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## **ANTHROPOLOGY SNIPPET-65**



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## COVID-19 lockdown: An hour of crisis for India's DNT communities

The scarcity of essential facilities and lack of any rehabilitation measures might affect the lives of the DNTs even more than COVID-19



“Every state, every district, every lane, every village will be under lockdown,” said India’s prime minister and ordered all 1.3 billion people in the country to stay inside their homes for three weeks starting March 25, 2020, the biggest and most severe action undertaken anywhere to stop the spread of the coronavirus.

The prime minister made this announcement on the night of March 24, giving Indians less than four hours notice before the order took effect at 12:01 am. Novel coronavirus disease (COVID-19) has been spreading in India rapidly.

At this juncture, millions of citizens are vulnerable – the informal workers, particularly migrants and countless millions forced to live in packed urban areas with poor sanitation and weak public health care.

Very few cases have been reported from the rural parts so far. Among this group of informal workers, the De-notified, Semi-Nomadic and Nomadic Tribes (DNT) are amongst the most vulnerable.

### **Case of Delhi**

Krishna (name changed), from the DNT Gadiya Lohar community has been staying on the footpath in Shiv Vihar for the last 12 years along with 15 other families. They are all blacksmiths and make their living by making iron structures.

In the recent communal riots in Delhi, 10 of their shanties were burnt and five were looted by mobs. After the riots, with the help of the Delhi government's compensation though a small amount of Rs 5,000 per family, they could restart their business and were slowly rebuilding.

Now, with the lockdown, they were made to leave their houses again and were asked by police to find a place where they can confine in close boundaries. After a lot of struggle, they found a place and are trying to make it livable for the next 21 days.

Their new makeshift home is around three kilometres

away from their previous lodging.

“We did not have money to buy food and tried reaching out to people for support, but as everything was shut and no organisation could deliver basic food to us, we slept empty stomach on the first day of the lockdown, uncertain of when we would ever get our next meal,” Krishna said.

“The next morning, the organisation that we reached out to, connected us to a local person and he purchased food for us, which will last for around week and a half. We don’t know what will we do after that. We feel let down by the people whom we were living with for the last 10 years and then in short time, we were let down by the government also,” he added.

### **Health and living conditions**

Yogendra Ghorpade, who works with marginalised groups in the slums of Thane near Mumbai said that according to the fourth National Health and Family Survey, there is a high percentage of malnutrition among marginalised groups.

Both anaemia and malnutrition are prevalent among the Scheduled Caste (SC) and Tribe category, which has direct linkages with their immunity. Overcrowded slums (predominantly with SCs, Other Backward Classes, Muslims and DNTs) where everyone is working in the informal sector, including contractual sanitation work,



makes them more vulnerable to infectious diseases in the absence of protective gear.

In slums, where families stay in small rooms and share public toilets, maintaining physical distance and overall sanitation is difficult. The poor drainage system and unclean public toilets are a cause for faster spread of infectious diseases. For example, tuberculosis rates are much higher in slums.

In addition to this, compromised dietary practices, poor affordability, low educational levels and the lack of awareness could all lead to the faster spread of COVID-19. The lockdown may also not be as effective in slums as they are densely packed with overcrowded households sharing common public toilets.

### **The lockdown**

The Gadiya Lohars are not alone. There are many DNT families who are uncertain about their future.

Rohini Chaari, who works with the sex worker communities in Madhya Pradesh, like the Bedias, stated that although the government plans to increase ration, many families have been unable to link their Aadhar card with the ration card.

They are therefore, unable to procure ration from the Public Distribution System shops.

Radha (name changed), who is from the Bedia community, works in Mumbai and highlighted that she does not have a ration card for Mumbai. Moreover, as it is difficult for her to pursue her profession during the lockdown, she is worried.

“Mumbai is very expensive and I don’t have enough savings to survive more than a week.” She is planning to take a loan from a private moneylender who will charge her between 10-15 per cent interest per month.

The Od and Vaddar communities of Maharashtra are traditionally engaged in construction work. Bharat Vitakar, a Pune-based DNT activist, pointed out that the high level of unawareness among these communities has meant that they have not been officially registered as construction workers.

Therefore, although the government is making provisions to provide compensation to construction worker, these communities will be left out.

Advocate Kalam is a DNT activist from Bihar. He says although there are no cases of COVID-19 till now, the lockdown will have a big impact on the lives of the DNT communities. Especially those who are migrating street performers like *saperas*, magicians, ropewalkers and *katputali* folk artists who will be unable to perform and make a living.

“Unfortunately, these folk arts and artists are not recognised by the state and will not get any aid,” stated Kalam.

In the case of the Kheria Sabar community in Purulia, West Bengal, while most migrant workers have been able to return to Purulia before the lockdown, there are very few medical facilities available to them.

Prashanta Rakshit, who works with the Kheria Sabar tribe, stated that as the Kheria Sabar community prefers to stay in small groups and lives far away from the main village, it will be difficult to communicate with them in case of any medical emergency.

His organisation, the Paschim Bangal Kheria Sabar Kalyan Samiti, is creating awareness among the tribe on COVID-19 and is disseminating prevention measures in their Sabar language.

He further highlighted that the lockdown will be a serious challenge for the Kheria Sabar tribe and other hunter tribes because these have been largely dependent upon daily wage earnings through seasonal migration after the depletion of forests.

“The media is not playing its role,” Rahul Rajbhar, a DNT activist from Uttar Pradesh, said. “They are not asking critical questions and they seem to have become tools of propaganda for the ruling party and state. In Varanasi,

there are no sanitisers available in medical shops.”

The Raj Bhar community, listed under the DNT community, engages in farming.

“Half of the wheat crop was already damaged by hailstorms. It looks like the rest will be lost in the lockdown. I am not sure whether the government has any plan to provide the compensation to farmers and agriculture labourers that are dependent on farming,” Rajbhar said.

### **The aftermath**

Most of DNT communities have left their ancestral work and have started working as construction workers, domestic workers, truck drivers, mining workers, rag pickers, brick kiln workers, daily wage workers and beggars as a means to earn a livelihood

But after this lockdown, most fear for their future. If the government does not create strategies with the most marginalised in mind, it is likely that many will be left out.

If special efforts are not made to reach out to the DNT community during relief work, it could have disastrous effects on the future lives of these communities. The scarcity of essential facilities and lack of any rehabilitation measures might affect the lives of the DNT even more than COVID-19.



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