

Role of Civil Society Organisations towards the Homeless People during the COVID-19 Crisis

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ABSTRACT

“Stay Home and Stay Safe” became a buzzword amid COVID-19. Health authorities, including the World Health Organisation (WHO), advised people to stay home during the pandemic. This made the homeless people the most vulnerable among the vulnerable section of the society. Homeless people lack a sense of individual security, are exposed to more vulnerable situations of exploitation, have no sense of dignity or dangerous behaviour, and are addicted to drugs, which added more mental trauma to them during the COVID-19 crisis. Homelessness is also a behavioural problem. Maintaining physical distancing and maintaining COVID guidelines in the shelter homes were very difficult during the lockdown. This paper is an effort to understand the misery faced by the homeless, and the contribution of civil society organisations, during the pandemic, to the homeless in Delhi. This is incorporated through a case study and the initiatives undertaken to support their food, shelter, health, and other emergency needs.

Keywords: *Civil Society Organisations, COVID-19, Homeless, Best Practices*

INTRODUCTION

The terms homeless and homelessness have their root in the word home, which is a very complex word with an inner and greater meaning. It is a very rich value-laden word that encompasses emotion, identity, stability, security, and togetherness (Tipple & Speak, 2005). Newman (1972) has

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explained the concept of home as a defensible space, in a book by the same title. The concept, which contains elements of a theory of crime as well as a set of urban design principles, became popular in the 1970s as urban crime problems continued to rise. The concept of 'defensible space' was discussed, utilised, and critiqued widely by criminologists and other social scientists, as well as urban planners, law enforcement officials, and architects. Somerville (1992), on the basis of some signifiers, tried to trace the concept of home and homelessness. Home is a very reach concept; it has elements of comfort, belonging, identity, and security. He further elaborated seven other ingredients, like shelter, health, heart, privacy, root, abode, and paradise. Therefore, home is the place where a person is able to establish meaningful social relations with others, entertaining family members, and a place where a person is also able to withdraw from a relationship. Home is the place where people are able to control forms and shapes. When they are done, they have made a home with a sense of identity (Cooper, 1995). Moreover, Hayward (1977) explained that there is a relationship between home and individual well-being. The meaning of home may be understood as self-identity. Further, the researcher has given nine dimensions of home, such as a dwelling, a physical structure, social identity, and network, and how an individual is related to a particular environment.

In contrast, homelessness is a condition where coldness, indifference, stress, alienation, and instability represent expressive meanings as an outcome of the stage. The various terms used for this group include homeless, house-less, roofless, pavement dwellers, and shelter-less people; however, while counting them, it is not necessary to include everyone under the one term. Avramov (1996), writing on behalf of FEANTSA, prefers a wider definition of homelessness. According to him, homelessness is the absence of a personal, permanent, adequate dwelling. Homeless people are those who are unable to access personal, permanent, adequate dwelling due to financial constraints and other social barriers.

HOMELESS PEOPLE

There has been little academic engagement in the area of homelessness. Most of the studies conducted were primarily engaged in counting the homeless (AAA, 2000; IGSSS, 2011). Few empirical studies have been conducted after the introduction of new economic policies in the country. In fact, the city witnessed a problem of migration at the time of the

Asian Games. Probably the first study by any government agency on homelessness was the DDA (1985), a study on the condition of children in the night shelters in Delhi. The study remained unpublished till date. In India, Capital Homeless (2001) was the first study on the issue of the homeless people. That study revealed many new narratives of the homeless for the other civil society. It was also a finder of pathways of homeless work at NCT in Delhi for the homeless, and guided civil society organisations and government agencies since then. Some of the very interesting needs based on the findings were things like shelter, health care, and the identity of the homeless. The study also revealed the socio-economic status of the homeless. The study further found that more than 80 per cent of the population is working in Delhi in the unorganised sector. As per the census of India 2011, it is recorded that two out of every 1,000 urban Indian is homeless. According to the census, there are 9.42 lakh and 1.5 lakh to 2.0 lakh homeless people in urban India and Delhi, respectively.

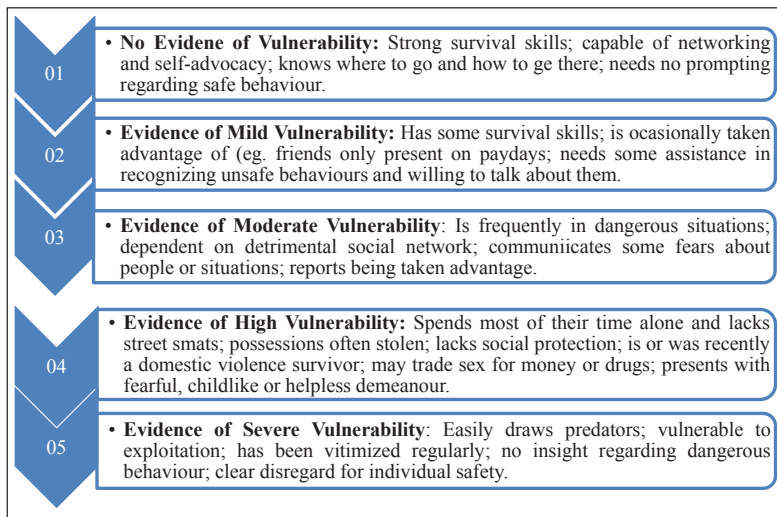
HOMELESS, IDENTITY, AND CITIZENSHIP: MATTER OF CONCERN

Homelessness is an important modern-urban issue from the global to the local level. It is directly connected with the legal status of a resident, essentially to access all rights as enshrined in the constitution, U.N. conventions, and international covenants. The very first identity of human beings, as a new-born, is with their name registered under the Birth Registration Act; this is the starting point in an individual's journey of citizenship. A 'citizen' is a member of a political community, which is defined by a set of rights and obligations. "Citizenship therefore represents a relationship between the individual and the state, in which the two are bound together by reciprocal rights and obligation" (Heywood, 1994, p. 155). Almost all the citizenship entitlements in the modern welfare state are routed through one's house address, and therefore, being without a house or home is a serious obstacle in availing one's rights and entitlements. Situations like homelessness can lead to disconnect in basic citizenship rights, as well as entitlements. Most of the times, homeless people do not have any valid proof of identity with them to prove their existence, which makes them more vulnerable.

Table 1: Homeless Population in India

Back-Ground	All Population			Homeless Population				
	Absolute		Growth Rate	Absolute		Percentage		Growth Rate
	2001	2011	2001-2011	2001	2011	2001	2011	2001-2011
Total	1,028610328	1210569573	17.7	1943476	1772889	0.19	0.15	-8.8
Rural	74,23,02,537	833463448	12.3	1164877	834541	0.16	0.10	-28.4
Urban	286307791	377106125	31.7	7,78,599	938348	0.27	0.25	20.5

Source: Primary Census Abstract for total population and homeless population, 2011, Office of the Registrar General & Census Commissioner, India.



Source: The above diagram is taken from the website of the Downtown Emergency Service Centre (DESC). Retrieved from https://homelesshub.ca/sites/default/files/COH_VAT_Manual_Online.pdf

Fig. 1: Downtown Emergency Service Centre (DESC) Vulnerability Access Tool (VAT)

HOMELESS PEOPLE AMID COVID-19

As per the World Health Organization, COVID-19 is a disease that was first reported in China in December 2019. Corona virus disease (COVID-19) is an infectious, communicable disease caused by a newly discovered virus in the modern world. It spread from person to person primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. As per the data reported to the World Health Organization (WHO), the total number of cases of COVID-19 till date is 8.73 million, where 8.12 million and 1.29 lakh people recovered and died, respectively, in India. The worldwide view of total cases of people affected is 53.3 million, where 34.4 million people recovered and 1.3 million died due to the outbreak of the deadly corona virus. The number of cases in Delhi was recorded as 4.67 lakh, in which 4.17 lakh COVID-19 patients recovered and 7,332 died due to corona virus in the first phase. Worldwide, India occupied second place in terms of the number of people affected.

Around 8,728,795 cases were registered as per WHO, where 1,28,668 people died; still, a high number of cases are occurring across the country.

HOW DOES THE CORONA VIRUS SPREAD?

World Health Organization stated that the COVID-19 is an infectious virus that spreads from person to person. It spreads when a sick person coughs or sneezes. Its droplets are sprayed as far as six feet away. If you breathe them in or swallow them, the virus can get into your body. COVID-19 symptoms include cough, fever or chills, shortness of breath or difficulty in breathing, muscle or body aches, sore throat, the new loss of taste or smell, diarrhoea, headache, fatigue, nausea or vomiting, and congestion or runny nose; many times the symptoms do not appear properly. You can also get infections from the virus while touching a surface or object that the virus is on, and then touching your mouth, nose, or possibly your eyes. These situations are abnormal for the homeless population, because memorising and maintaining all these protocols are next to impossible.

PANDEMIC: SUFFERING OF HOMELESS PEOPLE (HOMELESS TO HOPELESS)

The World Health Organization (WHO) precisely advised ways to protect yourself and others, and prevent contagion by following certain guidelines. There are a number of guidelines issued by them from time to time, to protect oneself from the virus. Some of the measures are mentioned below.

- *Keep yourself updated with latest information regarding COVID-19 from the sources of health authorities:* Homeless people severely lack such skills and access to the sources of information and reaction to the findings for prevention. Further, it required one to look at those homeless people who are not lucky enough to have basic necessities and amenities, such as shelter homes with television facilities to access such information. Although at several places, there were people inside the shelter, most of the homeless population was still under the open sky.
- *Maintain at least one metre distance from others:* Maintaining a distance between two people required a sense of individual safety, which is hardly found in the homeless people's behaviour and; further, it is very difficult to maintain distance in the shelter homes. Most of the shelter homes built in Delhi and other places do not follow the NULM guidelines on minimum area allocation. COVID was a tough time for managers and agencies, as they tried to enforce the 'maintaining a certain distance' guideline.
- *Cultivate the habit of wearing masks regularly, when around or meeting people:* Wearing a mask regularly while going outside or

meeting people depended on the individual conditionality of change in behaviour according to the surroundings. Homeless people are vulnerable, and therefore lack the skills of adapting to the environment. This has been the reason that homeless people faced greater misery during COVID-19.

- *Avoid the 3Cs – spaces that are closed, crowded, and involve close contact:* The World Health Organization precisely suggested avoiding close contact, and spaces that are closed and crowded, to be safe and healthy amid the pandemic. Homeless people either reside in shelter homes run by the government or civil societies, or other public places that are over-populated or rarely meet hygienic parameters. Therefore, their exposure to crowded space and close contact add more to their vulnerability.
- *Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water:* The grammar of homeless habits and behaviour is very different from that of other people. Homeless people lived their life without any restrictions and discipline; however, there was a protocol to follow the guidelines, to protect oneself from threat. Although there was a clear disregard for individual safety in such a severe situation. In addition, the availability of basic amenities like soap, hand sanitiser, and masks for the entire homeless population remained a challenge amid the COVID-19 pandemic.
- *Stay home and self-isolate even if you have minor symptoms such as cough, cold, or fever, or consult doctors:* Stay home, stay safe emerged as a buzzword amid the pandemic, in which homes were a great blessing for everyone. This was the reason people started moving towards their own homes after seeing the spread of the virus multiplying; another reason was due to the lockdown imposed. However, stay home, stay safe remains a distant dream for lots of people, like migrants, unorganised workers, rag pickers, and homeless people. They faced a lot of mental trauma during the pandemic, as people with homes were confined to their own space; religious places were closed and did not allow food supply to homeless people.

The pandemic has affected many lives, and has caused much distress in India. It can also be demonstrated that the urban areas, where major employment was, were the worst affected. The journey from lockdown to unlock has helped control the spread of the virus. However, it has also caused a big loss of people's lives. The stranded migrants in the cities with no means of livelihood have returned to their villages. It required

affirmative efforts to protect the unprotected in their zones. The homeless people who do not have a roof over their heads, or who live out in the open on the streets were the worst affected during the crisis.

ROLE OF CIVIL SOCIETY ORGANISATIONS AND INTERVENTIONS IN THE FIELD

The rapid evolution of the outbreak of corona virus affected the lives of all people, including the elderly, women, children, drug addicts, mentally ill, families, and people living in the margins. It is isolating and disrupting communities all over the world, undermining the people's rights and well-being. While COVID-19 is primarily a health crisis, there are several implications and risks to everyone. The Ministry of Health and Family Welfare, Niti Aayog, and other government bodies in India acknowledged the role of civil societies in their tremendous and important sustained contribution during the pandemic. There were several organisations that came out in support of the homeless at the NCT in Delhi. The Delhi Urban Shelter Improvement Board, along with civil society organisations initiated the efforts to provide and protect homeless people by providing shelter, food, health, and emergency supplies during the time of crisis. Aashray Adhikar Abhiyan (AAA) was one of the leading organisations to come out unconditionally on the streets, to the shelters, and all other locations where intervention was required during the lockdown, to support the homeless people.

Aashray Adhikar Abhiyan (AAA): Aashray Adhikar Abhiyan is a non-profit, civil society organisation working with homeless people for the last two decades in Delhi. It was started as an in-house programme of Action Aid India in 2000, but registered in 2010. AAA has reached out to more than 1,000 people every day with shelter, healthcare, education, food, mobilisation, and livelihoods; it is kind of a holistic intervention for the homeless. The pandemic was a drastically risky time in everybody's life, while at the same time providing an opportunity to organisations like the AAA to protect the homeless people from everything, without waiting for government assistance and interventions.

The pandemic has adversely affected individuals around the world. In this situation, collaboration is needed, to protect and empower the vulnerable and the marginalised to play on the frontlines, and be one of us in terms of the essentials. The safety measures put in place to contain the spread of the virus, which requires physical distancing, regular hand washes, and the wearing of masks remain a challenging phase; Aashray Adhikar Abhiyan launched the COVID-19 Relief Programme, through

which they could reach out to the unreached and come up with all their needs and essentials. The following are the activities undertaken for the purpose of helping the needy during the pandemic crisis.

Table 2: Activity Undertaken Amid the Pandemic

<i>Sr. No.</i>	<i>Activity</i>	<i>Description</i>
1	Dry Ration Kit.	To distribute among the daily wage earners, the labouring urban poor, and others affected during the sudden lockdown due to the pandemic.
2	Health Workers Safety and Security.	To safeguard frontline workers' health – first aid, medicine, masks, sanitiser, gloves, and PPE kits distributed among workers.
3	Food for Homeless.	Food programmes for the homeless, migrants, and stranded to prevent hunger deaths; ensured three-time-food programmes.
4	Health, Hygiene and Mental Health.	Health and hygiene kits like masks, sanitiser, gloves, hand wash, soaps, detergents, and others distributed among the homeless; regular check-ups, counselling, recreational activities, and 24x7 assistance was provided.
5	Skills, Capacity Building and Awareness Session.	Online classes were held to enhance their skills amid the pandemic, reaching out to the needy people and building a connection with them amid the pandemic.
6	Special Initiatives for Women.	To look after women's mental health, especially those rescued by the police and other law enforcement agencies and taken to shelter homes; providing a nutritious diet, yoga, and other health-related activities.
7	Cooked and packed food on the streets and roads, highways of Delhi.	This was a special initiative to provide packed food to those who were marching towards their native place on their own, stranded migrants who were waiting for their transportation to their native place but stayed at transit shelters, and also those homeless who lived without any shelter and food in different parts of Delhi during the lockdown.

<i>Sr. No.</i>	<i>Activity</i>	<i>Description</i>
8	Basic assistance to restart their economic activities after lifting of lockdown guidelines.	This initiative was to assist rickshaw pullers and other urban unorganised sector workers to restart their livelihood activities. AAA provided sanitisers, soaps, towels, roasted gram, biscuits and flattened rice (chivda).
9	Arranged a safe and peaceful journey back home.	AAA facilitated the safe and secure journey of those migrants and homeless people who cannot afford tickets, by bus, trains, sometimes taxis, and so on.

During this pandemic, reaching out to them with the awareness sessions was a way to develop a connection with them. As it is a long process, to continue efficiently, it is better to make them understand, and it is necessary to work together.

Mental Health Issues of Concern at Ground Zero

Everyone was experiencing emotions, thoughts, and situations never experienced before. However, for the homeless, there was a huge impact on their mental illness. They are addicted to drugs; anxiety and the uncertainty around COVID-19 can be overwhelming and cause strong emotions, affecting the mental health. It was challenging for everyone to keep their mind calm and ensure mental well-being during COVID-19. Aashray Adhikar Abhiyan had undertaken the following steps to support their mental health:

- Spent quality time with the shelter inmates and built a healthy relationship making friends and providing recreational activities such as board games, music, reading, and so on.
- Were involved in daily activities like gardening, cleaning, and cooking to help reduce anxiety.
- Helped them connect with their loved ones through phone calls/video calls.
- Initiated exercise and yoga to boost physical and mental health.

CASE STUDY: THE ROLE OF THE ORGANISATION IN THE LIFE OF A VICTIM OF THE CORONA CRISIS – MICHELLE POTTER

Michelle Potter a 44-year-old woman from Johannesburg, South Africa, came to the capital for an excursion trip for two weeks; however, her

two weeks were not completed. She is still stranded in one of the AAA shelters at New Delhi. By profession she is a caregiver, and the mother of six children. When she arrived in the middle of March 2020, she was three months pregnant as well. The government guidelines for the 21-day lockdown stopped her return till date. All outside movements, trading, transportation, travelling, and means of transportations, like aeroplanes, and so on, were stopped suddenly and completely. All economic and social activities out of imagine to disconnect from society. She stayed at one of the houses converted into a hotel. Due to the pandemic, the hotel lost its earnings. The management of the hotel started blackmailing all the guests who were stranded there due to the lockdown. Michele was the biggest victim of the hotel's strategies. The hotel started charging Rs. 600 for a 300ml cold drink and Rs. 4,000 for mobile SIM cards; other eatables were beyond her paying capacity. Until the time she had the option of selling her precious belongings, she survived at the hotel; however, once she sold all her belongings, she had no options for survival, especially for buying food and other basic things. Every day she was threatened by the owner to vacant the room as soon as possible. When she was left with no option, she had thought to commit suicide as well. On a midnight in July, she left the hotel and reached New Delhi's biggest church, where she started knocking on the big gates and crying unceasingly. The gatekeepers took her to the father of the church. There was a very heart-breaking conversation with Michele on life, problems, God, struggle, pain, and so on. The father of this church knew the organisation AAA and their work. He called an official of this organisation immediately and the organisation rescued Michele the same night. After reaching the church, at least their food, shelter, health, and other basis needs were taken care of properly; however, her next stage in the unfinished journey was still waiting, testing her courage and confidence.

Her daughter was getting married on 15 August. So she had to reach South Africa before that. She started working through all available platforms, along with the organisation staff, right from the South African embassy to the Ministry of External Affairs, to the FRRO office at R. K. Puram to Air India offices, and to all airlines in New Delhi. However, there were no flights and no option of returning home. On one hand, she was missing her chances of returning to South Africa; on the other hand, there was an internal struggle concerning the safety of her unborn baby. Her medical struggles were also happening simultaneously. Every day she had to fight at many levels. One can understand her pain, where a mother, a wife, and a resident of a different nation was stranded in another nation, facing such an adverse situation, where she had to follow all the guidelines

to protect herself from the virus and still keep pushing for her return. She had to have regular medical check-ups at hospitals and clinics where the doctors' and laboratories' charges were higher than others. We really do not know how many times she went in for the corona test. Whenever she visited the airline offices, she was asked for certificates from the doctors stating that it was safe for her to fly in her condition, along with corona test reports. Finally, she did not succeed in returning home to South Africa. In October, she delivered a baby boy at Lady Harding Hospital. Both Michele and her new-born baby are staying at the shelter, waiting for the all-clear from the South African embassy. After providing all support and assistance, such as shelter, food, health care, hospitalisation, regular counselling, and arranging phone calls to her family back in South Africa, clearance from her embassy in New Delhi was obtained; when flights reopened in both the countries, the organisation facilitated a successful return journey. Now, both mother and child are staying safely with their family.

PROGRAMMES AND POLICIES: HOMELESS

The shelter and a caring approach not only saved Michele and her baby, but also established the utmost importance of such provisions under the policies for homeless people. There is no provision of a separate policy mentioned in the Constitution of India for the homeless population. The government aims to provide shelter facilities under its social welfare schemes to those who fall in the category of the homeless. The following are the prominent initiatives for the protection of the homeless people.

National Urban Livelihood Mission (NULM)

The National Urban Livelihoods Mission – Scheme of Shelter for Urban Homeless (NULM – SUH) was launched by the Ministry of Housing and Urban Poverty Alleviation in 2014. The shelters should be permanent all-weather shelters for the urban homeless. For every one lakh urban population, provisions should be made for permanent community shelters for a minimum of 100 persons. Depending on local conditions, each shelter could cater to 50 or 100 persons. The scheme aims to provide permanent shelter and essential services to the urban homeless population in the country. This scheme has the only separate provision for women, in which it is stated that some of these shelters may cater to the most vulnerable groups within the homeless population, such as single women and their dependent minor children. States/ULBs may consider setting up separate shelters to cater to a specific population, such as women.

Shelters for the exclusive use of women, in terms of its location, design, services, and support systems, could be designed to cater to the needs of women and their dependent children. In every ULB, no matter how small the populace, at least one such shelter for women would be constructed.

Delhi Urban Shelter Improvement Board

The Delhi Urban Shelter Improvement Board came into existence under the Delhi Urban Shelter Improvement Board Act, 2010, which was passed by the Legislative Assembly of the National Capital Territory of Delhi on the 1 April, 2010, and which came into force by the orders of the Hon'ble Lt. Governor of Delhi on 1 July, 2010. This Act empowers the DUSIB to notify certain areas as slums, where, with the passage of time, the buildings have become dilapidated and the basic civic services are missing. Though it is an engineering body, in Delhi it is one of the nodal agencies that coordinates and monitors homeless shelters along with the NGOs.

SUGGESTIONS AND RECOMMENDATIONS

The pandemic gave us a deeper insight into the role of civil society organisations in life-saving interventions, especially for those living on the margin. Homeless people are one of the most vulnerable groups and sufferers of such an unwanted situation. In the absence of proper planning and policies related to the homeless, their livelihood, physical health, and mental health are affected. The situation became more difficult with the closure of religious institutions, public places, or functions, where the supply of food stopped. There are some lucky ones who have access to shelters and other basic amenities' supply; however, those homeless engaged in the act of begging and rag-picking faced a very difficult time. It exposed the support systems erected after several years of interventions by civil society organisations along with the government; it showed that it is not sufficient to handle such situations. It served as a reminder to strengthen the policies, programmes, and health infrastructure to make shelter homes more inclusive. The Guidelines of National Urban Livelihood Mission (NULM) have to be implemented properly. Sufficient and timely funds should be allocated to promote shelter management and other activities of the homeless. It may include many therapeutic sessions, counselling sessions, and recreational activities as well.

The homeless population is isolated from the mainstream of the society; they are more vulnerable to anxiety disorders, depression, and several other mental health problems. Mental health experts and drug

de-addiction counsellors should be appointed to cover the well-being of the homeless inside the shelter homes. There should be a common platform where people who are migrating to a new place are covered with citizenship entitlements. The need of the hour is to develop a network of civil society organisations and different government agencies to cope with the situation proactively. Social work institutions and departments can also play a very significant role in providing their expert help during a time of crisis.

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