HOMELESS SHELTER MANUAL

INTRODUCTION

This is a guide for establishing and maintaining a homeless shelter. It is developed essentially to serve as reference for the involved groups\(^1\). It is not a comprehensive document however, it presents the basics – the minimum requirements.

The chapters of this guide include the required preparations for a homeless shelter establishment, its operationalization and management, mobilization of resource to sustain its financial aspects, and monitoring and evaluation. Each is keenly prepared to ensure that each elaborates meaningfully the requisites for putting-up and keeping a homeless shelter.

Efforts made to come-up with this document are inspired by the early endeavor initiated by the Office of the Supreme Court Commissioners (OSCC) for the homeless people. The office view that homeless people like any other human beings have rights, and no other else has the biggest accountability in fulfilling and protecting these rights but the government, alone.

The government owe to its people, specifically to the poor, the marginalized and the vulnerable, a development that recognizes and places their entitlements at the center. This is especially critical for a country experiencing the dynamics of swift growth economically accented by urbanization with subsequent urban poverty mounting in unprecedented level.

Homelessness\(^2\) is understood generally as a condition of people without a regular house and whose night time residence are public or private places not designed for use as a habitual sleeping accommodation for human beings or homeless shelters or institutions that provide temporary residence for individuals.

There are scarce documents pertaining to homelessness. The proximate resource in understanding its nature and dynamics are urban poverty literatures. Researches on topics relevant to homelessness deemed the former as the main cause of the latter. It even appears that homelessness is the facade of urban poverty at worst. Hence, the discussion

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\(^1\) Government, group, organization or person that has direct or indirect stake with this segment of society.

\(^2\) The definition is a “patch” of concepts derived from different sources.
that follows covers urban poverty to provide a context to this social phenomenon called urban homelessness.

1. Urban Poverty: A Global View

Urbanization is viewed to contribute to continual economic growth critical to poverty reduction. The clustering of firms’ and peoples’ population open opportunities for investments, availability of services, and prospects for jobs. But on the other hand, it brings conditions of congestion, unemployment, stark inequalities, and crippling social problems drawing a phenomenon called poverty.

Population estimates indicate that urban population growth will swell up to five billion in 20-year time as well as urban poverty propelled by urbanization. Much of this is projected to happen in Asia and Africa.

At present, it is calculated that one-third of the urban residents are poor which represents one-fourth of the world’s total poor. This is attributed to many that move to cities with no or less education and low skills lagged behind struggling for a day-to-day living.

A research initiated by the World Bank relates that urban poverty is rooted in a complexity of resource and capacity constraints, inadequate government policies both at the central and local level, and a lack of planning for urban growth and management. With the rapid urban population growth in most cities in the above mentioned continents, left inertly addressed, sooner or later urban poverty will complicate to worst.

1. Urban Poverty: The National Scenario

Alongside the hasty population growth is the increasing density of poor inhabiting cities. Asia has a proportion of 28 percent (28%) of urban population, and a total of 25 percent (25%) urban poor – the highest in the world.

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3 Refers to a process in which an increasing proportion of an entire population lives in cities and the suburbs of cities. Historically, it has been closely connected with industrialization. When more and more inanimate sources of energy were used to enhance human productivity (industrialization), surpluses increased in both agriculture and industry. See http://www.faculty.fairfield.edu/faculty/hodgson/Courses/so11/population/urbanization.htm
4 Urban economics referred to this phenomenon as economies of scale or economies of agglomeration.
6 Ibid.
8 With high population density scarce resource of land, and provision of housing, health, education and other social services becomes problematic.
India, as the fastest growing economy in Asia, contributes a big chunk of share to both density – urban population and urban poor. Over 286 million people now are inhabitants of the country’s cities\textsuperscript{10}; three of them, namely, Mumbai, Delhi and Calcutta, are haven of 17 percent (17\%) of the world’s slum dwellers\textsuperscript{11}; destination of an estimated 1 million workers coming from agriculture every year with around 34,000 not getting into the organized sector; and “refuge” of countless number of child laborers many are girls trafficked for commercial sexual exploitation\textsuperscript{12}.

Based on the population growth pattern, it is expected that 41 percent (41\%) of India’s total population will be living in urban two decades from now. This is an indicator that more slum dwellers, jobless or casual workers and child laborers would inhabit the cities, creating a phenomenon called “urbanization of poverty”\textsuperscript{13}. With currently urban poverty posing problems of space, housing, livelihood and or employment, water, sanitation, health, education, social security along with the social needs of the vulnerable groups such as children, persons with disabilities, aged and women (disregarding the fact that certain aspects of economic development associated with the process of urbanization i.e., restructuring and dismantling of larger industries like mills and slum demolitions has “backwash” effect complicating the predicament of the urban poor), this would be a worst case scenario.\textsuperscript{14}

The recent report on urban poverty backed by UNDP\textsuperscript{15} relates that Indian state governments are wrestled with challenges on making the cities inclusive, productive, efficient and manageable. This they could only do by seeing urban development from the context of the urban poor highlighting their rights for affordable and accessible adequate basic amenities, social services, and access to livelihood opportunities which require efficient urban planning, good governance and strong political will. They should as will see urban poor as partner rather as mere subjects of all these efforts.

\textsuperscript{11} UN-HABITAT, 2006. See http://www.unhabitat.org/
\textsuperscript{13} Concentration of poverty in cities due to urbanization.
2. **Homelessness in India: A Stark Reality**

In India, urban poverty is “so real” with millions of homeless people squandering at almost every corner of its cities. They generally occupy any vacant space i.e., roadsides, pavements, temple-mandaps, and platforms as temporary abode while, ascribed their condition to extreme poverty, unavailability of low cost housing, unstable employment, and violence instituted at home. Street children, beggars, sex workers, and daily wage earners such as construction workers, rickshaw pullers, and street vendors basically are among the homeless in India.\(^{16}\)

A census conducted in 2001 indicates that there are 1.94 million homeless people living in India. Three-fifth (\(3/5\)) of them is living in villages and two-fifth (\(2/5\)) is in cities and towns. This figure however is viewed an underestimation for approximation point out that merely the population of street children and beggars are accounted 18 million and six (6) million, respectively.\(^{17}\)

The plight of the urban homeless in the country is highlighted by the \(^{18}\)8\textsuperscript{th} Report of the Commissioners of the Supreme Court\(^{18}\). The report underscores ordeals the day to day life offers to them.

Homelessness itself is considered a crime. They are stigmatized criminals and or mentally ill. Their mere existence is deemed illegal due to the danger posed by their presence. Their dwelling in public or public spaces is as well an offense. Several laws and policies regulating urban land are barring them from building shelters.

Homeless people survive through causal and unprotected arduous labor, vagrancy, and or prostitution. With unfixed income vis-à-vis source of living, they are paying everything i.e., a utilization of toilet, a bath, transportation, a drinking water, and or a shelter when they choose to stay in it in a night or so; tall financial expenses they have to burden besides other social services they need to avail e.g., healthcare, which is unimaginable for regular meals require an enormous expense which is difficult to manage. In fact, often, they eat according to what they can afford, forged, and or is given by charity or vagrancy. Its quantity or quality is no longer a consideration provided there is something to fill their hungry stomachs. Due to this practice - irregular, less or poor dietary intake - they suffer from ill health.

The homeless comprise the significant number of the estimated eighty (8) to two hundred (200) million of people who sleep hungry every night.\(^{19}\) This condition makes them

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\(^{16}\) See Harsh Mander’s essay “Living Rough”.

\(^{17}\) See Office of the Commissioners of the Supreme Court’s “The 8\textsuperscript{th} Report” at http://www.sccommissioners.org/

\(^{18}\) See http://www.sccommissioners.org/reports.
susceptible to extreme weather conditions. The rise or fall in temperature increases the basal metabolism rate (BMR) of a body resulting to a requirement for more calorie intake to maintain its temperature. Several numbers of homeless people died in the streets in winter 2009 due to a very cold weather and in no avail their demise could be associated to starvation.

Despite of all these however, being among the most vulnerable and disadvantaged in the society, they are not covered by food schemes. According to the aforementioned report of the OSCC, 60 percent of them do not receive any form of assistance provided for below the poverty line (BPL) category of the population merely because they do not have a proof of residence.

3. CONFRONTING URBAN HOMELESSNESS: A PRELUDE

Relevant to the urgency and severity of the above concerns, the OSCC brought the plight of the homeless to the attention of the Honorable Supreme Court. The OSCC's petition dated 13 January 2010 conveys the difficulty of the homeless in the streets of Delhi. The High Court promptly responded to this petition and accorded directions pertinent to what the Commissioners are demanding. Realizing the need to fulfill and protect the entitlements of all the homeless across the county, the OSCC's successive demands dated 25 January 2010 implore that the same directions have to be issued to all states' concerned government agencies.

It is gratifying to note that the interim orders issued by the High Court in response to OSCC petitions are overwhelming. Below are the summaries:

- The Supreme Court Order dated 20 January 2010 issued the following directions to Government of Delhi, the Municipal Corporation of Delhi, the New Delhi Municipal Corporation and Cantonment Board: a) To set up at least 100 temporary shelters for people living in streets within one week; b) To build at least 140 permanent shelters for people living in the streets by December 2010; c) To set up at least 500 community kitchens across the city and provide nutritious and cheap cooked food; d) To issue AAY ration cards to all homeless people in Delhi with a validity of at least two years and renewable if they remain homeless in the city by March 31, 2010 and; e) To file an affidavit to the Supreme

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19 See http://www.sccommissioners.org/reports.
20 They are denied of ration cards and all benefits of the various schemes due to not in possession of proof of fixed residence. See http://www.sccommissioners.org/reports.
Court on steps undertaken to protect the food and shelter rights of homeless people in the City by 15th February 2010.

- The Supreme Court Order dated 27 January 2010 underscores actions undertaken by concerned authorities regarding the directions issued on 20 January 2010. Important information it conveys is that the Government of Delhi will take immediate steps in coordination with all its agencies and non-government organizations to provide night shelters to the homeless, improved existing facilities for them, and provide blankets, water, and mobile toilets.

- The Supreme Order dated 05 May 2010 transmits responses of states to the petition of the OSCC dated 25 January 2010 demanding that the same directions (issued on 20 January 2010 to the Delhi Government Municipal Corporation of Delhi, the New Delhi Municipal Corporation and the Cantonment Board) should be issued to all states and state’s agencies working for the homeless. States’ and Union Territories’ affidavits and responses are positive and some important actions they would undertaking are: a) take a detailed survey on the homeless and respond to their entitlements accordingly; b) build a shelter for a lakh population in all urban centers and provide basic facilities and amenities such as clean drinking water, light, toilet and provisions for their security and; c) formulate comprehensive policies protecting the rights of the homeless.

4. FILLING THE GAPS: POLICY MEASURES THE GOVERNMENT SHOULD ADAPT

Urban homeless population is comprised of diverse groups in terms of age, place of origin, gender, and livelihood. As heterogeneous of their composition are their needs. Efficient urban development therefore would play essential in toppling urban poverty vis-à-vis homelessness, both by giving the disadvantaged migrants the chance for a better life and which very much dependent on how the government manage population growth, provide good governance, and deliver services for this segment of society.

This starts through recognizing their rights and giving them responsibilities vis-à-vis proactive role in achieving development. Building and opening shelters for homeless people is “a brand new start” which will allow them see hope and chance to work on improving their lives.

IDENTIFICATION OF THE HOMELESS AND THEIR NEEDS
1. **Identification of Partners.**

Prior to the identification of the homeless and locations for the setting up of homeless shelters, it is essential to identify the organizations who will partner with the state government to conduct the identification process. Partners would include the implementing urban local bodies, civil society organizations, homeless youth volunteers, and student and youth volunteers (such as from the NSS and NYK).

Appointment of shelter implementation agencies must be conducted on the basis of fulfillment of certain Minimum Norms and Quality Standards (MNQS) (see Annexure). The selection process must be open, and the process must be transparent and open to public scrutiny on demand.

2. **Conduction of the Rapid Survey.**

In order to plan the locations, numbers and nature of permanent shelters to be established for homeless populations in any city, it is necessary to first conduct a rapid survey of homeless populations of the city. This is distinct from the detailed survey which would need to be undertaken subsequently, which would be in the nature of a detailed census of every homeless person (possibly integrated with bio-metrics), in order to ensure individual entitlements to each homeless person and household, such as ration cards, financial inclusion and health insurance. The purpose of the Rapid Survey (as distinct from the subsequent detailed census) of homeless populations is as follows:

1. To identify major homeless concentration areas in which homeless people reside (on streets, pavements, parks, shopping areas, bus and railway stations, parking areas, in pipes, etc)

2. To profile the broad gender, age, occupational and special needs categories of the people in each homeless concentration area

3. To understand the experience of existing or past shelters if any, from the perspective of the homeless populations

4. To understand the aspirations and expectations of local homeless populations with regard to permanent shelters, including locations, services, management etc
**Implementing the Rapid Survey**

It would be useful first to constitute survey teams: from about 5 teams in a smaller city to 15 teams in a metropolis. Teams may constitute around 4 persons each, from the partner organizations identified (see above).

Each team should be given a city map, and the city may be divided into compact segments, based on the numbers of teams available. Prior to the survey, they need to be oriented to a) profile and problems of the homeless; b) participatory research techniques; and c) ethical responsibilities.

Each team should be given one vehicle, and the rapid survey conducted over two weeks. The time of the survey would be from 8 pm to 2 am, because homeless people can only be identified and contacted at this time.

The team will identify groups of homeless persons in numbers of 20 or more. These will be mapped on the city map which they carry. As far as possible, they will hold focus group discussions with larger clusters of homeless persons.

In the focus group discussions, the following questions may also be asked:

1. What is the predominant age and gender profile of the homeless population in that cluster?
2. What are the predominant occupations undertaken by this homeless cluster?
3. Do they have any special needs and challenges, such as disability, leprosy, TB, High drug use etc? Details.
4. Are the majority of homeless residents those which have been at this location for more than one year, or less? Please specify?
5. Do the majority of homeless residents share common linguistic, caste or regional characteristics?
6. Do they have access to any shelter? If so, details, and their evaluation of that shelter.
7. If the government sets up a shelter for them, would they a) welcome that; b) oppose it; or c) be indifferent? Reasons.
8. If they were to have a shelter, what would they seek from it in terms if a) location; b) facilities; and c) management?
This information would be recorded and collated for each shelter, and then shared with the local government body as a report, to form the basis for planning the location, mix of types, and special services for each shelter (such as women, aged, disabled, mentally challenged, and recovery shelters for homeless patients etc.)

This rapid survey for homeless mapping will be used by the state government, local body and other organisations assisting these, to plan the locations, and types and numbers of shelters in each location. The minimum numbers of shelters in each urban area, as per SC ratified norms, is one per lakh of urban population. Thus if the city is of one crore (ten million) population, it would qualify for at least 100 permanent homeless shelters. Of these around 30 would be shelters for especially vulnerable homeless groups. Where the general (working men's) shelters, and the specialised shelters (such as women, aged, disabled, mentally challenged, and recovery shelters for homeless patients etc.) would be located, and the numbers and mix of types of shelters in each location would be based on the findings of the rapid survey. The rapid survey feedback would also guide the planning of the services and management systems of the shelters.

The state and local government would then identify available buildings at each of the identified locations, which can be deployed after suitable refurbishing, for the shelters.

3. Analysis of findings and identification and headcount of beneficiary groups.

4. Assessment of the special needs of beneficiary groups.

Shelter Design and Operationalisation

1. Identification of shelters
   1.1 Develop benchmarks, quality standards and operating protocols for shelters.
   State governments must develop benchmarks and quality standards for shelter operation.
In addition, standard operating protocols may be developed. An illustrative list of protocols that may be developed is given below (see Annexure for detailed protocols)

- Sanitation and cleanliness protocol
- Health protocol
- Housekeeping protocol
- Fire safety protocol

1.2 Conduct training sessions with staff. Training sessions must be conducted with staff to orient them towards their role in the shelter (see Section 3.4 for more details).

1.3 Locate available infrastructure and assess and conduct upgradation requirements against pre-defined benchmarks. Based on the survey, identified locations for shelters must be assessed by trained and competent architects, engineers and urban local body staff to ascertain the viability of these locations, and the upgradation requirements of the structures, against specified norms and based on the specific purpose for which the shelter will be designed. As far as possible, existing unused government buildings must be utilised for the purpose of setting up shelters. Only in the case of absolute unavailability of such buildings must new shelters be constructed.

Preference will be given to shelters with good ventilation, open spaces and a healthy environment, wherever possible.

1.4 In the case of unavailability of available infrastructure, new shelters may be constructed. The shelter building designs should be low cost and environmentally appropriate. On completion, newly constructed buildings must be certified structurally safe for human habitation by a competent technical authority. This certification must be renewed every 3 years.

1.5 Assessment of human resource requirements and appointment of staff. Based on the total number of shelters and their specific requirements depending on the type of shelter being proposed, the human resource requirements of the shelters must be calculated, and sufficient staff appointed accordingly.

**GUIDELINES FOR THE DESIGN OF SHELTERS**

1.6 General

All shelters must make arrangements for the following basic facilities. Additional requirements specific to each shelter type will be covered in the relevant section of this manual.
1.6.1 Infrastructure

- Building and design: Buildings whether newly constructed or renovated must be assessed and certified to be safe for habitation by a competent technical authority. The building must also be designed in such a manner as to make it accessible to elderly persons and the disabled. Therefore for example, ramps will be installed to facilitate wheelchair access.
- Name boards: The name boards at a shelter must specify the type of shelter, and the text provided in English, Hindi and the local language.
- Toilets: Basic acceptable standards must be adopted with respect to the construction of toilets. Separate male and female toilets must be constructed. In addition, special toilets must be constructed for persons with disability. No fees may be charged for usage.
- Space: The minimum space allocated per person is defined to be 3.5 square metres per person. The building must thus be constructed/selected keeping in mind this norm as well as the capacity requirements.
- Parking facility: Adequate space with sufficient security arrangements must be set aside in cities such as Delhi wherein persons such as cycle rickshaw pullers may park their vehicles during periods of occupation of the shelter.
- Bathing areas: Bathing areas must be constructed in keeping with norms, with a ratio of one bathroom for twelve persons.
- Water: Running water must be provided in all the bathrooms, and must be available throughout the day, with adequate arrangements being made in areas without access to 24/7 piped water supply. During the winter months, hot water supply should be made available.
- Fans, coolers, heaters: Adequate arrangements must be made for fans in all the rooms of the shelters. Where required, coolers and heaters must be provided in the summer and winter months respectively.
- Ventilation: The shelter must be well ventilated.
- Emergency lights: All shelters will be sufficiently equipped with emergency lights.
• Mosquito control: The shelter must be regularly fumigated to control for mosquitoes. Wire meshes must be installed over open spaces and windows to ensure pests are kept out.
• Pest control: Pest control must be conducted at regular intervals to ensure cleanliness and hygiene standards are maintained.
• Waste management: Suitable waste management arrangements should be put in place.
• Fire safety arrangements: Fire protection and fire safety regulations applicable in the concerned territorial area will apply to shelter homes. Adequate firefighting equipment must be provided in keeping with statutory safety norms. Staff and residents must be trained in their usage.
• Emergency exits: Emergency exits must be included in the building plan, and emergency escape routes chalked out. Regular safety drills must be conducted at periodic intervals.
• Repair and maintenance: A review of the shelter infrastructure must be conducted on a monthly basis, and repair and maintenance activities undertaken immediately.
• Security: Adequate security arrangements to be put in place. The shelter must have security guards in place at all times.

1.6.2 Essential facilities
• Drinking water: Safe, potable drinking water must be available 24/7 to residents. The water must be suitably treated, i.e., with chlorine, to render it safe for consumption.
• Subsidised meals: Community canteens must be set up within the shelter premises or adjoining it, to facilitate access of shelter residents to subsidised food.
• Bedding: Adequate bedding must be provided to residents (including blankets where required). Linen must be changed on a daily basis.
• Lockers: Shelters must be equipped with locker facilities, thus allowing residents to store their belongings safely.
• Savings deposit facility: Residents who for whatever reasons are unable to access banking services, must be provided with the option to deposit their savings at the shelter.
• Banking service: Efforts must be made to extend banking services to residents of shelters. The shelter itself may be listed as the permanent residence of a resident.

• Photo-Identification cards: Photo-identification cards must be issued to the residents of the shelter by a competent government authority. This card must hold valid and be considered to be sufficient proof of residence.

• Facilitation of UID services: The shelter must facilitate access of residents to government schemes through the UID. Residents who have not received UID cards must be assisted with obtaining it.

• Concessional monthly pass: Renewable concessional monthly passes must be issued to regular users of the shelters.

• Postbox: Every shelter must have a postbox, where post to residents may be directed.

• Emergency Rescue Service: Each shelter will be linked with the urban local body’s Emergency Rescue Service control room.

1.6.3 Recreational services

• Television: Televisions must be provided in every shelter, according to the number of residents.

• Indoor games: Indoor games like carrom, chess, etc., must be provided for in every shelter.

• Library: Every shelter must have its own library or small reading room with subscriptions of daily newspapers as well as weekly or monthly magazines of people’s choice. This facility should be run by users themselves.

• Children’s play area: A playground for children may be set up.

• Meeting room: As shelters are the only places that homeless people can call as their own, it is suggested that every shelter also has a room or some independent space to serve as guest lounge or visitor's place etc. There could be apprehensions about misuse of this place by people forming groups or sitting there without wok or for wrong reasons, this facility may be extended only to the regular users of the shelter.

1.6.4 Medical Services

• Health Centre: A separate room in each shelter will be appointed as the health centre for that shelter. The health centre will be equipped with basic medical supplies and medicines.
• A trained health worker attached to the nearest government health institution will attend the health centre on a daily basis for fixed periods of time in the evening.
• First aid kit: First aid kits must be made available in every shelter. Care must be taken to ensure that the kit is fully equipped at all times, and that all staff members are adequately trained to handle minor medical problems.
• Health camps: Health camps must be organized at weekly intervals, in collaboration with a local hospital.
• Linkages with hospitals for times of moderate or severe illness: Each shelter must be linked to a local hospital, with adequate travel arrangements in place to take sick persons to the hospital.

1.6.5 Other services
• Mental health services: Counselors must be made available to residents with mental health issues. Staff must also be sensitized to their needs, and treat residents with dignity and respect. Residents who need special care may be sent on to appropriate institutions.
• Adult education classes: Adult education classes may be conducted free of charge.
• Livelihood counseling: Livelihood counseling services should be provided to residents who need assistance planning for the future.
• Livelihood and vocational training, support and placement in marketable occupations: Livelihood and vocational training must be provided free of charge to residents. While selecting training activities, modern trades may be included and equal opportunity given to both men and women to choose their trade.
• Legal aid: Legal aid must be provided to shelter residents when solicited.
• Sexual Harrassment Complaints Committee: As per Supreme Court guidelines for the prevention of sexual harassment, a Sexual Harassment Complaints Committee must be established in every shelter (see Annexure).
• Creches and nurseries: Creches and nurseries may be set up in all the shelter homes to allow for children to be looked after while their parents are away at work.
• Child-nutrition services: The shelter may be linked with the food production agencies of the Integrated Child Development Services
scheme to ensure the provisioning of age appropriate food to young children below the age of 6.

1.6.6 Timings
- Open round the clock: The shelter will remain open 24/7. A person may enrol in the shelter at any point during the day or night.

1.7 Shelters for single women and dependents
Shelters designed specifically for women and their dependents seek to address the unique situations of homeless women who constitute a very vulnerable category or persons with special needs. In addition to the facilities provided at a general shelter therefore, a shelter for women will also provide the following facilities/follow the following principles.

1.7.1 Psycho-social support and counseling services.
1.7.2 The shelter must be of a ‘revolving door’ nature. This means, that the women's shelters will not usually serve as final destinations, but instead as places of healing and livelihood preparation, to enable women to move out into independent housing, working women's hostels, or old people's homes, in accordance with their aspirations and needs.
1.7.3 Special care to be taken to ensure the security of residents.
1.7.4 The ratio of women staff to male staff must be high, and women staff must be available to provide assistance to residents round the clock.

1.8 Shelters for families
To be filled in.

1.9 Recovery shelters
Many homeless people suffer from severe and debilitating ailments like TB, heart ailments or injuries on limbs etc. They have no place to rest and recuperate before and after hospitalisation. The recovery shelters should provide the space for recovery of these patients. Facilities provided at recovery shelters over and above the facilities provided in general at all shelters would include the following:
1.9.1 Para-nursing staff to provide bedside medical care
1.9.2 Availability of medicines as required.
1.9.3 Linkage with a public health facility, with regular visits from doctors on a weekly basis.

1.10 Shelters for the aged

The aged (above 60 years of age) who do not suffer from serious ailments may enroll in shelters for the aged. Facilities provided at these shelters over and above the facilities provided in general at all shelters would include the following:

1.10.1 Special medical care in keeping with their requirements and illnesses such as Alzheimers, diabetes, arthritis, Parkinsons, osteoporosis, neuro-degenerative diseases etc.

1.10.2 Round the clock para-nursing staff.

1.10.3 Special diets for persons suffering from illnesses.

1.10.4 Experienced caregivers to support residents when required.

1.10.5 Special arrangement for the needs for social interaction, recreation & other activities.

1.10.6 Access to physiotherapy and special exercise sessions.

1.10.7 Special care to be taken to ensure the security of residents.

1.10.8 Make arrangements for the elderly to participate in income generation programmes if so desired.

1.10.9 Provide assistance in making transportation arrangements if so desired or required.

1.11 Shelters for people with disability

Shelters for people living with disability will make provisions for the following facilities and services in addition to those provided in general shelters.

16.1 Design rooms, bathrooms, common areas etc. keeping in mind the special needs of disabled persons such as access ramps, safety grab bars, bed rails, special toilets, etc. Architects, construction engineers and designers must have access to information on disability policy, and the special needs of the disabled.

16.2 Establish links with public health centres to ensure that disabled persons are supplied with the necessary aids.

16.3 Appoint special staff who have been trained and are sensitive to the special needs of the disabled.

16.4 Access to physiotherapy, special exercise sessions, yoga etc.

16.5 Provide basic skills training to improve current skill levels or to compensate for affected functions.
16.6 Provide assistance in making transportation arrangements if so desired or required.

16.7 Special care must be taken to ensure that entertainment and recreation facilities provided are in keeping with needs. For example, Braille books must be made available for use by the visually challenged.

16.8 Special counselors must be made available to those desiring counseling on a weekly basis.

1.12 Shelters for drug users

1.12.1 Special trained staff must be appointed in these shelter homes.

1.12.2 The shelter must provide residential detox and rehabilitation facilities. A comprehensive treatment programme must be put in place for the various substance abuse scenarios.

1.12.3 The shelter must provide drop in, information and advice facilities.

1.12.4 Individual and group counseling services are to be provided.

1.12.5 Trained psychologists and psychiatrists are to be provided.

1.12.6 Men, women and children are to be housed separately.

2. **Financial Planning and Budgeting** *(To be filled in by Sandeep)*

   2.1 Determine user fees/minimum capacity usage.

   2.2 Identify alternative sources of revenue

   2.3 Undertake feasibility exercise

3. **Capability Building of the Various Partner Agencies**

   Training programmes must be held with the following sets of actors

3.1 State and central government representatives: State and central government representatives must be oriented and sensitized to the need for shelters for the homeless, the needs of various homeless groups, implementation and monitoring strategy, budgetary aspects and grievance redressal mechanisms.

3.2 Urban local body representatives: In addition to be oriented and sensitized to the need for shelters for the homeless, the needs of various homeless groups, implementation and monitoring strategy, budgetary aspects and grievance redressal mechanisms, urban local body representatives must be familiarized with homeless and shelter identification processes in detail, reporting systems (quality audits And MIS), detailed shelter operational plans including
implementation protocols, how to facilitate linkage of homeless persons with government schemes etc.

3.3 Shelter implementation agencies: Shelter implementation agencies need to be oriented and sensitized to the need for shelters for the homeless, the needs of various homeless groups, implementation and monitoring strategy, budgetary aspects and grievance redressal mechanisms, homeless and shelter identification processes in detail, reporting systems (quality audits and MIS), detailed shelter operational plans including implementation protocols, linkage of homeless persons with government schemes etc.

3.4 Shelter staff: Shelter staff must be thoroughly oriented with respect to shelter implementation standards, protocols, operational plans, monitoring systems (including the MIS and quality audits). In addition, shelter staff must be oriented with respect to the catering to the homeless brought in through the emergency rescue plan. Shelter staff must also be oriented about the manner in which to facilitate referral systems, linkage of homeless persons with government schemes.

3.5 Public health officials, trained health workers associated with the shelters: Public health officials overseeing the running of hospitals and health centres, as well as health workers assigned duty at the homeless shelters must be oriented with respect to their role in this service.

3.6 Police: The local police forces must be sensitised to the needs and rights of the homeless.

**INSTITUTIONAL MECHANISM**

1. **Role of Various Institutions**

1.2 Role of the Central government:

- Develop a non-negotiable guideline for the state governments, basing on the orders of the Supreme Court, to set up permanent homeless shelters
- Central government should designate a nodal department – ideally Ministry of Housing and Urban Poverty - for convergence of all services for the homeless, to coordinate the work of departments of Urban Poverty, Housing, Food and Civil Supplies, Social Justice and Empowerment and School Education.
- Plan and make resources available for the states for the establishment of homeless shelters under JNNURM
• Establish a monitoring unit, preferably under the Ministry of Urban Development/Housing and Urban Poverty Alleviation.

1.2 Role of the State government:
• State governments to establish special agencies and structures to deal with all matters relating to homeless people in the state.
• State government to develop detailed schemes based on the specifics of the state and the city.
• Initiate a process of identification of homeless people in the cities in association with the urban local bodies and civil society organizations.
• Design a programme for the state.
• Set up shelters.
• Allocate resources to the municipal bodies or the ULBs for setting up and maintenance of the shelters.
• Undertake quality audits.

1.3 Role of Urban local bodies or municipal corporations:
• Make land available or allocate buildings at the suitable places for the setting up of shelters, based on the survey identifying localities where the concentration of homeless population is high.
• Identifying reputed civil society organisations who are experienced in shelter management to run these shelters.
• Prepare MoUs in conjunction with shelter operating agencies.
• Run the shelters itself in case of unavailability of credible organizations.
• Link the shelters with other public institutions like hospitals, juvenile homes, government school, local AWCs, banks etc.
• Run Emergency Rescue Service for the homeless. The urban local body will be responsible for setting up a control room linked with an Emergency Rescue Service Hotline, whereby any person can report the need for a homeless person to be rescued and enrolled in the appropriate homeless shelter. The urban local body must arrange for emergency rescue vehicles to pick up homeless people in distress. This service must be provided in conjunction with the public health system and the local police.

1.4 Role of the shelter operating agency:
• Ensure that basic facilities are made available to residents, and that prescribed guidelines are adhered to.
• Reach out to the homeless population and make them aware of the availability of homeless shelters and assist their enrolment in the shelter.
- Ensure that women, children and people with special needs are enrolled in the relevant shelters specific to their needs.
- Day to day management of the shelters as per the prescribed norms.

2. **Monitoring mechanism**

2.1 A Shelter Monitoring Committee (SMC) will be appointed in every city to oversee the monitoring of the homeless shelters. The shelter monitoring committee will comprise representatives from the relevant government departments, the urban local body, the district administration, the shelter operating organization and local civil society organizations working with the homeless, representatives from users of this service, activists/professionals from the social sector and State Advisors to the Commissioners to the Supreme Court in the Right to Food case.

This body should must every quarter after the submission of the quarterly audits (for more detailed information on the quarterly audits see below) to oversee functioning of facilities and programmes, suggest measures to be taken to redress gaps in functioning and grievances, and finally report to state government and Commissioners of the Supreme Court.

Apart from the constitution of the SMC, the monitoring mechanism will comprise both monthly reports that feed into a centralized Monitoring and Information System (MIS) as well as audits. The monitoring mechanism will thus comprise the following components:

2.1.1 MIS: An MIS report will be compiled at the state level, based on MIS formats filled at the home level and sent to relevant urban local body level officials (see below for MIS format). This MIS will serve to provide an indication of how individual homes are functioning on a monthly basis. This MIS data must be available in the public domain.

### Monthly Monitoring and Information System Format

<table>
<thead>
<tr>
<th>Shelter Name:</th>
<th>Parameter</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>Sanctioned strength</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Indicators</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Average number of residents</td>
<td>Number of residents above 60 years of age</td>
<td></td>
</tr>
<tr>
<td>Sanitation</td>
<td>Number of toilets available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of toilets functional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of times the shelter has been cleaned</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of days the shelter did not receive water</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Number of visits made by the doctor/health worker to the shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of deaths</td>
<td></td>
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<tr>
<td></td>
<td>Number of hospital referrals</td>
<td></td>
</tr>
<tr>
<td>Expenditure (in thousand)</td>
<td>Sanitation and cleaning</td>
<td></td>
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<tr>
<td></td>
<td>Medicine</td>
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<tr>
<td></td>
<td>Salary</td>
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<tr>
<td></td>
<td>Water, electricity and maintenance charges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<tr>
<td>Staff positions (filled)</td>
<td>Health worker</td>
<td></td>
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<tr>
<td></td>
<td>Cleaner</td>
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<tr>
<td></td>
<td>Manager</td>
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<td></td>
<td>Manager</td>
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<td></td>
<td>Security guard</td>
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<td></td>
<td>Field worker</td>
<td></td>
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<tr>
<td>Number of inspection visits made</td>
<td>ULB official</td>
<td></td>
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<td></td>
<td>State government official</td>
<td></td>
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<tr>
<td></td>
<td>Volunteers and others</td>
<td></td>
</tr>
<tr>
<td>Grievance redressal</td>
<td>Number of complaints made by residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of complaints by residents redressed</td>
<td></td>
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<tr>
<td></td>
<td>Number of complaints made by staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of complaints by staff redressed</td>
<td></td>
</tr>
</tbody>
</table>

Note: Just a few other possible indicators that could be used

1. Number of small savings accounts opened
2. Number of new photo identification cards issued
3. Number of persons linked with government schemes
4. Number of persons who have been found jobs
5. Whether overhead water tank has been cleaned

2.1.2 Monthly monitoring: Monthly quality inspections/audits will be conducted for each home, by an officer appointed from within the municipal body (the format for which is prescribed below). Audit reports must be made available for public viewing not more than one month after its completion. Items marked for follow-up must be reviewed during the next audit. Action must be taken in case of lapses in follow up.

2.1.3 Quality Audits: The quality audit will be conducted on a quarterly basis (the format for which is prescribed below. This is however an indicative format, and may be adapted to the specifics of the shelter in question). The audit will be conducted by third party external reviewers, such as universities, independent institutes, civil society organizations appointed for this purpose. The audit will be conducted unannounced. The audit will be qualitative in nature, adopting methods of observation and interview. Interviews will be held with staff and residents present in the shelter at the time of the audit, separately. Interviews with residents must be closed-door in nature.

Audit reports must be made available for public viewing not more than one month after its completion. Items marked for follow-up must be reviewed during the next audit. Action must be taken in case of lapses in follow up. A sample quality audit format is depicted below.
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Item</th>
<th>Staff Review</th>
<th>Resident Review</th>
<th>Inspector's Evaluation</th>
<th>Follow-up Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Infrastructure</strong></td>
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<tr>
<td></td>
<td>Building Structure</td>
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<tr>
<td></td>
<td>Maintenance of fans</td>
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<td></td>
<td>Maintenance of coolers</td>
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<td></td>
<td>Maintenance of heaters</td>
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<td></td>
<td>Maintenance of fire safety equipment</td>
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<td></td>
<td>Water availability</td>
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<td></td>
<td>Availability of hot water in the winter months</td>
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<tr>
<td></td>
<td>Monthly cleaning of overhead tank</td>
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<tr>
<td></td>
<td><strong>Cleanliness and Sanitation</strong></td>
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<tr>
<td></td>
<td>Cleanliness of indoor premises</td>
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<tr>
<td></td>
<td>Cleanliness of outdoor premises</td>
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<td></td>
<td>Cleanliness of toilets</td>
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<tr>
<td></td>
<td>Daily cleaning of premises</td>
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<td></td>
<td>Changing of bedding on a daily basis</td>
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<tr>
<td>Functioning of emergency light</td>
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<tr>
<td>Disposal of waste on a daily basis</td>
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<tr>
<td>Fumigation of mattresses on a monthly basis</td>
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<tr>
<td><strong>Essential Services</strong></td>
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<tr>
<td>Access to lockers</td>
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<tr>
<td>Access to banking services</td>
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<tr>
<td>Access to small savings deposit facility</td>
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<td>Distribution of Photo-IId cards</td>
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<tr>
<td>Facilitation of access to government schemes</td>
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<tr>
<td><strong>Recreation</strong></td>
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<tr>
<td>Availability of a functioning television</td>
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<td>Availability of indoor games</td>
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<tr>
<td>Availability of a children's play area</td>
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<tr>
<td>Maintenance of the</td>
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<tr>
<td>meeting room</td>
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<tr>
<td><strong>Record Maintenance</strong></td>
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<tr>
<td>Maintenance of Resident enrolment register</td>
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<tr>
<td>Maintenance of staff attendance register</td>
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<td>Maintenance of fixed asset register</td>
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<tr>
<td>Maintenance of stock register</td>
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<td>Maintenance of inspection register</td>
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<tr>
<td>Maintenance of complaint register</td>
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<tr>
<td><strong>Medical Services</strong></td>
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<tr>
<td>Number of referrals made during the last quarter</td>
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<tr>
<td>Attendance of trained health worker</td>
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<td>Condition of the first aid kit</td>
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<tr>
<td>Availability of medicines in the</td>
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<tr>
<td>Service</td>
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<tr>
<td>health centre</td>
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<tr>
<td>Linkage with local hospitals</td>
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<tr>
<td><strong>Other services</strong></td>
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<tr>
<td>Access to counsellors</td>
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<tr>
<td>Access to adult education classes</td>
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<tr>
<td>Access to livelihood counselling</td>
<td></td>
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<tr>
<td>Livelihood and vocational training, support and placement in marketable occupations</td>
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<td></td>
</tr>
<tr>
<td>Access to legal aid</td>
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<tr>
<td>Functioning of creches</td>
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<tr>
<td>Linkage with child nutrition services</td>
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<tr>
<td>Shelter timings</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Grievance redressal</td>
<td></td>
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</tr>
</tbody>
</table>
2.1.3 Social audits: Social audits must be conducted once a year. The social audits should be organised by state governments, but driven by users of the services with their large and active participation. Commissioners of the Supreme Court state advisors to be actively involved in these processes.

2.1.4 Audit by the Comptroller and Auditor General (CAG): The office of the CAG be authorized to undertake audits of the shelter programme throughout the country each year.

3 Grievance Redressal Mechanism

3.1 Shelter level

All shelters need to maintain a complaint register at the shelter itself wherein residents can record complaints. The manager will be responsible for ensuring that complaints are redressed within 15 days of being recorded. Details of the number of complaints lodged and the number of complaints redressed must be recorded in the monthly MIS.

3.2 City level

Every ULB needs to designate Grievance Redressal Officer at the city level who can directly be accessed by shelter residents. Her role will be to hear the grievances and petitions of the homeless people and dispose of the complaints within 15 days of being lodged. The GRO's office will maintain a complaint register, with details of complaints made and action taken recorded. Residents who record complaints must be provided with an acknowledgement receipt.

The commissioner or head of the municipal body will act as the first appellate authority.

3.3 State level

One officer at the state government (from a suitable department such as urban development) will act as first appellate authority. The secretary of the department will act as the second appellate authority at the state level.

3.4 Helpline
A helpline must be instituted through which complaints can be lodged. The helpline must be linked with the GRO’s office.