continue to face exploitation by traders and middlemen who purchase these products at low prices. The tribe also supplements its income through hunting small wild animals and rearing livestock like goats, pigs, cows, and buffaloes. Selling cow's milk has emerged as a newer source of income. Although some Sauriya Pahadias once cultivated Sabai grass, this practice has largely disappeared, with Sabai orchards now converted to fruit plantations by the forest

department.

The Sauriya Pahadia community faces severe health challenges due to poverty, malnutrition, unsafe drinking water, poor ecology, and widespread alcoholism. They are particularly vulnerable to diseases such as tuberculosis, leprosy, skin infections, malaria, kala-azar, and goitre.

The Sauriya Pahariyas speak a distinct Dravidian language called Malto, and their culture is characterized by animistic beliefs, ancestor worship, and a deep spiritual connection with nature. Their settlements are usually small and scattered across difficult hilly terrain, which has contributed to their socio-economic exclusion and limited interaction with mainstream society.

Despite their rich ecological knowledge and cultural heritage, the Sauriya Pahariyas face acute challenges such as chronic poverty, low literacy, poor health indicators, and limited access to basic services like education, healthcare, and sanitation. Due to their remote geographic location and marginalized status, they remain one of the most underserved tribal groups in Jharkhand. Focused and culturally sensitive development initiatives are essential to improve their well-being while preserving their traditional way of life.

Sabar

The Sabar tribe, also known locally as Saora or Savara, are mainly found in the East Singhbhum, West Singhbhum, and Seraikela-Kharsawan District, often living in remote forested and hilly regions. Traditionally, the Sabars have relied on hunting, gathering, and shifting cultivation for survival, though many have gradually shifted toward agricultural labor and marginal farming due to forest depletion and restrictions on forest use.

The Sabar community has a deep cultural heritage rooted in animism, ancestor worship, and nature-centric rituals. Their language, a dialect related to the Munda or Austroasiatic language family, is increasingly being replaced by regional languages like Ho, Mundari, or Hindi, especially among younger generations. Their social structure is closely knit, often revolving around clan-based leadership and traditional dispute resolution systems.

Despite being recognized as a PVTG, the Sabar community continues to face extreme poverty, low literacy levels, malnutrition, and limited access to healthcare and education. Historical

stigma—particularly due to colonial-era criminal tribe classifications—has also contributed to their social marginalization. Addressing the needs of the Sabar tribe requires targeted welfare schemes, community-level engagement, and efforts to preserve their cultural identity while ensuring meaningful inclusion in the development process.

The state and central governments, along with various non-governmental organizations, have undertaken efforts to support these communities through schemes aimed at improving their living conditions, preserving their culture, and providing them with better access to healthcare, education, and livelihood opportunities. However, the path to empowering PVTG communities in Jharkhand remains challenging, requiring focused and sustained interventions that respect their unique cultural heritage while fostering socio-economic development.

The PVTGs of Jharkhand, with their distinct customs, languages, and traditions, are an integral part of the state's cultural tapestry. Efforts to understand and support their communities are vital to ensuring that these marginalized groups are not left behind in the broader narrative of development.

Key Characteristics of PVTG Economic Status

Particularly Vulnerable Tribal Groups (PVTGs) represent the most marginalized and disadvantaged segment among India's tribal communities. Their economic status is shaped by a range of interrelated factors that limit their development and integration into the mainstream economy:

1. Pre-agricultural Technology - Many PVTGs continue to rely on traditional subsistence practices such as shifting cultivation, hunting, and gathering. The absence of access to modern tools, irrigation facilities, and scientific farming techniques hampers their agricultural productivity and income generation.

2. Low Literacy - A large segment of the PVTG population has minimal or no formal education. This restricts their awareness of rights, access to government schemes, and ability to engage in skilled employment or enterprise, reinforcing their economic marginalization.

3. Economic Backwardness -PVTGs typically experience chronic poverty and limited livelihood opportunities. Their dependence on forest-based resources and lack of integration into broader markets make them economically vulnerable. Many live in remote areas with minimal infrastructure or employment avenues.

4. Stagnant or Declining Population- Several PVTG groups show signs of demographic stagnation or decline. This trend is often linked to high mortality rates, poor nutrition, limited reproductive health services, and the absence of adequate public health outreach in their regions.

5. Limited Access to Resources- PVTGs face systemic challenges in accessing basic amenities such as healthcare, education, clean water, and housing. Geographic isolation, administrative neglect, and socio-cultural exclusion compound their inability to benefit from welfare programs or development initiatives.

Together, these characteristics highlight the urgent need for targeted policy interventions that respect the cultural uniqueness of PVTGs while ensuring their inclusion in development processes.

The economic status of Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand remains precarious and marked by chronic poverty, subsistence-level livelihoods, and limited access to formal economic opportunities. Most PVTG communities continue to rely heavily on traditional, forest-based economies—such as hunting, gathering, fishing, and shifting cultivation (also known as "bewar" or "kurwa")—which are highly vulnerable to environmental degradation, resource depletion, and restrictive forest conservation regulations. With little or no land ownership and insecure tenancy rights, many PVTGs lack productive assets that could ensure sustainable livelihoods.

Agricultural practices among these communities are largely rain-fed, low-yielding, and devoid of modern inputs, credit, or market linkages. Seasonal food insecurity and dependence on minor forest produce (MFP) like Tendu leaves, Mahua, and Lac are common. However, the income derived from MFP is often erratic and exploited by intermediaries due to the absence of organized procurement and value addition mechanisms. Wage labor—mainly in agriculture, construction, or government schemes like MGNREGS—is another key source of income, though employment is irregular and poorly remunerated.

Formal financial inclusion among PVTGs remains extremely low. Many lack access to bank accounts, credit facilities, or social security entitlements, often due to the absence of identification documents, poor connectivity, and low awareness. Vocational skills, if present, are usually traditional and unlinked to market demand. Government welfare programs aimed at economic upliftment—such as livelihood missions, self-help groups, and tribal development schemes—have had limited reach or impact due to weak implementation, lack of culturally appropriate models, and low community participation.

As a result, the economic condition of PVTGs in Jharkhand continues to be one of survival rather than advancement, with high levels of unemployment, underemployment, and income vulnerability. Addressing these challenges requires not just enhanced resource allocation but also a deeper engagement with the unique socio-cultural context of PVTGs, along with capacity-building, institutional support, and market integration tailored to their specific needs.

Chapter 2 - Literature Review

The development of Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand has been a topic of scholarly discussion and research, especially in the context of socio-economic growth, cultural preservation, and human rights. These communities, including the Asurs, Birhor, Kharia, Mal Paharia, and others, face unique challenges in their pursuit of development due to their isolation, dependence on traditional livelihoods, and vulnerability to external pressures. The literature surrounding the development of PVTGs in Jharkhand highlights both the efforts made to support these groups and the persistent barriers they face. Due to their persistent marginalization despite decades of affirmative action, it is pertinent to shed light on their living conditions, particularly with regard to intra-community variation, access to entitlements, and the effectiveness of development interventions in Jharkhand's unique tribal context.

This review synthesizes key findings from various studies, research papers, and reports to provide an understanding of these challenges.

Development of PVTG Communities of Jharkhand: Challenges Identified

A primary challenge faced by PVTGs in Jharkhand is their socio-economic backwardness. According to studies, these communities often reside in geographically isolated regions, such as remote forests and hilly terrains, which limits their access to modern infrastructure and essential services like healthcare, education, and transportation. Their reliance on traditional forms of subsistence agriculture and hunting, along with the lack of financial resources, has led to widespread poverty.

Despite being considered one of the most food-secure states in the country, Jharkhand continues to face a serious nutritional crisis (Lakra & Kumar, 2017). Data from sources such as the National Sample Survey (NSS), the National Family Health Survey (NFHS), and the HUNGAMA (2011) report confirm the alarming nutritional status in the state. According to the International Food Policy Research Institute (IFPRI), Jharkhand ranks among the states with very high levels of hunger on the Hunger Index. The overall nutritional health of the population, especially among women and children, remains critically poor.

Although the Infant Mortality Rate (IMR) in rural tribal areas has shown a slight improvement—from 54 (NFHS III, 2005–06) to 46 (NFHS IV)—the condition of the eight Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand is far more concerning. The declining population among these groups is a stark indicator of their poor health and survival conditions. High infant mortality, low life expectancy and widespread anaemia reflect the severe health challenges faced by PVTGs. As per NFHS IV, 88% of children from PVTG communities are underweight in Jharkhand. Additionally, 71.5% of children aged 6–59 months, 63.7% of pregnant women, and 67.5% of all women aged 15–49 years in the state are anaemic.

A life cycle approach to assessing entitlements among the Particularly Vulnerable Tribal Groups (PVTGs) adopted by Das & Saha, reveals widespread exclusion from essential welfare schemes. Around 67% of pregnant women were not covered under the Janani Suraksha Yojana, and in areas like Jorsa (East Singhbhum), there was complete lack of awareness about the Indira Gandhi Matritva Sahyog Yojana. Among children, only 50% aged 6 months to 3 years visited Anganwadi centres occasionally, while 25% of those aged 3–6 years never visited at all. For school-aged children (6–14 years), although 62% received Mid-Day Meals, 21% attended irregularly and 17% had dropped out or never enrolled. On the household level, 9% lacked ration cards under the Targeted Public Distribution System (TPDS), especially newly formed families, and 50% were without job cards under MGNREGA. Access to pension schemes was similarly poor, with 53% excluded from old-age pensions, 52% from widow pensions, and 58% from disability pensions. A major barrier to accessing these benefits is the lack of financial inclusion—50% of the PVTG population studied did not have a bank account, which is essential for receiving payments from maternity schemes, MGNREGA, and pension programs (Das A, Saha A, 2016).

The study also points out that tribal communities who originally lived in forests and hills have become increasingly marginalized over the years. These communities were once self-reliant, meeting their food and livelihood needs from the forest. However, industrialization forced many of them to leave their forests, taking away their traditional sources of survival. Many PVTG members work as unskilled laborers with no job security. Only a small number still depend on forest-based work— collect firewood, gather other forest products, and make ropes. However, the income from these activities is very low and not enough to support their families.

The erosion of traditional livelihoods due to external factors, particularly industrialization and urbanization, is a major challenge identified in the literature. Many tribes have seen their traditional agricultural and forest-based livelihoods eroded by the encroachment of large-scale industries, mining operations, and infrastructure development. This has led to a reduction in the availability of natural resources that these communities once relied on. Moreover, while government schemes aim to provide alternative livelihoods, there is a mismatch between the skills of these communities and the demands of modern economic activities, leading to economic displacement and insecurity.

In a Participatory Livelihood Vulnerability Assessment (PLVA) of forest dwellers in Jharkhand (7 tribes), it was observed that landless families are among the most vulnerable within forest-dwelling communities (Behera & others, 2021). These groups often have limited access to education and healthcare services. Minor forest produce and government welfare schemes serve as crucial safety nets for their survival. While there has been some improvement in access to facilities like banking services, permanent (pukka) housing, and toilets, there is still a need to focus more on creating and strengthening livelihood opportunities for these communities.

The issue of cultural erosion is also a significant challenge identified in the development discourse of PVTGs in Jharkhand. These tribes have a deep connection with their cultural traditions, language, and practices, but their way of life is increasingly under pressure due to integration into the broader society. The impact of modernization, including the spread of mainstream education, mass media, and urban culture, has led to the gradual disappearance of indigenous languages and traditions. While the PVTGs are resilient, their cultural identities are becoming diluted, particularly among the younger generation, who are moving away from their traditional ways of life in search of better economic opportunities in urban centers.

The tribal communities of Jharkhand have rich cultural traditions closely connected to nature. Their ways of life include protecting sacred groves, celebrating seasonal festivals, using sustainable farming methods, and managing water resources wisely. These practices show a deep understanding of how to live in harmony with the environment. Passed down through stories, myths, and rituals, their traditions have helped protect forests, wildlife, and natural resources for generations.

However, with the spread of modern development—like deforestation, mining, and industrial projects—these traditional systems are being disrupted. As a result, both their cultural identity and environmental knowledge are at risk and modern challenges such as urban growth, changing economies, and climate change are weakening these traditional knowledge systems and threatening the ecological practices that have long sustained them (Kumar A, Kurmar A & Kumari S, 2025).

PVTG communities in Jharkhand face significant health challenges, including high rates of malnutrition, limited access to healthcare services, and low life expectancy. Many PVTGs suffer from poor health outcomes due to lack of access to basic health services, particularly in remote areas. Indigenous communities, such as the Birhor, also face unique health challenges, such as high infant mortality rates and prevalence of diseases like malaria, tuberculosis, and other preventable illnesses. The state's healthcare infrastructure is inadequate in meeting the needs of these communities, and cultural practices may also hinder the acceptance of modern healthcare interventions. The limited reach of public health campaigns and the lack of culturally appropriate healthcare services further exacerbate the problem (Mathew, G. S., & Kasi, E. 2021).

Educational attainment among PVTG communities is notably low. According to reports by UNICEF and various government agencies, these communities face barriers to accessing education due to their geographical isolation, poverty, and cultural factors. The literacy rates in these communities are significantly lower than the state and national averages. Moitra N (2024) points out that while government programs such as the Sarva Shiksha Abhiyan (SSA) and Mid-Day Meal Scheme have been implemented in these areas, the quality of education remains poor. The absence of schools in remote areas, the lack of teachers proficient in local languages, and the dropout rates, especially among girls, contribute to the educational disadvantage experienced by PVTGs.

The progress of tribes in higher education is increasingly becoming an urban trend. To address this contradiction, it is essential to extend the benefits of the modern education system to the rural tribal population. Naxalism, which has emerged as a result of developmental shortcomings, exploitative capitalist practices, and an education system that feels alien to the local context, is a well-established outcome, leading to widespread unemployment (Ramana and Choudhary, 2021).

Moreover, there is a lack of vocational training programs that are tailored to the specific needs and skills of PVTG communities. These groups face difficulties in integrating into the mainstream workforce due to a lack of marketable skills. As a result, many individuals from these communities continue to be economically marginalized.

Tribes and nature have always lived closely together. When nature changes or faces problems, these tribal communities are affected deeply. Environmental dangers are happening more often around the world, and this worries many people because some groups are more at risk than others. In India, because of its special climate and social conditions, many natural disasters happen. While environmental risks affect everyone, they impact Particularly Vulnerable Tribal Groups (PVTGs) the most. It is hard to measure how sensitive these groups are to environmental dangers, but knowing this is very important to help protect them better.

Soren D, Rana N K & Sharma L (2024) look at where PVTGs live in Jharkhand and how likely they are to face environmental problems. The study also found that these tribes face dangers like lightning, earthquakes, heat strokes, and cold weather, mainly because they have less social and economic development. However, lack of detailed data at the district level, results in improper mapping of their vulnerability. To help these vulnerable tribes better, disaster relief plans need to be designed specifically to meet their unique needs.

PVTG communities in Jharkhand also face significant challenges in terms of political representation and legal protection. Although the Indian Constitution recognizes the rights of tribal groups, including land rights, there are gaps in the implementation of protective laws. Many PVTGs, particularly those in remote areas, are not fully aware of their legal rights and are often vulnerable to exploitation and displacement. Studies have found that the PVTGs have been subjected to land alienation, and their traditional territories have been appropriated for mining and other industrial purposes, often without adequate compensation or rehabilitation.

The Indian government has implemented various schemes aimed at improving the welfare of PVTGs, such as the Special Area Plan (SAP) and Tribal Sub-Plan (TSP). However, the effectiveness of these schemes is hindered by poor implementation, bureaucratic hurdles, and a lack of awareness among the targeted communities. While the government has made efforts to improve infrastructure and provide basic services, the gap between policy formulation and actual on-the-ground impact remains wide. Moreover, the top-down nature of many of these

interventions often fails to account for the specific needs and preferences of the PVTG communities, resulting in a mismatch between developmental goals and local realities.

The development of PVTG communities in Jharkhand is fraught with challenges that hinder their progress toward achieving socio-economic well-being. These challenges include socio-economic backwardness, loss of traditional livelihoods, health and nutrition issues, cultural erosion, limited educational opportunities, legal and political exclusion, and difficulties in accessing government support programs. To address these challenges, a more integrated and culturally sensitive approach is needed—one that prioritizes the inclusion of PVTG voices in decision-making, offers context-specific solutions, and ensures that development interventions respect and preserve the rich cultural heritage of these communities.

PART - II

METHODOLOGY

Chapter 3 - Objectives

Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand represent the most marginalized and socio-economically disadvantaged communities among the Scheduled Tribes. Despite targeted welfare schemes aimed at improving their living conditions—covering areas such as health, education, housing, livelihood, and food security—there is a growing concern about the effectiveness, reach, and impact of these initiatives on the ground. Persistent issues such as poor human development indicators, limited access to basic services, and continued socio-cultural marginalization indicate possible gaps in implementation and relevance of welfare interventions.

A detailed review of existing literature, along with an assessment of their prevailing socio-economic conditions, reveals that these communities continue to face multiple challenges, including extreme poverty, low literacy levels, limited access to health services, insecure livelihoods, and growing threats to their traditional occupations and cultural heritage. Despite various government schemes and interventions, the benefits have not effectively reached many sections of the PVTGs, largely due to structural constraints, geographical isolation, and systemic gaps in implementation.

Given this context, an evaluation study is essential to systematically assess the design, delivery, and outcomes of welfare schemes for PVTGs in Jharkhand. It will help identify whether these schemes are adequately addressing the unique vulnerabilities of PVTG communities, such as geographic isolation, low literacy, cultural distinctiveness, and traditional livelihoods. Moreover, such a study can uncover structural and administrative bottlenecks, highlight best practices, and capture community perspectives—thus providing a reality check against policy intentions.

The evaluation will serve as a critical input for evidence-based policymaking and mid-course corrections. It will enable the state government and implementing agencies to recalibrate programs to ensure they are need-sensitive, participatory, and outcome-oriented. Ultimately, the study will contribute toward enhancing social equity and inclusive development in line with constitutional mandates and the broader goal of tribal empowerment.

Objectives of the Study

The present study aims to undertake a comprehensive survey of PVTG households with the objective of generating updated, evidence-based insights into their living conditions, livelihood practices, resource access, and key vulnerabilities. The findings are intended to support policy formulation and targeted interventions that can enhance the well-being, economic security, and social inclusion of PVTG communities in a sustainable manner.

Specific objectives of the study are as follows:

1. To assess the impact of different socio-economic development programs for enhancing the livelihood and quality of life of PVTGs and conservation of culture.
2. To assess the physical and financial achievements made by different welfare projects for PVTGs development under the central scheme and the state-specific schemes.
3. To identify factors that have stimulated and/or acted as barriers to programs implementation and to identify critical gaps and suggest corrective measures for plan formulation and implementation of PVTGs development programs in general and other Central Plans in particular.

1. To assess the impact of different socio-economic development programs for enhancing the livelihood and quality of life of PVTGs and conservation of culture.

This objective focuses on systematically evaluating how various government and non-government socio-economic development initiatives have influenced the lives of Particularly Vulnerable Tribal Groups (PVTGs). The aim is to examine both the intended and actual outcomes of programs designed to improve livelihoods, ensure food security, provide education, healthcare, housing, and promote sustainable income sources. Simultaneously, it seeks to understand how these interventions have contributed—or in some cases, failed to contribute—to the preservation and promotion of the unique cultural identities, traditions, and practices of PVTG communities.

By assessing the reach, effectiveness, and gaps in these programs, the study can provide crucial insights into whether these initiatives are aligned with the real needs of the communities. It also explores if these interventions respect and integrate the cultural context of the PVTGs or

inadvertently disrupt their traditional way of life.

2. To assess the physical and financial achievements made by different welfare projects for PVTGs development under the central scheme and the state-specific schemes.

This objective aims to evaluate the actual progress made through various welfare projects implemented for the development of Particularly Vulnerable Tribal Groups (PVTGs). It seeks to identify gaps between planning and execution, highlight bottlenecks in fund utilization, and provide an evidence base for improving financial management and delivery mechanisms. It ensures that welfare investments translate into real improvements in the quality of life of PVTGs—whether in housing, health, education, livelihoods, or cultural preservation—and supports their journey towards socio-economic inclusion.

3. To identify factors that have stimulated and/or acted as barriers to programs implementation and to identify critical gaps and suggest corrective measures for plan formulation and implementation of PVTGs development programs in general and other Central Plans in particular.

This objective intends to explore the factors that have either supported or hindered the implementation of development programs for STs and PVTGs. It aims to uncover critical gaps in service delivery, resource allocation, and community engagement, and provide actionable recommendations to improve planning and execution. The findings will help strengthen existing programs and guide the design of more effective and culturally appropriate interventions, under various Government schemes.

These objectives are of critical importance for ensuring that development strategies for PVTGs are both inclusive and sustainable. PVTGs, by definition, are communities that are not only economically and educationally backward but also highly vulnerable to external socio-economic and environmental changes. Over the years, multiple welfare schemes—ranging from food security (like PDS and nutrition programs) to housing (such as PMAY), livelihoods (e.g., skill development and MGNREGA), and cultural preservation (through Tribal Research Institutes and cultural grants)—have been introduced with the goal of uplifting these communities.

However, without systematic assessment, there is little evidence about the real impact of these programs on improving their living standards. Such assessment helps identify whether the interventions have:

- Strengthened traditional occupations or replaced them with unsustainable alternatives.
- Enhanced access to basic services like healthcare, education, and clean drinking water.
- Reduced dependency on exploitative practices (e.g., moneylenders or middlemen).
- Protected, revived, or weakened their cultural heritage, languages, rituals, and traditional knowledge systems.

Moreover, these objectives highlight the need for *context-sensitive, participatory development* that values the PVTGs' own aspirations and ways of life.

In short, these objectives guide policymakers to reorient and fine-tune welfare measures so that they truly address the multi-dimensional poverty of PVTGs, empower them economically, and preserve the cultural diversity that is integral to their identity and dignity.

Scope and Limitations

The proposed evaluation study will comprehensively assess the availability and accessibility of welfare schemes targeted at the Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand. It will encompass both central and state-sponsored schemes across key sectors such as health, education, nutrition, housing, livelihood, social security, and skill development. The study will cover all eight notified PVTG communities in Jharkhand, ensuring representation from diverse geographic locations and varying degrees of access to government services.

The study will evaluate scheme performance along measurable impacts on well-being indicators such as employment status, nutritional status, literacy rates, health outcomes, and housing conditions as well as accessibility and awareness of schemes among beneficiaries. In addition, the evaluation will analyze institutional arrangements, inter-departmental coordination, monitoring systems, and capacity-building efforts of frontline workers involved in PVTG welfare delivery through field-based qualitative methods. It will identify systemic gaps, leakages, and exclusion errors, while also documenting innovations and good practices. Recommendations will be framed to inform policy reforms, enhance targeting efficiency, and

promote integrated, community-driven development approaches for PVTGs. The study will cover the prominent flagship schemes implementation to assess both recent progress and long-term trends.

While the evaluation study aims to provide a comprehensive and evidence-based assessment of welfare schemes for PVTGs in Jharkhand, certain limitations are anticipated due to the complex and sensitive nature of the subject.

1. Geographical and Logistical Constraints: Many PVTG communities reside in remote, inaccessible, and forested regions with poor road connectivity. This may limit the study team's ability to cover all relevant villages or reach the most isolated households, potentially affecting the representativeness of the findings.
2. Cultural and Linguistic Barriers: PVTGs have distinct languages, belief systems, and traditional lifestyles, which may affect their interaction with outsiders and their interpretation of welfare schemes. Communication challenges and cultural sensitivities may limit the depth of qualitative engagement unless adequately addressed through the inclusion of local facilitators and interpreters.
3. Time and Resource Constraints: A comprehensive evaluation of multiple schemes across all eight PVTG groups and diverse regions requires substantial time, human resources, and logistical coordination. Depending on available resources, the study may need to rely on purposive sampling or limit the scope to selected schemes and districts, which may reduce the generalizability of findings.
4. Respondent Fatigue and Expectations: Repeated surveys and interactions with researchers or officials may lead to response fatigue or the inflation of responses by community members hoping for future benefits. This may introduce bias into the qualitative and quantitative data collected during the fieldwork.

Despite these limitations, the study will adopt rigorous methodological strategies, including triangulation of data sources, participatory tools, and community engagement practices, to enhance the reliability and credibility of its findings. The insights gained will support more informed, culturally sensitive, and targeted policy-making, ensuring that allocated resources are better utilised to meet the specific needs of these vulnerable communities.

Chapter 4 - Methodology

This chapter outlines the methodological framework employed to evaluate the effectiveness and impact of government schemes targeted at Particularly Vulnerable Tribal Groups (PVTGs). Given the unique socio-economic and cultural contexts of PVTGs, the study adopted a mixed-methods approach, combining quantitative and qualitative techniques to ensure a comprehensive understanding. With the limited scope of the study, the methodology was designed to capture availability & accessibility aspects of the schemes, and evaluate the outcomes in terms of standard of living, health, education, and financial inclusion. The research design prioritized inclusivity, sensitivity to local contexts, and empirical rigor to ensure that findings reflect the present status of the communities studied.

Survey Design

To evaluate the development among the Particularly Vulnerable Tribal Groups (PVTGs) of Jharkhand, a household survey was employed as the principal method of data collection. It involved collecting detailed, structured information at the family level through direct interaction with respondents. In the context of this study, trained field investigators conducted in-person interviews using a standardized questionnaire, covering aspects such as housing quality, education, health access, food security, employment, income, asset ownership, and participation in government welfare schemes.

The decision to use a household survey was driven by several key factors. First, PVTGs are small, geographically dispersed, and socio-culturally distinct populations with limited integration into mainstream society. Many of them reside in remote forested areas or isolated habitations where administrative records are often outdated or incomplete. A household-level approach enables direct engagement with beneficiaries, ensuring more accurate and context-specific data that reflects the ground reality.

Second, household surveys allow for the collection of disaggregated data, which is crucial for developing a composite development index. Such data helps in identifying intra-group variations, gender disparities, and localized development bottlenecks. Unlike aggregated secondary data, primary survey responses capture nuances such as awareness, perceptions, and satisfaction levels regarding welfare schemes, which are essential for evaluating the true impact of policy interventions.

Finally, the household survey method aligns well with participatory and community-based research principles. It offers a platform for marginalized voices to be heard, thereby contributing to more inclusive and responsive development planning. Given the historical neglect and vulnerability of PVTG communities, a grassroots-level survey approach ensures that the evaluation of development is grounded in lived experience and empirical evidence.

The survey design was structured to ensure systematic, reliable, and context-sensitive data collection from PVTG communities. A digital, app-based questionnaire was developed as the primary tool for data collection. This approach was chosen to enhance efficiency, ensure consistency in responses, and facilitate real-time monitoring of data quality across diverse and often remote geographical locations.

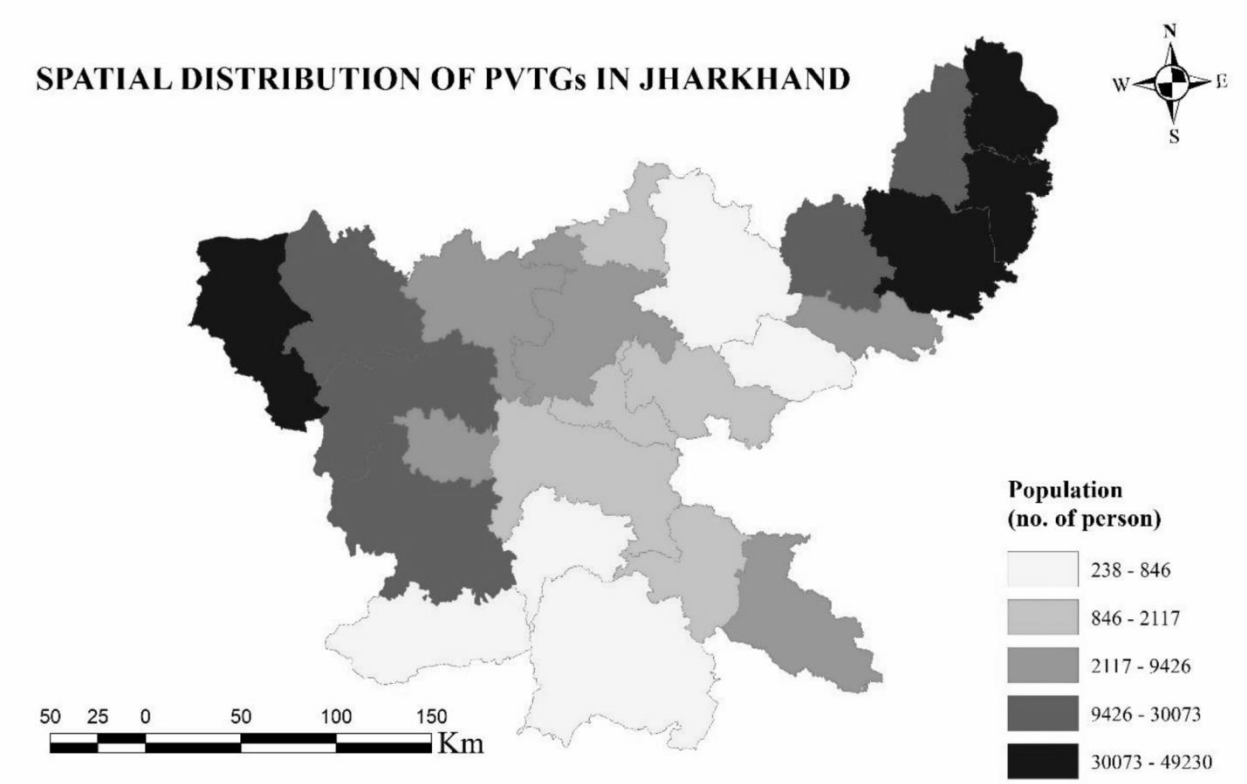
The questionnaire was developed in close consultation with subject-matter experts, practitioners working in tribal welfare, and government officials with experience in implementing PVTG-related schemes. Multiple rounds of expert review were conducted to validate the relevance, clarity, and cultural appropriateness of the survey questions. Special attention was given to ensure that the questions were understandable to field investigators and adaptable to different local contexts.

The final questionnaire included both closed- and open-ended questions, covering key thematic areas such as awareness of government schemes, access to entitlements, livelihood support, education, health, housing, and cultural practices. Logic flows and conditional branching were incorporated into the app to ensure that only relevant questions were presented to each respondent based on their previous answers, thereby improving the respondent experience and data accuracy.

The digital format also allowed for geo-tagging of responses and timestamped data collection, ensuring transparency and enabling spatial analysis. Enumerator training was conducted to ensure proper usage of the application and adherence to ethical standards, including informed consent and respondent confidentiality.

Population and Sample

As per the Ministry of Tribal Affairs, the total population of PVTGs in Jharkhand is approximately 292,359, accounting for about 3.38% of the state's total Scheduled Tribe (ST) population. Jharkhand is home to eight recognized PVTGs, which are among the most marginalized tribal communities in India. These groups are characterized by factors such as declining or stagnant population growth, economic backwardness, low literacy rates, and reliance on pre-agricultural technology.



Source: Census of India, 2011.

The eight PVTGs in Jharkhand include:Asur, Birhor, Birjia, Hill Kharia/Sabar, Korwa, Mal Paharia, Parhaiya and Sauria Paharia. These communities predominantly reside in the state's forested and hilly regions, often in remote and inaccessible areas. Their socio-economic conditions are marked by challenges such as limited access to education, healthcare, infrastructure, and livelihood opportunities.

To evaluate the implementation and effectiveness of government welfare schemes targeted at the Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand, a total of 2,400 households were selected—300 households from each of the eight officially recognized PVTG communities. This sampling strategy was guided by both statistical rigor and practical field considerations, using Cochran's formula for sample size determination and the principles of stratified sampling.

- **Statistical Foundation:**

Cochran's Formula: Cochran's formula is widely used to estimate the ideal sample size for surveys where the population is large or its size is unknown. The formula is as follows:

$$n_0 = \frac{Z^2 \cdot p \cdot (1-p)}{e^2}$$

Where:

- n_0 = initial sample size
- Z = Z-value (1.96 for 95% confidence level)
- p = estimated proportion of the population with the attribute (0.5 used for maximum variability)
- e = desired level of precision (margin of error, typically 0.05)

Plugging in the values:

$n_0 = \{(1.96)^2 \times 0.5 \times (1-0.5)\}/(0.05)^2$

$=3.8416 \times 0.25 / 0.0025$

$=0.9604 / 0.0025$

$=384.16$

Thus, a minimum of approximately 385 households per group would be ideal for statistically significant analysis at a 95% confidence level and ±5% precision, assuming random sampling across a homogeneous group.

However, considering resource constraints, geographic dispersion, and the limited population size of some PVTG communities, a sample of 300 households per PVTG group was adopted as a feasible and still statistically robust choice (with a slight increase in the Margin of Error by 0.54%), particularly when supported by stratified sampling techniques.

- **Rationale for Stratified Sampling**

Stratified sampling involves dividing the population into distinct subgroups (strata)—in this case, each of the eight PVTG communities—and selecting samples from each stratum. This approach was chosen for several key benefits:

1. Ensures Representation: Each PVTG community has unique socio-cultural traits, livelihood patterns, and levels of access to government schemes. Stratified sampling guarantees that every community is proportionally and fairly represented in the data.

2. Improves Precision: By controlling for intra-stratum homogeneity and inter-stratum heterogeneity, stratified sampling reduces sampling error, leading to more accurate estimation of the overall development index and scheme performance.

3. Facilitates Comparative Analysis: A uniform sample of 300 households per PVTG allows for meaningful comparison across communities—highlighting differential impacts, identifying best practices, and isolating context-specific implementation challenges.

4. Addresses Geographic Diversity: PVTGs in Jharkhand are often located in remote, scattered regions. Stratification allowed the research team to account for regional differences in terrain, infrastructure, and service delivery that influence scheme access and outcomes.

While Cochran's formula suggests a sample size closer to 385 households for each community for maximal statistical confidence, the decision to select 300 households per PVTG balances precision with logistical feasibility, considering fieldwork limitations such as accessibility, language barriers, and time constraints. Importantly, PVTGs are small populations, and in some communities, 300 households constitute a significant portion of the total group, thereby increasing the representativeness of the sample.

Furthermore, the total sample of 2,400 households is large enough to enable state-level aggregation of data, while maintaining community-level analytical strength. It also supports multivariate analysis and construction of composite indices across domains such as health, education, livelihood, housing, and food security.

The selection of 2,400 households—stratified across all eight PVTG communities in Jharkhand—was informed by a combination of statistical theory, equity in representation, and operational feasibility. It provides a strong empirical foundation for evaluating the reach, quality, and impact of welfare schemes among Jharkhand's most vulnerable tribal populations, while enabling policy-relevant insights and community-specific recommendations.

Data Collection & Survey Instruments

As part of the data collection process, we utilized the online platform KoBoToolbox, a widely used open-source tool designed for efficient and user-friendly data gathering, especially in humanitarian, development, and research contexts. The system allowed us to create digital forms tailored to our research objectives, incorporating various types of questions including multiple-choice, text input, and geolocation. These forms were deployed online and accessed by field enumerators via smartphones or tablets, even in areas with limited or no internet connectivity. Data collected offline was later synchronized once the devices regained network access.

The use of KoBo Tool box brought several benefits to the data collection process. Firstly, it significantly reduced manual errors and data entry time by allowing direct digital input. Secondly, the system provided real-time monitoring capabilities, enabling supervisors to track submissions and identify issues promptly. Thirdly, it enhanced data security and centralization by storing all responses on a secure cloud server. Lastly, the tool's ability to export data in multiple formats (CSV, Excel, SPSS, etc.) streamlined the process of analysis and reporting. Overall, KoBo Tool box proved to be a reliable, efficient, and cost-effective solution for digital data collection in the field.

The questionnaire designed for this study was structured to gather comprehensive, relevant, and accurate data aligned with the research objectives. It was developed using the KoBo Tool box online platform and consisted of a combination of closed-ended, open-ended, and conditional questions to allow both quantitative and qualitative analysis.

The questionnaire was organized into thematic sections such as Respondent Profile capturing location (including GPS coordinates) providing essential background for disaggregating data and understanding respondent diversity, Flagship Schemes' Information spanning specific development areas like Housing, Employment, Health & Nutrition, Education, Social Security etc. assessing their availability, accessibility and issues associated with them. Most questions in this section were single-choice or multiple-choice items to ensure consistency and ease of analysis.

Special care was taken to integrate the questions & their choices after extensive literature review as well as discussions with experts/officials working in the field of tribal welfare & development. In order to maintain the brevity of the questionnaire, the number of questions were reduced by posing the questions and integrating choices in an exhaustive manner. Open-ended questions were also included to capture the respondent's views, experiences, and suggestions in their own words. This allowed for more nuanced insights that might not emerge through fixed responses. The questionnaire concluded with metadata fields such as identifier, date, and time of submission, ensuring ethical compliance and quality control.

The questionnaire was piloted and refined before full deployment to ensure clarity, cultural appropriateness, and technical functionality. Its digital format enabled logical skips, input validations, and branching logic, improving both respondent experience and data quality.

Data Analysis

The survey data collected through the KoBoToolbox online system was exported in CSV format and subjected to a multi-stage data analysis process. This involved data cleaning using R programming language and data visualization using Microsoft Excel and Power BI, ensuring both statistical accuracy and visual clarity.

The raw dataset was first imported into R, an open-source statistical programming language known for its flexibility and robustness. The cleaning process involved Inspection and Validation to identify missing values, outliers, and inconsistencies across variables, Data Transformation for appropriately renaming or converting into suitable data types (e.g., factors for categorical variables, numeric for quantitative responses) as well as Filtering and Sub-setting to remove irrelevant or incomplete records based on predefined criteria to maintain data quality. A data dictionary and cleaning script were prepared to ensure transparency and reproducibility of the cleaning process.

Once cleaned, the dataset was exported into Excel and Power BI for visualization and reporting. Microsoft Excel & Power BI were used for basic descriptive statistics, summary tables, and charts such as bar graphs, pie charts, and cross-tabulations. It was also used for quick inspection of subsets and manual cross-verification of trends. Together, this combination of R for data cleaning and Excel/Power BI for visualization provided a comprehensive, accurate, and user-friendly analysis pipeline. It ensured that the findings were both statistically sound and easily interpretable for decision-makers, stakeholders, and report audiences.

Ethical Considerations

To protect the privacy and confidentiality of all participants, several anonymization measures have been taken in accordance with established research ethics guidelines. All direct identifiers such as names, phone numbers, addresses as well as sensitive indirect identifiers (e.g., GPS coordinates, household codes) were excluded, generalized or blurred from the dataset prior to analysis, to prevent traceability to specific individuals or locations. Respondents were assigned anonymous ID codes, allowing internal tracking without compromising personal identities. Participants were informed at the outset that their data would be used solely for research purposes and that all identifying information would be removed.

PART - III

Survey Findings & Discussion

Chapter 3 - Survey Results

This section presents an overview of the primary data collected through a structured field survey aimed at evaluating the effectiveness and outreach of government welfare schemes targeted at the Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand. The survey spans multiple districts with a significant PVTG presence, covering a range of indicators related to health, education, livelihoods, housing, food security, and access to essential services.

The dataset comprises responses from over 2400 households belonging to the eight PVTG communities recognized in Jharkhand, including Asur, Birhor, Pahariya, Sabar, and others. The survey captures data on awareness, accessibility, and perceived impact of key government schemes such as the MNREGA, Swachh Bharat Mission, housing assistance programs, subsidized food distribution, and health services.

By offering a snapshot of the living conditions and developmental challenges faced by PVTGs, this dataset forms the basis for analyzing gaps in policy implementation, identifying successful interventions, and recommending areas for targeted improvement. The following chapters delve into the findings in detail, providing evidence-based insights into the status of government support for Jharkhand's most marginalized tribal communities.

Caste Certificate

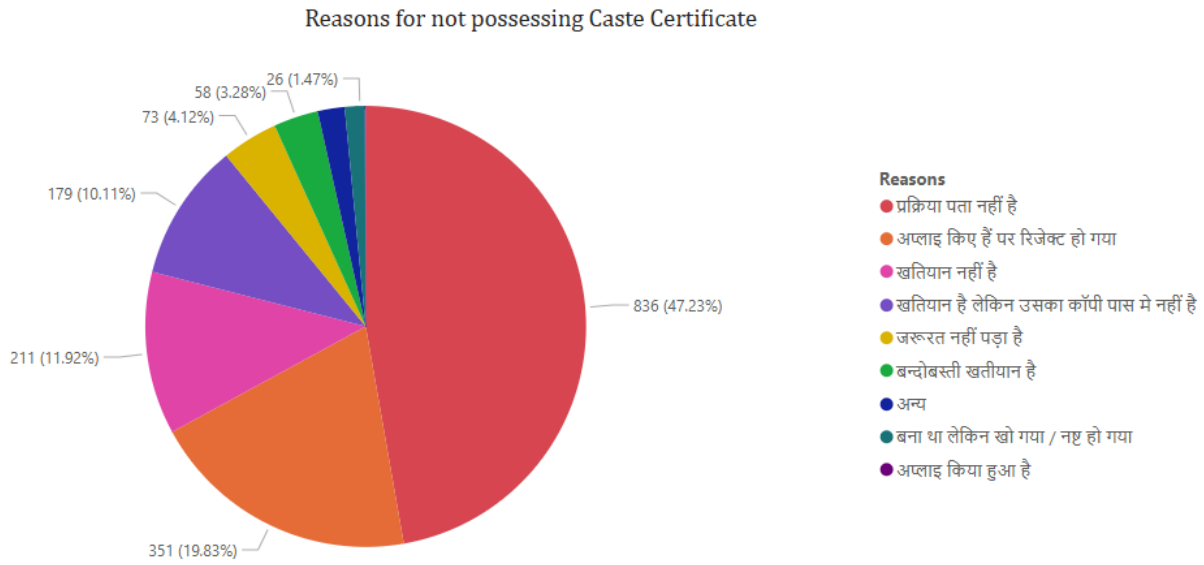
The data on caste certificate possession among surveyed PVTG households reveals a significant gap in access to this essential official document. Out of the total 2,351 households surveyed, only 581 households (24.7%) reported possessing a caste certificate, while a substantial majority— 1,770 households (75.3%)— do not have one.

Possession of Caste Certificate

Possess Caste Certificate	Households	%age
हाँ	581	24.71%
नहीं	1770	75.29%
Total	**2351**	**100.00%**

This situation is especially concerning given that the caste certificate is a prerequisite for accessing a wide range of government schemes, entitlements, and welfare benefits that are specifically designed for Scheduled Tribes, including PVTGs. Without this certificate, households may be excluded from scholarships, housing schemes, reservations in education and jobs, and various financial assistance programs.

The widespread lack of caste certificates among PVTG households reflects systemic barriers such as bureaucratic hurdles, lack of awareness, remote geographic locations, and limited administrative outreach. Many families may also face challenges in providing documentation or navigating application procedures due to low literacy levels and inadequate support from local institutions.



In the context of PVTG households who do not possess caste certificates, the survey provides a clear picture of the administrative, informational, and documentation-related challenges that prevent access to this essential document. Among the 1,770 households without a caste certificate, the most common reason, cited by 836 households (47.2%), is that they do not know the process for obtaining one. This reflects a deep information gap and highlights the need for better awareness and support mechanisms at the community level.

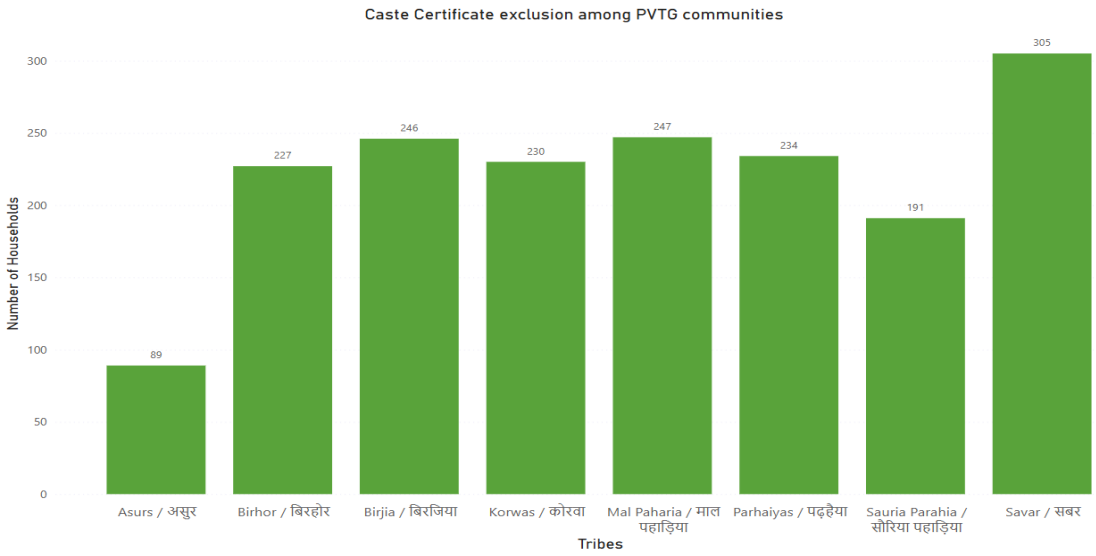
Another significant barrier is rejection after applying, reported by 351 households (19.8%), suggesting that even when families attempt to secure a certificate, they are often denied due to technical or procedural issues—such as missing documentation, verification problems, or

administrative discretion.

A considerable number of households also face issues related to land records (khatiyan), which are often required as supporting documents. Specifically, 211 households (11.9%) said they do not possess Khatiyan and 179 households (10.1%) said they have it but do not have a copy at hand. These responses reveal how documentation dependency becomes a structural barrier, especially in tribal regions where historical land ownership may be informal or poorly recorded.

Some households—73 (4.1%)—stated that they never felt the need for a caste certificate, possibly indicating low awareness of its importance or minimal past engagement with state-run welfare systems. Smaller groups cited reasons such as loss or damage of previously issued certificates (26 households), reliance on settlement-era land records or "bandobasti khatiyan" (58 households), miscellaneous other reasons (35 households), and just one household currently in the application process.

In summary, the data highlights a major administrative gap that undermines the inclusion of PVTGs in welfare systems. It shows that the lack of caste certificates among PVTG households stems primarily from lack of awareness, procedural rejection, and documentation gaps, particularly concerning land records. This underscores the urgent need for simplified application processes, on-the-ground assistance, and community awareness campaigns to ensure that all eligible families can obtain caste certificates and access the benefits and protections intended for them.



The table presents data on the possession of caste certificates among eight surveyed Particularly Vulnerable Tribal Groups (PVTGs), covering a total of 2,350 households. The overall picture reveals a significant gap in access to caste certification—only 24.7% of the households have caste certificates, while a large majority, 75.3%, do not.

Among the communities, Asurs stand out positively, with nearly 70% of their members possessing caste certificates, the highest among all groups. In contrast, the Savar community is the most disadvantaged, with only 4.7% of its members having certificates and over 95% lacking them. Similarly, Birhor and Mal Paharia communities also show poor access, with less than 15% of their households possessing caste certificates.

Other groups like Birjia, Korwas, and Parhaiyas also show concerning levels of exclusion, with around 20% or fewer households having certificates. Only Sauria Paharia shows relatively better access after Asurs, with 35.5% certificate possession.

Overall, the data reflects a serious gap in administrative inclusion for most PVTGs, suggesting a need for targeted intervention to ensure these communities receive the formal documentation required to access state benefits and protections.

The survey findings reveal a critical bottleneck in the access of Particularly Vulnerable Tribal Group (PVTG) households to welfare entitlements due to the widespread lack of caste certificates. With only 24.7% of the 2,351 surveyed households in possession of this essential document, a staggering 75.3% remain excluded from a wide range of Scheduled Tribe-specific schemes, including educational scholarships, housing benefits, job reservations, and financial assistance programs. This data points to a systemic failure in ensuring basic administrative inclusion for one of the most marginalized communities in the state.

The reasons reported for non-possession of caste certificates shed light on multi-layered barriers. The most dominant cause—cited by nearly half of these households (47.2%)—is a lack of knowledge about how to apply, which reflects a profound information and outreach gap. This is indicative of the limited penetration of state machinery into remote tribal areas and the absence of proactive engagement or facilitation by local authorities. The fact that nearly 20% of households reported rejection after applying highlights that the problem is not merely one of awareness but also of procedural rigidity and institutional discretion. These rejections could stem from bureaucratic opacity, inconsistent verification standards, or insufficient sensitivity

among frontline officials.

Documentation-related issues, especially concerning land records, further compound the problem. The dependency on khatiyan (land records) as a prerequisite for caste verification is problematic, as many tribal families either do not possess such records (11.9%) or cannot readily produce a copy (10.1%). This reflects the historical informality of land ownership patterns in tribal areas, where oral traditions and community ownership were common and rarely documented in formal registries. Using such documentation as a gatekeeping criterion for caste recognition introduces structural exclusion that disproportionately affects tribal communities.

A small segment of households (4.1%) indicated they never felt the need for a caste certificate, which may reflect a lack of prior interaction with formal state systems or unawareness of the benefits tied to this document. Other less common reasons, including loss of certificates, reliance on outdated land records, and incomplete applications, further point to the administrative complexity involved in obtaining this basic entitlement.

Overall, the interpretation of the data underscores a pressing need for institutional reform and targeted intervention. There is a clear necessity for simplifying the caste certificate application process, decentralizing its delivery, and equipping local functionaries with the mandate and capacity to support tribal applicants. Mobile documentation camps, inclusion of alternative forms of community verification, digitization of legacy land records, and culturally sensitive information campaigns in tribal dialects could all help bridge this critical access gap. Unless these issues are addressed holistically, PVTG communities will continue to remain excluded from the very welfare systems intended for their upliftment.

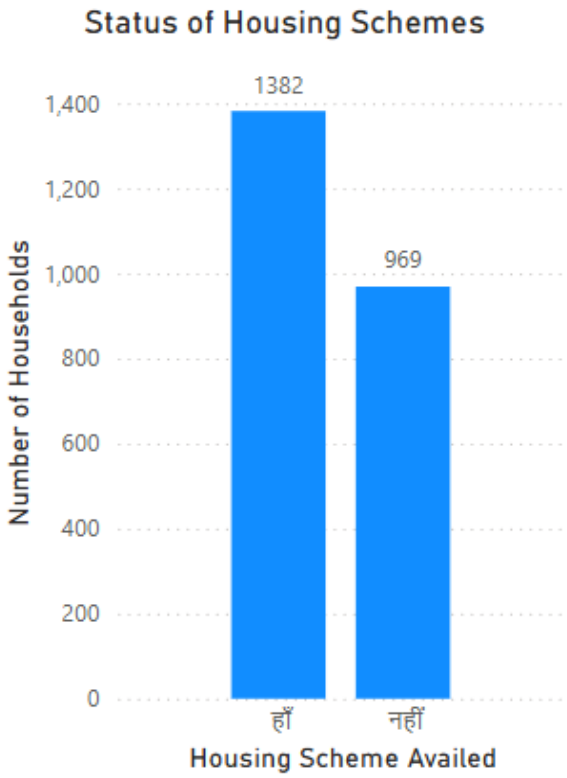
Chapter 4 - Housing & Sanitation

The housing conditions of Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand reflect their overall socio-economic marginalization and limited access to state resources. Most of the literature and research studies refer to the fact that PVTG households live in **Kuccha houses** made from locally available materials such as mud, wood, thatch, and bamboo. Permanent or Pucca houses are extremely rare and generally limited to individuals who have received targeted government support or exceptional local assistance.

Communities like the Asur, Birhor, and Birjia typically construct houses with mud walls and thatched or tiled roofs. The layout often includes space for livestock and a small kitchen, with minimal ventilation and no sanitation facilities. Access to drinking water is also a concern, with many homes relying on nearby streams or unprotected wells. In some areas, particularly among the Savar and Mal Paharia, homes are scattered and built in isolated forested zones, making infrastructure development more difficult.

Government schemes like the Indira Awas Yojana (now PMAY-G) have attempted to improve housing for PVTGs, but coverage remains inconsistent. A combination of remoteness, lack of caste certificates, and low awareness contributes to their exclusion from formal housing benefits. As a result, housing continues to be a critical indicator of the vulnerability and neglected status of PVTG communities in Jharkhand.

Housing Schemes

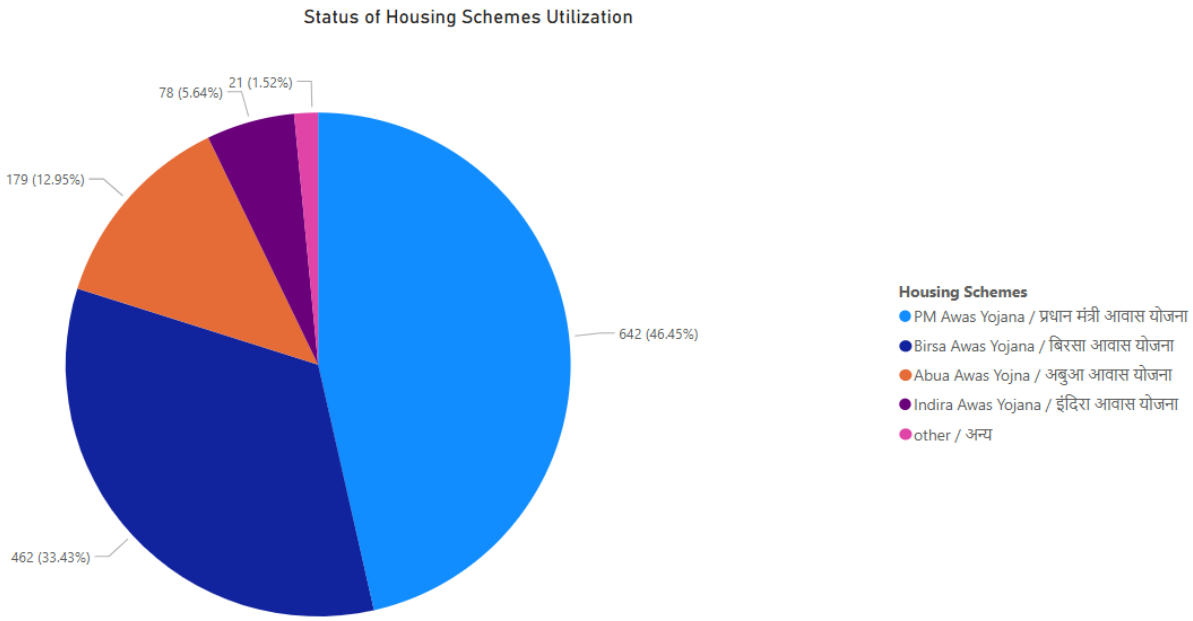


The survey findings reveal that 1,382 households, accounting for 58.78% of the total sample, reported having availed homes through government housing schemes. In contrast, 969 households (41.22%) stated that they had not received housing benefits under such schemes. This indicates that a majority of the surveyed households have accessed housing support provided by the government.

The higher number of affirmative responses suggests that housing schemes have had a relatively broad reach among the targeted population. However, the significant proportion of negative responses also highlights that a considerable segment—over two-fifths of the population—remains excluded, pointing to gaps in implementation, coverage, or eligibility barriers within the housing scheme framework.

Among the 1,382 households that reported receiving housing under government schemes, the largest share benefitted from the Pradhan Mantri Awas Yojana (PMAY), with 642 households, accounting for approximately 46.45% of all beneficiaries. This was followed by the Birsa Awas Yojana, which supported 462 households (about 33.43%), indicating its significant role, especially in tribal-specific contexts.

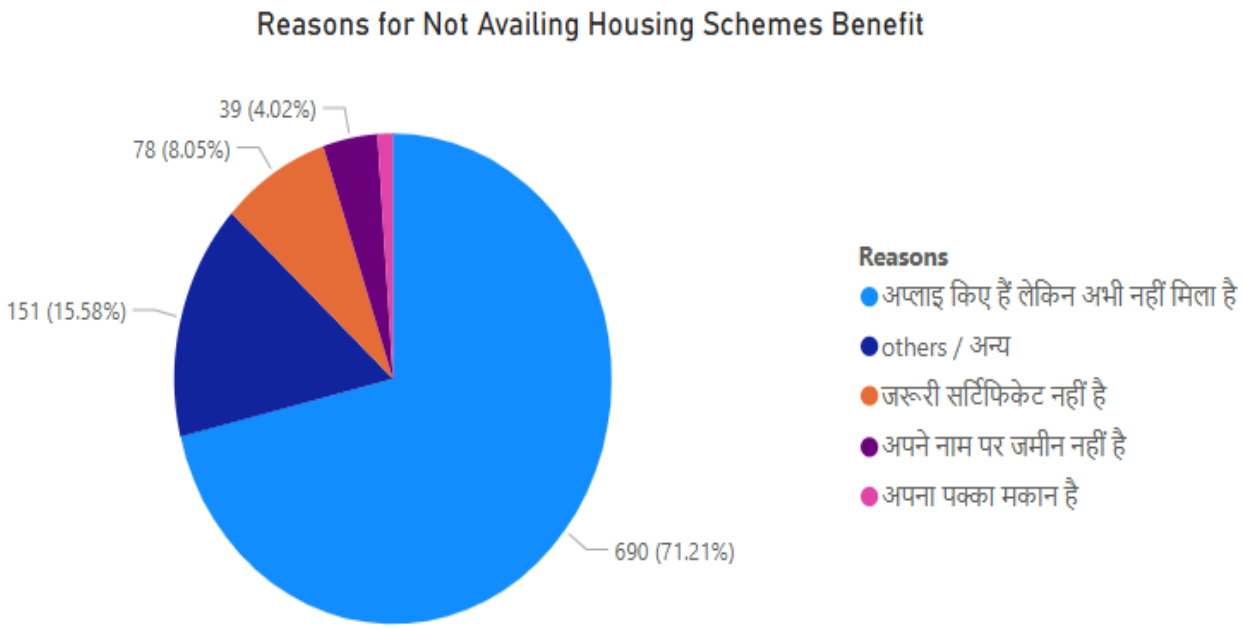
The Abua Awas Yojna reached 179 households (12.95%), while the older Indira Awas Yojana accounted for 78 households (5.64%), reflecting a tapering impact as it has largely been phased out. A small number of households (21, or 1.52%) reported benefiting from other schemes, which may be attributed to not recalling the name of specific schemes with the passage of time.



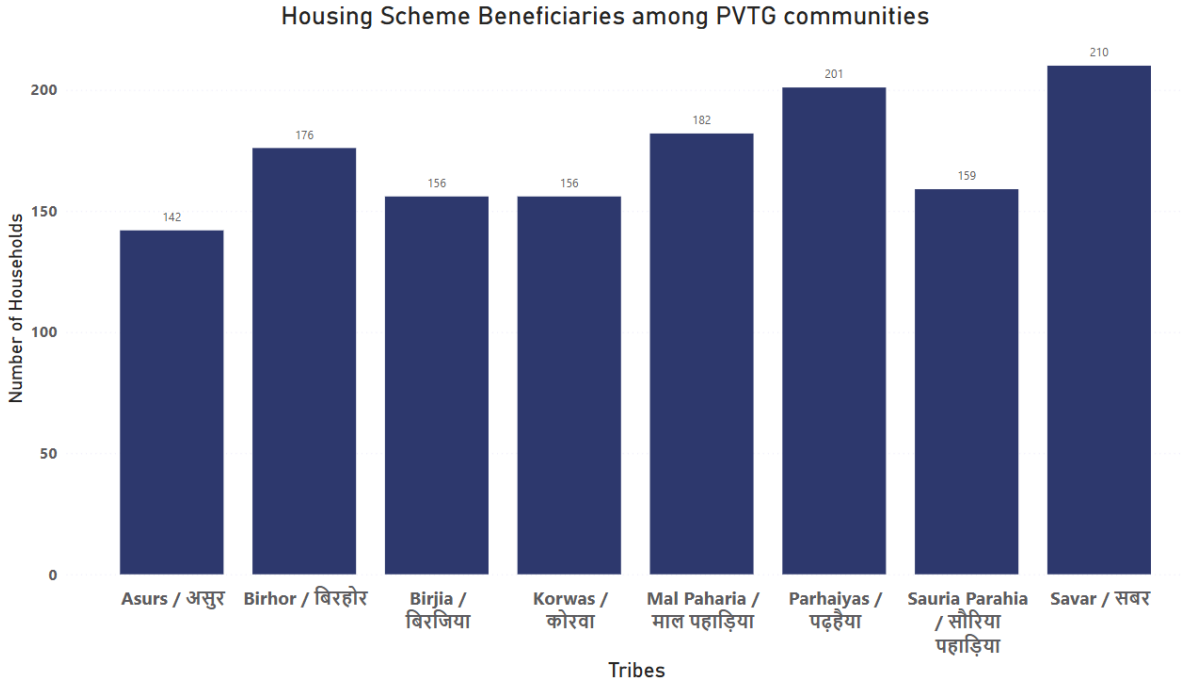
These figures suggest that PMAY and Birsa Awas Yojana together make up nearly 80% of housing support reported by surveyed households, pointing to their centrality in the current housing policy landscape for PVTGs in Jharkhand. The data also highlights the ongoing relevance of region- and community-specific schemes like Birsa Awas, even alongside national programs like PMAY.

Among the 969 households that reported not receiving housing through government schemes, the most common reason—cited by 690 households (71.17%)—was that they had already applied but had not yet received the benefit. This suggests a significant number of households are in the pipeline and awaiting allocation or approval, pointing to delays in implementation or processing.

A smaller share, 78 households (8.05%), could not avail of housing due to lack of required certificates, indicating issues with documentation and administrative barriers. Similarly, 39 households (4.02%) were ineligible due to land ownership issues, such as not having land in their own name—a common barrier among tribal communities. About 11 households (1.13%) reported already having a permanent house, suggesting a miniscule proportion well off without need of Government assistance in housing. Additionally, 151 households (15.59%) cited "other" unspecified reasons, which may include factors like lack of awareness, migration, or exclusion due to technicalities.



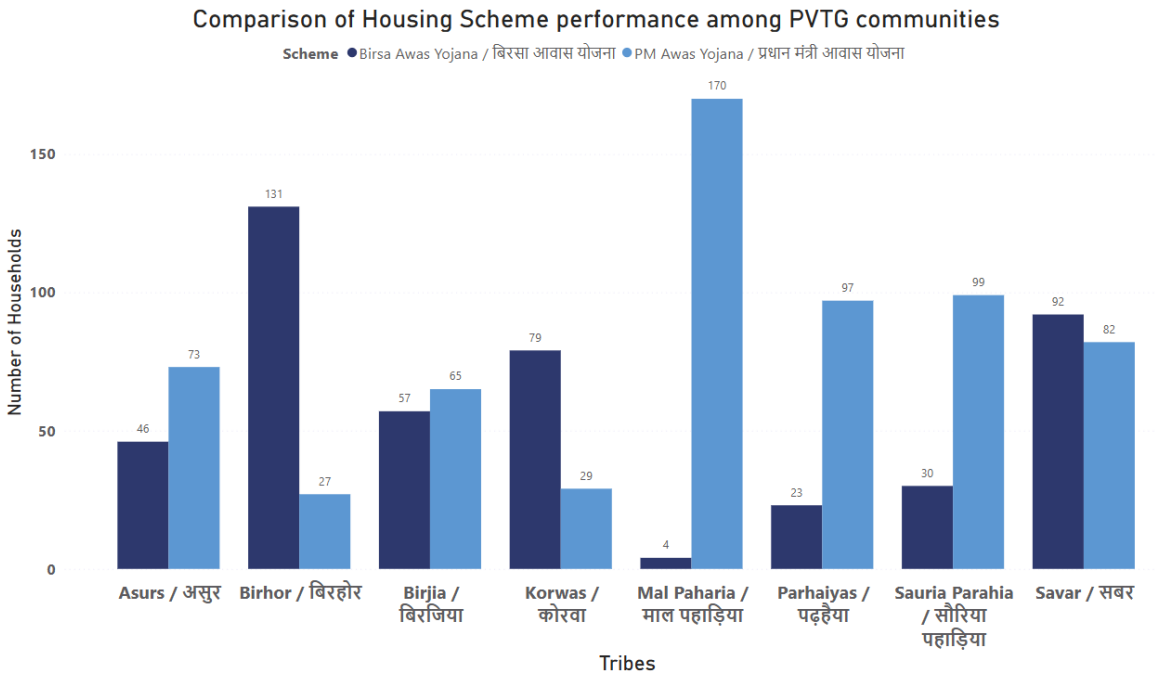
These findings highlight that while coverage of housing schemes is significant, there are systemic issues such as delays, documentation hurdles, and land ownership constraints that prevent many eligible households from benefiting in a timely manner. Addressing these barriers is essential for achieving inclusive housing development among Jharkhand's PVTG communities.



Furthermore, there is notable variation across different PVTG communities. Parhaiyas, Birhors, and Savars show relatively high coverage, with over 65% of households in each group having benefitted from housing schemes. In contrast, the Asur community remains the most underserved, with just 48.1% of households receiving housing support—meaning that more than half of Asur households continue to live without government-assisted housing.

Other groups like the **Birjia, Korwa, and Sauria Paharia** fall somewhere in the middle, with roughly **50–55%** coverage. These figures indicate that while government housing schemes have reached a majority of PVTG households, a **significant portion remains excluded**, especially in certain communities. The disparities suggest the need for more targeted outreach, improved documentation processes, and stronger implementation to ensure that the most vulnerable families are not left behind in housing development initiatives.

The data on specific housing schemes availed by the PVTG communities of Jharkhand reveals that the Pradhan Mantri Awas Yojana (PMAY) has been the most widely accessed scheme, with 642 households benefiting across all eight communities. It is particularly significant among the Mal Paharia (170 households), Parhaiya (97 households), and Sauria Paharia (99 households) communities. The Birsa Awas Yojana follows as the second most utilized scheme, with 462 beneficiaries, showing especially high uptake among Birhor (131 households) and Savar (92 households).



The closer look into the beneficiary distribution data reveals interesting pattern between Birsa Awas Yojana (a state-level scheme) and the Pradhan Mantri Awas Yojana (PMAY) (a centrally sponsored scheme) in providing housing support to PVTG communities in Jharkhand. Together, they account for over 80% of all housing benefits received by the surveyed households, indicating that both schemes function in tandem to fill gaps in coverage.

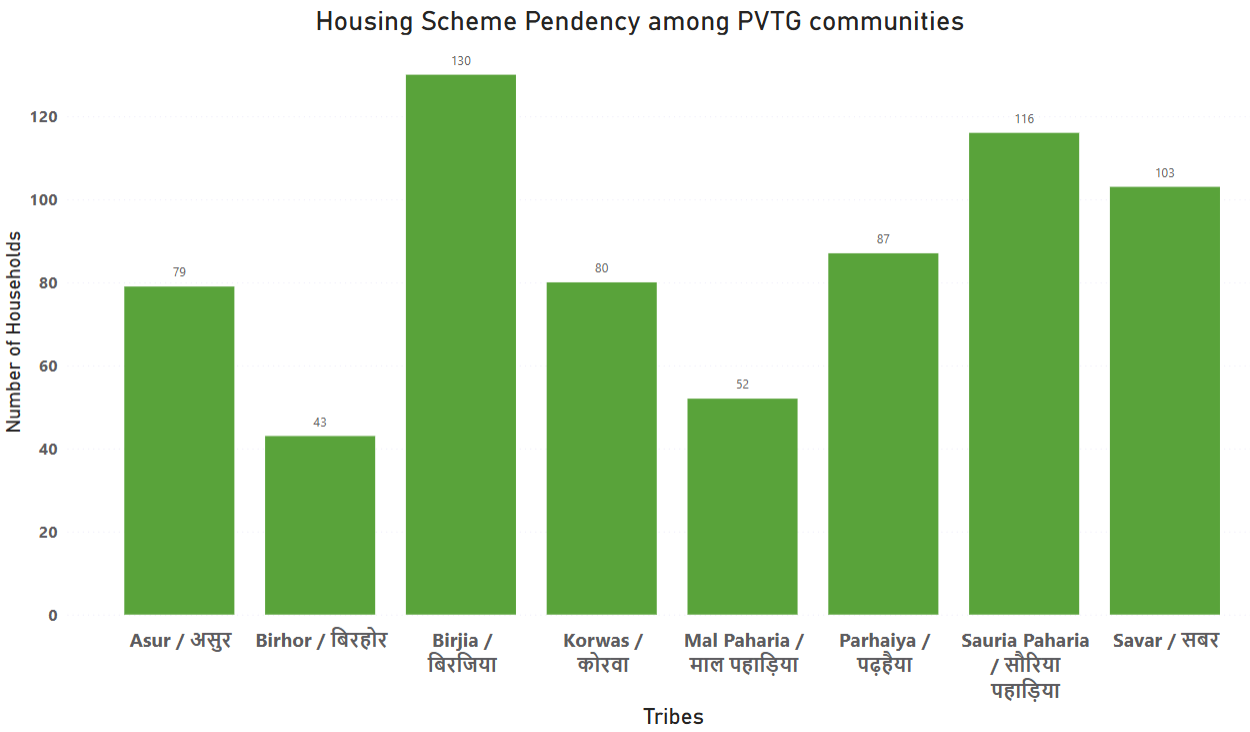
Communities that received limited support from one scheme often show higher benefit under the other, suggesting a compensatory or gap-filling role. For instance, the Birhor and Savar communities have significantly higher coverage under Birsa Awas Yojana (131 and 92 households respectively), but comparatively lower under PMAY (27 and 82 households). On the other hand, Mal Paharia and Parhaiya have stronger access to PMAY (170 and 97 households), while their numbers under Birsa Awas are low (4 and 23 households).

This distribution implies that Birsa Awas Yojana has been particularly crucial in areas or among communities where PMAY implementation may be weaker or slower, possibly due to challenges not only limited to bureaucratic reach, but also due to geographical distribution of tribes. In effect, the complementary nature of these schemes ensures a wider and more inclusive net of housing support across PVTG communities. The data highlights the importance of policy convergence—where state schemes supplement central efforts—to address the complex and varied housing needs of Jharkhand's most vulnerable tribal populations.

Other schemes like the Abua Awas Yojna reached 179 households, with notable beneficiaries among Parhaiyas (68) and Korwas (42). The older Indira Awas Yojana accounts for only 78 households, indicating a decline in its relevance or replacement by newer schemes like PMAY. The distribution also indicates the importance of diversifying housing support mechanisms to suit the varied needs and administrative reach among different tribal groups, as evident from the figure below, showing pendency of application for housing schemes.

Upon review of data on 690 PVTG households who have applied for housing schemes but have not yet received any benefits, it can be surmised that a significant number of households are stuck in the implementation pipeline, reflecting issues of delayed delivery or administrative backlog. The highest number of pending cases is found among the Birjia (130 households) and Sauria Paharia (116 households), indicating possible bottlenecks in verification, approval, or allotment stages in areas inhabited by these groups. Additionally, the inability to apply for such

schemes due to lack of necessary documents have been a substantive reason among Korwas (53) & Birhors (33).



The widespread presence of pending applications across all eight groups suggests that many PVTG families are aware of housing schemes and are actively seeking inclusion, but bureaucratic delays are preventing timely support. This data points to a critical implementation gap, where communities are not being denied in principle, but are facing delays in processing and delivery. Addressing this bottleneck requires streamlining the processes and follow-up mechanisms to ensure timely service delivery.

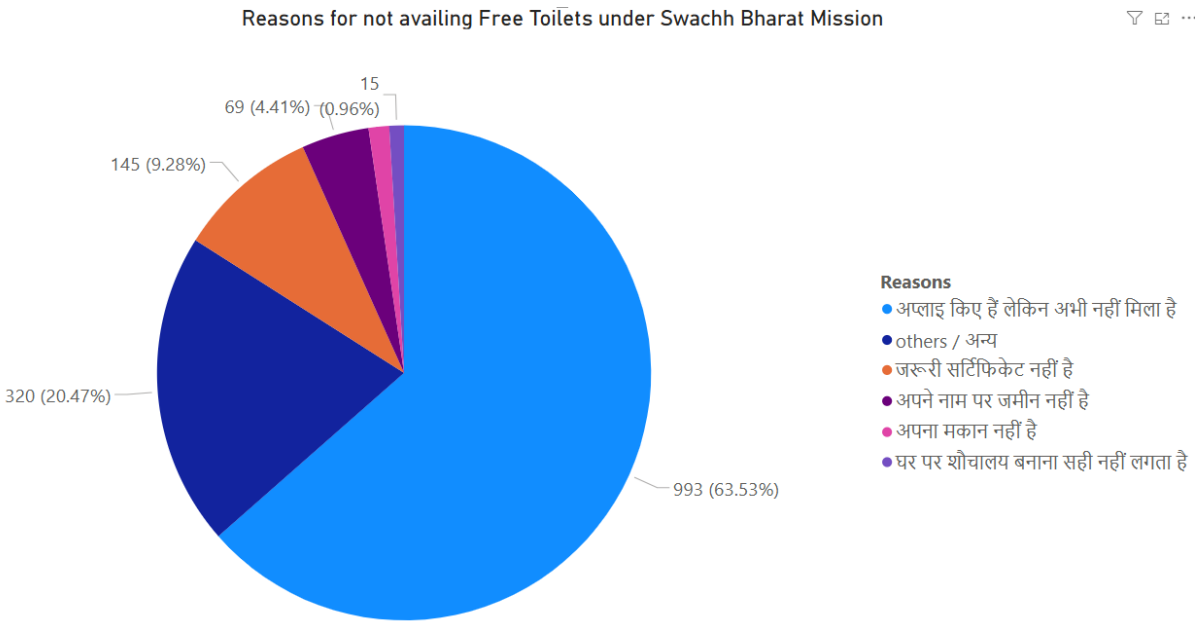
Sanitation

Sanitation is a critical but often overlooked need among the Particularly Vulnerable Tribal Groups (PVTGs) of Jharkhand. Living in remote and forested regions, these communities face significant challenges related to hygiene, waste disposal, and access to safe sanitation facilities. The absence of toilets and proper waste management not only exposes them to health risks like diarrhea, skin infections, and parasitic diseases, but also affects women's safety, dignity, and privacy, particularly during menstruation and pregnancy.

Open defecation, due to lack of infrastructure and awareness, poses a threat to both individual and community health. Poor sanitation also contributes to water contamination, leading to frequent outbreaks of waterborne diseases—especially in areas where drinking water sources are unprotected. Children in such environments are more prone to malnutrition and stunted growth due to repeated infections.

Improving sanitation is not just about building toilets—it requires community engagement, hygiene education, and regular maintenance support. There is an urgent need for inclusive and culturally sensitive sanitation programs that take into account the unique living patterns and environmental conditions of PVTGs. Ensuring access to clean, safe, and functional sanitation facilities is essential for promoting health, dignity, and long-term development in these highly marginalized communities.

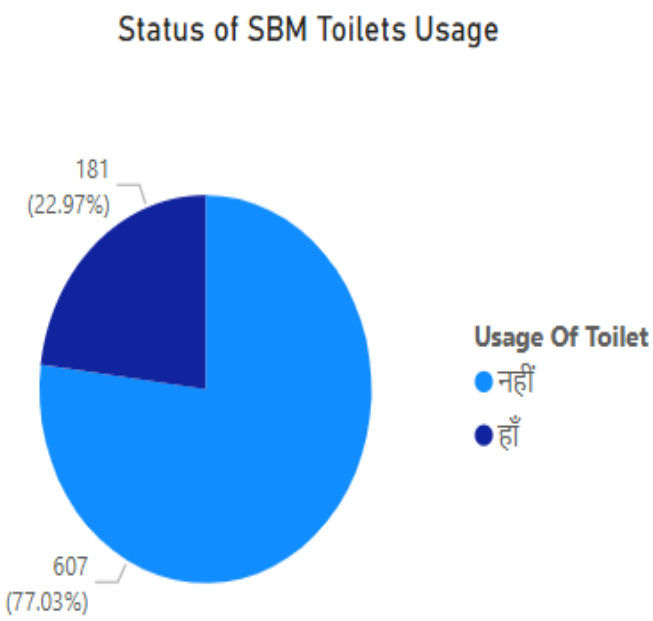
Out of the 2,350 households surveyed, only 788 households (33.51%) reported having availed free toilets under the Swachh Bharat Mission (SBM). In contrast, a majority of 1,562 households (66.47%) stated they had not received toilets through the scheme. This indicates that despite the extensive reach and national focus of the Swachh Bharat Mission, two-thirds of the surveyed population remain without access to government-provided sanitation facilities. The limited coverage points to implementation gaps, especially in remote and marginalized tribal areas, where infrastructural challenges, lack of awareness, or bureaucratic hurdles may have hindered access.



Among the 1,563 households who did not receive toilets under SBM:

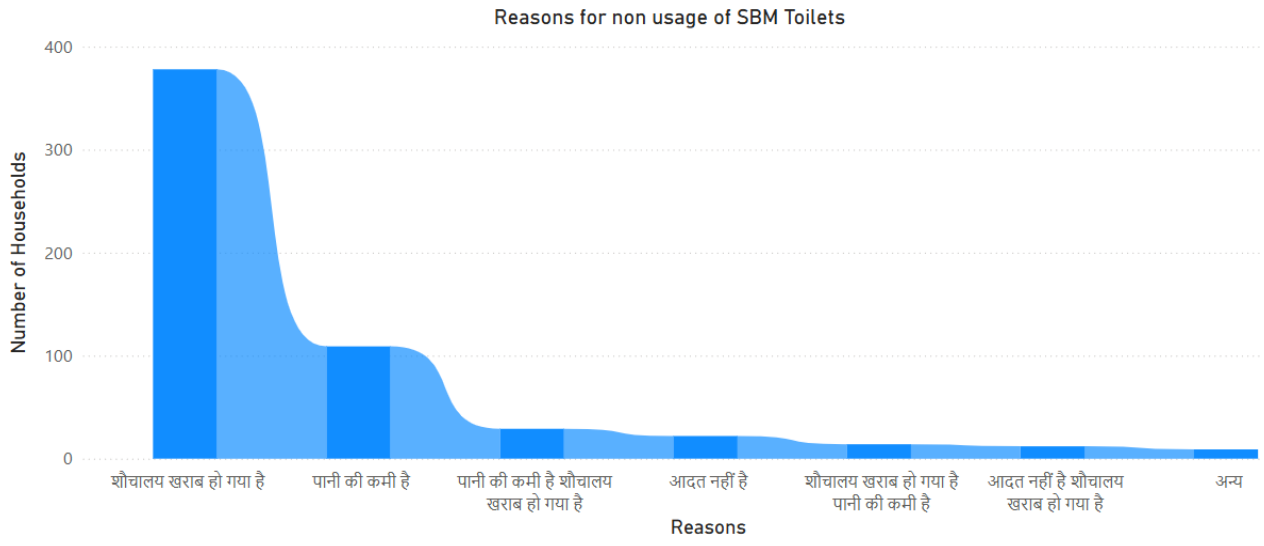
- The most common reason, cited by 993 households (63.54%), was that they had applied but had not yet received approval or construction, indicating significant delays or pending status in the scheme's implementation process. This points to administrative bottlenecks and a backlog of unfulfilled requests.
- Lack of proper documentation was another major barrier, with 145 households (9.28%) reporting that they lacked the necessary certificates, such as identity, residence, or land ownership proof—common issues in tribal areas.
- Land and property ownership issues also surfaced:
  - 69 households (4.41%) did not have land in their own name.
  - 21 households (1.34%) did not have a house of their own.
  - These highlight structural exclusions in scheme eligibility criteria, particularly affecting landless or informally settled households.
- A smaller group, 15 households (0.96%), expressed personal or cultural discomfort with constructing a toilet at home, indicating that behavioral factors and beliefs still play a role in sanitation choices.
- Additionally, 320 households (20.47%) were grouped under "others", reflecting a wide range of possibly unrecorded or localized reasons—such as lack of awareness, physical inaccessibility, or lack of follow-up by officials.

This data reinforces that a majority of non-receiving households are not against availing toilets but are caught in systemic delays, bureaucratic hurdles, or eligibility-related barriers. To improve outcomes under SBM for PVTG communities, faster processing, relaxed documentation norms, awareness efforts, and tailored community engagement are needed to ensure inclusive and effective sanitation coverage.



On the other hand, out of the 788 households who reported availing free toilets under SBM, a notable 607 households (77.02%) stated they did not actually use or benefit from the toilets provided. Only 181 households (22.98%) confirmed that they were actively using the toilets constructed under the scheme.

Among the 607 households who did not use toilets under the Swachh Bharat Mission, the most frequently cited reason was that the toilets had been constructed but later became non-functional, reported by 378 households (62.28%). This indicates a major issue with toilet durability, maintenance, and usability, even where initial construction occurred.



The second most common reason was lack of water availability, mentioned in various combinations and cited in over 170 responses (approx. 28%). These include water scarcity alone (109 households) or combined with other issues like non-functioning toilets and lack of usage habits.

Behavioral reasons—such as not being accustomed to using toilets—were mentioned either alone or in combination in at least 50 cases, showing that cultural and behavioral factors still play a role in toilet non-usage.

Other reported issues included:

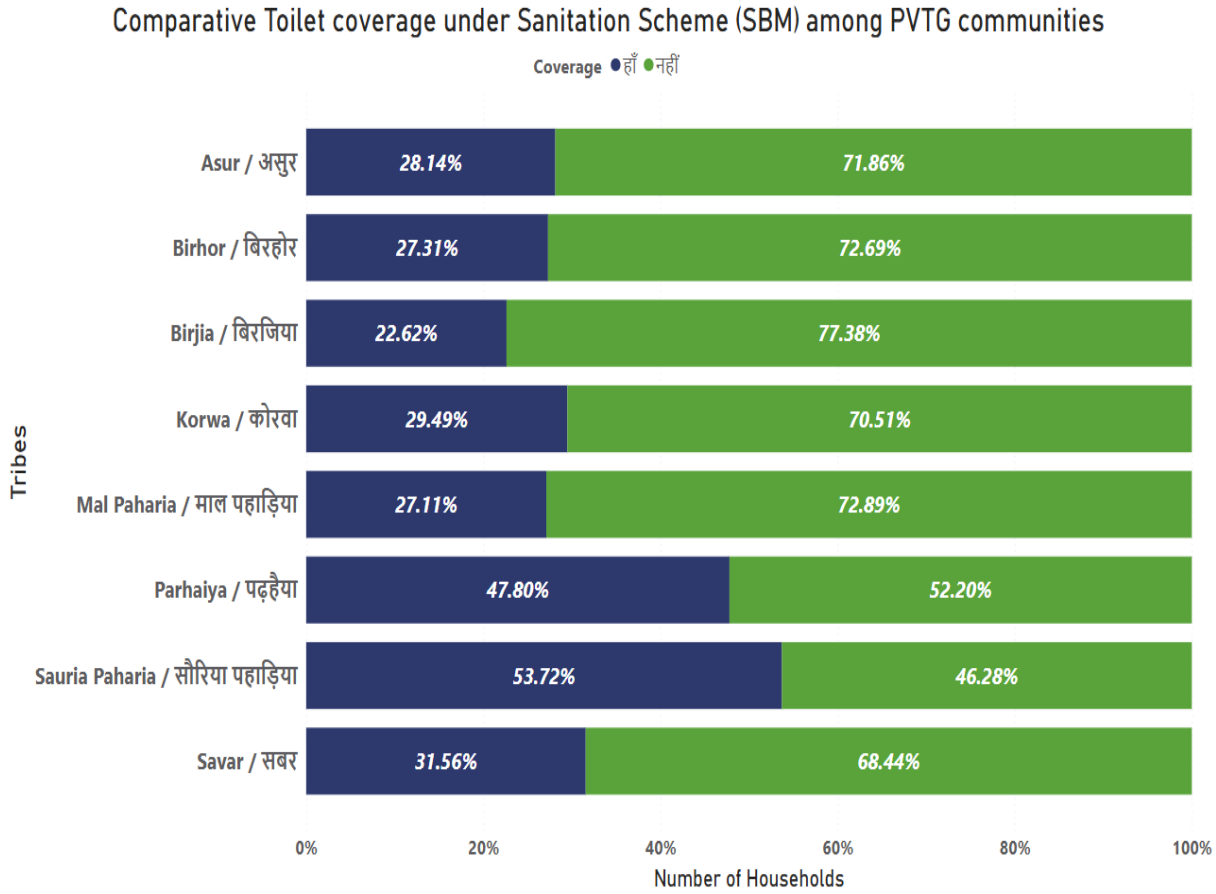
- Toilets being too far from home
- No lighting near toilets
- Toilets being damaged and not repaired
- Combination of multiple issues (e.g., water shortage + damage + behavioral)

A small number (9) of households cited other unspecified reasons for the non-usage of toilets, while few claim that the construction of toilets were halted midway & remain defunct. The data reveals that even when toilets were built under the SBM, poor construction quality, lack of water access, and maintenance failures severely hindered usability. These technical and infrastructural shortcomings, combined with behavioral inertia, significantly affect the program's effectiveness in tribal areas. This highlights the need for integrated planning that addresses infrastructure, water availability, behavioral change, and post-construction support to ensure sustainable sanitation outcomes among PVTGs in Jharkhand.

A comparative table on coverage of toilet construction among surveyed PVTG communities is presented in the following section:

The table below shows that across eight PVTG communities in Jharkhand, only about one-third of households (33.5%) reported using toilets provided under the Swachh Bharat Abhiyan, while two-thirds (66.5%) remained outside the scheme—either not covered or not using a functional toilet. Among the groups, Sauria Paharia (53.7%) and Parhaiya (47.8%) households had the highest toilet coverage, showing better inclusion compared to others. By contrast, Birjia (22.6%), Birhor (27.3%), Mal Paharia (27.1%), and Asur (28.1%) had the lowest coverage, meaning nearly three-fourths of their households were left out. Overall, the data highlights that

despite the universal coverage claims of SBM, a majority of PVTG households still lacked functional toilets, with wide disparities between tribes.



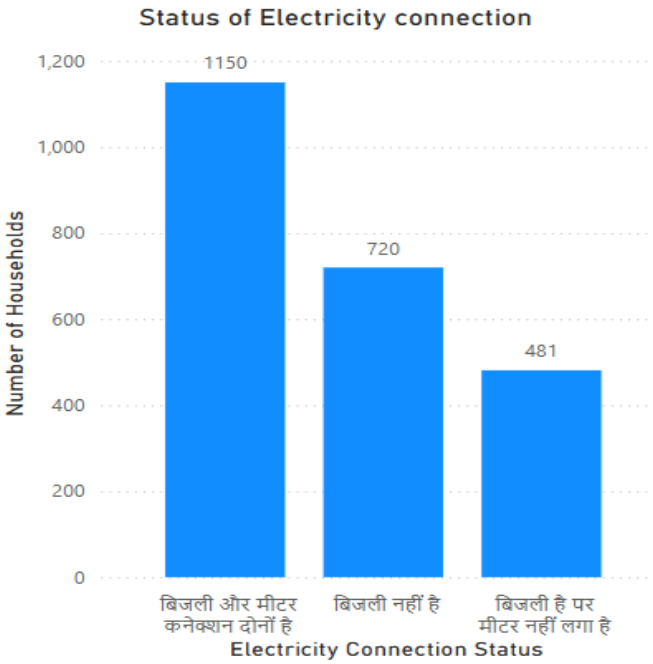
Various studies and surveys such as National Annual Rural Sanitation Survey (NARSS) 2018–19 & Swachh Survekshan Grameen (SSG) 2022, indicate that many PVTG households were either not covered under SBM or did not receive functional toilet infrastructure even if sanctioned. Some communities reported receiving toilets without proper water connections, making them unusable. In certain areas, constructed toilets are used for storage due to poor awareness and lack of follow-up engagement.

The data highlights the need for greater inclusion and outreach under SBM, particularly targeting PVTG communities, to ensure universal sanitation coverage, reduce open defecation, and promote better hygiene and public health outcomes in rural Jharkhand. There is also a dire need for awareness among the surveyed communities regarding sanitary habits and maintenance of toilets, for achieving the ODF status.

Chapter 5 - Living Standard

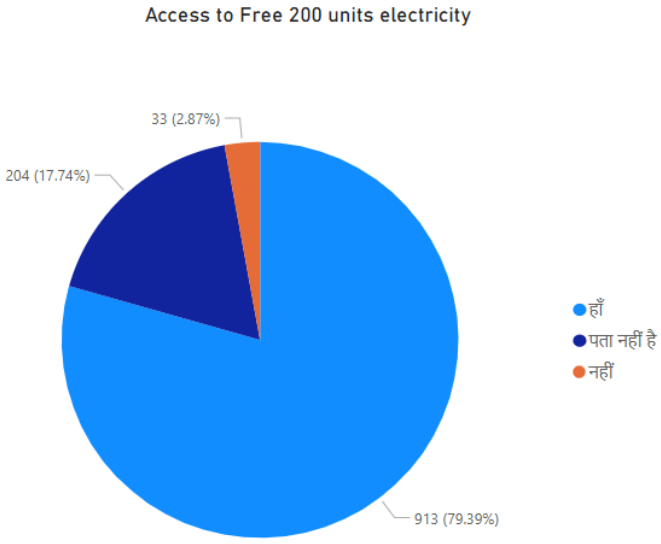
Electricity Coverage

Out of the 2,351 households surveyed, a little less than half—1,150 households (48.93%)—reported having both electricity and a proper meter connection, indicating full access to formal electrification. Meanwhile, 481 households (20.46%) had electricity connections but lacked a meter, suggesting either informal or incomplete connections that may affect billing transparency and service reliability.



Notably, 720 households (30.61%) reported having no electricity at all, highlighting a significant energy access gap among the PVTG population. This segment remains entirely deprived of basic electrical infrastructure, which impacts education, health, livelihoods, and overall quality of life.

While nearly half of the surveyed households benefit from complete electrification, the remaining half either lack metered access or have no electricity at all. This reveals the need for universal, metered, and sustainable electricity provision, especially for remote tribal settlements, as part of integrated development efforts in Jharkhand.



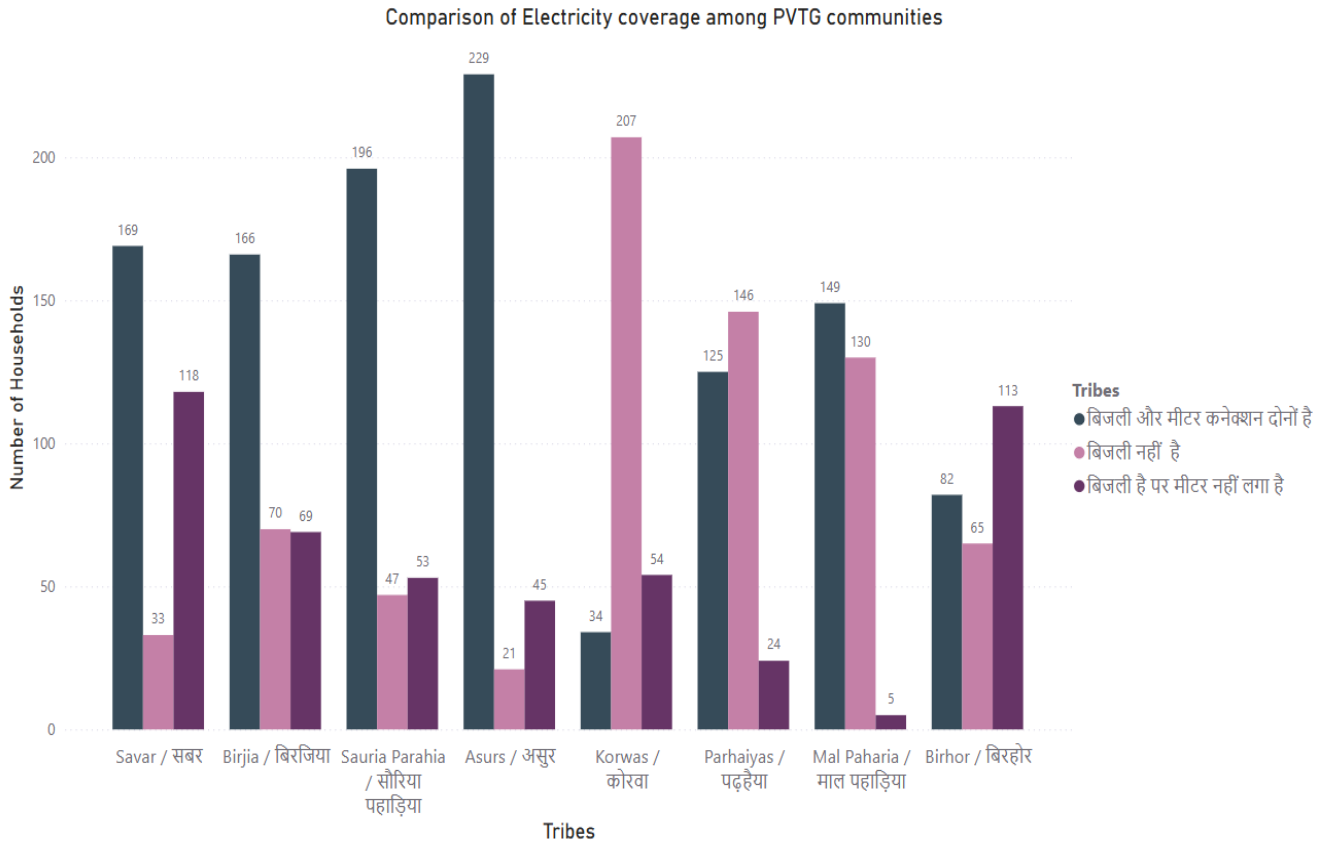
Out of the 1,150 households that had both electricity and a meter connection, a majority— 913 households (79.39%) — reported that they are availing the benefit of 200 units of free electricity, indicating effective outreach and

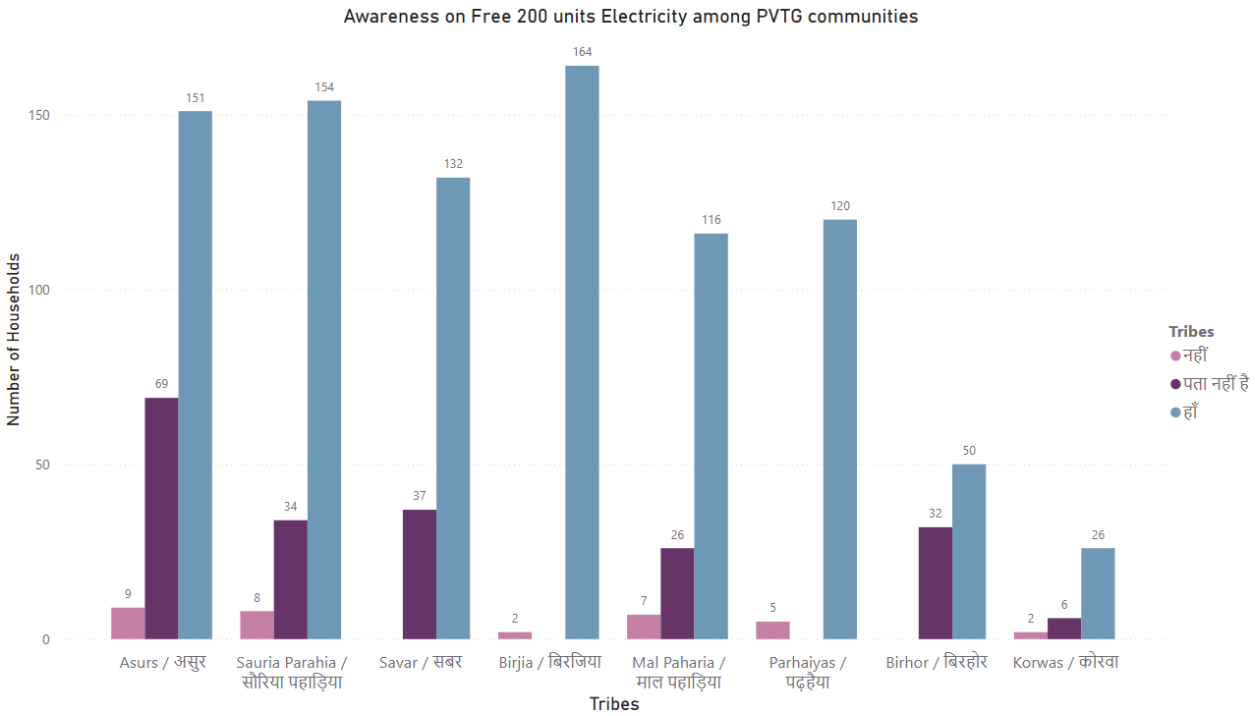
utilization of the scheme among eligible PVTG households.

However, 204 households (17.74%) said they do not know whether they are receiving the benefit or not, reflecting a lack of awareness or communication gap about the scheme details and entitlements.

Only 33 households (2.87%) clearly stated that they were not receiving the benefit despite having the necessary infrastructure, which could point to administrative errors, exclusion, or eligibility issues.

While the free electricity scheme appears to have reached a significant portion of the eligible PVTG households, the high number of respondents unaware of their benefit status signals the need for better information dissemination, consumer education, and transparent billing practices to ensure full and equitable access to entitlements.





The survey data on electrification among Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand highlights a mixed picture of progress and persistent disparities. Out of the 2,351 households surveyed, only 48.93% (1,150 households) reported having both electricity and a proper meter connection—indicating complete and formal access to electrification. The remaining households are either partially connected or entirely off the grid, underscoring serious energy access challenges for a substantial segment of this already vulnerable population.

While electrification coverage has improved in many areas, consistent electricity supply remains a challenge. Some households have access to grid electricity, but others rely on non-grid sources or face frequent outages. This impacts children's education, health services, and economic activities. There is a clear need for reliable power infrastructure, especially in remote tribal regions.

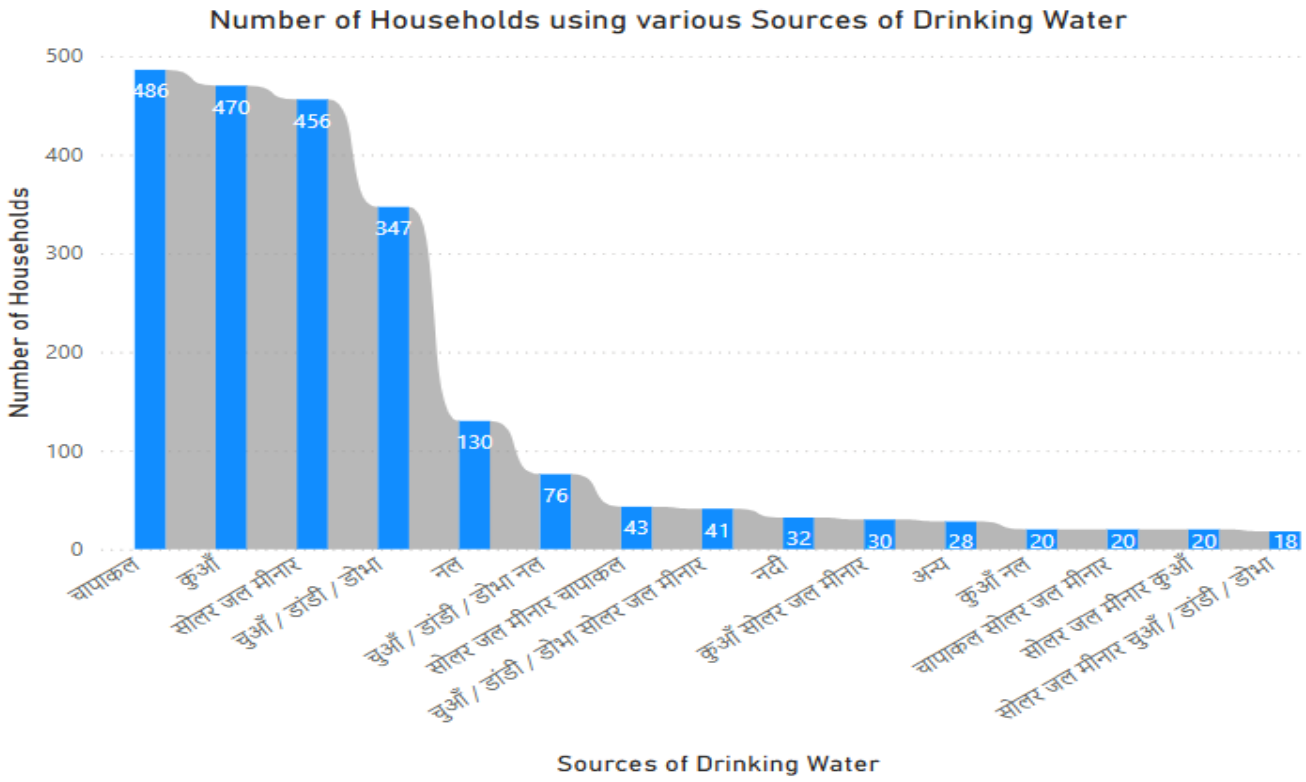
Drinking Water

The survey reveals a fragmented and often inadequate drinking water scenario, with a significant portion of the population still relying on traditional, unsafe, or seasonal sources. Among the most commonly used sources, *Chuã / Dandi / Dobha*—natural springs, seepages, or shallow ponds—are accessed by at least 347 households (14.76%) directly, and many more in combination with other sources. These sources are *unprotected and prone to contamination & water scarcity*, particularly during dry periods.

Hand pumps (Chapakal) remain the single most used individual source, serving 486 households (20.67%) directly, while others use them in combination with wells, solar systems, or taps. Despite being a relatively safer source, many Chapakal are old, unreliable, or manually installed without standard depth control. Similarly, open wells (Kua) are used by 470 households (20%) and continue to be a major source, although they often lack proper covering or treatment, raising concerns about water quality.

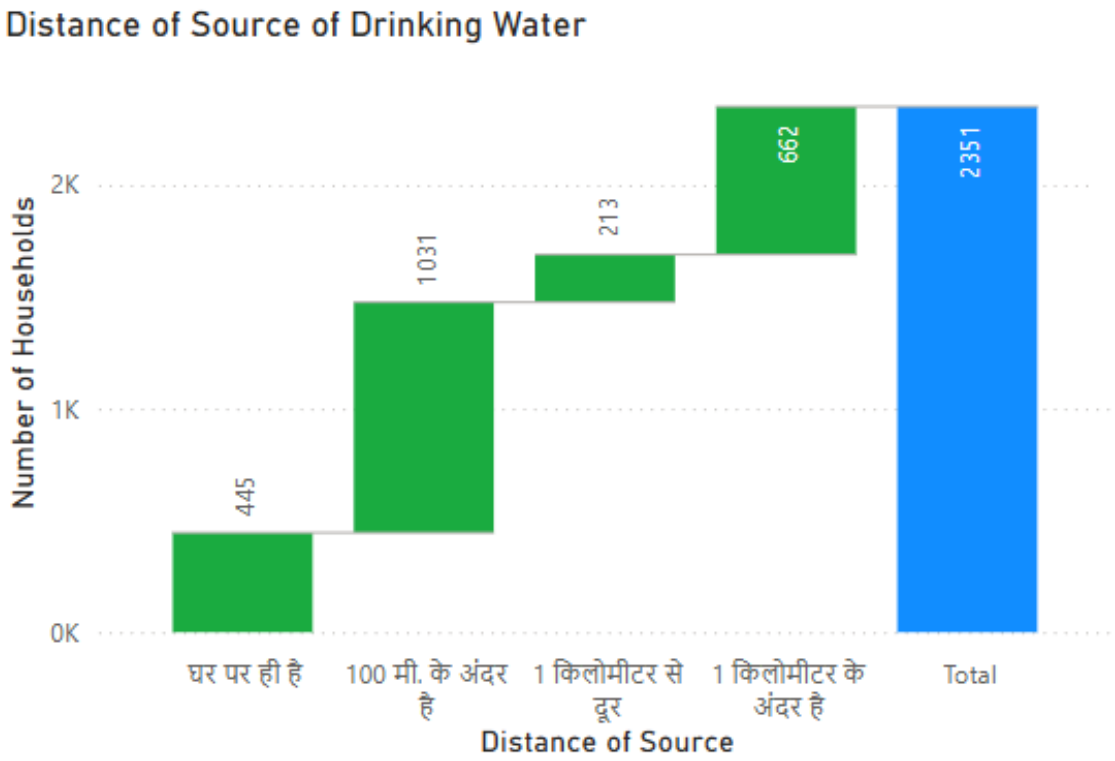
Encouragingly, 456 households (19.4%) reported access to solar-powered drinking water systems (Solar Jal Minar), either as a standalone or in combination with other sources. This suggests some progress in providing sustainable water infrastructure to remote tribal areas. This is a promising development, as solar-based systems can provide safe, sustainable water in off-grid tribal areas. However, the widespread use of multiple sources in many combinations suggest inconsistent reliability, requiring fallback on other sources.

Tap water (nal) connections are limited, with only 130 households (5.5%) having direct access, reflecting the continued gap in piped water infrastructure. A smaller segment, around 32 households (1.36%) still rely on direct river water, and more in combination with unsafe sources—an indicator of both poor infrastructure and geographic isolation. While, a total of 28 households marked their source as "□□□□" (other), likely indicating very localized or informal sources not listed explicitly.



The drinking water scenario among Jharkhand's PVTG households is marked by fragmentation, dependency on unsafe sources, and limited access to treated piped water. Though solar-powered schemes are being adopted, large proportions still rely on open wells, springs, and hand pumps, which are often seasonal and unhygienic. The data underscores the urgent need for expanding reliable, treated, and piped water supply, especially through solar-based decentralized infrastructure. Additionally, water quality testing, maintenance, and awareness campaigns are vital for long-term water security and public health in these vulnerable communities.

In the context of drinking water access among the 2,351 PVTG households surveyed in Jharkhand, the data on the distance to the primary drinking water source indicates a mixed scenario of convenience and hardship.

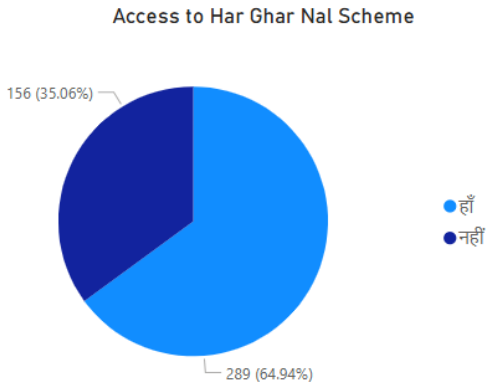


A majority of households—1,031 (43.88%)—reported that their drinking water source is within 100 meters, suggesting relatively easy access. Additionally, 445 households (18.93%) have water sources located within their own premises, which is ideal in terms of convenience, time-saving, and hygiene.

However, 662 households (28.16%) must travel distances within one kilometer, and 213 households (9.06%) have to walk more than one kilometer to fetch water. These figures point to a significant portion of the population still facing physical challenges and time burden in accessing water—an issue that disproportionately affects women and children in rural and tribal settings.

In summary, while over 62% of households enjoy water access within 100 meters or at home, nearly four out of ten households must still walk considerable distances daily, underscoring the need for improved last-mile delivery of drinking water infrastructure, particularly for remote and underserved PVTG settlements.

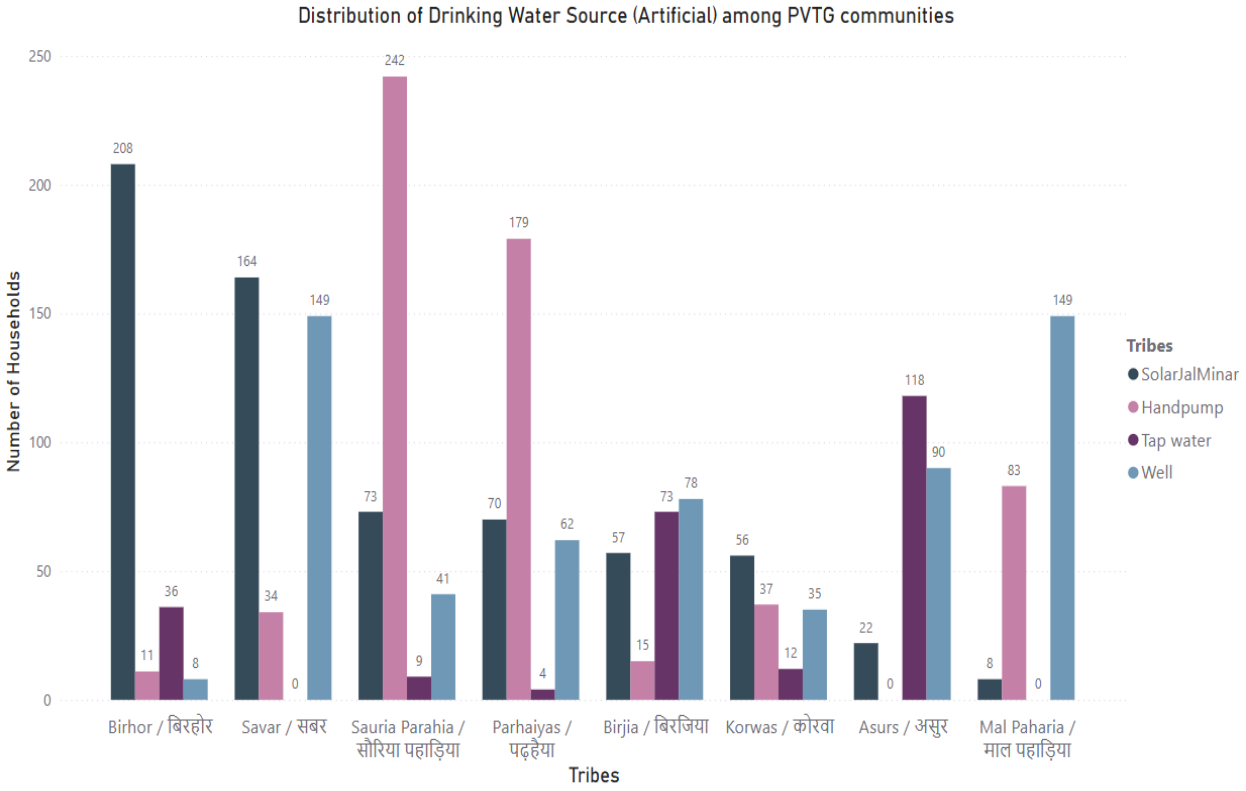
In this backdrop, the data on beneficiaries under the Har Ghar Nal Yojana (tap water at home) provides crucial insights into the reach of piped water infrastructure and how effectively piped water connections are reaching households with drinking water sources located within their own premises.



Out of the 445 households that reported having a drinking water source at home, only 289 households (64.94%) confirmed they had received the benefit of the Har Ghar Nal Yojana. This indicates that nearly two-thirds of such households have access to a government-supported piped water connection, suggesting moderate outreach and impact of the scheme in interior tribal areas.

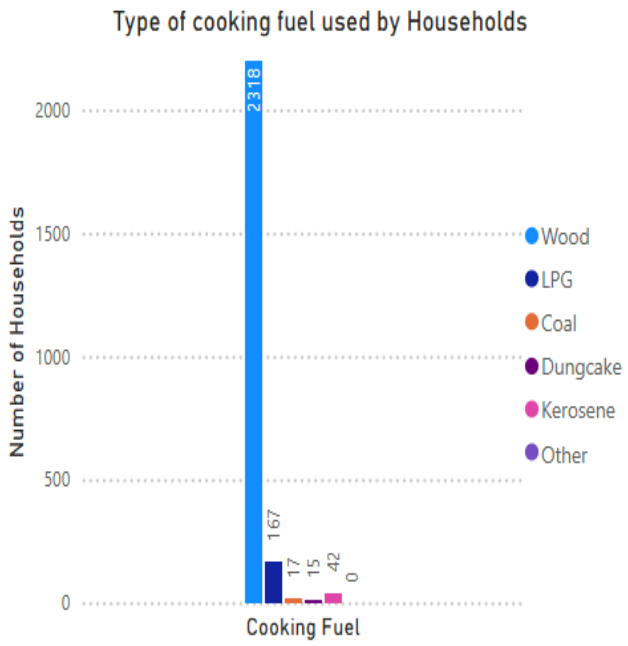
However, a notable 156 households (35.06%) with in-premise water sources reported not availing benefits under the scheme. This gap raises important questions—whether these households installed their water sources independently, faced exclusion during implementation, lacked proper documentation, or were unaware of the scheme's provisions.

In summary, while the Har Ghar Nal Yojana has made meaningful inroads among households with home-based water access, the fact that over one-third remain outside its formal coverage, pointing to gaps in targeting, awareness, or implementation. To achieve the universal tap water goal under Jal Jeevan Mission, it is essential to strengthen coverage, improve beneficiary identification, and ensure consistent service delivery across all PVTG settlements.



The survey of 2,351 Particularly Vulnerable Tribal Group (PVTG) households in Jharkhand reveals a drinking water landscape characterized by fragmentation, dependency on unsafe and seasonal sources, and uneven access to piped infrastructure. While there are signs of progress—particularly through solar-powered initiatives and the Har Ghar Nal Yojana—the broader picture underscores persistent vulnerabilities in water availability, quality, and accessibility for tribal communities. The implications of these findings span public health, gender equity, and rural development policy.

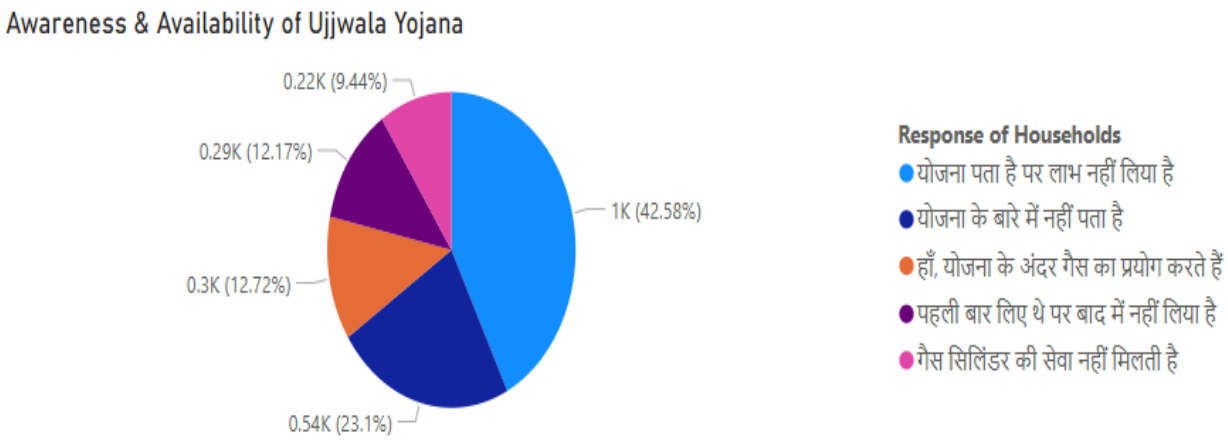
Cooking Fuel



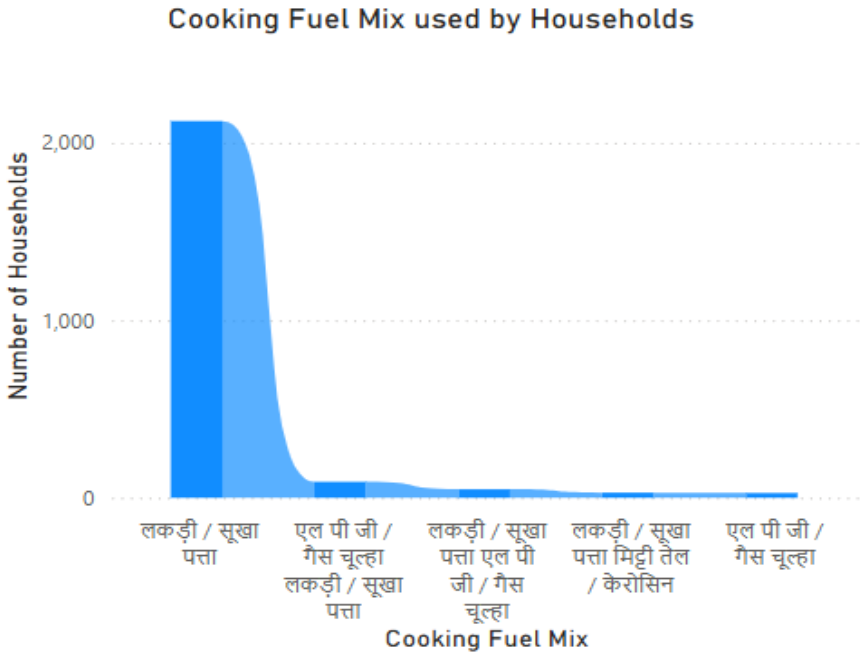
The data on cooking fuel usage among Jharkhand's Particularly Vulnerable Tribal Groups (PVTGs) shows a heavy reliance on traditional sources. Out of the 2,351 surveyed households Traditional biomass (Firewood and Dry Leaves) are overwhelmingly the primary source of cooking fuel, used either alone or in combination by over 93% of households (2,225 out of 2,351). Specifically, 2,123 households (over 90%) rely solely on □□□□□ / □□□□ □□□□□ (wood/dry leaves), indicating *deep dependence on forest-based resources*. Mixed usage of wood with other fuels (like LPG, kerosene, dung, or coal) is also common, indicating occasional access or transitional use. For instance, 48 households use both wood and LPG, and 29 households use wood with kerosene.

Exclusive LPG/gas stove use is reported by only 27 households, highlighting very limited penetration of clean fuel. Another 140 combine LPG with traditional fuels (mostly wood and dry leaves), showing limited penetration and heavy reliance on mixed-fuel usage even among LPG users. Households using only kerosene number just 6, and there are a few cases of coal and dung cake use, typically in combination with wood.

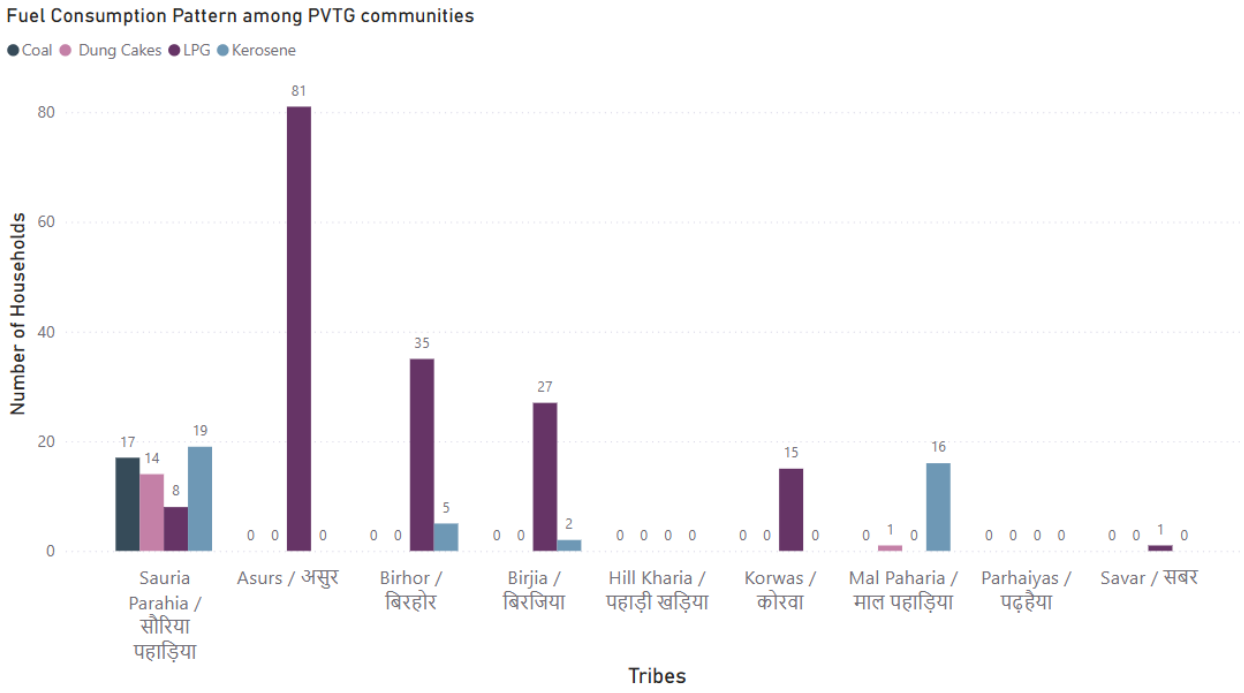
While a few households are adopting cleaner fuels like LPG, the overwhelming majority still rely on wood and other biomass, suggesting challenges in access, affordability, or behavioral change regarding clean cooking energy.



The data on the Ujjwala Yojana status among 2,351 surveyed PVTG households in Jharkhand highlights limited and inconsistent access to the scheme. Only 299 households (13%) actively use LPG under the Ujjwala Yojana, reflecting modest uptake of the scheme's intended benefits. A large proportion, 1,001 households (43%), are aware of the scheme but have not availed its benefits, pointing to barriers such as affordability, documentation issues, or logistical constraints. 543 households (23%) have no knowledge of the scheme at all, indicating significant awareness gaps among the PVTG population. 286 households (12%) initially received a connection but discontinued usage—likely due to refill costs, irregular supply, or lack of follow-up support. 222 households (9%) report that they do not receive gas cylinder service at all, highlighting issues of delivery infrastructure or remote inaccessibility.

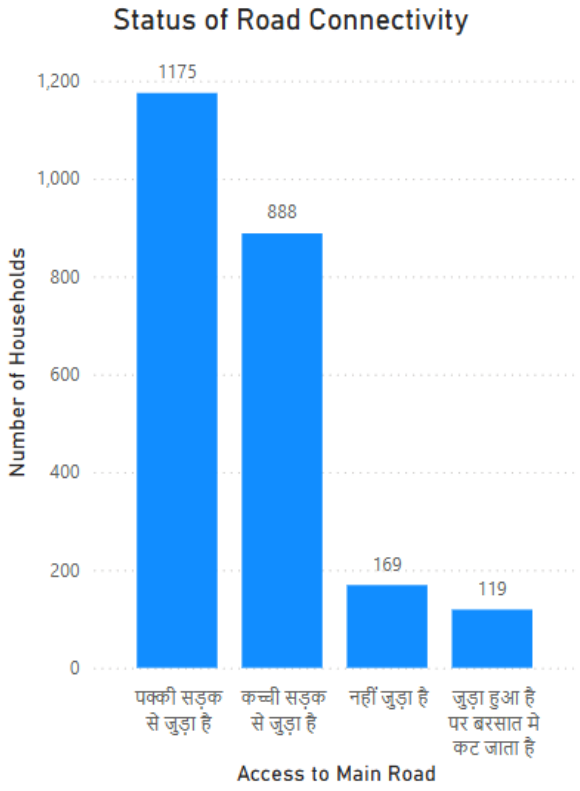


In essence, while the Ujjwala Yojana has reached a fraction of the PVTG population, a majority either remain excluded, uninformed, or unable to sustain its use, reinforcing the need for better outreach, subsidy support, and rural distribution systems.



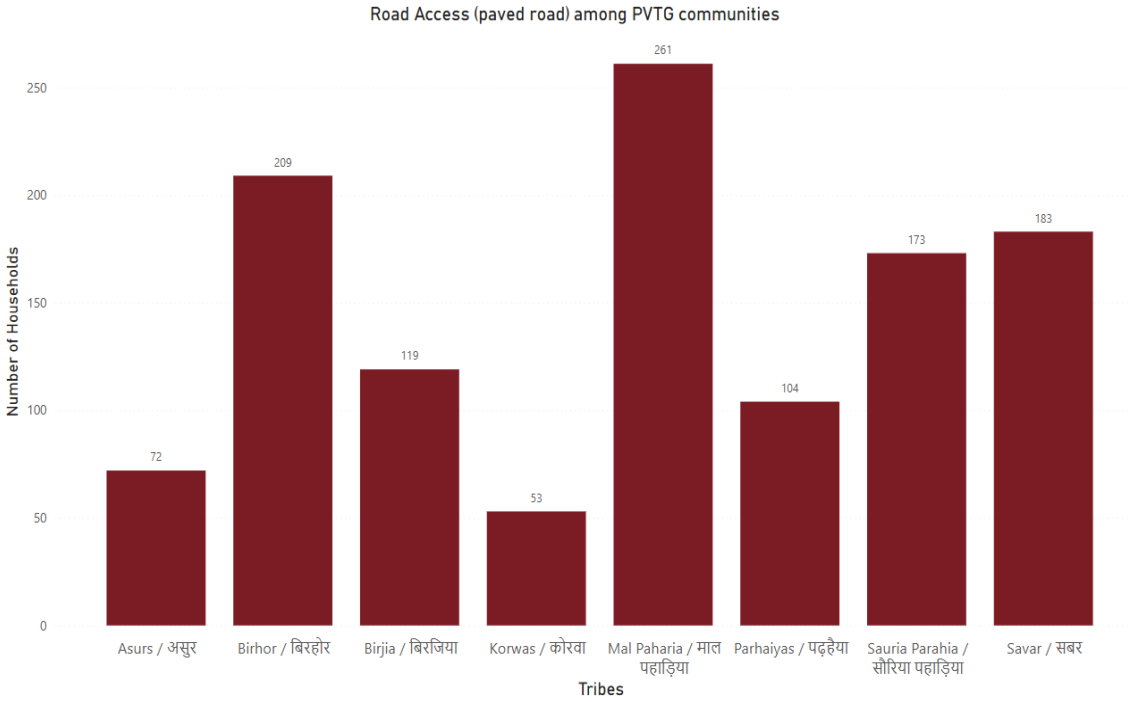
The data on cooking fuel usage among Jharkhand's Particularly Vulnerable Tribal Groups (PVTGs) reveals a striking continuity of traditional practices, underscoring deep-rooted energy poverty, structural exclusion from clean energy access, and limited scheme penetration. Despite national efforts like the *Ujjwala Yojana* to promote clean fuel adoption, the overwhelming dependence on firewood and dry leaves indicates that energy transition has barely begun in these marginalized communities. The implications are multifaceted, impacting health, environment, gender equality, and climate resilience.

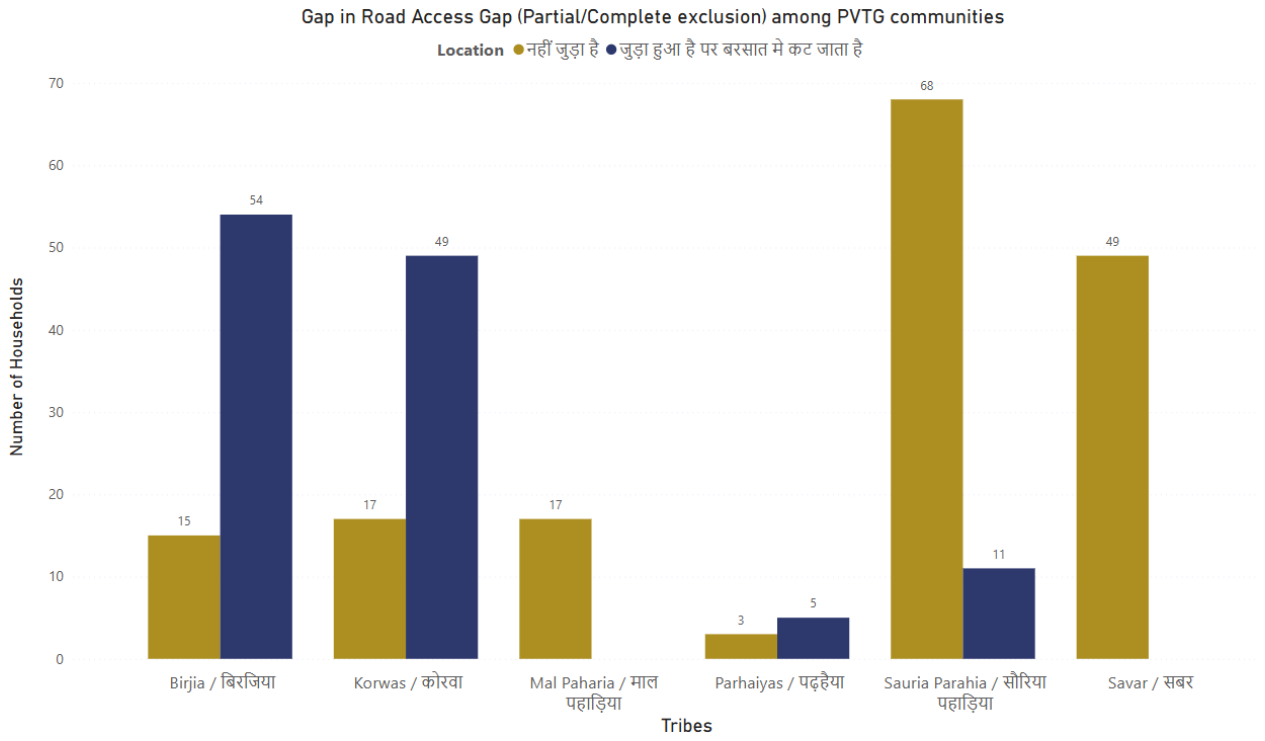
Road



The survey also reveals data on village road connectivity to main roads from the PVTG survey. It seems that 1,175 households (≈50%) have access to a permanent, all-weather road. 888 households (≈38%) rely on temporary or less durable routes. 119 households (≈5%) face seasonal disconnection despite being otherwise connected, while169 households (≈7%) have no direct road access to main roads.

While half the households enjoy solid road connectivity, the other half either rely on fragile infrastructure or lack access entirely, making mobility and access to services particularly difficult during the monsoon season.





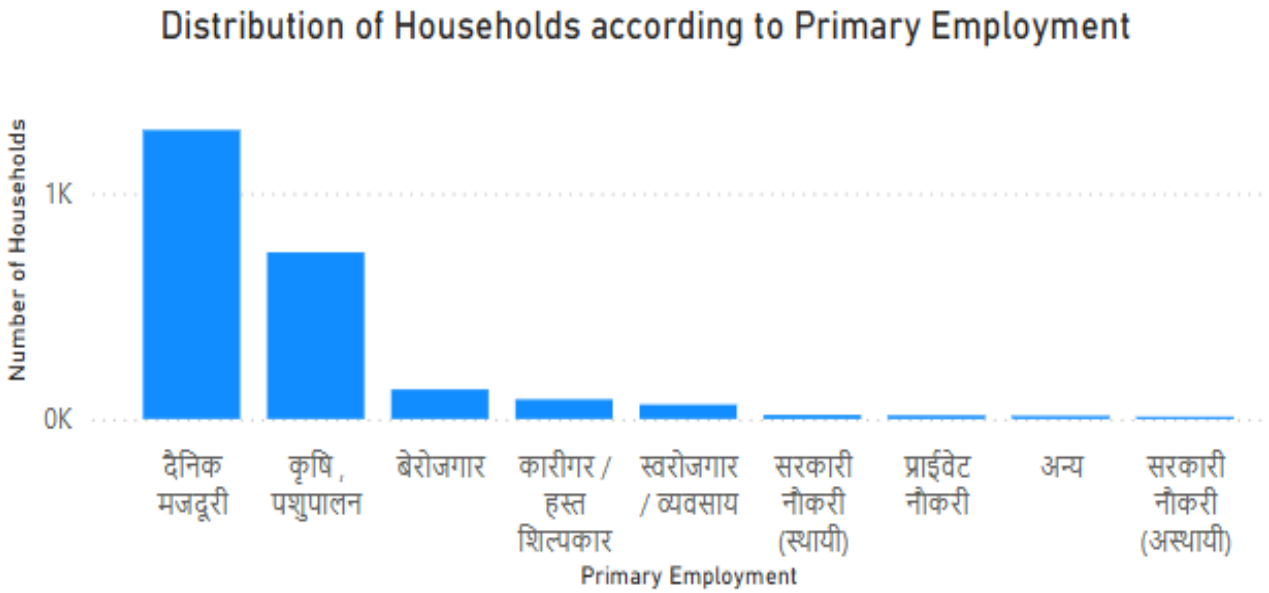
The data on road connectivity among 2,351 surveyed Particularly Vulnerable Tribal Group (PVTG) households in Jharkhand highlights a deeply fragmented infrastructure landscape. While about 50% enjoy access to permanent, all-weather roads, the remaining half experience either seasonal disconnection, reliance on weak infrastructure, or complete isolation from main roads. These findings have profound implications for the delivery of essential services, emergency response, market integration, and overall human development in tribal regions.

Chapter 6 - Employment

A significant majority—1,280 households (54.45%)—reported daily wage labour as their primary source of livelihood. This highlights the economic precarity faced by most PVTG families, who depend on low-paying, irregular, and physically demanding work. Additionally, 738 households (31.39%) identified agriculture and animal husbandry (□□□□, □□□□□□□) as their main occupation, reflecting continued dependence on traditional rural livelihoods, though often with limited productivity and access to modern inputs.

Other forms of employment were much less prevalent. Only 87 households (3.7%) engaged in artisan or handicraft work, and 64 households (2.72%) reported being self-employed or running small businesses. These small figures suggest underutilized potential in traditional skills and entrepreneurship.

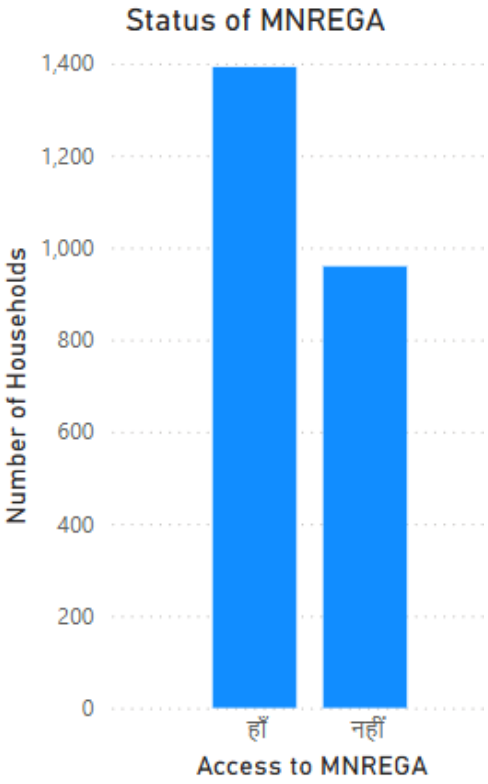
Formal sector employment remains extremely rare. Just 18 households (0.77%) had a permanent government job, and 3 households (0.13%) were in temporary government employment. Meanwhile, only 16 households (0.68%) had a private-sector job, underscoring the limited penetration of organized employment in PVTG regions. Additionally, 131 households (5.57%) reported being unemployed, reflecting a lack of job opportunities or access to vocational skills.



The data points to a predominantly informal and subsistence-based economy among

Jharkhand's PVTGs, with very limited access to formal employment or secure livelihoods. This underscores the urgent need for targeted interventions in skill development, livelihood diversification, market access, and employment linkage programs to enhance economic resilience and inclusion for these communities.

The survey data on MNREGA (Mahatma Gandhi National Rural Employment Guarantee Act) card ownership among 2,351 PVTG households in Jharkhand shows a majority have access to the scheme, though gaps remain.



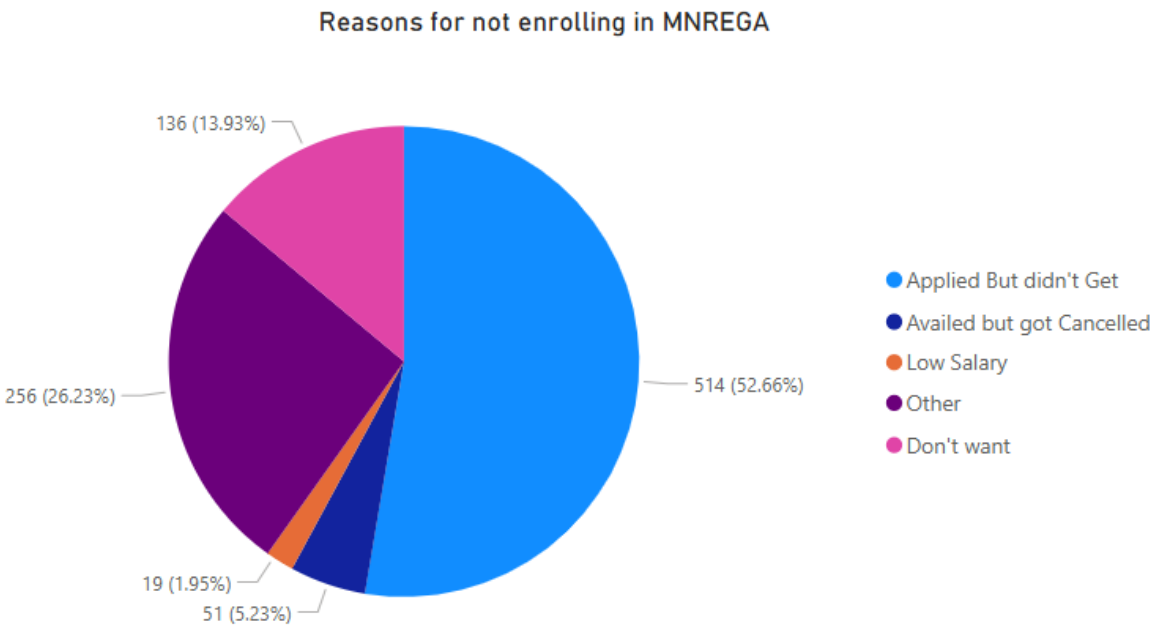
Out of the total households, 1,392 (59.2%) reported having an MNREGA job card, indicating their potential eligibility for guaranteed wage employment through rural public works. However, a substantial 959 households (40.8%) still do not possess an MNREGA card, reflecting exclusion from one of the most critical rural employment safety nets.

This data suggests that while MNREGA has reached more than half of the surveyed PVTG households, there is a pressing need to ensure universal coverage, particularly for a population that relies heavily on daily wage labor and informal employment. Improving awareness, easing the card issuance process, and strengthening outreach can help bridge this gap and enhance livelihood security for the remaining households.

In the context of MNREGA coverage among Jharkhand's PVTG households, the reasons provided by the 959 households who do not avail MNREGA benefits reveal a mix of access-related issues and perception-based barriers.

The most common reason, cited by 501 households (52.26%), was that they had applied for a job card but did not receive it, indicating procedural delays, administrative lapses, or lack of follow-up. Another 47 households mentioned their job cards were issued but later cancelled, and some even reapplied without success.

A notable 130 households (13.55%) explicitly stated that they do not wish to work under MNREGA, which reflects perceived unsuitability or disinterest, possibly due to the nature of the work or its social acceptance. Additionally, 16 households cited that the wages under MNREGA are too low, making it economically unviable for them.



A substantial 249 households (25.97%) simply marked their reason as "other (□□□□)," which could imply undocumented barriers such as migration, seasonal availability, health issues, or lack of information. Smaller numbers combined various reasons like low wages, lack of interest, or cancellation issues.

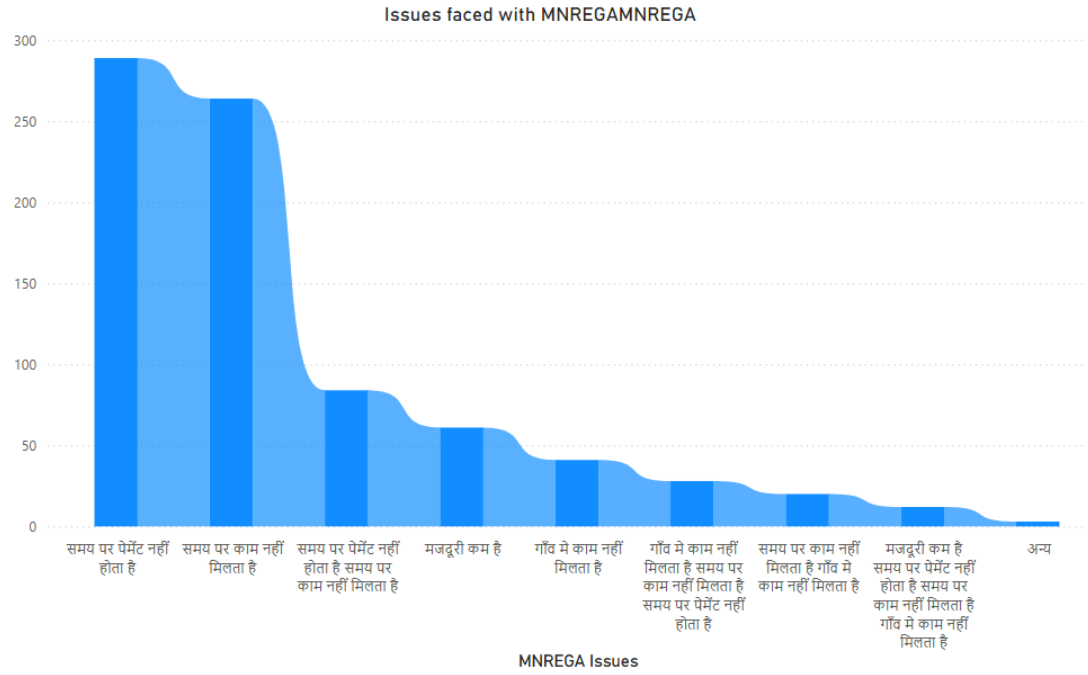
While MNREGA card ownership stands at nearly 60% among PVTG households, a significant portion of the remaining 40% are excluded due to administrative bottlenecks or card cancellations, while others opt out due to low wages or lack of interest. These insights point to the need for streamlined registration, grievance redressal mechanisms, and awareness efforts to improve inclusion and participation.

The data on reasons for dissatisfaction with MNREGA among PVTG households presents a complex picture of systemic challenges. Out of 1,378 respondents, 871 households (63.2%) expressed dissatisfaction with the scheme.

Key Reasons for Dissatisfaction:

1. Irregular or delayed payments emerged as the most frequently cited issue, affecting 289 households (33.2%). This shows that timely wage disbursement remains a critical bottleneck in the scheme's implementation.
2. Irregular availability of work was highlighted by 264 households (30.3%), pointing to inconsistency in job provisioning.
3. Low wages were reported by 61 households, with some combining this concern with late payment and lack of work.
4. A significant number of respondents (41 households) also reported that no work is available in their village, while others combined multiple issues such as lack of bank account linkage (like Aadhaar or account in their own name), low pay, and untimely employment.

5. Smaller clusters of complaints involved lack of Aadhaar-bank linkage, bank account issues, or not receiving work in nearby villages.



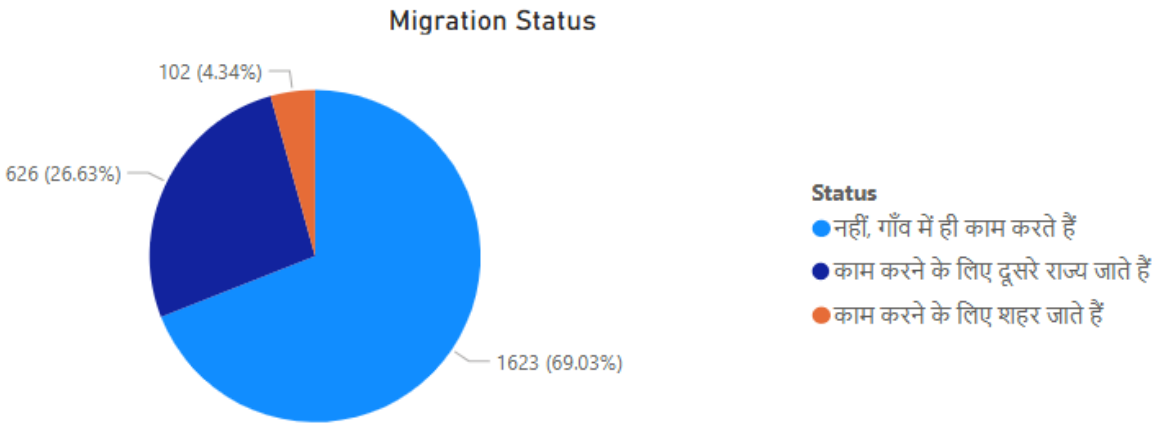
On the other hand, 507 households (36.8%) reported being satisfied with MNREGA services, reflecting that the scheme does function well in certain pockets or under better-managed local administrations.

The dissatisfaction primarily stems from three core issues — payment delays, irregular employment, and inadequate wages — often compounded by banking access limitations. To improve outcomes, it is essential to streamline job provisioning, ensure wage timeliness, increase awareness, and resolve technical banking barriers such as Aadhaar linking.

A key aim of the MNREGA scheme is to reduce distress-driven migration by ensuring guaranteed employment at the village level. However, the data from the PVTG household survey indicates that a significant portion of the population still migrates for work, suggesting that MNREGA's intended impact remains partially unmet.

According to the survey:

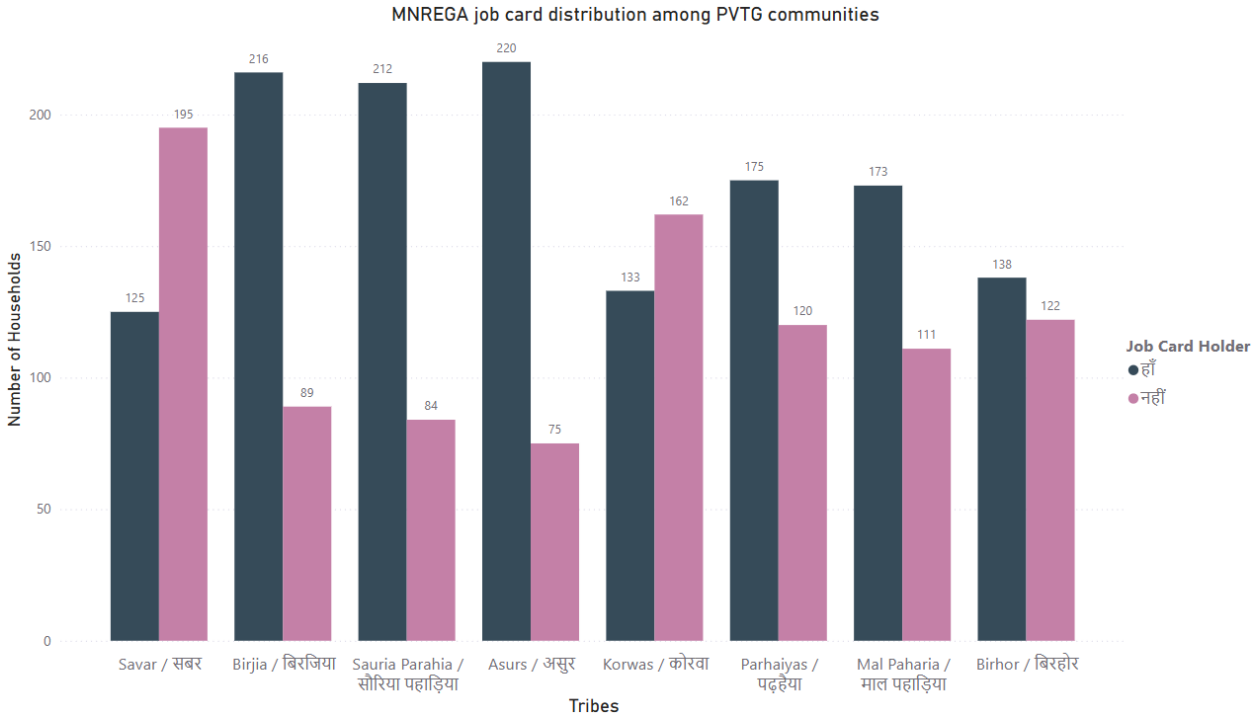
- 626 households (26.6%) reported that family members migrate to other states in search of work.
- 102 households (4.3%) stated that they migrate to urban areas within the state.
- Only 1,623 households (69%) were able to find work within their own village.

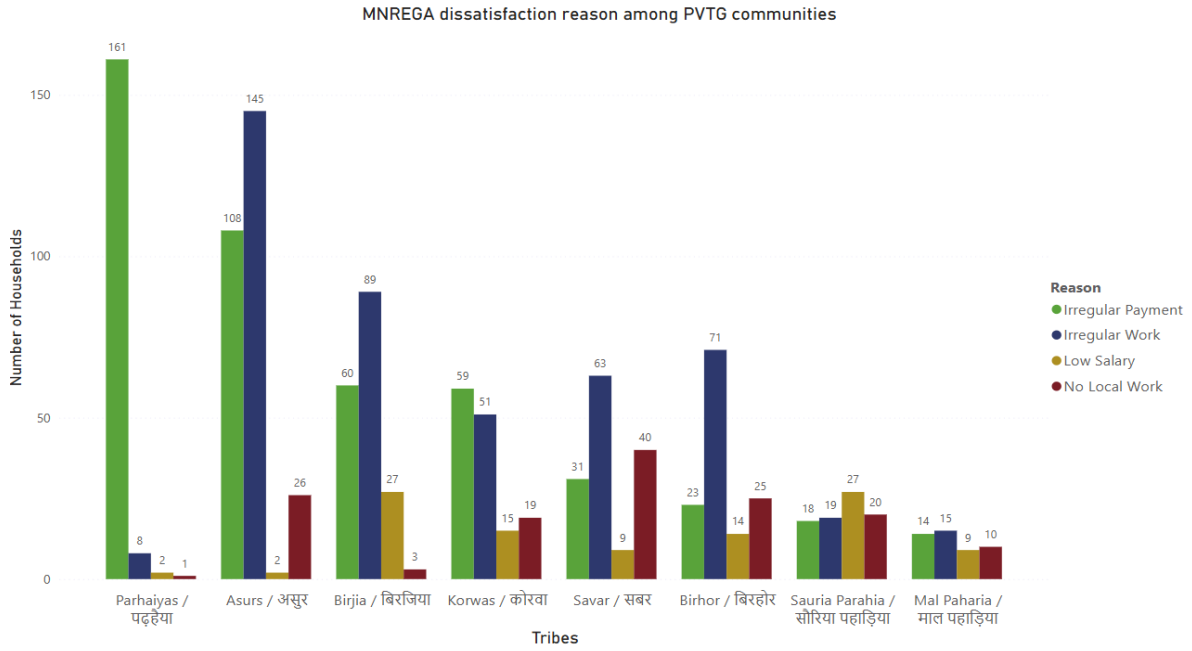


This implies that despite MNREGA's presence, over 30% of the surveyed PVTG households are still dependent on migration for livelihood, likely due to inconsistent job availability, low wages, or dissatisfaction with the scheme (as previously discussed, where 63% expressed dissatisfaction with MNREGA).

In summary, while MNREGA may be helping a majority remain in villages, the persistent rate

of migration reflects the gaps in local job security and need for more robust, timely, and fair implementation of rural employment schemes—especially for vulnerable communities like PVTGs.





The employment data from Jharkhand's Particularly Vulnerable Tribal Groups (PVTGs)

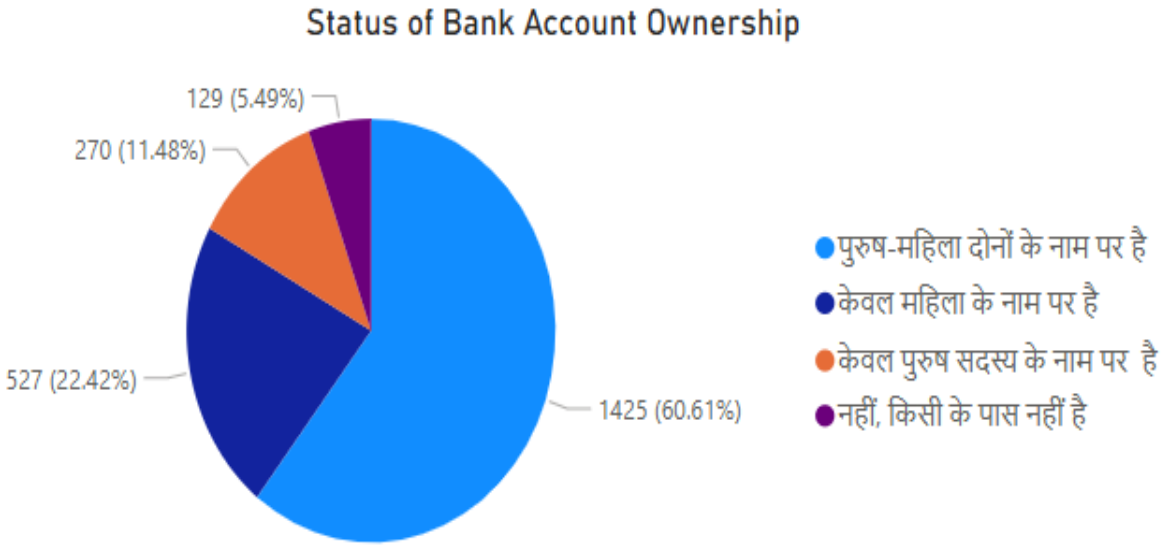
reveals a fragile and largely informal livelihood ecosystem, where economic insecurity is a defining feature of daily life. The overwhelming dependence on daily wage labor, limited engagement in agriculture or self-employment, poor access to formal jobs, and the partial effectiveness of safety nets like MNREGA, together paint a sobering picture of systemic economic marginalization. These patterns have far-reaching consequences for the well-being, empowerment, and long-term development of PVTG communities.

Chapter 7 - Financial Inclusion

The PVTG household survey reveals encouraging trends in bank account ownership, reflecting progress in financial inclusion, though certain gaps persist.

Out of 2,351 households:

- 1,425 households (61%) reported having bank accounts in the names of both male and female members, indicating a positive shift toward joint financial participation.
- 527 households (22%) had accounts only in the name of women, which is noteworthy for women's financial empowerment.
- 270 households (11.5%) had accounts solely in the name of male members, showing a more traditional ownership pattern.
- 129 households (5.5%) had no bank account at all, highlighting a small but important segment still excluded from formal banking services.

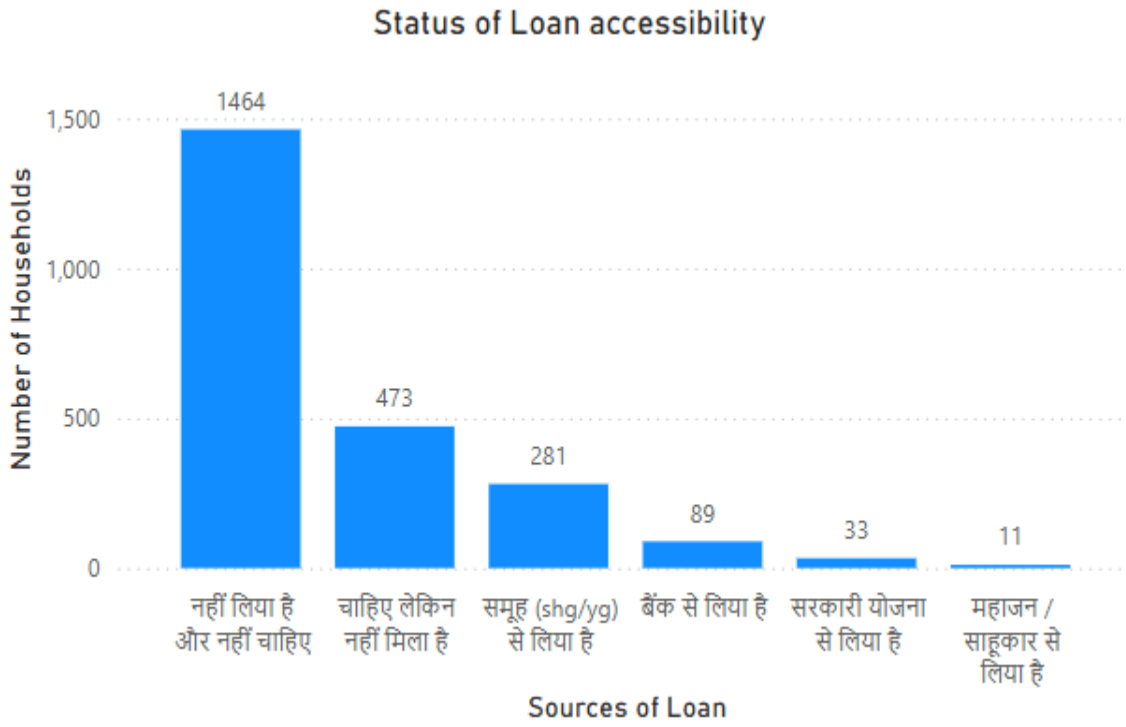


It can be observed that while a substantial majority of PVTG households are financially connected, especially with both genders represented in ownership, further outreach is needed to ensure 100% inclusion, particularly for the financially unbanked 5.5% and to encourage more individual ownership among women.

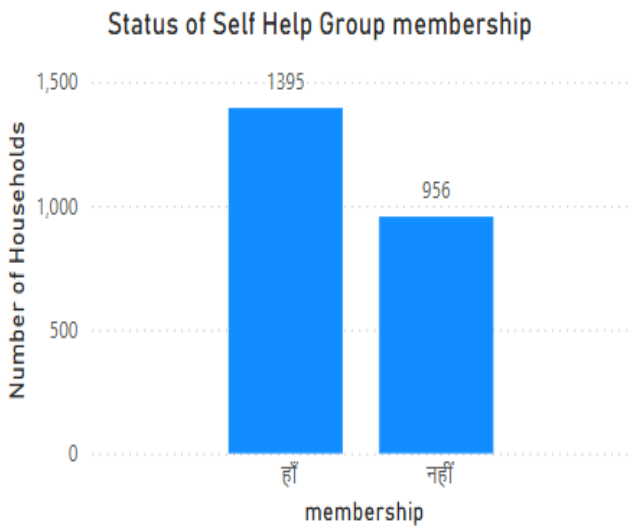
The survey data on loan availability among PVTG households reveals both low credit access and unmet financial needs.

Out of 2,351 households surveyed, a majority of 1,464 households (62%) reported that they neither took loans nor felt the need for one. However, 473 households (20%) expressed a need for loans but were unable to access them, indicating a significant unmet demand for credit. Only 89 households (4%) managed to obtain loans from banks, showing limited penetration of formal financial institutions.

281 households (12%) accessed credit through self-help groups (SHGs) or village groups, suggesting that community-based credit models are more accessible. A very small number—33 households (1%)—benefited from government loan schemes. Additionally, 11 households turned to moneylenders or sahukars, reflecting continued dependence on informal credit sources in the absence of accessible institutional loans.



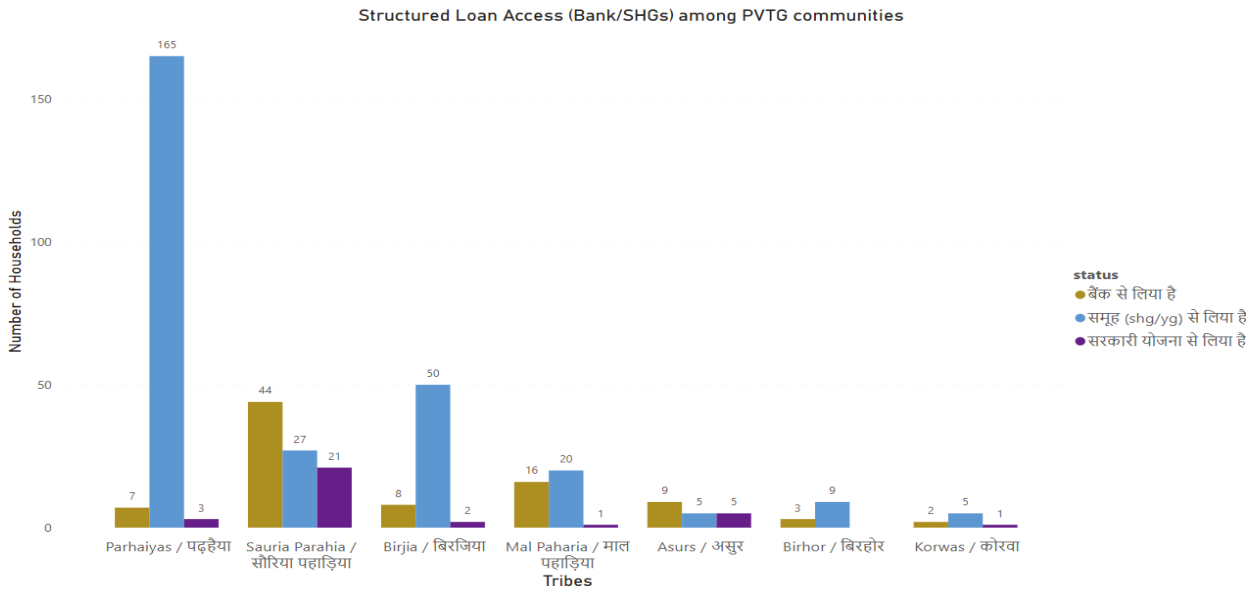
Overall, the data highlights a clear need for expanding formal and affordable credit facilities, particularly through public and community-based mechanisms, to better serve the financial requirements of PVTG households.

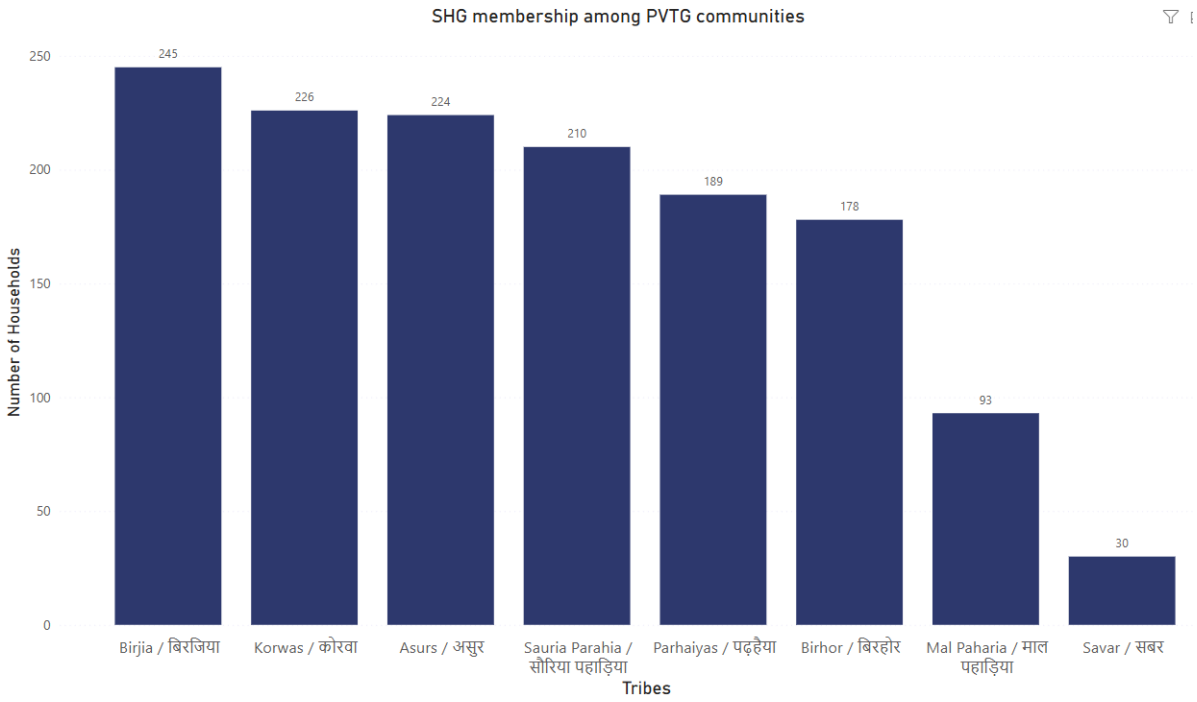


The survey data on Self Help Group (SHG) membership among PVTG households reflects a strong presence of community-based collectives in tribal regions. Out of 2,351 households surveyed, 1,395 households (around 59%) reported being associated with a Self Help Group, while 956 households (41%) were not part of any SHG.

SHGs play a crucial role in the socio-economic empowerment of PVTG communities. They not only provide a platform for collective savings and credit access, but also help promote livelihoods, financial literacy, and social solidarity. Many households access microloans through SHGs (as reflected in earlier loan data), which serve as an important alternative to formal banks and informal moneylenders. Their contribution is especially vital in regions where formal financial institutions are inaccessible or mistrusted.

The relatively high participation rate suggests that SHGs are a trusted mechanism for supporting income generation, especially for women and marginalized groups within PVTG communities. Strengthening and expanding SHG networks can be a strategic pathway to improve economic inclusion and resilience.





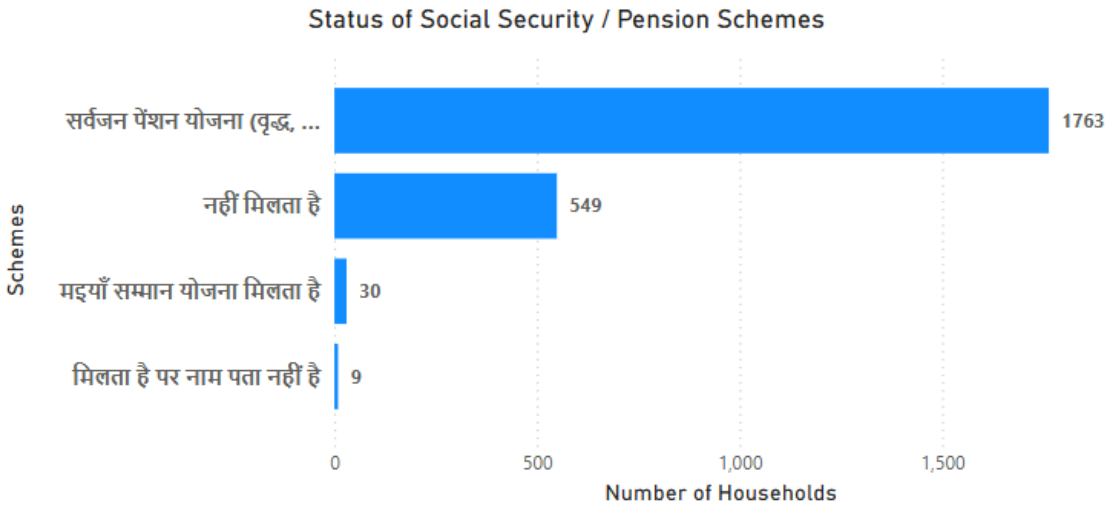
The financial inclusion data emerging from the PVTG household survey in Jharkhand points to gradual yet significant progress in formal financial connectivity among these traditionally marginalized communities. Trends such as widespread bank account ownership, notable SHG participation, and emerging access to credit reflect the positive impact of ongoing efforts in financial empowerment. However, gaps in credit access, gender disparities, and a continued reliance on informal mechanisms remain key concerns that must be addressed for holistic and inclusive financial development.

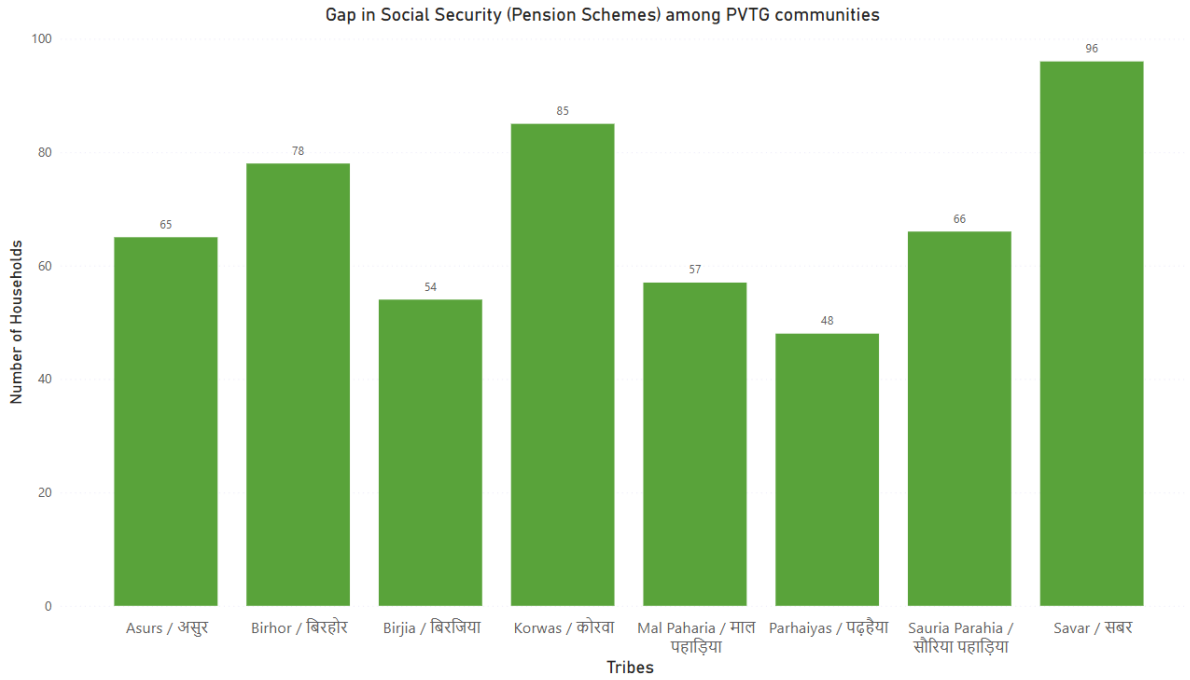
Social Security

The survey on Social Security and Pension Scheme coverage among PVTG households shows that a significant majority—1,746 out of 2,351 households (about 74%)—are availing benefits under the "Sarvajan Pension Yojana". This scheme includes pensions for the elderly, widows, persons with disabilities, members of Particularly Vulnerable Tribal Groups (PVTGs), and individuals affected by HIV/AIDS, indicating wide outreach among vulnerable segments.

However, 549 households (23%) reported not receiving any social security benefit, highlighting a considerable gap in coverage. Additionally, 30 households specifically benefit from the Maiya Samman Yojana, and 17 households receive pensions through other schemes. A small number—9 households—indicated that they receive benefits but are unaware of the scheme's name, suggesting a need for better awareness and communication.

Overall, while the majority of surveyed PVTG households are covered under pension schemes, there remains a notable share still excluded. Targeted efforts are required to bridge this gap and ensure all eligible households receive timely and appropriate social security support.





In summary, the data underscores that pension schemes are serving as a major pillar of survival and economic stability for a majority of PVTG households. Their importance is heightened in light of widespread informal employment, poor asset ownership, and social marginality.

However, the continued exclusion of nearly one-fourth of PVTG households reflects the unfinished agenda of universal coverage, aggravated by administrative barriers, lack of awareness, and program fragmentation. For a population with limited fallback options and historically denied entitlements, social security is not merely a benefit—it is a right tied to survival, dignity, and justice.

Bridging this gap will require intentional, tribal-focused reforms to deliver inclusive, transparent, and accessible welfare mechanisms—and in doing so, lay the groundwork for long-term poverty reduction and empowerment of India's most vulnerable tribal communities.

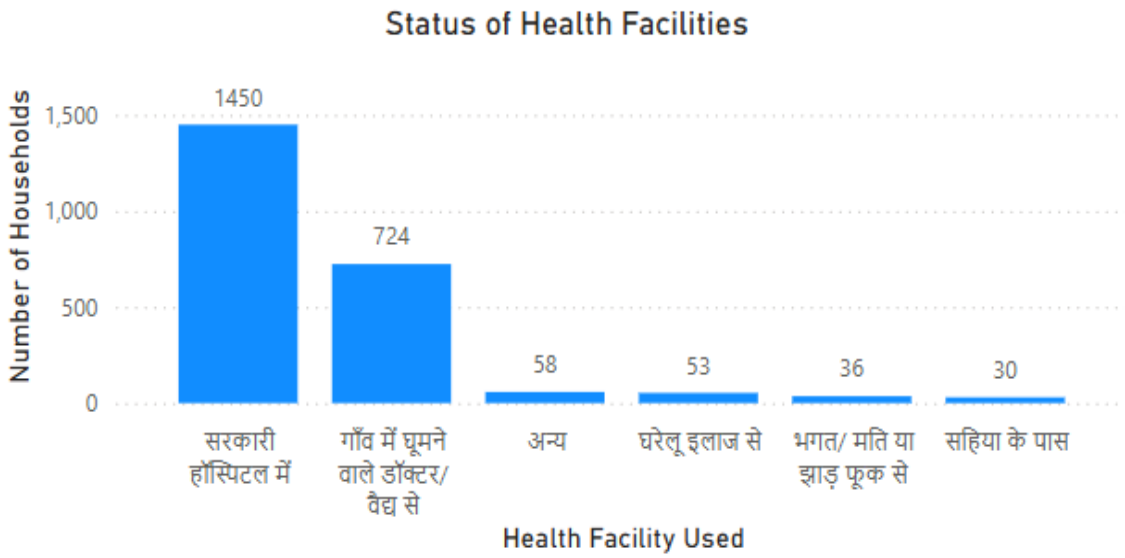
Chapter 8 - Health Care

The survey data on healthcare facilities utilized by PVTG households reveals a mixed pattern of reliance on formal and informal health systems, reflecting both access issues and traditional health-seeking behaviors.

A majority of 1,450 households (62%) primarily depend on government hospitals, indicating that public healthcare infrastructure plays a central role in catering to the medical needs of the PVTG population. However, a significant number—724 households (31%)—seek treatment from mobile village-based doctors or local vaidyas, highlighting continued reliance on informal or semi-formal practitioners, possibly due to proximity, affordability, or cultural familiarity.

Traditional practices also persist, as 36 households report using faith-based healing (Bhagat/Mati or Jhaad-Phook) and 53 households rely on home remedies, which may indicate limited trust in or access to formal health services. Only 30 households mentioned seeking help from Sahiya (ASHA workers), despite their grassroots role in health awareness and care delivery.

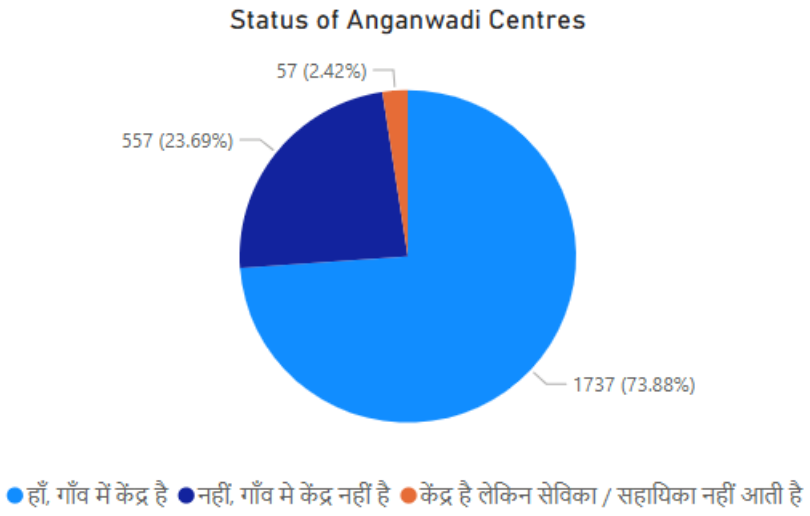
Lastly, 58 households categorized their healthcare source as “other,” which may include private clinics, NGOs, or unclassified services.



This pattern suggests that while a substantial portion of PVTG households utilize formal health services, a notable reliance on informal and traditional systems still exists. To improve

healthcare outcomes, policy measures should focus on strengthening rural outreach, building trust in modern systems, and integrating traditional practices into broader public health efforts where appropriate.

The data on the Anganwadi centres' presence among the surveyed PVTG households sheds further light on the reach and gaps in early childhood care and maternal health services in these communities.



Out of the total 2,351 households surveyed, 1,737 households (74%) reported the presence of an Anganwadi centre in their village, indicating substantial coverage of the Integrated Child Development Services (ICDS) scheme. This is promising, as Anganwadis play a critical role in delivering nutritional support, preschool education, immunization, and basic healthcare services to mothers and young children—key components in improving health and education indicators in tribal regions.

However, 557 households (24%) stated that there is no Anganwadi centre in their village, reflecting a considerable gap in access for nearly one-fourth of the population. Furthermore, 57 households (2%) reported that while the centre exists, the sevika or sahayika (workers) do not attend, suggesting issues of absenteeism and service delivery failure even where infrastructure is present.

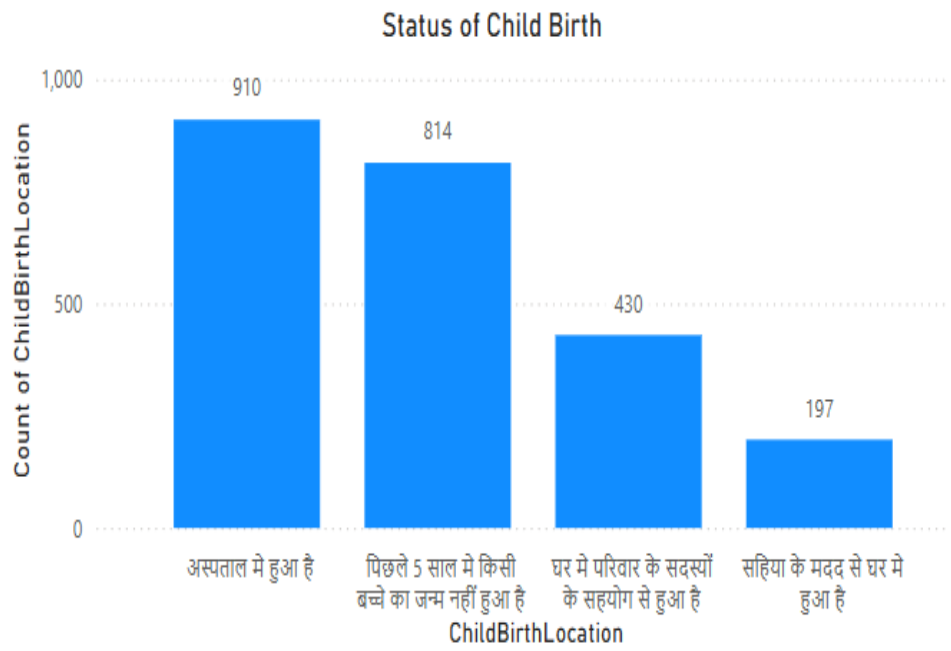
This data highlights a dual challenge: while infrastructure exists in many villages, consistent and quality service delivery remains a concern. The lack of centres in some villages and poor functioning in others can severely restrict access to crucial maternal and child health

interventions—such as antenatal care, supplementary nutrition, growth monitoring, and early learning opportunities. Strengthening the functionality, regularity, and outreach of Anganwadi centres is essential for improving health outcomes in the PVTG population and ensuring that no household is left out of the basic healthcare and nutritional safety net.

The data on childbirth locations among PVTG households highlights important trends regarding maternal healthcare access and practices:

Out of the 2,351 surveyed households, 910 households (39%) reported that childbirth occurred in a hospital, indicating a growing trend toward institutional delivery and access to formal maternal care. This is a positive indicator in terms of reducing maternal and infant mortality rates, as hospital births are generally safer and better managed medically.

However, a significant portion—627 households (27%) total)—still rely on home births, with 430 births (18%) conducted at home with family members' assistance and another 197 births (8%) aided by Sahiya (ASHA workers). These figures show that although community health workers are playing a supportive role, a large number of deliveries occur outside institutional settings, which could involve higher risk, especially in the absence of skilled birth attendants.



Overall, the data underscores that while a significant number of PVTG households have begun utilizing institutional health facilities for childbirth, a considerable reliance on home-based deliveries remains. Strengthening maternal health services, expanding outreach by community health workers, and addressing cultural or logistical barriers to hospital access are essential to further improving maternal and child health outcomes in PVTG communities.

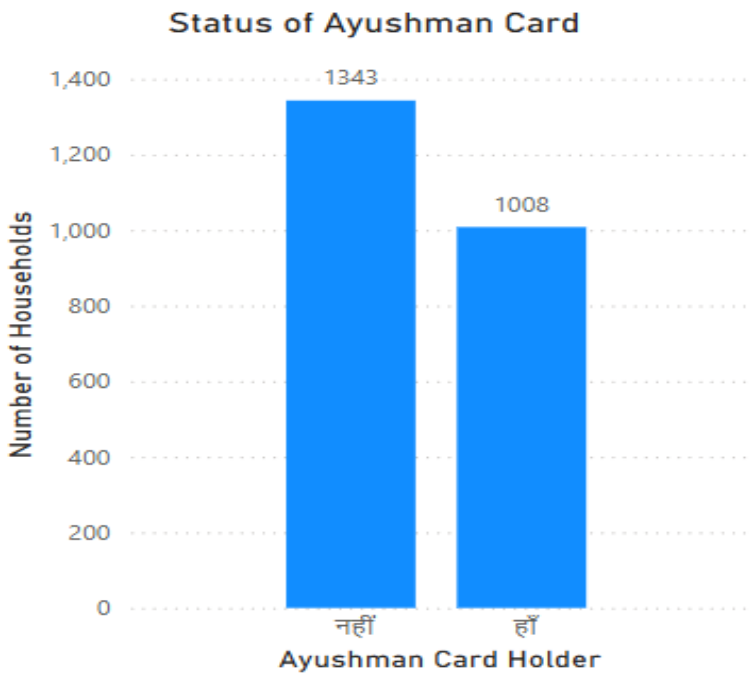
The figure presents data on the status and utilization of Ayushman Bharat cards among surveyed PVTG (Particularly Vulnerable Tribal Group) households, offering insights into both coverage and practical use of the scheme. 1343 households do not possess an Ayushman card, indicating a significant gap in coverage — more than 57% of the surveyed population lacks access to this health insurance benefit.

Among the 1008 Households having Ayushman Card, the observations on its utilization is as follows:

1. Households with Ayushman Cards but Not Utilizing Them:

- Have card but unable to avail timely benefits: 162 households This shows functional exclusion — even when cards exist, access barriers such as lack of awareness, service denial, or procedural delays prevent effective use.

- Have card but didn't need to use: 797 households, these are non-users due to lack of perceived need, not system failure. It reflects a passive inclusion, where the card exists but hasn't been tested by actual health events.

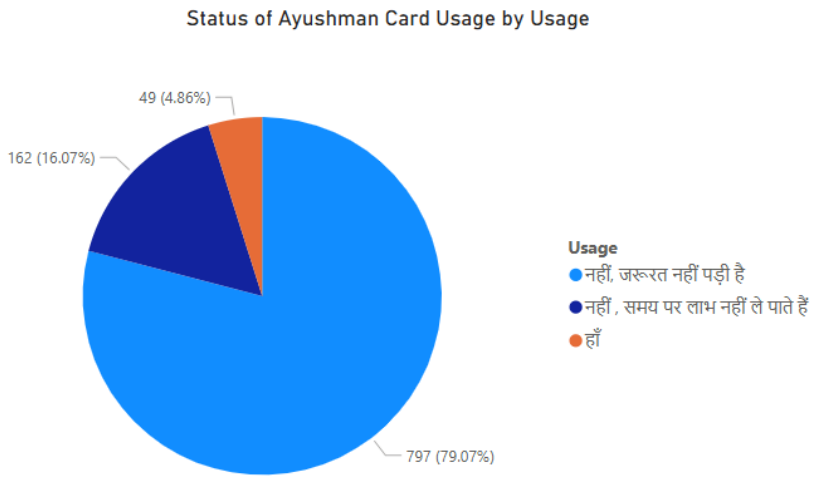


2. Households Actively Using the Ayushman Card:

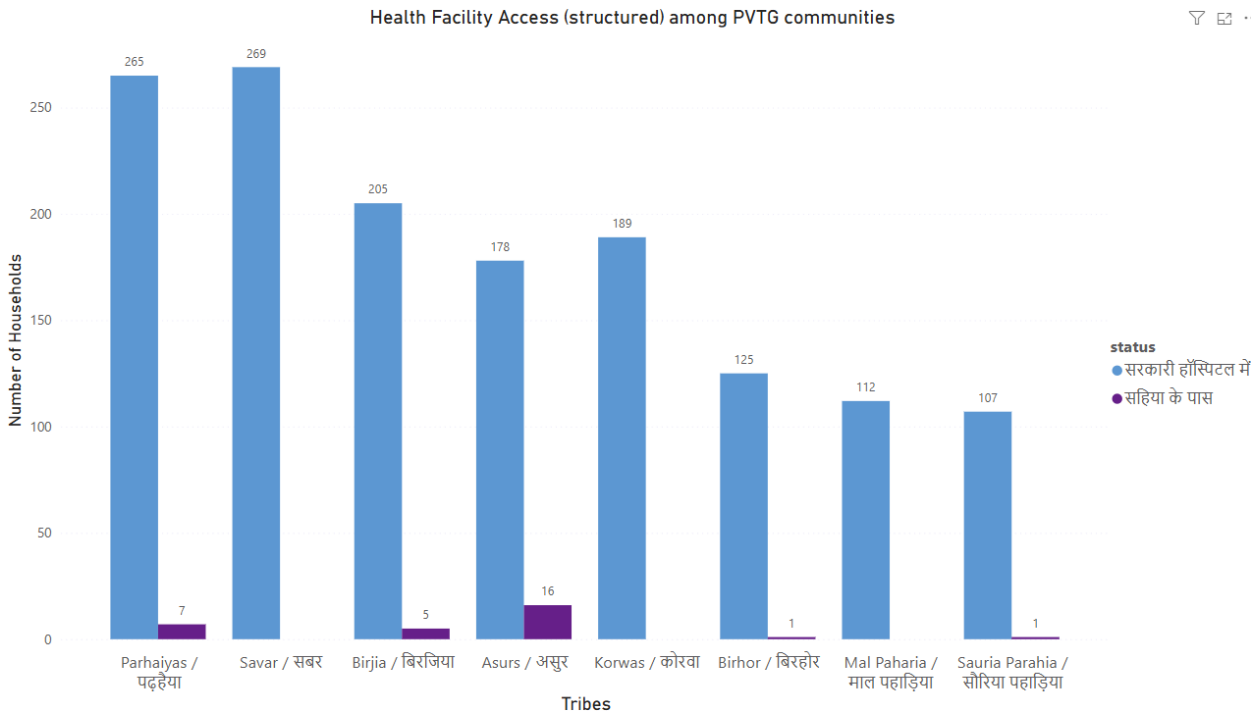
- "□□□" (Yes): 49 households

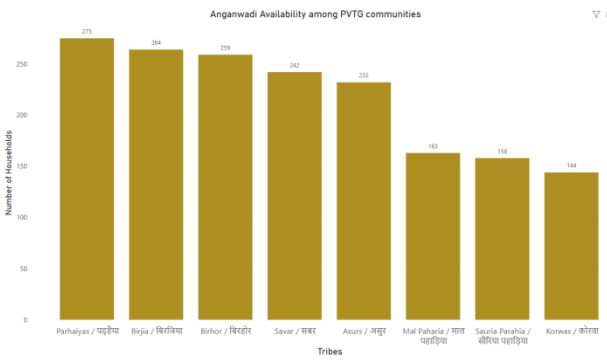
Only 2% of total households report actual use of the Ayushman card — a stark contrast to the total number covered. This indicates low real-world utilization.

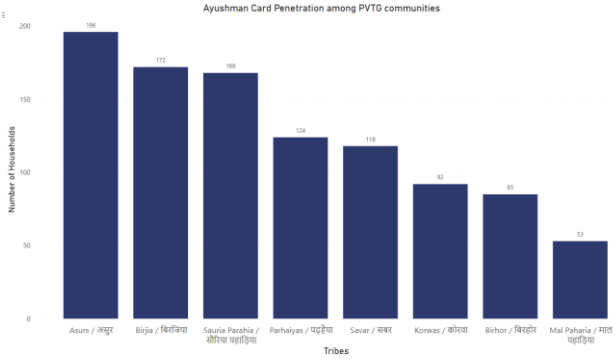
While around 1008 households report some form of card possession, actual utilization is minimal (only 49 households). A majority (at least 1343) either do not have the card or their data is missing, revealing a large segment left out of this critical health entitlement. Even among those with cards, systemic issues like delayed services prevent timely use, especially in remote PVTG areas.

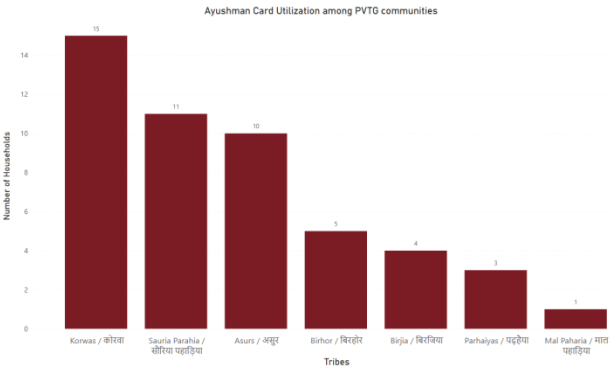


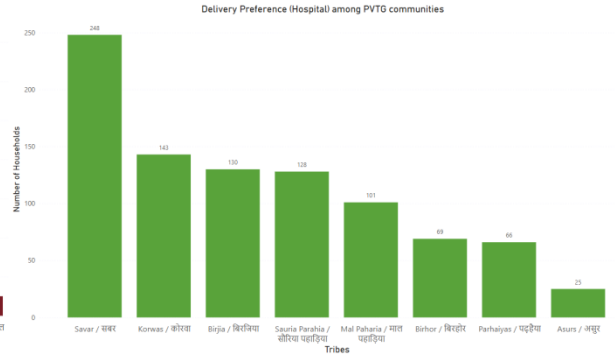
There is an urgent need for targeted outreach, streamlined procedures, and healthcare delivery reforms to improve both Ayushman card coverage and its real utilization among PVTGs. Special attention is needed to resolve implementation gaps and data clarity, ensuring that entitlement translates into actual healthcare access.









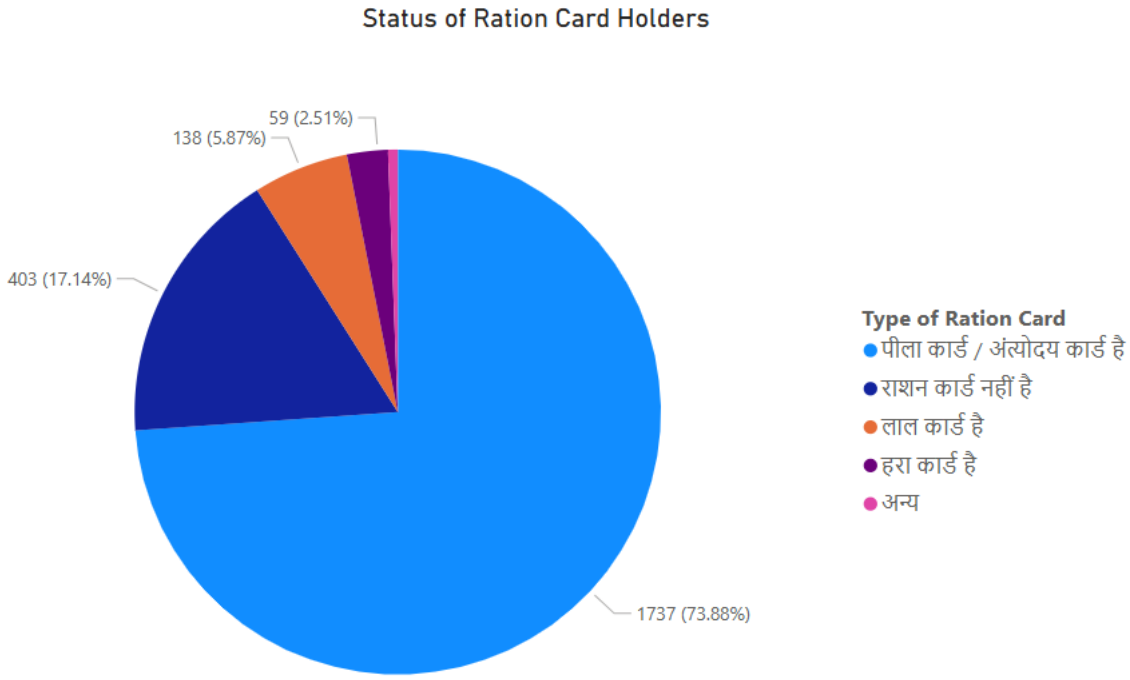


The healthcare utilization patterns and infrastructure-related data from the PVTG household survey highlight a complex intersection of availability, accessibility, and effectiveness of healthcare delivery among India's most vulnerable tribal groups. While formal systems like government hospitals, Anganwadi centres, institutional delivery services, and Ayushman

Bharat insurance cards are present to varying extents, the actual penetration, trust, and utilization of these services reveal significant systemic shortcomings and unmet health needs.

Chapter 9 - Food & Nutrition

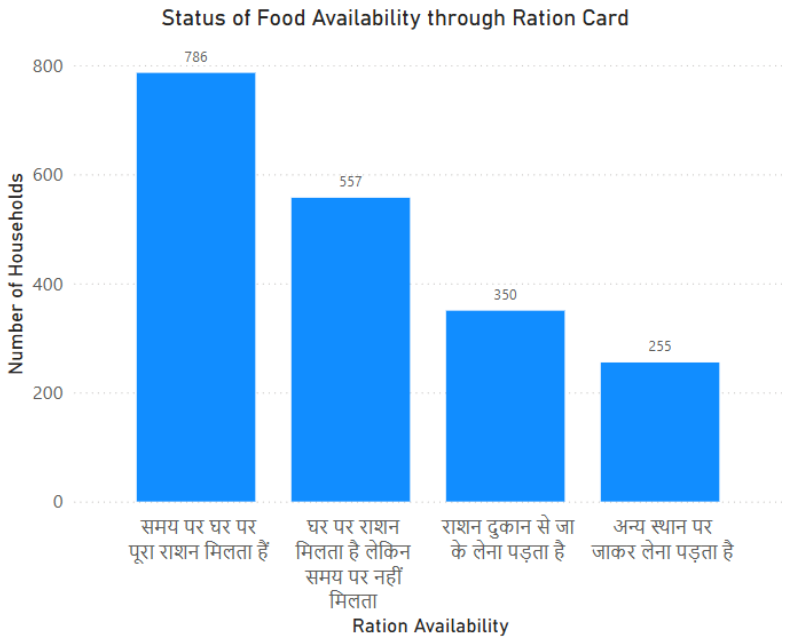
The survey provides insights into the distribution of ration card types among PVTG (Particularly Vulnerable Tribal Group) households surveyed, shedding light on the accessibility of food security schemes and inclusion in the Public Distribution System (PDS).



Among 2,351 households surveyed, 1,737 households reported ownership ofYellow Card / Antyodaya Card. This category represents the largest group, covering about 74% of surveyed households. Antyodaya cards are issued to the poorest of the poor, offering highly subsidized food grains. This indicates substantial coverage of PVTGs under the most welfare-intensive food security scheme, reflecting targeted inclusion efforts.

403 households reported No Ration Card, that means, roughly 17% of households are excluded from the PDS entirely. This is a critical gap, especially considering the vulnerability and food insecurity among PVTGs. These families likely do not receive subsidized food grains, making them more exposed to hunger and poverty.

138 households own Red Card (□□□ □□□□□) which typically belong to BPL (Below Poverty Line) families but not necessarily the poorest. These households have some access to PDS benefits, though usually less than Antyodaya beneficiaries.



59 households had Green Card (□□□ □□□□□) often denoting APL (Above Poverty Line) families, who receive limited or no subsidized rations depending on state policy. That even a few PVTG households fall under this category may suggest misclassification or changing economic circumstances. While, 14 households reported other card types, potentially reflecting data entry anomalies or awareness issues related to ration cards.

A majority of PVTG households (around 82.5%) have some form of ration card, with most (74%) holding Antyodaya cards. A notable 17% still lack ration cards, highlighting an important administrative and delivery gap.

Focus on the excluded 403 households is essential to ensure universal food security among PVTGs. Efforts should be made to update and verify household card statuses to prevent misclassification and ensure that those most in need receive the highest level of support. Strengthening the PDS infrastructure and simplifying the process for obtaining ration cards would help enhance inclusion and reduce food insecurity in remote tribal regions.

The survey data also reflects the manner and reliability with which PVTG households access ration card benefits, offering insight into both coverage effectiveness and logistical challenges within the Public Distribution System (PDS). The dataset covers 1,948 households out of the total 2,351 surveyed — presumably those who hold a ration card.

Among the beneficiaries, 786 households (40.3%) report timely and complete home delivery of

rations (□□□ □□ □□ □□ □□□□ □□□□ □□□□□ □□). This reflects the ideal functioning of the PDS in around two-fifths of ration card holders, suggesting that some areas have strong logistical implementation, possibly with doorstep delivery services.

However, 557 households (28.6%) claim that Although rations are delivered at home, delays are common (□□ □□ □□□□ □□□□□ □□ □□□□□ □□□ □□ □□□□ □□□□□). This points to systemic inefficiencies — such as irregular supply, transport issues, or administrative delays, which weaken food security despite card possession.

350 households (18%) report that they physically visit a fair price shop to collect their rations (□□□□ □□□□□ □□ □□ □□ □□□□ □□□□ □□). For remote or mobility-restricted PVTG communities, this can be a barrier to consistent access, especially in rainy seasons or forested regions. While 255 households (13.1%) travel to non-local or distant locations to obtain rations (□□□□ □□□□□ □□ □□□□ □□□□ □□□□ □□). This indicates a mismatch between ration card issuance and distribution point locations, and suggests serious geographical or administrative hurdles, likely affecting the most remote and underserved PVTG villages.

In summary, Only 40% of PVTG households with ration cards receive full rations on time at home — indicating a limited success of doorstep delivery or efficient provisioning. Nearly 60% face some form of difficulty: Delayed delivery (28.6%) Need to travel to PDS shops or distant points (31%)

Such access issues can undermine the very goal of food security programs, especially in tribal areas where mobility, transport, and literacy are often constrained. Improving reliability and timeliness of ration delivery is as important as card possession. The expansion of doorstep delivery, especially in inaccessible tribal hamlets, could significantly improve outcomes. Authorities must also address distribution network gaps, such as poorly located ration shops and supply chain delays, to ensure functional inclusion of PVTGs in the PDS.

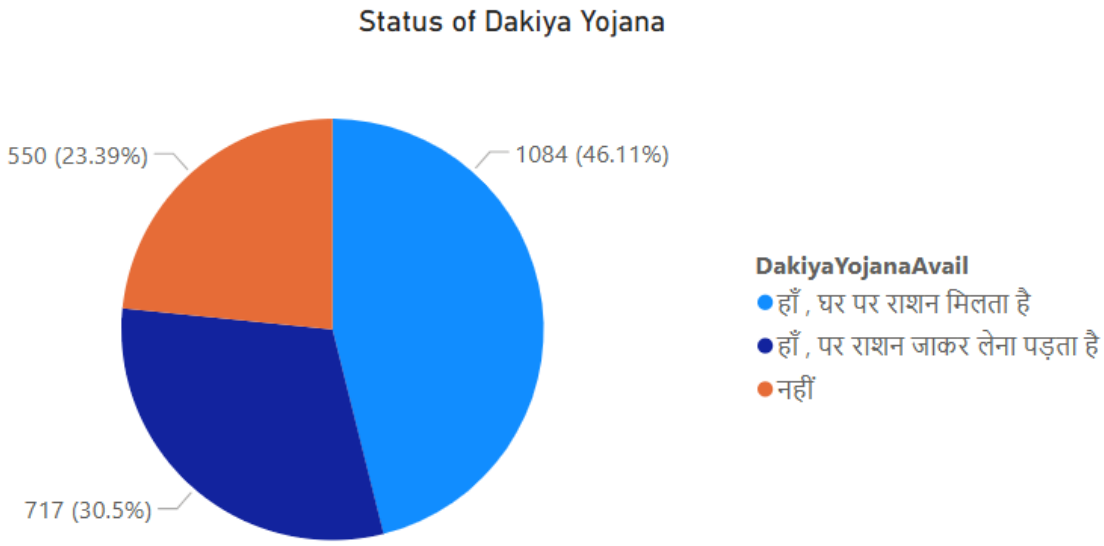
This data highlights that ration card ownership alone does not guarantee food access — practical delivery mechanisms must also be strengthened to serve the unique needs of vulnerable tribal communities.

In this context, the survey also provides valuable insights into the reach and functioning of the Dakiya Yojana, a scheme designed to deliver rations directly to the homes of Particularly

Vulnerable Tribal Group (PVTG) households. Out of the 2,351 households surveyed, 1,084 reported that they do indeed receive rations at home through the scheme. This means that about 46% of the PVTG households are experiencing the intended benefit of doorstep delivery, which is especially important in tribal areas where distance, terrain, and physical limitations often make access to ration shops difficult.

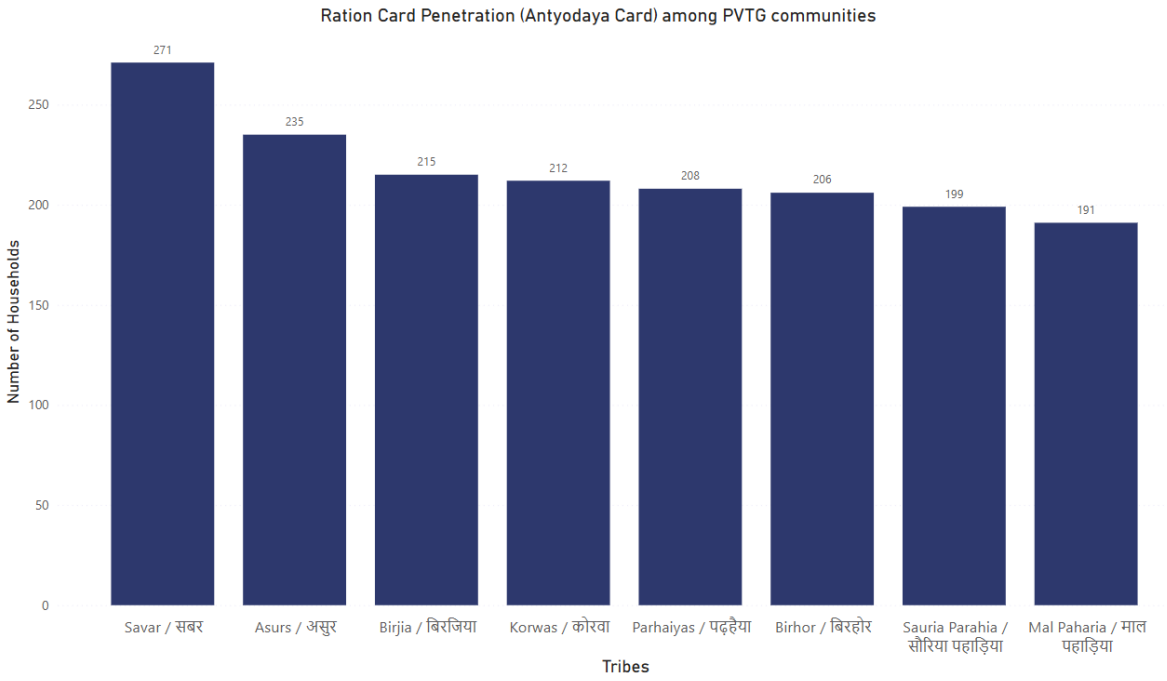
However, 717 households—around 30.5%—reported that while they are covered under the Dakiya Yojana, they still have to travel to collect their rations. This discrepancy indicates that the scheme is not being fully implemented in practice for a significant portion of beneficiaries. These households continue to face logistical challenges despite being technically enrolled in a program designed to reduce such burdens.

In addition to this, 550 households—roughly 23.4%—stated that they are not covered under the Dakiya Yojana at all. This reflects a notable gap in the scheme's outreach, especially considering that PVTG communities are the primary target group. Despite the intention of universal doorstep access, over half of the surveyed households either have to travel for rations or remain excluded from the scheme entirely.



This analysis reveals that while the Dakiya Yojana has achieved partial success in improving access to food for tribal populations, its implementation remains uneven. A substantial number of households still experience barriers that the scheme was specifically created to eliminate. To realize the full potential of the program, there is an urgent need for better last-mile delivery mechanisms, improved monitoring, and efforts to include all eligible households—ensuring

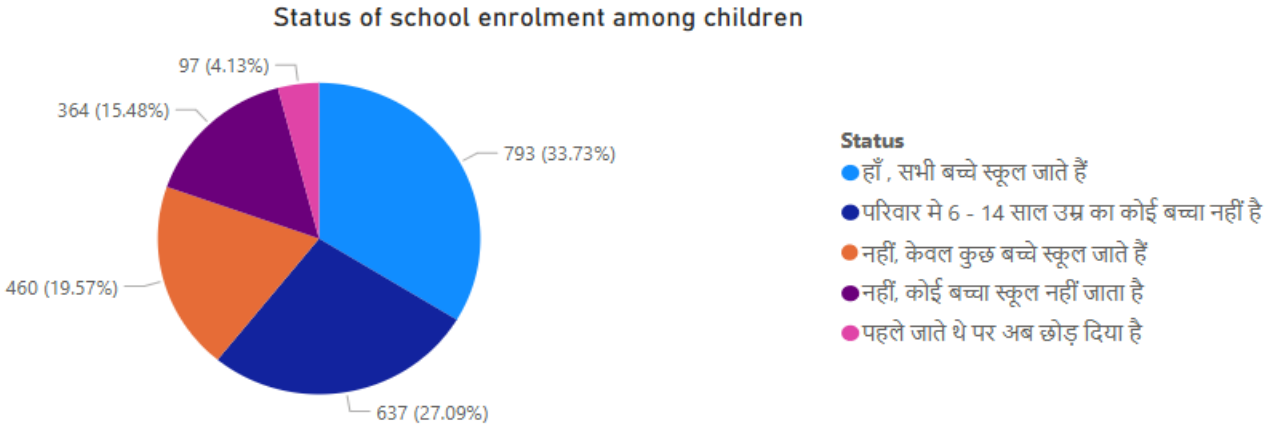
that doorstep ration delivery becomes a functional reality, not just a policy promise.



The food security data from the surveyed Particularly Vulnerable Tribal Group (PVTG) households reveals critical insights into the reach, efficacy, and limitations of government welfare initiatives aimed at eradicating hunger and ensuring equitable access to nutrition, particularly in light of Sustainable Development Goal 2 (SDG 2)—which aims to *end hunger, achieve food security and improved nutrition, and promote sustainable agriculture*.

Chapter 10 - Education

The data on school enrollment among PVTG (Particularly Vulnerable Tribal Group) households provides an important view into the educational access and participation of children, particularly those in the 6–14 age group, which is the focus of India's Right to Education Act. The survey, covering 2,351 households, reveals a mixed scenario of progress, partial inclusion, and continued educational exclusion.



Out of the total surveyed households, 793 households (33.7%) reported that all children attend school. This suggests a positive trend in school participation among a significant portion of the PVTG population, reflecting either effective outreach of government schooling programs or better community awareness about the importance of education.

However, 460 households (19.6%) stated that only some children go to school, while 364 households (15.5%) reported that no child from their family is enrolled at all. These figures highlight a considerable gap in universal school enrollment, with nearly 35% of households experiencing either partial or complete educational exclusion. These children may be missing out on foundational learning opportunities due to reasons such as poverty, remoteness, seasonal migration, or social factors like early responsibilities and gender biases.

An additional 97 households (4.1%) said that children used to go to school but have since dropped out. This points toward school retention challenges, where enrollment does not necessarily translate into sustained attendance or completion. Factors such as lack of proper school infrastructure, poor quality of teaching, distance to schools, or the need for children to contribute to family labor might be contributing to these dropouts.

Moreover, 637 households (27.1%) reported having no child aged 6 to 14 years, which is the target group for basic school enrollment. This is a demographically neutral category but is helpful in contextualizing the proportion of households that fall outside the immediate scope of education policy targeting young school-age children.

In summary, while about one-third of PVTG households show full participation in schooling, a larger segment still grapples with partial access, dropouts, or complete exclusion from the education system. These findings emphasize the need for localized, culturally sensitive, and flexible educational interventions, especially in PVTG areas where social, economic, and infrastructural barriers still impede children's right to education.

Upon further inspection of the households reporting partial or complete exclusion from education, the data on reasons for school dropout among PVTG households offers a deeper understanding of the barriers preventing sustained school attendance. It focuses on 921 households from the total surveyed population, likely those who reported that children have dropped out of school or are not attending, and highlights a mix of personal, economic, and systemic challenges.

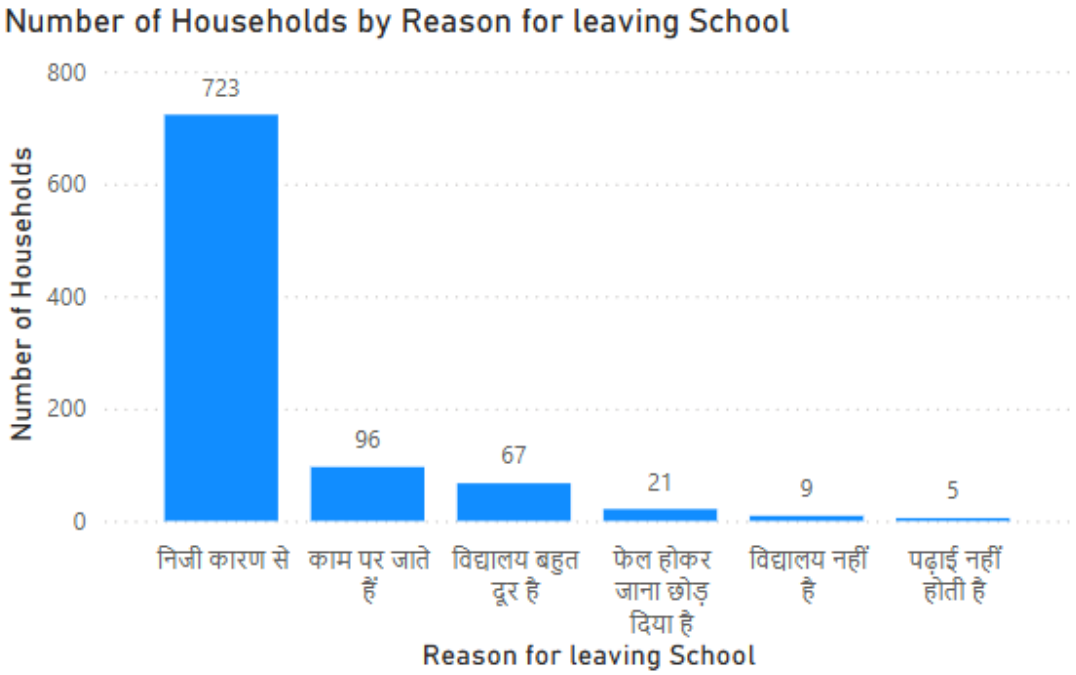
The most prominent reason, cited by 723 households (78.5%), falls under the category of "personal reasons" (□□□□ □□□□ □□). This broad and vague classification suggests that many dropouts are attributed to household-level decisions that may include factors like illness, caregiving duties, poverty, early marriage, or parental attitudes. The dominance of this response category also reflects limitations in the survey tool, which may not have allowed respondents to specify or elaborate on the personal reasons.

Another significant reason is "children go to work" (□□□ □□ □□□□ □□□), reported by 96 households (10.4%). This indicates that child labor remains a major barrier to education in PVTG communities. Economic hardship likely compels families to prioritize income generation over schooling, reflecting the deep interlinkage between poverty and educational exclusion.

Distance from school is another meaningful factor. 67 households (7.3%) reported that the school is too far, and 9 households (1%) said that there is no school in their area. These responses underline the geographical isolation of many PVTG settlements, where inadequate infrastructure or a lack of educational institutions physically prevents access to schooling. For many tribal families, even a few kilometers of difficult terrain can be a significant barrier to

regular attendance.

Other educational-system-related factors, though reported in smaller numbers, also contribute to dropouts. 21 households (2.3%) said children left school after failing, while 5 households (0.5%) noted that teaching does not happen in school. These issues reflect problems of quality and relevance in the schooling system. Repeated failure can discourage students and families, especially when academic support is lacking, and poor classroom engagement can lead to disinterest and eventual withdrawal.

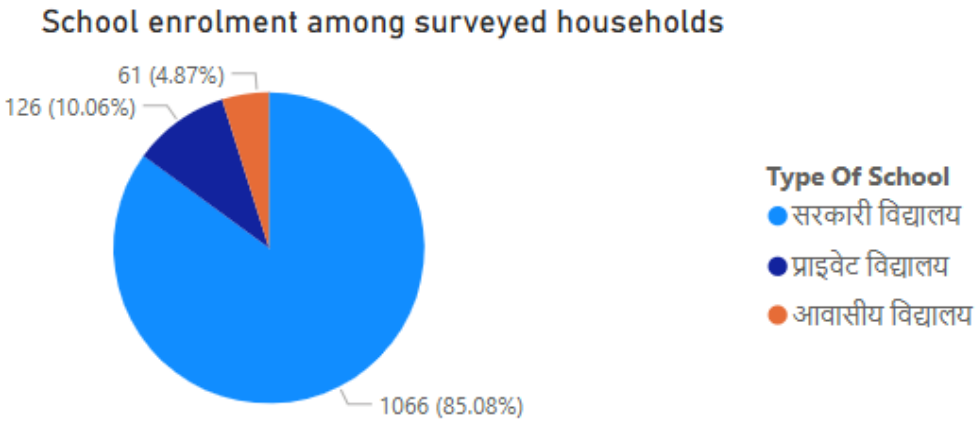


In summary, while personal and economic reasons dominate the landscape of school dropouts among PVTGs, systemic shortcomings such as distance to school, poor infrastructure, lack of quality education, and inadequate student support are also critical contributors. The data reflects that meaningful progress in education for PVTGs requires not only infrastructure expansion but also socio-economic support for families, quality improvements in teaching, and targeted programs to reduce child labor and re-engage dropouts.

The data on school preferences among surveyed PVTG households shows a strong inclination toward government schools, with 1,066 out of 1,253 households (85%) choosing them as their preferred option. This overwhelming preference likely reflects economic constraints and the availability of free education, mid-day meals, and other incentives in government institutions.

A smaller segment of households—126 (10%)—prefer private schools, possibly due to perceptions of better quality education, infrastructure, or teaching. This group may include relatively better-off PVTG families or those living closer to urban or semi-urban areas where such options are available.

Only 61 households (5%) expressed a preference for residential schools, which are designed to support children from remote and marginalized communities. The relatively low preference for residential schools might be due to limited availability, concerns about distance from family, or a lack of awareness about the facilities and benefits they offer.



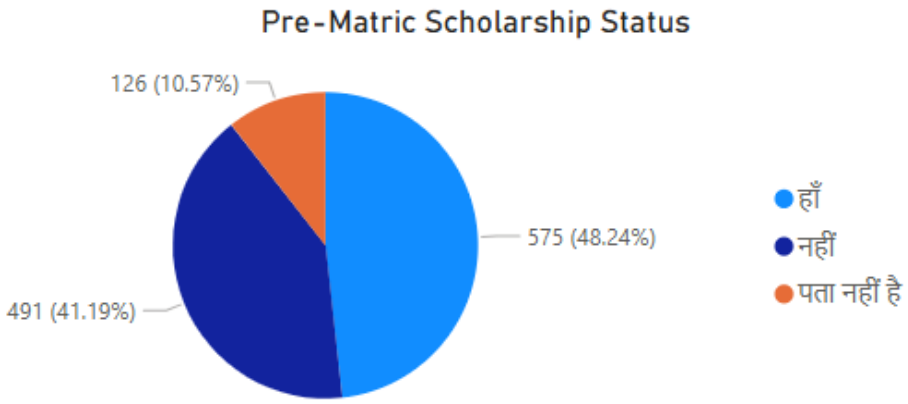
In summary, the data reveals a heavy reliance on government schooling among PVTG households, with private and residential schools playing a much smaller role. This underlines the need to strengthen the quality and accessibility of government schools while also expanding awareness and infrastructure for residential schooling options in tribal areas.

In the context of school-going children from PVTG households, the data on scholarship availability among non-residential school students reveals significant gaps in both access and awareness. Among the 1,192 households surveyed whose children attend non-residential schools, only 575 households (48.2%) reported that their children receive scholarships. This suggests that less than half of eligible students are actually benefiting from financial assistance meant to support their education.

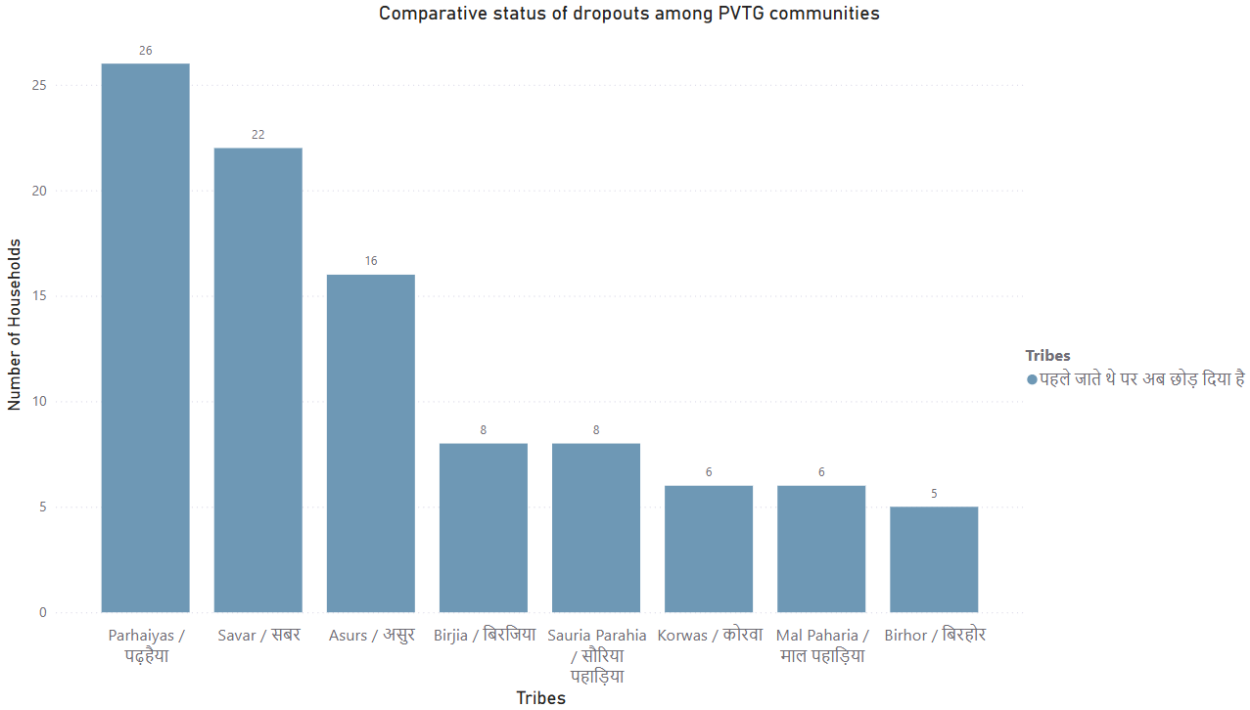
A substantial 491 households (41.2%) stated that their children do not receive any scholarship, indicating a major shortfall in coverage. This could be due to administrative delays, documentation issues, caste verification problems, or lack of proactive outreach by schools and

government departments.

Additionally, 126 households (10.6%) responded that they do not know whether their children receive a scholarship or not, pointing to a serious information gap. This lack of awareness reflects poor communication between schools and parents, as well as limited literacy and institutional engagement among PVTG communities.



In summary, although scholarships are a key tool for promoting educational inclusion, the data shows that nearly one in two non-residential school-going children from PVTG households are either excluded from or unaware of these benefits. This highlights the urgent need for streamlined processes, better community-level information dissemination, and active support in accessing entitlements, particularly in tribal and underserved areas.



The educational data from the survey of PVTG (Particularly Vulnerable Tribal Group) households presents a revealing narrative about the persistent challenges in achieving universal, equitable, and quality education for one of India's most marginalized communities. When viewed in conjunction with the outcomes of various government schemes, this data underscores both the partial success and the significant gaps in ensuring school participation, retention, and educational outcomes among PVTGs. The implications are particularly critical with respect to dropouts, lost opportunities, and the incomplete realization of government educational entitlements.

Part IV

Conclusion

Chapter 11 - Conclusion

The survey of Particularly Vulnerable Tribal Group (PVTG) households offers a comprehensive, ground-level understanding of their multidimensional deprivation across key indicators such as documentation, housing, health, education, employment, and food security. The findings reveal persistent gaps in service delivery, infrastructural access, and welfare inclusion, despite the presence of numerous government schemes. By systematically mapping the lived realities of these marginalized communities, the survey not only answers critical research questions related to exclusion and development disparity but also provides actionable insights for targeted policy interventions. Its implications are far-reaching—highlighting the urgent need for decentralized governance, context-sensitive program design, and strengthened last-mile delivery to ensure that welfare reaches those most in need. Moreover, the study lays a strong empirical foundation for future research on tribal welfare, inclusion mechanisms, and socio-economic resilience.

It has been observed that a significant number of PVTG households face documentation barriers, with only a portion possessing valid caste certificates—an essential document for accessing a range of government entitlements. The survey highlights key challenges such as lack of awareness about the application process, absence of land records, and rejection of submitted applications. These administrative and informational hurdles severely limit the ability of many PVTG families to benefit from welfare schemes, educational opportunities, and reservation policies intended to support their upliftment.

Housing:

The survey data on housing scheme access reveals a moderately positive yet uneven landscape of inclusion for Particularly Vulnerable Tribal Group (PVTG) households in Jharkhand. A majority of respondents—1,382 households or 58.78%—reported receiving homes through government housing schemes, indicating a relatively broad outreach of state and central initiatives in addressing housing needs among this historically marginalized population. However, the sizable share of 969 households (41.22%) that have not received such benefits underscores persistent gaps in coverage and delivery mechanisms.

The data points to the central role played by the Pradhan Mantri Awas Yojana (PMAY) and Birsa Awas Yojana, which together account for almost 80% of reported beneficiaries. This reflects the effectiveness of combining national-level programs with state-specific, tribal-sensitive schemes. While PMAY has the largest reach, the continued relevance of Birsa Awas Yojana, a program specifically designed for tribal communities, underscores the importance of localized strategies in addressing unique socio-cultural and land-related challenges faced by PVTGs. The emerging role of the Abua Awas Yojna, with its contribution to 12.95% of housing cases, suggests a shifting landscape of state housing priorities, especially in recent years.

Yet, the 41.22% of households who have not accessed housing benefits present a concerning picture. Among these, the most dominant response—71.17% stating they have already applied but not received benefits—highlights implementation delays and possible bottlenecks in administrative processing. This large "pending" category points to inefficiencies in the allocation, sanctioning, or construction phases of housing provision. It suggests that many PVTG families are caught in a backlog, awaiting approval or final execution despite expressing demand through formal applications.

Other exclusionary factors are rooted in documentation and eligibility issues. About 8.05% of non-beneficiaries cited a lack of necessary certificates, which reflects recurring challenges in documentation access, a systemic problem among PVTG households as evidenced by their low possession of caste and land records. Similarly, 4.02% of respondents were ineligible due to land ownership issues, a common barrier in tribal areas where land titles are often informal, communal, or disputed. These land-based constraints directly affect eligibility under housing schemes that require individual legal possession as a condition for allotment.

The 15.59% citing "other" reasons likely include a mixture of factors such as lack of awareness, out-migration, informal exclusion, or misclassification—all of which warrant further investigation. The 1.13% who indicated they already have permanent housing are a minor outlier and do not significantly affect the overall landscape of need.

In essence, the interpretation of these results reveals a mixed performance of housing interventions for PVTGs in Jharkhand. While the broad reach of flagship housing programs is encouraging, especially in terms of demand generation and policy inclusion, the significant rate of exclusions points to systemic and structural barriers that impede full coverage. These include delayed sanctioning, lack of supporting documents, land tenure complexities, and weak administrative follow-through. To address these, the state must streamline approval processes, integrate community-level outreach for documentation support, and consider flexible eligibility criteria or alternative housing models for landless tribal populations. Without such corrective measures, the goal of providing secure housing to all PVTG families will remain only partially fulfilled.

Access to housing schemes remains uneven among PVTG households. While some families benefit from government programs like the Pradhan Mantri Awas Yojana (PMAY), many still reside in kutcha or semi-permanent structures. Structural vulnerability due to poor housing quality persists, particularly in remote areas, highlighting the need for expanding housing scheme coverage and ensuring last-mile delivery of housing assistance.

Sanitation Coverage

The survey findings on sanitation coverage under the Swachh Bharat Mission (SBM) among Particularly Vulnerable Tribal Groups (PVTGs) in Jharkhand reveal a deeply concerning scenario, marked by low coverage, implementation delays, infrastructure failure, and behavioral challenges. Despite SBM's national prominence and its mission to achieve universal sanitation, only 33.51% of the surveyed 2,351 PVTG households reported receiving toilets under the scheme. This leaves two-thirds (66.49%) of the population still excluded, pointing to significant inclusion failures in reaching the state's most marginalized tribal communities.

A major implication of this is that open defecation likely remains the norm in many PVTG settlements, undermining public health, sanitation dignity, and the core goals of SBM. The primary reason behind non-coverage—pending applications (63.54%)—indicates that demand for sanitation exists, but the system is failing to meet it. This suggests a need to urgently clear administrative backlogs, improve processing times, and ensure follow-through on existing applications.

In addition to procedural delays, documentation-related exclusion (reported by over 9% of non-recipient households) reveals a deeper structural issue. The dependence on formal documents for eligibility—such as land ownership or residence proofs—disadvantages tribal populations who often lack these due to historical neglect, oral traditions of landholding, or displacement. Similarly, landlessness and homelessness, affecting over 5% of households, present a fundamental barrier to toilet eligibility, demanding policy innovation for mobile, community, or cluster sanitation units that do not rely on individual land tenure.

The data also signals sociocultural dimensions of exclusion. A subset of households (around 1%) explicitly expressed discomfort or resistance to using toilets, pointing to cultural inertia and entrenched behavior patterns. This necessitates not just infrastructure but targeted behavior change communication (BCC) adapted to the beliefs, practices, and social fabric of PVTG communities.

More troubling are the findings on the usability and sustainability of toilets provided. Among the 788 households that received toilets, a striking 77.02% (607 households) reported not using them. The most common reason—non-functional toilets (62.28%)—exposes the poor

quality of construction and lack of post-construction support. This suggests that scheme implementation has prioritized numbers over functionality, leading to wastage of public funds and missed developmental outcomes. Additionally, water scarcity (cited in over 28% of cases), absence of maintenance, and structural flaws such as distance, lighting issues, and unfinished construction further diminish usability.

This failure of constructed toilets to serve their intended purpose has serious implications. It reflects a sanitation model that is infrastructure-centric but not service-oriented, lacking the necessary ecosystem—water availability, repair mechanisms, monitoring, and community engagement—that ensures long-term utility. It also raises concerns about monitoring and reporting mechanisms, as official records may reflect toilet construction without verifying usage or quality.

The survey also underscores the interconnectedness of multiple deprivations. Households excluded from sanitation are often the same ones lacking land records, water access, caste certificates, and housing—creating cumulative vulnerabilities that compound exclusion. For PVTGs, such exclusions are not incidental but systemic, requiring a multi-sectoral and integrated approach to rural development.

In summary, the implications of these findings are:

1. Administrative Reforms Needed: Improve approval rates, decentralize application processing, and reduce documentation requirements to fast-track pending toilet construction.
2. Infrastructure Plus Approach: Move beyond building toilets to ensuring they are functional, water-accessible, and maintained post-construction.
3. Water-Sanitation Integration: Ensure water availability is built into sanitation planning, particularly in water-stressed tribal regions.
4. Behavioral Interventions: Implement culturally sensitive BCC programs tailored for PVTGs to shift attitudes and normalize toilet use.
5. Alternative Models: Innovate with mobile toilets, shared facilities, or cluster sanitation units for landless or non-titled households.
6. Stronger Monitoring: Shift focus from construction counts to usage audits and quality assessments to prevent infrastructure decay.

Unless these issues are urgently addressed, SBM risks becoming symbolic rather than transformative for Jharkhand's PVTGs. True sanitation equity requires policy flexibility, cultural sensitivity, and institutional accountability, ensuring that even the most excluded communities gain access to safe, usable, and dignified sanitation facilities.

The survey shows a mixed scenario for sanitation access. A significant number of households continue to rely on open defecation due to the absence of household toilets or non-functional facilities. Despite the efforts under the Swachh Bharat Mission, gaps in infrastructure maintenance and behavioral change communication remain. Strengthening follow-up measures and community engagement is essential to improve sanitation outcomes.

Electrification:

While the presence of formal electrification in nearly half the households suggests that government-led rural electrification efforts are making inroads, the fact that over 51% of households either lack a meter or have no electricity at all paints a more sobering reality. 481 households (20.46%) reported electricity without a meter—suggesting informal, possibly unauthorized, or incomplete connections. These connections likely lack billing clarity, legal security, and maintenance support, which compromises the reliability, safety, and sustainability of electricity use.

Even more concerning is that 720 households (30.61%)—almost one in three—have no access to electricity whatsoever. This stark energy deficit has severe implications for PVTG communities, limiting access to lighting, education (especially for children after dark), health services (cold storage for vaccines, night-time services), livelihoods (small machinery or tools), and information technology (TV, mobile charging, etc.). For Jharkhand's PVTGs, who already face compounded disadvantages, the absence of electricity deepens social, digital, and economic exclusion.

Among the 1,150 households with formal meter-based connections, the uptake of the 200-unit free electricity scheme is notably high: 913 households (79.39%) confirmed they were receiving the benefit. This reflects strong implementation and reach of the subsidy among connected and eligible households, likely improving affordability and ensuring sustained usage.

However, the data also reveals important awareness and inclusion gaps:

- 204 households (17.74%) reported not knowing whether they receive the benefit or not. This suggests poor communication, inadequate consumer education, and possible transparency issues in billing or metering. Households unaware of their entitlements may not be in a position to question overcharges, identify discrepancies, or ensure continued enrollment in the scheme.
- 33 households (2.87%), despite having the required infrastructure, explicitly reported not receiving the free electricity benefit. These could represent cases of administrative lapses, exclusion errors, or misclassification. For marginalized communities like PVTGs, even minor administrative hurdles can result in long-term exclusion, given low literacy and limited institutional access.

The survey underscores the need to transition from partial to universal electrification, where every household not only has electricity but also enjoys formal, metered, and subsidized access. Informal connections must be regularized through targeted infrastructure upgrades, outreach, and policy support. For the 30% still completely disconnected, tailored electrification strategies—such as solar microgrids, decentralized renewable systems, or mobile power banks—could provide interim or alternative solutions, especially in hard-to-reach or forested areas.

Electricity is not just a utility—it is a gateway to inclusion. Lack of power impedes children's learning, women's safety and health, household productivity, and access to digital governance services. Electrification is also essential for public infrastructure in villages—schools, health centers, community halls—which serve collective needs. Hence, PVTG settlements left out of electrification are structurally cut off from the benefits of modern development.

In conclusion, the electrification data highlights both encouraging progress and significant deficits. While many PVTG households are benefitting from formal electrification and subsidy schemes, a substantial proportion remain unconnected or poorly informed, risking continued marginalization. Bridging this gap demands not just infrastructure but inclusive governance, proactive outreach, and integrated planning to ensure that electricity becomes a universal enabler of dignity, development, and opportunity among PVTG communities in Jharkhand.

Drinking Water:

Access to clean drinking water is a basic human right and a cornerstone of public health. Among Jharkhand's PVTG households, the current status reflects a patchy and inadequate realization of this right, marked by reliance on unsafe sources, infrastructure gaps, and inconsistent service delivery. While programs like Har Ghar Nal Yojana and solar systems show clear potential, their effectiveness is undermined by fragmentation, insufficient last-mile outreach, and lack of institutional coordination.

To achieve universal water security in tribal areas, what is needed is not just more infrastructure, but a context-sensitive, inclusive, and accountable system that places the unique realities of PVTG communities at the center of policy and planning. The long-term well-being, dignity, and development of these communities hinge upon making safe and adequate water a guaranteed and sustainable reality.

Access to safe drinking water is still inadequate for many PVTG households. A considerable number rely on unprotected water sources like streams or wells, increasing the risk of waterborne diseases. While some areas benefit from piped or handpump-based supply systems, sustained investment in water infrastructure and maintenance is needed to ensure universal access.

The data shows that a majority of households still rely on traditional sources such as *Chuã / Dandi / Dobha* (14.76%), *handpumps* (20.67%), and *open wells* (20%). While some of these may provide short-term relief, they pose serious long-term health risks due to contamination, lack of treatment, and seasonal depletion. Open wells and shallow surface sources are particularly vulnerable to bacterial and chemical pollution, contributing to the high incidence of waterborne diseases such as diarrhea, typhoid, and skin infections among tribal populations.

This dependence on multiple sources—often used interchangeably—reflects the inconsistency and fragility of existing water infrastructure, forcing households to fall back on whatever is available at a given time. The reality is that for many PVTG communities, safe water access is neither secure nor sustainable, and often hinges on fluctuating environmental and infrastructural conditions.

Limited Penetration of Piped Water and Scheme Gaps poses significant challenges among the surveyed households. Only 130 households (5.5%) have direct access to tap water, and 289 out of 445 households with in-premise sources (64.94%) are beneficiaries of the *Har Ghar Nal Yojana*. This highlights moderate but incomplete outreach of the Jal Jeevan Mission (JJM) in PVTG areas. That over one-third (35.06%) of households with water sources inside the house remain outside the scheme's ambit raises concerns about exclusion due to documentation issues, lack of awareness, or implementation lapses.

This also signals a missed opportunity, as households already having in-premise access are well-placed to be early and effective adopters of piped water, if linked to formal schemes. Bridging this coverage gap is not just about new infrastructure, but also about mapping and onboarding existing informal users into the formal service network.

Although 62.81% of households have water sources within 100 meters or at home, a significant 37.22% must walk more than 100 meters—often exceeding 1 km—to fetch water. This physical burden disproportionately affects women and children, who are traditionally responsible for water collection in tribal households. Long water-fetching routes reduce time available for education, childcare, rest, and economic activities, thereby perpetuating cycles of gendered labor and exclusion.

Moreover, traveling long distances in forested or isolated regions poses safety risks and increases vulnerability to wildlife encounters, physical injuries, or exploitation.

However, the emergence of Solar-based systems offers hope. The relatively high use of solar-powered water systems (Solar Jal Minar), reported by 19.4% of households, marks a positive shift toward decentralized, sustainable solutions. These systems, especially in off-grid or remote tribal areas, are well-suited to local conditions and offer potential for safe water delivery with minimal carbon footprint. However, their long-term effectiveness depends on maintenance, spare parts availability, and community ownership—areas that still need stronger institutional support.

Thus, while solar infrastructure is a promising development, scaling up requires not just installation but capacity-building, training of local technicians, and budgetary allocations for O&M (operation and maintenance).

Cooking Fuel:

The data clearly establishes that Jharkhand's PVTG communities remain at the margins of India's energy transition. While schemes like Ujjwala have made inroads elsewhere, their limited and often unsustainable impact in tribal areas highlights the structural neglect, logistical barriers, and socio-cultural mismatches in clean energy policy.

To ensure energy justice, interventions must go beyond the provision of gas connections. They must address affordability, supply reliability, gender equity, forest sustainability, and cultural acceptance, tailored specifically to the needs of remote and vulnerable communities. Only then can cooking become a safe, dignified, and healthy daily act, rather than a source of drudgery, disease, and ecological loss.

Traditional fuel use remains predominant among PVTG households, with many still dependent on firewood. Despite the Ujjwala Yojana's outreach, uptake of LPG has been limited. Key reasons include lack of supply access, affordability issues, and limited awareness. Expansion of clean fuel access, along with subsidy support and regular supply, is crucial to reduce health hazards and environmental degradation.

Extreme Dependence on Biomass Reflects Energy Poverty. Over 90% of households rely solely on traditional biomass—*wood and dry leaves*—as their main cooking fuel, with 93% using it either exclusively or in combination. This indicates a chronic lack of access to modern, clean cooking fuels, and suggests that PVTG households are still trapped in a subsistence-based energy ecosystem, heavily dependent on forests.

Such widespread reliance on biomass has serious health consequences, especially due to indoor air pollution. Women and children, who typically spend long hours near the cooking area, are particularly vulnerable to respiratory illnesses, eye problems, and long-term exposure to particulate matter. The situation also points to a larger failure of energy inclusion, where national programs have not sufficiently reached the most disadvantaged segments.

Dependence on Biomass also leads to Environmental Degradation and Forest Stress. The data confirms that forest resources continue to serve as the primary energy source for most PVTG households. This unsustainable extraction of firewood contributes to deforestation, biodiversity loss, and environmental degradation in ecologically fragile areas—many of which

are already under pressure due to shifting cultivation, erratic monsoons, or mining activities.

Continued biomass use creates a feedback loop: degraded forests reduce wood availability, forcing households to spend more time collecting fuel, thereby increasing drudgery and potentially intensifying forest exploitation. This is especially critical in the context of PVTGs, who are not only dependents of forest ecosystems but also custodians of ecological knowledge and biodiversity.

The *Ujjwala Yojana*, despite its national prominence, has made limited inroads into the PVTG population:

- Only 299 households (13%) actively use LPG under the scheme.
- A significant 43% are aware but not enrolled, pointing to either bureaucratic hurdles, affordability issues, or mismatch in eligibility documentation.
- 23% are completely unaware of the scheme, revealing a major outreach and communication failure.
- An additional 12% discontinued usage due to cost or supply-chain failures, while 9% do not receive gas cylinder delivery at all, exposing severe logistical and infrastructural constraints in remote tribal belts.

These numbers underscore a systemic breakdown in both inclusion and retention. It's not just about providing a connection; ensuring continued use through affordable refills, reliable delivery, and community engagement is crucial.

Many households using LPG still combine it with wood or kerosene—a coping strategy reflecting either irregular supply, cost barriers, or entrenched cooking habits. Mixed usage reflects that even when LPG is present, it is not the primary or exclusive fuel. This hybrid dependence undermines the health and environmental benefits of clean cooking initiatives and suggests a lack of confidence or sustainability in LPG use.

This "fuel stacking" also points to behavioral dimensions of fuel choice: deep-seated cooking traditions (like slow-cooking or large family meals), taste preferences, and lack of confidence in LPG safety may also influence continued use of wood, even when alternatives exist.

The dependence on biomass translates directly into increased time, effort, and physical strain for women and girls, who are typically tasked with collecting fuel wood. This drudgery not only

poses physical risks (from injuries, animal attacks, or long walks in remote terrains) but also deprives them of time for education, income-generating work, rest, or childcare. Energy poverty thus perpetuates gendered social inequalities, reinforcing the cycle of marginalization among tribal women.

The implications of this data call for a paradigm shift in how clean cooking initiatives are designed and implemented for tribal communities:

- Strengthen last-mile delivery systems for LPG cylinders, including mobile refill vans, community distribution points, and subsidized doorstep delivery.
- Revise affordability models, including higher subsidies for refills, free refills for the first year, or community-based LPG kitchens to reduce per capita costs.
- Localize communication strategies in tribal languages and culturally sensitive formats to raise awareness and promote behavior change.
- Build community-based fuel cooperatives to share clean fuel access and reduce individual cost burdens.
- Promote alternate clean fuel models such as biogas, ethanol-based stoves, or electric cooking (with solar microgrids) for areas unsuitable for LPG distribution.
- Integrate fuel access into forest conservation and women's empowerment programs, ensuring that energy security becomes part of broader rural development missions.

Road Connectivity:

In PVTG regions, road connectivity is not just infrastructure—it is access to life, dignity, and opportunity. The survey findings clearly indicate that despite partial progress, a significant number of households remain physically, economically, and institutionally excluded. Bridging this connectivity gap is foundational to realizing the rights, entitlements, and aspirations of India's most vulnerable tribal populations.

For inclusive development to be meaningful, roads must lead not just to villages but into the daily lives of those historically left behind. Ensuring full road connectivity in tribal belts is thus both an infrastructural and justice imperative.

Connectivity to main roads is limited in many PVTG habitations. A large segment of villages are connected only by kutcha roads or face disconnection during monsoon due to poor road conditions. This severely impacts access to markets, health services, and schools. Investments in all-weather road infrastructure are necessary to improve mobility and service delivery.

The fact that 1,175 households (50%) have access to a *pucca* (permanent) road is encouraging—it suggests that some degree of infrastructure penetration has occurred, potentially as a result of flagship rural development schemes like *Pradhan Mantri Gram Sadak Yojana* (PMGSY). These households are likely better positioned in terms of mobility, access to markets, healthcare, schools, and welfare delivery.

However, the remaining 1,176 households (50%) either rely on kaccha (unmetalled) roads (888 households), suffer seasonal cut-offs (119 households), or are completely unconnected (169 households). This stark divide creates spatial inequality, exacerbating the vulnerability of already marginalized tribal populations.

Moreover, Jharkhand experiences intense monsoons, and in hilly or forested areas where PVTGs predominantly live, even basic roads are prone to erosion, flooding, and landslides. The 119 households (5%) that experience *seasonal disconnection* face unique challenges—during the rainy season, ambulances cannot reach them, ration delivery is disrupted, and children may drop out of school. These households often live in *administratively "connected" villages* but experience functional disconnection during critical months.

This seasonal vulnerability has life-threatening implications. Pregnant women, elderly, and the sick cannot be transported in emergencies. Government programs like PDS, Mid-Day Meals, ICDS, or even basic immunization drives may be paused due to inaccessibility.

The 169 households (7%) reporting *no direct road access* represent some of the most isolated and disadvantaged groups. These settlements are likely located in forested interiors, hill slopes, or riverine belts, and often require long treks or boat rides to reach the nearest road head. For these communities, the lack of road access is not just a logistical issue—it is a barrier to citizenship.

These areas often do not receive timely government services, and their residents may lack proper documentation, miss out on schemes, or be excluded from disaster relief. Physical isolation directly translates into administrative invisibility and policy neglect.

Poor or absent road connectivity severely limits the ability of PVTG households to sell forest produce, reach local markets, or migrate for labor. Women and youth cannot take up vocational training or attend distant high schools or colleges. Goods cost more due to high transportation costs, and health or agricultural inputs often arrive late, if at all.

This lack of connectivity acts as a structural constraint on upward mobility and reinforces economic backwardness, particularly in communities that are otherwise rich in natural resources but cut off from market value chains.

For women and girls, poor connectivity means long walks to fetch water, firewood, or healthcare. Menstrual hygiene products, essential medicines, and access to safe childbirth facilities remain distant luxuries. Girls may drop out of school early, especially if secondary education is located far away.

Children face similar barriers in accessing schools, mid-day meals, or sports and cultural opportunities. Over time, this spatial exclusion results in educational deficits and social isolation that perpetuate cycles of deprivation across generations.

The programmatic & policy implications of this data must inform targeted road infrastructure planning for PVTG habitations. Key interventions include:

- Prioritized inclusion of unconnected tribal villages under PMGSY, including use of geo-tagging and drone surveys to verify remote habitations.
- Construction of all-weather, climate-resilient roads using modern technologies like plastic-bitumen mixes or concrete for hilly and flood-prone zones.
- Seasonal road maintenance plans and contingency evacuation routes for monsoon months, especially for habitations already identified as seasonally disconnected.
- Special mobility grants or logistic support for PVTG students, pregnant women, and the elderly.
- Rural transport services (like e-rickshaws or public vans) to connect tribal settlements to nearby health centers, markets, and block headquarters.

Employment and Livelihoods:

The employment profile of Jharkhand's PVTG households reflects deep-rooted structural exclusion from the formal economy and continued reliance on informal, seasonal, and precarious work. While MNREGA provides partial relief, its patchy implementation and low wage rates make it insufficient to absorb the rural workforce sustainably.

Ensuring meaningful employment and income security for PVTGs requires a rights-based, localized, and inclusive development model, one that combines livelihood diversification, public employment guarantees, and integration into formal systems. Only then can the cycle of vulnerability be broken, and the path toward dignity, self-reliance, and intergenerational equity for PVTG communities be firmly established.

Employment among PVTG households is primarily informal and seasonal, with many engaged in manual labor or traditional subsistence activities. Stable, formal employment remains scarce. Government employment programs like MGNREGA offer some relief, but implementation gaps and payment delays persist. There is a pressing need to diversify livelihood options and enhance skill development opportunities.

With over 54% of households relying on daily wage labor, the majority of PVTG families are trapped in unpredictable, low-wage, and physically taxing occupations. Such work is vulnerable to seasonal fluctuations, health shocks, and lack of bargaining power, leaving families with little financial security or resilience. This form of employment rarely comes with legal protection, insurance, or retirement benefits, keeping PVTGs in a cycle of economic vulnerability.

Agriculture and animal husbandry, reported by 31% of households, are often subsistence-level activities with limited surplus for sale. Lack of irrigation, credit, modern inputs, and market access further limits productivity. While it reflects a cultural continuity with land and nature, this sector also suffers from climatic uncertainty, land tenure issues, and low returns, making it an unreliable primary income source.

Formal employment—be it in government or private sectors—is extremely rare, covering less than 2% of households combined. This reflects not only the educational and skill gap faced by PVTGs but also their spatial and social exclusion from mainstream economic pathways.

Without representation in salaried, secure jobs, these communities are deprived of a stable income base, pensions, healthcare, or upward mobility.

The minimal presence of artisanal or entrepreneurial ventures also suggests an underutilization of traditional knowledge and craft skills. This represents lost economic potential, particularly when tribal crafts, herbal medicine, or forest-based enterprises could be supported through skill-building, branding, and market linkages.

MNREGA—designed as a universal employment safety net for rural households—has only partially reached the PVTG population. While 59% of households possess job cards, over 40% remain excluded, often due to administrative lapses (e.g., pending applications, card cancellations) or lack of awareness. Even among those with access, dissatisfaction is widespread: 63% of cardholders cite payment delays, irregular work availability, and low wages as key concerns.

This erosion of trust and efficacy in MNREGA leads to unmet expectations and undermines the scheme's core aim of stabilizing rural employment. When daily wage opportunities under MNREGA are inconsistent or poorly managed, PVTGs are pushed back into distress-driven migration or exploitative labor conditions elsewhere.

Despite MNREGA, over 30% of PVTG households still migrate for work, either within the state or to other states. This indicates that local job creation is insufficient, and households are compelled to take on uncertain, low-paying jobs in distant cities—often under hazardous conditions. Migrant laborers from tribal communities typically lack legal protection, face discrimination, and remain disconnected from education and health services.

Migration often leads to social disruptions, including school dropouts, increased burden on women left behind, and weakening of traditional community structures. Children of migrants often suffer from educational discontinuity, while elderly family members face neglect and isolation.

The existing employment scenario directly affects nutrition, education, health, and agency among PVTG households. Unstable and low-paying jobs mean inadequate income to afford nutritious food, clean fuel, quality healthcare, or educational materials. When livelihoods are uncertain, investment in long-term well-being becomes secondary to daily survival.

Low or no income also limits participation in governance or self-development programs, reinforces intergenerational poverty, and makes PVTGs highly vulnerable to exploitation, debt, and land alienation.

The absence of formal jobs or viable self-employment options has gendered impacts as well. Women in PVTG communities often carry the double burden of manual labor and domestic responsibilities, yet remain economically invisible and underpaid.

Financial Inclusion:

The financial inclusion status of Jharkhand's PVTGs reflects a foundation of promise with visible progress in account ownership and SHG participation, but also points to unmet credit demand, under-representation of government credit schemes, and partial financial exclusion.

SHGs, in this landscape, emerge not just as intermediaries of finance but as catalysts of empowerment, resilience, and collective agency. By strengthening SHG ecosystems and bridging the remaining financial gaps—especially for women and the poorest segments—Jharkhand can move toward inclusive, bottom-up economic growth for its most vulnerable tribal populations. Ensuring access, equity, and dignity in financial services is no longer just a development goal—it is a gateway to autonomy, sustainability, and transformation for PVTGs.

While financial inclusion has expanded in recent years, with many PVTG households holding bank accounts, actual usage remains low. Many accounts are dormant, and access to credit or financial services is limited. Strengthening digital and financial literacy and expanding banking infrastructure in remote areas can help translate inclusion into empowerment.

With 94.5% of households reporting at least one bank account, PVTG communities appear to have benefited from the Jan Dhan Yojana and related inclusion drives. The 61% of households with joint accounts in the names of both male and female members marks a positive trend toward financial democratization within families—fostering shared decision-making and financial transparency.

Additionally, 22% of households with accounts solely in women's names is a noteworthy indicator of growing female financial agency. This not only facilitates access to schemes like Direct Benefit Transfers (DBT) and PM Ujjwala Yojana, but also paves the way for greater

economic independence for tribal women.

However, the 11.5% male-only account ownership points to residual gender imbalances in financial control, while the 5.5% without any bank account represents an unserved group vulnerable to exclusion from welfare schemes, savings instruments, and emergency credit access. Ensuring this group is connected to banking services—particularly through doorstep banking or mobile banking units—remains a priority.

The data on credit access reveals that formal banking institutions are yet to serve PVTGs effectively. Only 4% of households accessed bank loans, while a significant 20% expressed an unmet need for credit. This underscores a major institutional gap in understanding and servicing the unique financial profiles and constraints of tribal communities.

The dependence on SHGs for credit by 12% of households indicates that community-based models are more responsive and trusted, especially for small-scale, low-risk lending. These models not only bypass collateral requirements but also provide peer support, flexible repayment terms, and local accountability, making them more suited to PVTG realities.

The minuscule role of government loan schemes (1%) is concerning, especially when PVTGs are a target group for schemes like Stand Up India, NRLM support for tribal SHGs, and various state-specific livelihood initiatives. The disconnect between policy intent and field-level implementation needs urgent correction through dedicated tribal financial outreach programs.

The presence of moneylenders (11 households)—though low—serves as a cautionary sign that in the absence of institutional responsiveness, some PVTG families still fall back on high-interest, exploitative informal credit.

The survey indicates that 59% of households are part of Self Help Groups, a commendable level of community mobilization in tribal belts. SHGs have emerged as powerful enablers of credit access, savings discipline, entrepreneurship, and social capital among PVTGs.

The role of SHGs is particularly vital for women's empowerment, as many are women-led and create a safe, participatory platform for leadership and peer learning. The credit access data shows that SHG-linked microloans outpace bank loans, validating SHGs as the primary financial institution for PVTG households.

Moreover, SHGs are not just financial units but also serve as vehicles for social campaigns (health, nutrition, child marriage prevention), skill development, and market access. Their expansion can foster decentralized rural enterprise ecosystems, especially in areas like forest produce processing, tribal arts, and eco-tourism.

However, the 41% of households not yet affiliated with any SHG point to uneven SHG penetration, possibly due to geographical remoteness, social isolation, or lack of facilitation. These communities are missing out on collective bargaining power and financial intermediation. Strategic action is needed to bring the non-participant households under SHG networks, especially in female-headed households, ultra-poor segments, and remote habitations.

The intertwined data on banking, loans, and SHG participation provides a holistic view of PVTGs' financial landscape. Key implications include:

- Increased account ownership has enabled better integration with welfare schemes, allowing timely receipt of subsidies, pensions, or wages under MNREGA.
- However, access to finance remains restricted, not due to lack of need but due to structural exclusions—such as distance from banks, lack of documentation, financial illiteracy, and trust deficits.
- SHGs act as a financial bridge—they provide not just loans but also build credit histories, enabling eventual linkage with formal banks.
- Women's participation in SHGs and bank accounts is fostering economic empowerment, confidence, and autonomy, which has ripple effects on household nutrition, children's education, and health spending.
- Without strong access to credit, many PVTG families cannot invest in agriculture, start enterprises, buy tools, or handle emergencies, which reinforce low-income cycles and vulnerability.

Social Security:

The survey findings on social security and pension scheme coverage among Jharkhand's Particularly Vulnerable Tribal Group (PVTG) households offer critical insights into the extent of state welfare outreach in addressing the deep-rooted economic vulnerability of these communities. While the Sarvajan Pension Yojana emerges as a significant pillar of support, the remaining coverage gap reflects continued exclusion that can have far-reaching consequences on the economic and social resilience of the most marginalized populations.

Coverage under social security schemes, such as pensions and insurance programs, is partial and uneven. Documentation issues and lack of awareness prevent eligible households from enrolling or receiving regular benefits. Enhanced outreach, simplification of procedures, and community-level facilitation can improve the reach and effectiveness of these schemes.

The fact that 1,746 households (74%) are covered under the Sarvajan Pension Yojana is a positive indicator of governmental reach and intent in extending regular, unconditional cash support to vulnerable PVTG segments. The scheme's inclusion of elderly individuals, widows, persons with disabilities, and tribal populations aligns well with the demographic vulnerabilities prevalent among PVTGs—who often suffer from high dependency ratios, limited mobility, and intergenerational poverty.

Pensions serve as a critical non-labor income stream, especially in households where members are too old, ill, or socially excluded to participate in wage labor. For such households, even small but reliable pension amounts can enable basic subsistence, reduce dependence on exploitative credit sources, and improve food security. In the case of elderly widows or persons with disabilities, these benefits also carry significant dignity and autonomy-enhancing value.

Despite the relatively high coverage rate, the 549 households (23%) not receiving any social security benefit represent a major policy blind spot. For an economically fragile group like PVTGs, such exclusion can be devastating—forcing households to either rely solely on irregular and low-paying manual labor or fall into cycles of distress borrowing and chronic poverty.

The exclusion may be attributable to procedural hurdles such as lack of documentation (age proof, disability certificates), unawareness of entitlements, physical inaccessibility of service points, or exclusionary targeting mechanisms. These barriers tend to disproportionately affect

the most isolated or disadvantaged subgroups, such as single women, nomadic families, and people with disabilities—essentially those most in need of welfare.

Furthermore, the presence of 30 households under Maiya Samman Yojana and 17 under other schemes shows fragmentation in pension provisioning, possibly leading to confusion, administrative overlap, and inefficient delivery. The fact that 9 households do not even know the name of the scheme from which they benefit highlights a gap in beneficiary awareness, which can limit their ability to demand entitlements or seek grievance redressal.

The high dependence on informal labor (54% daily wage workers) and the low penetration of formal sector jobs among PVTGs—evident from broader survey data—makes social pensions not merely supplementary but essential for household economic security. In such a context:

- Regular pensions act as stabilizers during lean seasons, illness, or disasters—when daily labor may not be possible.
- They enable families to invest in basic needs such as food, healthcare, or children's education, indirectly contributing to human development outcomes.
- By reducing the pressure on working-age members, social pensions can mitigate distress migration, especially among youth or women who would otherwise leave in search of earnings.
- For households with elderly, disabled, or chronically ill members, pensions can reduce financial dependence, minimize intra-family neglect, and promote inclusive dignity-based living.

Health Care Access:

The survey underscores that while a foundation for tribal health exists through various government schemes, the link between coverage and actual health outcomes remains fragile. Without tackling the last-mile barriers, PVTG communities will continue to depend on informal systems that may not always meet their medical needs safely or adequately.

The focus must now shift from counting facilities and cards issued to ensuring consistent, quality, and culturally resonant healthcare delivery. Only then can PVTGs realize the constitutional promise of equal access to health and a dignified life.

Health care access remains limited, especially in remote regions. Many PVTG households depend on traditional healers or distant government facilities. Though schemes like Ayushman Bharat exist, awareness and utilization are suboptimal. Strengthening local health infrastructure, ensuring regular presence of health workers, and improving awareness can significantly enhance health outcomes.

The reliance of 62% of households on government hospitals is a promising indicator of institutional reach and gradual integration of PVTGs into formal health systems. This shows that public health infrastructure forms the backbone of tribal healthcare, especially for acute care and serious illnesses.

However, the continued dependence of 31% of households on informal practitioners such as mobile village doctors and vaidyas signals both cultural preference and practical constraints. Many PVTGs, due to their geographical isolation and socio-cultural context, find local healers more accessible, linguistically familiar, and aligned with their traditional health beliefs. The reliance on faith-based healing (36 households) and home remedies (53 households) further points to a trust gap between the PVTG population and formal medical institutions. This could stem from past experiences of neglect, lack of culturally sensitive care, or fear of being misunderstood in hospital settings.

Additionally, the fact that only 30 households acknowledged accessing services from ASHA workers (Sahiyas)—despite their pivotal grassroots role—underscores either a gap in awareness, or limitations in the effectiveness and reach of these frontline workers in tribal regions.

The presence of Anganwadi centres in 74% of villages suggests substantial penetration of the ICDS scheme infrastructure. These centres are vital for early childhood nutrition, immunization, preschool learning, and antenatal/postnatal care. However, the absence of centres in 557 villages (24%) leaves a significant portion of tribal children and mothers unserved by critical interventions during early development.

Moreover, in 57 households, the centres exist but are non-functional due to absenteeism of sevikas/sahayikas—a form of invisible exclusion that can be just as harmful as infrastructural absence. This points to monitoring failures, staff accountability issues, and possibly poor incentive mechanisms, all of which erode community trust.

This dual problem—lack of universal coverage and inconsistent service quality—can hamper long-term health outcomes like reducing malnutrition, childhood stunting, or maternal anemia, which are already highly prevalent in PVTG communities.

The data on childbirth locations reveals growing utilization of institutional services—with 39% hospital births, institutional care is slowly becoming acceptable and accessible. This is a significant development given the high maternal and neonatal mortality risks traditionally associated with tribal areas.

However, the fact that 27% of households still report home deliveries (including 197 births assisted by Sahiyas) is worrisome. These cases often lack skilled birth attendance, proper hygiene, and emergency care access—exposing mothers and infants to preventable complications.

Home deliveries may result from logistical issues like distance from hospitals, lack of transport, sudden labor, or cultural norms around birthing practices. The Sahiya-assisted births are a partial step toward skilled care but are insufficient substitutes for full institutional support in complicated cases.

To overcome this, targeted strategies like birth preparedness plans, incentivized transport (Janani Shishu Suraksha Karyakram), tribal maternity waiting homes, and trust-building campaigns are needed.

The most striking gap is visible in the implementation of Ayushman Bharat (PMJAY). Despite 1,008 households holding the Ayushman card, only 49 households have actually utilized it—a

mere 2% real-world usage rate.

This discrepancy reveals multiple layers of systemic failure:

- Functional Exclusion (162 households): Cardholders unable to use the benefit due to service denial, bureaucratic delays, or provider non-cooperation.
- Passive Inclusion (797 households): Households with cards but no perceived need yet—this may reflect lower illness incidence, but it also raises questions about awareness of what the card covers and how to use it.
- 57% (1,343 households) without any Ayushman card: This points to huge lapses in enrollment and awareness, particularly serious for a population that has limited ability to bear out-of-pocket medical expenses.

  This stark underutilization renders a flagship health insurance program ineffective for its intended beneficiaries. Digital illiteracy, lack of information about empaneled hospitals, mistrust of bureaucracy, and absence of facilitation at the point of care likely contribute to this outcome.

Together, these findings reveal that despite partial infrastructure availability, there are significant gaps in access, utilization, and quality across all levels of healthcare engagement in PVTG communities:

- Availability Gaps: Absence of Anganwadi centres in 24% of villages; non-functional centres in others; limited Sahiya engagement; poor Ayushman card distribution.
- Accessibility Gaps: Physical distance, lack of transport, and procedural complexity hinder use of institutional services and insurance schemes.
- Outcome Gaps: Continued home deliveries, reliance on informal healers, and low card usage result in underwhelming health improvements, despite investments in schemes.

These deficits suggest that structural presence alone is insufficient—what matters is the reliability, responsiveness, and cultural integration of services.

Food Security:

The food security data among PVTG households underscores the urgent need to bridge the gap between welfare coverage and actual outcomes. While card ownership rates are encouraging, the limited effectiveness of delivery systems is severely compromising food and nutrition security among India's most marginalized groups. Without urgent course correction, the PVTG population risks being left behind in India's quest to meet SDG 2 targets and its broader commitment to inclusive development and tribal welfare. Ensuring functional, not just formal, inclusion in food security schemes is the need of the hour.

Most PVTG households hold Antyodaya ration cards, reflecting high coverage under the Public Distribution System (PDS). However, nearly 17% of households lack any ration card, and delivery mechanisms face delays and access issues. Implementation of doorstep delivery through schemes like Dakiya Yojana is inconsistent. Improving last-mile delivery and ensuring inclusion of left-out households is essential for nutritional security.

Out of 2,351 surveyed PVTG households, 403 (17%) lack any form of ration card, effectively excluding them from the Public Distribution System (PDS)—the cornerstone of India's food security infrastructure. This exclusion represents a structural failure in scheme outreach, especially harmful for PVTGs who are already marginalized in terms of geography, literacy, and livelihood access. These excluded households are likely to suffer from chronic food insecurity, seasonal hunger, and poor nutrition outcomes, undermining the very objective of SDG 2.

Even among the included, some anomalies are visible: 59 households possess green cards (APL), generally not meant for the poorest. This points toward potential misclassification, which might lead to weaker entitlement or denial of subsidized rations. Such misclassification demands administrative audits and updated beneficiary lists to ensure that food support reaches the genuinely vulnerable.

The predominance of Antyodaya Anna Yojana (AAY) coverage—1,737 households (74%)—is a positive indicator of targeted inclusion of the "poorest of the poor" under highly subsidized food schemes. It aligns with SDG 2.1, which focuses on universal access to safe, nutritious, and sufficient food all year round. However, mere card possession does not ensure food access; real impact hinges on timely, consistent, and convenient delivery.

Of the 1,948 households who report holding ration cards:

- Only 786 households (40.3%) receive full rations on time at home.
- 57% face delays or travel requirements—including 557 (delayed delivery), 350 (need to travel to ration shop), and 255 (must go to other locations).

These figures demonstrate that nearly 6 in 10 PVTG households with ration cards face functional exclusion due to broken delivery chains or inaccessible distribution points. In remote tribal settings where roads are poor and mobility is limited, such access issues translate directly into missed meals, under nutrition and food insecurity, failing both SDG 2 and the objectives of the National Food Security Act.

The Dakiya Yojana, designed for home-delivery of rations to PVTG households, is received fully as intended by only 1,084 households (46%). Another 717 households (30.5%), though enrolled, still must travel to collect rations, undermining the scheme's design. An additional 550 households (23.4%) are not covered at all.

This reveals:

- Design-to-delivery gap: The policy promise of doorstep access is not being realized for over half of the intended beneficiaries.
- Poor last-mile implementation and monitoring, possibly due to weak logistical planning or lack of accountability mechanisms.

This creates a disjuncture between scheme intention and outcome, especially problematic for PVTGs who often reside in forested, hilly, or inaccessible regions where mobility is a challenge. If left unaddressed, this gap will keep a significant share of the population functionally food-insecure, despite formal scheme inclusion.

The interplay between ration card possession, delivery mechanisms, and scheme design effectiveness has direct implications for malnutrition and hunger prevalence in tribal areas. SDG 2.2 emphasizes ending all forms of malnutrition, especially among children, pregnant women, and vulnerable groups—a goal unattainable without reliable, accessible food support systems.

The irregularities and exclusions observed—17% without ration cards, 60% with access issues,

and partial Dakiya Yojana delivery—suggest that systemic reform is needed to transform entitlement into actual nutrition security.

Education:

Educational access among PVTG children is mixed. While one-third of households report full school attendance, many face partial or complete exclusion due to dropout, distance, or economic pressures. Scholarship access is limited and awareness is low. Government schools remain the primary choice, but infrastructure, quality, and retention need significant improvement. Focused interventions are required to prevent lost educational opportunities and promote sustained engagement with schooling.

The survey paints a picture of multi-dimensional deprivation among PVTG households. While some schemes and services have reached the community, barriers such as lack of documents, remoteness, poor infrastructure, economic hardship, and administrative inefficiency continue to hinder inclusion. For genuine progress, interventions must be context-specific, decentralized, and actively supported at the community level through awareness building, grievance redressal, and last-mile service delivery mechanisms.

A striking finding is that only 33.7% of households report full school attendance among children, while 35% report either partial or complete exclusion. This means that a large proportion of children from PVTG households are either not enrolled in school or attending irregularly. When 4.1% of households further report school dropouts, the picture becomes graver: these children are not only missing current learning but are at risk of becoming part of an intergenerational cycle of illiteracy and poverty.

Dropout rates are heavily influenced by personal and economic compulsions, as highlighted by the 78.5% citing personal reasons and 10.4% pointing to child labor. These statistics illuminate how poverty-driven responsibilities at home, such as work and caregiving, continue to interrupt education. For PVTG children, dropout is not merely a matter of disengagement but a survival strategy in the face of structural deprivation.

This dropout trend reflects a partial or failing outcome of flagship schemes such as:

- Sarva Shiksha Abhiyan (SSA) and Samagra Shiksha, aimed at universal elementary education.
- Right to Education Act (RTE), guaranteeing free and compulsory education for children aged 6–14.
- Mid-Day Meal Scheme, designed to retain children in school through nutritional support.

The fact that these programs have not fully penetrated PVTG habitations — or are operationally weak — suggests implementation deficits, awareness gaps, and insufficient last-mile delivery mechanisms. The disconnect between enrollment and sustained retention implies that schemes designed for inclusion are either not reaching their targets fully or are ineffectively aligned with tribal realities (e.g., seasonal migration, remote geographies).

The consequences of educational exclusion extend far beyond the school years. Each dropout represents a lost opportunity for social mobility, employment, and participation in democratic and economic life. In tribal regions, where literacy rates are already significantly below the national average, such lost educational years translate into continued economic dependence and marginalization.

The persistence of child labor, with over 10% of dropouts going to work, directly undermines India's constitutional commitment to child rights and inclusive development. These children are being denied a fair shot at a better life, which reflects poorly on both the efficacy and equity of existing policies.

Furthermore, geographical barriers remain a pressing issue. 7.3% of respondents cited school distance, and 1% said no school exists in their area. This highlights the critical infrastructure gaps in PVTG regions, where physical access to schools itself is a deterrent. In such cases, the lack of boarding facilities or transportation support for tribal children intensifies dropout risks. This is where residential schooling schemes like Eklavya Model Residential Schools (EMRS) and Ashramshalas are intended to intervene — but the low preference (only 5%) for residential schooling in the data reflects either poor awareness, cultural mismatch, or limited reach of these institutions.

Financial support mechanisms are an important retention tool, especially for economically vulnerable populations. However, the data reveals that only 48.2% of non-residential school-going PVTG children receive scholarships, and 41.2% are entirely excluded. An additional 10.6% of households don't even know if their children receive scholarships.

These figures point to glaring deficiencies in awareness, outreach, and system navigation. Most likely causes include:

- Complex application procedures, especially for illiterate or non-Hindi-speaking tribal parents.
- Caste and income verification hurdles, which delay or deny scholarship disbursement.
- Weak follow-up by schools, which should act as facilitators of these entitlements.

Schemes such as the Pre-Matric and Post-Matric Scholarships for ST students have existed for years to reduce financial burdens, but the low coverage in PVTG areas shows that even demand-side incentives are not working effectively without active state facilitation and handholding. The loss of such benefits contributes to dropouts by failing to address economic push factors that force children out of schools.

The heavy preference (85%) for government schools confirms that PVTG families rely primarily on public education. This makes it essential to enhance the quality of government schools in tribal regions. Issues like teacher absenteeism, multi-grade classrooms, and irrelevant or non-contextual curriculum discourage attendance and learning. The small preference for private schools (10%) and residential schools (5%) shows that alternatives are limited — either by affordability, availability, or acceptability.

This implies that unless government schools become both accessible and aspirational, many tribal children will continue to disengage or be left behind. Policies must ensure context-specific interventions such as:

- Use of local tribal languages in early grades (as per NEP 2020)
- Deployment of tribal teachers and culturally sensitive pedagogy
- Expanded community-based support systems like Edu-volunteers, para-teachers, or mobile schools.

The educational trajectory of PVTG children, as shown by the survey, is still marred by exclusion, dropout, and missed opportunities. Although the framework of schemes and policies exists, their execution and adaptability to tribal realities remain limited. Without decisive measures to ensure that education is accessible, relevant, and supportive, the cycle of marginalization among PVTGs will persist.

These findings serve as a wake-up call to shift from policy intent to grassroots impact — ensuring that every PVTG child is not only enrolled but stays in school, learns well, and has a fair chance at a better future.

Chapter 12 - Recommendations

Strengthening the Housing situations:

Based on the survey findings on housing schemes among PVTG households in Jharkhand, the following policy recommendations are suggested to improve housing coverage, enhance inclusion, and ensure timely benefits for the targeted communities:

- Accelerate Pending Approvals and Fund Disbursals: With 71% of non-recipient households having already applied but not received benefits, there is a critical need to streamline processing, reduce bureaucratic delays, and ensure faster fund release at the district and block levels. A time-bound clearance mechanism with regular monitoring should be instituted to track application status and avoid indefinite pendency.
- Strengthen Community-Based Awareness Campaigns: Many households cited "other" or unspecified reasons for non-receipt, likely tied to lack of awareness. Localized IEC (Information, Education, and Communication) campaigns using tribal languages and community leaders can improve awareness of entitlements, application procedures, and required documentation.
- Simplify and Relax Documentation Requirements: At least 8% of households cited inability to produce required documents like caste, income, or land certificates. Policy revisions should allow for alternative verification methods, such as community-based validation or self-declaration under supervision, especially for remote or nomadic tribes.
- Address Land Ownership Barriers: Around 4% of households were excluded due to lack of formal land ownership. Introduce flexible eligibility norms for landless or informally settled PVTG families—such as permitting house construction on community/government land or offering group housing models in tribal areas.
- Prioritize Region-Specific Housing Schemes: The Birsa Awas Yojana, catering specifically to tribal groups, played a major role alongside PMAY. The government should strengthen and scale up tribal-focused schemes, ensuring they remain well-funded and sensitive to community needs.
- Establish Housing Support Cells in PVTG Areas: Create dedicated help desks or mobile outreach units at block or panchayat level to guide households through housing scheme applications, documentation processes, grievance redressal, and post-allotment follow-up.

- Integrate Housing with Livelihood and Infrastructure: Housing schemes should be bundled with drinking water, sanitation, electricity, and skill development initiatives. An integrated model will ensure that new housing units contribute meaningfully to improved living standards.
- Monitor Scheme Quality and Post-Allocation Support: Establish a robust quality monitoring mechanism to ensure that houses built are durable, safe, and culturally appropriate. Include post-construction follow-ups to resolve issues like incomplete structures or lack of utilities.
- Data-Driven Policy Targeting: Use real-time, disaggregated data from surveys like this to identify underserved clusters and design geographically prioritized interventions, especially in blocks with high PVTG concentration but low scheme uptake.
- Encourage Community Participation in Implementation: Involve PVTG representatives, SHGs, and traditional leaders in identifying eligible beneficiaries, monitoring construction progress, and ensuring transparency, thereby building trust and ownership among the communities.

By implementing these focused and inclusive measures, policymakers can significantly improve the reach, effectiveness, and equity of housing schemes for Jharkhand's PVTGs—helping bridge the development gap while preserving community dignity and autonomy.

Improving Sanitation

Based on the survey findings regarding the Swachh Bharat Mission (SBM) coverage among PVTG households in Jharkhand, the following policy recommendations are proposed to enhance inclusion, expedite implementation, and promote sustainable sanitation practices:

- Expedite Sanction and Construction of Pending Applications: With over 63% of non-recipient households awaiting toilets despite applying, urgent steps are needed to fast-track pending approvals and ensure timely construction. Set up dedicated SBM implementation task forces at block and district levels with clear timelines, accountability mechanisms, and periodic progress reviews.
- Simplify Documentation Norms for Marginalized Groups: The lack of essential documents like land records or identity proofs continues to exclude tribal families. SBM guidelines should be revised to:

    - Accept alternative verification methods, such as community certification.
    - Create special exemptions or relaxed norms for PVTGs and landless households.
- Address Land and Housing Eligibility Constraints: Households without land or a permanent house face structural exclusion. For such cases:
    - Allow community toilet models or cluster-based sanitation units.
    - Encourage construction on common or government land with community approval where private ownership is not possible.
- Expand Awareness and Behavioral Change Campaigns: Some households avoid toilets due to cultural discomfort or lack of awareness. Tailored Information, Education, and Communication (IEC) campaigns should:
    - Be conducted in local tribal dialects.
    - Involve community influencers, school children, and health workers.
    - Promote sanitation as a health and dignity issue, addressing taboos and myths around toilet use.
- Improve Targeting and Outreach to Remote Settlements: Ensure active surveying and enumeration of all remote PVTG hamlets, including migratory and semi-nomadic populations, to avoid exclusion due to logistical or geographic barriers. Deploy mobile teams for field verification and application support.
- Strengthen Monitoring and Accountability: Use digital dashboards to track application status, construction progress, and fund disbursement. Include community monitoring committees to ensure on-ground verification, address corruption, and provide feedback loops.
- Encourage Flexible Sanitation Models: For families with unique living conditions (e.g., scattered housing or forest proximity), promote portable, eco-friendly, or community-shared toilets. Provide technical support for constructing toilets in hard-to-reach or rocky terrains.
- Enhance Institutional Follow-Up and Post-Allotment Support: Ensure that once toilets are sanctioned, officials or frontline workers regularly follow up until construction is completed and functional. Include provisions for water linkage, especially in dry areas, to ensure usability post-construction.
- Capture and Address “Other” Unspecified Barriers: Conduct qualitative assessments of households citing "other" reasons to identify localized or systemic challenges (e.g., migration, fear of officials, inter-family disputes) that current categories may not capture.

- Integrate SBM with Health and Nutrition Initiatives: Link toilet construction with anganwadi, health, and school programs to reinforce hygiene behavior and create demand through health education, especially among women and children.

By implementing these targeted measures, policymakers can significantly improve sanitation coverage and usage among PVTG households, ensuring that the Swachh Bharat Mission reaches the most marginalized in a meaningful and sustainable way.

Policy and Programmatic Implications for Electricity coverage

To address these gaps, the following policy actions are implied:

- Last-mile electrification drives targeted specifically at unconnected PVTG households.
- Regularization of informal connections through simplified application and infrastructure support.
- Awareness campaigns about entitlements like the free electricity scheme, ideally delivered via community workers or gram sabhas.
- Grievance redressal systems to report billing or benefit exclusion issues.
- Monitoring mechanisms that go beyond installation and track usage, billing clarity, and consumer satisfaction.

Towards integrated Drinking Water coverage:

The drinking water findings imply an urgent and multipronged policy response to ensure safe, sustainable, and equitable water access among PVTGs:

- Expand piped water infrastructure through Har Ghar Nal Yojana and integrate informal connections into the official service registry.
- Prioritize solar-based decentralized systems for remote and off-grid areas, supported by trained local operators and routine maintenance checks.
- Undertake large-scale water quality monitoring and testing to address contamination from open wells, surface water, and old handpumps.
- Deploy mobile water treatment units or gravity-based filtration in areas dependent on unsafe sources.

- Launch targeted awareness campaigns on water safety, filtration, storage hygiene, and scheme entitlements—preferably in local languages and through trusted community intermediaries.
- Improve documentation support and grievance redressal systems to ensure no household is excluded from schemes due to procedural hurdles.

Opportunities for Livelihood Intervention and Inclusion

The data clearly signals the need for multi-dimensional livelihood interventions:

- MNREGA Reform: Ensure 100% card coverage, eliminate payment delays, and increase workdays in tribal areas. Payment systems must be Aadhaar-enabled but simplified to avoid exclusions.
- Skill Development and Livelihood Diversification: Design tribal-sensitive skill training programs that link to local or digital economies. Promote handicrafts, bamboo work, forest produce processing, and eco-tourism with market support.
- Access to Forest and Land Resources: Strengthen implementation of Forest Rights Act and ensure secure land tenure for better agricultural and economic planning.
- Formal Sector Linkages: Create tribal recruitment drives in government services, forest departments, schools, and health missions. Incentivize private sector job placement for trained PVTG youth through quotas or CSR mandates.
- Entrepreneurship Promotion: Provide microfinance, SHG support, and business mentoring for tribal youth and women to explore self-employment in food processing, weaving, herbal products, or local transport.
- Migration Support Systems: For those who migrate, establish labor registration, helplines, and seasonal hostels for children, and ensure continued access to food and healthcare via One Nation One Ration Card and mobile health units.

Strengthening Financial Inclusion

To build on the current gains and address the remaining gaps, the following steps are critical:

- Universal Bank Access: Ensure last-mile banking access using mobile vans, BC agents (Banking Correspondents), or village-level entrepreneurs. Connect the unbanked 5.5% through doorstep KYC facilitation.

- Financial Literacy Campaigns: Roll out tribal-language tailored modules on savings, borrowing, interest rates, DBT usage, and fraud protection.
- Expand SHG Coverage: Incentivize the formation of new SHGs in uncovered areas and link them to NRLM and Livelihood Mission interventions. Promote Federations and Producer Groups for higher-level financial engagement.
- Tribal-Centric Credit Products: Design flexible, low-collateral, seasonal-income-aligned loan products suitable for forest dwellers, shifting cultivators, or artisans. Integrate insurance and savings features.
- Leverage Digital Tools: Promote digital wallets, UPI-based transactions, and mobile banking among SHG groups. Train women SHG leaders in financial apps and e-governance portals.
- Government Scheme Integration: Align tribal SHGs and credit cooperatives with Tribal Sub-Plan (TSP) funding and targeted economic development programs.

Need for Holistic and Inclusive Social Protection Architecture

The current pension coverage, though significant, is still not universal. The data reinforces the need for a comprehensive, inclusive, and rights-based approach to social protection for PVTGs, including:

- Universal Pension Access: Move toward automatic inclusion of all elderly, widows, and disabled PVTG members without documentary proof hurdles. A tribal vulnerability index could help identify priority households in remote areas.
- Awareness Campaigns: Community-led drives, using SHGs and tribal volunteers, to inform households about entitlements, scheme eligibility, and the process to apply or appeal.
- Grievance Redress Mechanisms: Setting up mobile grievance camps or helplines to address delayed payments, incorrect exclusion, or other implementation issues.
- Better Convergence with Other Schemes: Integrate social pensions with ration cards (PDS), health entitlements (Ayushman Bharat), and financial inclusion (Jan Dhan) to create a safety net ecosystem rather than isolated schemes.
- Scheme Simplification and Identity Assurance: Remove bureaucratic fragmentation across schemes (like Maiya Samman and Sarvajan Pension) and ensure identity portability across regions to cover mobile or displaced tribal families.

Strengthening Tribal Health Systems

To bridge the healthcare divide, a multipronged, context-sensitive strategy is needed:

- Mobile Medical Units and Tribal Clinics: Deploy tribal-focused mobile health vans and satellite clinics staffed with culturally sensitive personnel.
- Boost ASHA Engagement: Special training and incentives for Sahiyas working in tribal areas to enhance their effectiveness and presence.
- Strengthen Ayushman Facilitation: Village-level Ayushman "mitras" or help desks; SMS-based reminders; health camps explaining the scheme.
- Make Anganwadis Functional: Community monitoring committees to check worker attendance; improved honoraria and housing for staff.
- Incorporate Traditional Healers: Train and include local vaidyas in preventive health campaigns and disease surveillance as community health allies.
- Maternal Health Innovations: Promote birth waiting homes near health facilities; provide emergency transport vouchers; expand Janani Suraksha Yojana coverage.
- Use SHGs for Health Literacy: Leverage SHG networks to promote awareness about entitlements, hygiene, nutrition, and antenatal/postnatal care.

Policy Recommendations and Course Correction on Food Security:

To align outcomes with SDG 2 and national welfare goals, the following interventions are necessary:

- Universal Ration Card Coverage: Identify and enroll all excluded PVTG households through proactive community-based outreach using mobile registration drives, Gram Sabha involvement, and integration with Aadhaar or social registries.
- Improve Dakiya Yojana Implementation: Ensure universal and consistent doorstep delivery through GPS tracking of ration deliveries, third-party monitoring, and grievance redress mechanisms. Local SHGs or tribal youth can be trained as last-mile delivery agents.
- Fix Misclassification and Leakages: Periodic data audits and cross-verification between ration card status and socio-economic surveys can minimize errors and ensure fair targeting.

- Infrastructure Strengthening: In areas where doorstep delivery is not feasible, build decentralized ration storage depots and mobile ration vans to bring services closer to remote hamlets.
- Integrate Nutrition with Food Delivery: Distribute fortified staples and link ration distribution with Anganwadi and health checkups to make food security a tool for nutrition transformation.
- Community Feedback and Accountability: Institutionalize feedback loops where beneficiaries can report delays or non-delivery via mobile helplines, village health committees, or social audits.

Toward Real Educational Inclusion for PVTGs:

The data makes it clear that enrollment alone is not the goal — the education system must ensure retention, learning, and progression. Based on the gaps reflected in the survey, here are the key implications for future interventions:

- Localized monitoring of enrollment and dropout with real-time community engagement.
- Universalization of scholarship benefits through automatic inclusion models and simplification of eligibility norms.
- Infrastructure development, including hostels, transport, and bridges, in remote tribal belts.
- Awareness campaigns in tribal dialects about educational rights, entitlements, and schemes.
- Incentives for schools and teachers working in tribal areas — both in monetary and career progression terms.
- Integration of Anganwadis, nutrition programs, and health services with school campuses to create a holistic child-friendly ecosystem.

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Appendices

Survey instruments

For this project, Kobo Toolbox has been selected as the primary data collection tool due to its reliability, flexibility, and accessibility. Kobo Toolbox is a free, open-source platform that enables efficient and secure collection of field data through customizable forms and surveys. Its user-friendly interface allows rapid deployment of questionnaires, while its offline functionality ensures data can be gathered in areas with limited or no internet connectivity and later synchronized when a connection is available. The platform's real-time monitoring capabilities support timely decision-making, and its data encryption features enhance the security of sensitive information.

Furthermore, Kobo Toolbox supports complex forms with skip logic and multimedia inputs, making it adaptable to diverse field conditions and data requirements. It also enables collaboration across teams, allowing multiple users to contribute to data collection and analysis seamlessly. Given these benefits—combined with its cost-effectiveness and ease of use—Kobo Toolbox is an ideal solution for ensuring accurate, efficient, and secure data collection in this project's operational context.

For the convenience of surveyors and the target population, KoboToolbox has been adapted to support the Hindi language. The questionnaire was designed in Hindi so that users can easily fill out the forms and collect data without facing language barriers. With questions, options, and instructions available in Hindi, surveyors can work efficiently in the field, and respondents can express their views clearly. This not only improves the quality of data but also enhances participation, making the survey more effective and reliable. The local surveyors are well-versed in Hindi & Tribal language of the area as well as adept in using mobile apps, enabling effective communication as well supporting a transparent data collection process.

Power BI has been selected as the tool for data interpretation in this project due to its advanced analytics capabilities and user-friendly interface. It allows seamless integration of data from various sources, enabling comprehensive analysis and visualization. Through interactive dashboards, charts, and reports, Power BI helps in uncovering patterns, trends, and insights that support drawing inferences. These features make Power BI an effective and efficient tool for transforming raw data into actionable insights in this project.

(Brief outline of usage of Tools for the project has been provided in the methodology section of the report)

Survey Questionnaire

JTDSSurvey

Surveyor

साक्षात्कारकर्ता का नाम / Name of Interviewer

Guest Surveyor Name

Address

district

block

panchayat

village

Respondent

उत्तरदाता / परिवार के मुखिया का नाम

पीवीटीजी समुदाय का नाम / Name of PVTG community

Caste certificate

क्या आपके पास जाति प्रमाण पत्र है ?

- ◯ हाँ
- ◯ नहीं

जाति प्रमाण पत्र क्यों नहीं है ?

- खतियान नहीं है
- खतियान है लेकिन उसका कॉपी पास मे नहीं है
- प्रक्रिया पता नहीं है
- अप्लाइ किए हैं पर रिजेक्ट हो गया
- बना था लेकिन खो गया / नष्ट हो गया
- अन्य

अन्य निर्दिष्ट करें

Housing

क्या आपको सरकारी आवास योजना का लाभ मिला है ?

- हाँ
- नहीं

आपने किस सरकारी आवास योजना का लाभ लिया है ?

- Abua Awas Yojna / अबुआ आवास योजना
- Indira Awas Yojana / इंदिरा आवास योजना
- Birsa Awas Yojana / बिरसा आवास योजना
- PM Awas Yojana / प्रधान मंत्री आवास योजना
- other / अन्य

सरकारी आवास योजना का लाभ क्यों नहीं लिया है ?

- अपना पक्का मकान है
- अपने नाम पर जमीन नहीं है
- अप्लाइ किए हैं लेकिन अभी नहीं मिला है
- जरूरी सर्टिफिकेट नहीं है
- others / अन्य

Sanitation

क्या आपको सरकारी शौचालय मिला है ?

- हाँ
- नहीं

क्या आप इस शौचालय का उपयोग करते हैं ?

- ◯ हाँ
- ◯ नहीं

आप इस शौचालय का उपयोग क्यों नहीं करते हैं ?

- ☐ आदत नहीं है
- ☐ पानी की कमी है
- ☐ शौचालय खराब हो गया है
- ☐ घर से बहुत दूर है
- ☐ लाइट नहीं है
- ☐ अन्य

अन्य निर्दिष्ट करें

आपने सरकारी शौचालय योजना का लाभ क्यों नहीं लिया है ?

- ◯ अपना मकान नहीं है
- ◯ अपने नाम पर जमीन नहीं है
- ◯ अप्लाइ किए हैं लेकिन अभी नहीं मिला है
- ◯ जरूरी सर्टिफिकेट नहीं है
- ◯ घर पर शौचालय बनाना सही नहीं लगता है
- ◯ others / अन्य

अन्य निर्दिष्ट करें

Electricity

क्या आपके घर मे बिजली का कनेक्शन है ?

- ◯ **बिजली और मीटर कनेक्शन दोनों है**
- ◯ **बिजली है पर मीटर नहीं लगा है**
- ◯ **बिजली नहीं है**

क्या आपको 200 यूनिट मुफ़्त बिजली का लाभ मिल रहा है ?

- ◯ हाँ
- ◯ नहीं
- ◯ पता नहीं है

DrinkingWater

आपके घर मे पीने के पानी (पेयजल) का श्रोत क्या है ?

- [ ] कुआँ
- [ ] चुआँ / डांडी / डोभा
- [ ] सोलर जल मीनार
- [ ] चापाकल
- [ ] नल
- [ ] तालाब
- [ ] नदी
- [ ] अन्य

घर से पीने के पानी (पेयजल) के श्रोत की दूरी कितनी है ?

- ◯ घर पर ही है
- ◯ 100 मी. के अंदर है
- ◯ 1 किलोमीटर के अंदर है
- ◯ 1 किलोमीटर से दूर

क्या आपको हर घर नल (जल जीवन मिशन) के अंतर्गत नल की सुविधा मिली है?

- ◯ हाँ
- ◯ नहीं

CookingFuel

आप खाना बनाने के लिए किस ईंधन का प्रयोग करते हैं?

- [ ] एल पी जी / गैस चूल्हा
- [ ] लकड़ी / सूखा पत्ता
- [ ] मिट्टी तेल / केरोसिन
- [ ] गोइंठा
- [ ] कोयला
- [ ] अन्य

क्या आपने उज्ज्वला योजना के अंतर्गत गैस सिलिंडर का लाभ लिया है?

- ◯ योजना के बारे में नहीं पता है
- ◯ योजना पता है पर लाभ नहीं लिया है
- ◯ पहली बार लिए थे पर बाद में नहीं लिया है
- ◯ गैस सिलिंडर की सेवा नहीं मिलती है
- ◯ हाँ, योजना के अंदर गैस का प्रयोग करते हैं

Road

क्या आपका गाँव मुख्य सड़क से जुड़ा हुआ है ?

- ◯ नहीं जुड़ा है
- ◯ पक्की सड़क से जुड़ा है
- ◯ कच्ची सड़क से जुड़ा है
- ◯ जुड़ा हुआ है पर बरसात मे कट जाता है

Employment

आपका प्राथमिक रोजगार क्या है ?

- ◯ कृषि , पशुपालन
- ◯ दैनिक मजदूरी
- ◯ कारीगर / हस्त शिल्पकार
- ◯ सरकारी नौकरी (स्थायी)
- ◯ सरकारी नौकरी (अस्थायी)
- ◯ प्राईवेट नौकरी
- ◯ स्वरोजगार / व्यवसाय
- ◯ बेरोजगार
- ◯ अन्य

» MNREGA

क्या आप के पास मनरेगा /जॉब कार्ड है?

- ◯ हाँ
- ◯ नहीं

मनरेगा / जॉब कार्ड क्यों नहीं बनवाया है ?

- [ ] नरेगा मे काम करने की इच्छा नहीं है
- [ ] अप्लाइ किया है लेकिन मिला नहीं है
- [ ] कार्ड बनवाया था लेकिन कैन्सल हो गया
- [ ] मजदूरी बहुत कम मिलता है
- [ ] अन्य

क्या मनरेगा से संतुष्ट हैं ?

- ( ) हाँ,संतुष्ट हैं
- ( ) नहीं, संतुष्ट नहीं हैं

मनरेगा से क्या परेशानी है ?

- [ ] मजदूरी कम है
- [ ] समय पर पेमेंट नहीं होता है
- [ ] समय पर काम नहीं मिलता है
- [ ] गाँव मे काम नहीं मिलता है
- [ ] अपने नाम पर बैंक अकाउंट नहीं है
- [ ] आधार से बैंक अकाउंट लिंक नहीं है
- [ ] अन्य

क्या परिवार का कोई व्यक्ति गाँव से बाहर काम करने जाता है?

- ( ) नहीं, गाँव में ही काम करते हैं
- ( ) काम करने के लिए शहर जाते हैं
- ( ) काम करने के लिए दूसरे राज्य जाते हैं

Financial Inclusion

क्या आपके / आपके परिवार के पास बैंक अकाउंट है ?

- ( ) नहीं, किसी के पास नहीं है
- ( ) केवल पुरुष सदस्य के नाम पर है
- ( ) केवल महिला के नाम पर है
- ( ) पुरुष-महिला दोनों के नाम पर है

क्या आपने किसी प्रकार का ऋण / लोन लिया है

- ◯ नहीं लिया है और नहीं चाहिए
- ◯ चाहिए लेकिन नहीं मिला है
- ◯ समूह (shg/yg) से लिया है
- ◯ बैंक से लिया है
- ◯ महाजन / साहूकार से लिया है
- ◯ सरकारी योजना से लिया है

क्या परिवार का कोई सदस्य स्वयं सहायता समूह (SHG) से जुड़ा हुआ है?

- ◯ हाँ
- ◯ नहीं

Social Security

आपको / आपके परिवार मे किसी को सरकारी आर्थिक सहायता / पेंशन योजना का लाभ मिलता है?

- ◯ नहीं मिलता है
- ◯ सर्वजन पेंशन योजना (वृद्ध, विधवा, दिव्यांग, आदिम जनजाति, HIV/AIDS आदि) मिलता है
- ◯ मइयाँ सम्मान योजना मिलता है
- ◯ मिलता है पर नाम पता नहीं है
- ◯ अन्य योजना से मिलता है

अन्य योजना का नाम

Anganwadi

क्या आपको आँगनबाड़ी केंद्र की सुविधा प्राप्त होती है?

- ◯ हाँ, गाँव में केंद्र है
- ◯ नहीं, गाँव मे केंद्र नहीं है
- ◯ केंद्र है लेकिन सेविका / सहायिका नहीं आती है

आपके परिवार मे बच्चे का जन्म कहाँ होता है?

- ◯ पिछले 5 साल मे किसी बच्चे का जन्म नहीं हुआ है
- ◯ घर मे परिवार के सदस्यों के सहयोग से हुआ है
- ◯ सहिया के मदद से घर मे हुआ है
- ◯ अस्पताल मे हुआ है

परिवार के सदस्य बीमार पड़ने पर कहाँ इलाज कराते हैं?

- ◯ सरकारी हॉस्पिटल में
- ◯ सहिया के पास
- ◯ भगत/ मति या झाड़ फूक से
- ◯ घरेलू इलाज से
- ◯ गाँव में घूमने वाले डॉक्टर/ वैद्य से
- ◯ अन्य

Ayushman

क्या आपके पास आयुष्मान कार्ड है ?

- ◯ हाँ
- ◯ नहीं

क्या आपने आयुष्मान कार्ड का लाभ लिया है ?

- ◯ हाँ
- ◯ नहीं, जरूरत नहीं पड़ी है
- ◯ नहीं , समय पर लाभ नहीं ले पाते हैं

Food & Nutrition

आपके पास कौन सा राशन कार्ड है ?

- ◯ राशन कार्ड नहीं है
- ◯ पीला कार्ड / अंत्योदय कार्ड है
- ◯ लाल कार्ड है
- ◯ हरा कार्ड है
- ◯ अन्य

क्या आपको राशन मिलता है ?

- ◯ समय पर घर पर पूरा राशन मिलता हैं
- ◯ घर पर राशन मिलता है लेकिन समय पर नहीं मिलता
- ◯ राशन दुकान से जा के लेना पड़ता है
- ◯ अन्य स्थान पर जाकर लेना पड़ता है

क्या आपको डाकिया योजना का लाभ मिलता है ?

- नहीं
- हाँ , पर राशन जाकर लेना पड़ता है
- हाँ , घर पर राशन मिलता है

Education

क्या परिवार के सभी बच्चे स्कूल जाते हैं ?

- परिवार मे 6 - 14 साल उम्र का कोई बच्चा नहीं है
- हाँ , सभी बच्चे स्कूल जाते हैं
- पहले जाते थे पर अब छोड़ दिया है
- नहीं, केवल कुछ बच्चे स्कूल जाते हैं
- नहीं, कोई बच्चा स्कूल नहीं जाता है

बच्चे विद्यालय क्यों नहीं जाते हैं ?

- विद्यालय नहीं है
- विद्यालय बहुत दूर है
- पढ़ाई नहीं होती है
- फेल होकर जाना छोड़ दिया है
- काम पर जाते हैं
- निजी कारण से

आपके बच्चे किस स्कूल मे जाते हैं ?

- सरकारी विद्यालय
- आवासीय विद्यालय
- प्राइवेट विद्यालय

क्या उन्हें कोई छात्रवृत्ति मिल रही है?

- हाँ
- नहीं
- पता नहीं है

क्या आपके बच्चों को मिड डे मील मिलता है ?

- हाँ, मिलता है
- मिलता है पर नियमित रूप से नहीं मिलता
- नहीं मिलता है

Snapshots


Tuesday, March 25 2025, 05:15:16 PM
Jharkhand State Highway 9, Sohar, Jharkhand 822119, India
23° 21' 0" N, 84° 10' 13" E 843m
28.2°C 8.6Km/h 11%
Google


Tuesday, March 25 2025, 03:36:00 PM
Shahpur, Jharkhand 822119, India
23° 22' 16" N, 84° 9' 36" E 675m
Google

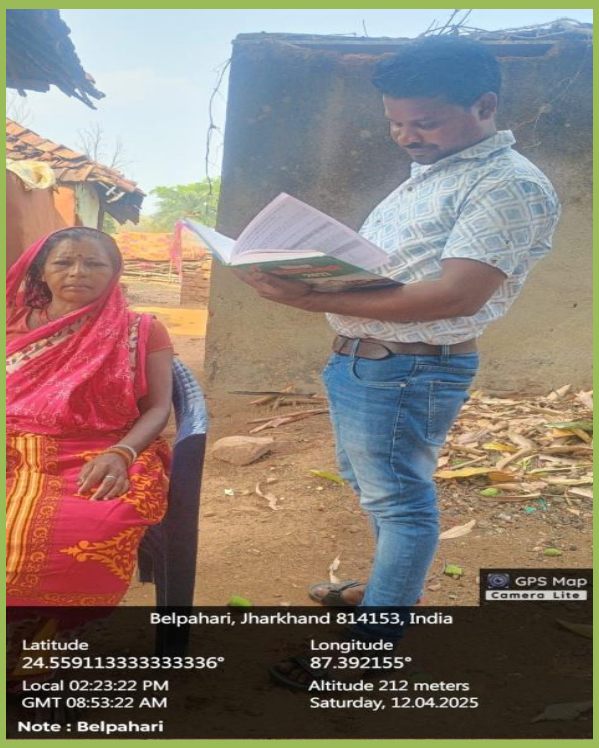

GPS Map Camera
Bhainsabarankurum Tola, Jharkhand, India
Bhainsabarankurum Tola, Jharkhand 814147, India
Lat 24.993343° Long 87.333134°
29/03/2025 07:31 AM GMT +05:30
Google


GPS Map Camera
Haripur, Jharkhand, India
jolo pahar , Jharkhand 814147, India, Haripur, Jharkhand 814147, India
Lat 24.993011° Long 87.377196°
26/03/2025 06:51 AM GMT +05:30
Google


GPS Map Camera
Buki, Jharkhand, India
Chq6+p8m, Buki, Jharkhand 835103, India
Lat 23.438675° Long 85.558758°
25/03/2025 06:22 AM GMT +05:30
Google


GPS Map Camera
Dumaria, Jharkhand, India
Xc8c+8x9, Dumaria, Jharkhand 814147, India
Lat 24.966015° Long 87.422766°
31/03/2025 08:50 AM GMT +05:30
Google


GPS Map Camera
Godda, Jharkhand, India
, Jharkhand 814153, India, Godda, Jharkhand 814153, India
Lat 24.562008° Long 87.434358°
04/04/2025 12:04 PM GMT +05:30
Google


GPS Map Camera Lite
Belpahari, Jharkhand 814153, India
Latitude
24.559113333333336°
Longitude
87.392155°
Local 02:23:22 PM
GMT 08:53:22 AM
Altitude 212 meters
Saturday, 12.04.2025
Note : Belpahari


GPS Map Camera
Godda, Jharkhand, India
, Jharkhand 814153, India, Godda, Jharkhand 814153, India
Lat 24.561667° Long 87.434377°
05/04/2025 09:52 AM GMT +05:30
Google


GPS Map Camera
Simlipara, Jharkhand, India
Simlipara, Jharkhand 814153, India, Simlipara, Jharkhand 814153, India
Lat 24.56395° Long 87.421863°
07/04/2025 05:30 PM GMT +05:30
Google

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