

# **EATING ROUGH**

## **Hidden Hunger on City Streets: Searching for Solutions**

**Harsh Mander**

**Smita Jacob**

**With inputs from**

**Vandana Prasad**

**Sajjad Hassan**

**Hoonar Janu**

**Natasha S. Koshy**

**Centre for Equity Studies**

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Connaught Place, New Delhi

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## ***Prologue***

## ***Hunger on City Streets***<sup>1</sup>

*It is often assumed that hunger defaces only the rural landscape; and that although cities may engender other forms of violence, its colonies, shanties and streets are free of that most terrible form of want – of food for a hungry belly. But we discovered - in a study of homeless people that we undertook over two years in the streets of Patna, Delhi, Chennai and Madurai - hunger to be rampant, and sometimes desperate, even on city streets, although obscured in the smoggy haze of city lights.*

*Budham Bai, a grizzly old homeless woman in the country's capital eats only what she gets out from the charity of temple worshippers, and saves all the cash she is given as alms to send back to her village. Many times, she has to be content with only one meal, but usually she is able to manage two half meals a day. She spends eight months a year, begging and sleeping in the courtyard of Kalkaji Mandir in Delhi, to support her ailing husband in their village in Uttar Pradesh. He is too proud to beg.*

*Most of the food street children buy are at food stalls. On bad days, some eat at dargahs, gurudwaras or temples, and the younger ones forage for food in rubbish heaps. Phelena Devi, abandoned by her husband lives alone on the platform in Patna and earns 20 to 30 rupees per day from picking rags. Every morning, she spends 2 rupees on tea. Only after she completes her work by late afternoon does she buy her first meal of the day from a stall. The day she has enough money, she eats from hotel on the station. For 8 rupees she eats rice, dal and vegetables, and at night, she gets herself 3 rotis that cost her 6 rupees. Later she forages in the bins for bits of biscuits and samosas, and sometimes begs at temples.*

*Many buy cooked food, sometimes from humble eateries on the pavements themselves. Mythili has grown up with her family on a pavement in Chennai; her mother runs a small stall on the pavement itself to serve food to other homeless people. Her overheads are so low and the fare very elementary, to make the meals affordable to homeless people. The mendicant homeless population of Madurai is fed often by charitable organisations.*

*Leprosy patients Bhagniman and Janak in Patna depend on stale leftovers that they are given as they beg in the day. But at night, they try to set up a makeshift stove between two bricks, and boil some hot rice. In Chennai, we saw women setting out their stoves only close to midnight after the streets were emptied of*

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<sup>1</sup> Mander, H. (2009) Hidden Hunger. The Hindu. April 19, 2009 Available from: <http://www.hindu.com/mag/2009/04/19/stories/2009041950150300.htm> (Last accessed on 17th August 2010)

*pedestrians, and they woke their sleeping children to groggily eat their only self-cooked meal for the day. This is how more than half the homeless people we spoke to in Chennai managed to eat at least one 'home'-cooked meal. But cooking food is even more trying during the rainy seasons, as they cannot keep their fires burning under the pouring rain, and the wet surface hinders the lighting of a hearth even after the rain stops.*

*The nature of their dwellings, if any - makeshift and open to the sky - force homeless people to depend extensively on external sources for their food - through purchase, foraging, or receiving food in charity. The condition of being homeless in the city also typically means lacking a place to cook, or to store rations and one's utensils (except where families are able to colonise segments of pavement for long periods like in Chennai). Purchasing food may involve greater expense; and that too for less healthy food. In Patna we observed that none of the homeless people store any food due to its perishable nature, and because they had no secured space to store anything. Besides, fuel is something that is beyond their means. Often they can be seen cooking on fires burning between bricks, the weak fire fed with bits of branches and dry twigs that the homeless people have collected, or with cakes of cow dung collected from the droppings of stray cattle. We found that few homeless people in Delhi can cook their own meals. Around half purchase their dinner, the rest eat at shrines, beg or forage for food in the railway station, eating left-overs from trains that serve food to passengers.*

*Not being able to cook food at home results not just in poor nutrition, but also high expenditures. We found that many homeless people spend 50 to 90 per cent of their income on food. But even this is often not enough. A woman who looks after her homeless family in Patna complained, 'Our daily income is 70 rupees, so how can we get enough food from that? On top of that, we have 5 children to look after'.*

*If they still manage to eat nutritious food, it is to the sacrifice of almost everything else. In Patna, we met Deepak studying under a street light. He is the 10 year son of a rickshaw-puller, who lives with his father on the pavement,. His father wanted him to become a 'sahib', and therefore brought him to study in a school in the city, instead of leaving him in his village with his mother. He is a caring father, who spends a great deal of what he earns to feed his son well. He buys for him every night a packet of biscuits for 3 rupees. This is his breakfast the next morning. Later the boy eats roti with vegetables bought from a roadside hotel, and a small cup of milk. Ganesh, Deepak's father says, 'Even if I don't eat, I buy a cup of*

*milk for my Deepak everyday'. In school, there is khichri or gruel in the State financed midday meal. Ganesh buys an egg for Deepak once in few days.*

*On days when they are unable to find work, in Delhi many of the homeless seek free food from religious places, and street children also depend on friends for food. It is interesting that a fifth of the homeless people we spoke to said that they prefer to stay hungry than depend on charity from religious places, relatives and friends. In Chennai, one-fourth of the respondents borrow money from other homeless people during such lean days, and a tenth per cent are helped by their neighbours who share their food. A small portion dulls their appetite by drinking tea. In Madurai, on the other hand, they keep their hunger at bay with beedis, drugs, tea or just water, or else they beg or get food on credit. In Patna, a third of those we spoke to said they just stay hungry, a seventh solicit food from others, and others eat on credit.*

*A homeless man remarked bitterly in Patna, 'Allah has two ways of looking at His people. For one segment of people, He leaves the strings loose, but for the poor He keeps a tight hold on the strings. He gives us so much pain: whereas we crave for good food, for fruits, meat and fish, they get so much to eat...'*

# 1. Introduction

In any city, in the shadowy settlements of its homeless, destitute and footloose populations, you encounter classical unmistakable symptoms of chronic starvation and under-nutrition. There are many young men and some women who are able-bodied and working, but among them subsist the aged, disabled and diseased. There are also many children, with or without adult guardians. Many men and women of more sound body, but you find that these people spend virtually all they earn each day just on buying food, to be able to keep alive, labour and feed their dependents. A small number of people depend for food on private, primarily religious charities, but usually the food they receive is not nutritious, and almost invariably it is not served with dignity and respect. The children in these settlements are spirited, but invariably thin and pale, and look years younger than their actual age. Both children and destitute adults also forage for food in waste dumps.

It is remarkable that although between a quarter and a third of India's poor people live in cities, there are remarkably few state initiatives for promoting better nutrition for urban poor populations, except for a highly dysfunctional public distribution system, and an even more rudimentary ICDS child development programme, both of which almost completely exclude the poor populations in slums and the streets<sup>2</sup>. In most parts of urban India there are few organised community kitchens, shelters and health outposts for urban poor populations, especially for homeless men, women and children, and for migrants and their families. These constitute an integral part of the urban landscape in many modern cities, but not in India. This neglect is partly because of an assumption that this life-need is being attended to by private, and mainly religious, charity. But this assumption does not substantially hold good today, as few religious places are opened to shelter the homeless, although there is evidence that some like mosques were indeed shelters for the homeless, footloose and destitute many generations

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<sup>2</sup> A study by Centre for Equity Studies (mimeo) showed in many instances, urban poor residents from slums are completely excluded from their entitlements to food schemes, and where able to access their rights, there are serious problems in implementation of the programmes. Another study by FORCES-Neenv (2007) conducted across 27 ICDS projects in Delhi revealed that most urban centres suffered from poor infrastructure, lack of adequate coverage coupled with exclusion of a range of vulnerable children, irregularity in the SNP and nutrition records, ad hoc staffing and poor monitoring and supervision

back. Likewise arrangements for sharing hot cooked meals with destitute homeless people by religious charities like gurudwaras have shown a steady erosion and decline. The neglect also reflects an erroneous belief among policy makers that hunger is not a problem of cities.

This paper seeks to make out a case for subsidised meal programmes for the urban poor, firstly by attempting to interrogate some of these assumptions. The next section of the paper thus questions some of these assumptions by raising findings about food deprivation among the urban poor, specifically the homeless populations of Delhi. The section briefly discusses the socio-economic conditions of homeless populations in Delhi. It raises troubling findings about starvation deaths on city streets in Delhi. It relies on a few empirical studies of hunger and nutrition in Delhi, as well as ethnographic observations and discussions and thus examines the status of food insecurity among the homeless populations in Delhi.

The following two sections examine private efforts seeking to address food insecurity of the urban poor. Thus Section Three describes our research into food charities in Delhi, while Section Four examines urban feeding programmes organized by non-religious organisations, as measures designed to address food insecurity of homeless and migrant populations. In order to examine government efforts to address this issue, in Section Five, a few state urban feeding programmes, in Delhi and other states have been examined and critiqued.

Based on the above, the final section makes a case for subsidised meal programmes supported by public funding. In our research and field work with homeless populations, one of the most urgent demands that they press is for community kitchens that supply not free but low-cost nutritious and hygienic hot cooked meals. The paper argues that these can become indeed the most important intervention to raise the nutrition status of urban homeless women, men and children, and would also free a lot of their current daily incomes which they are forced to invest in relatively expensive street food which is typically sadly low on nutrition and hygiene.

## 2. Hunger on City Streets: A case of homeless populations in Delhi

### 2.1. Homeless Populations in Delhi: An Overview

Urban homeless people constitute the most marginalized and invisibilised category even within the urban poor. Estimates of their numbers globally range from anywhere between 100 million and one billion of the global population (UNCHS, 1996). This very broad range of estimates is the consequence of the many variant definitions of what constitutes a 'homeless' person – a person with no shelter whatsoever; one with shelter that is very insecure (for example, squatter settlements); one with shelter that is temporary (including pavement dwellers and refugee camps). In this paper, we include within the category of homeless people those who have no shelter at all, sleeping on pavements, railway stations and bus stands, pipes, under staircases, in shop corridors, or in night shelters or welfare institutions. Those with makeshift structures like a plastic sheet on a pavement are the precariously housed. We do not include those who live in illegalised slums among the homeless.

There are no accurate population figures yet available for the proportion of homeless persons in the capital city. This is primarily due to the lack of a formal enumeration of the homeless even within the official Census until the last decade. The Census of India enumerated the homeless for the first time in Census 2001, defining 'houseless people' as the persons who are not living in 'census houses'<sup>3</sup>. Census officials therefore instructed enumerators 'to take note of the possible places where the houseless population is likely to live, such as on the roadside, pavements, drainage pipes, under staircases, or in the open, temple-mandaps, platforms and the like' (Census of India, 1991: 64). Based on these guidelines, the Census of India (2001) counted 24,966 'homeless' persons in Delhi. However, even this first official estimate was highly contested since it was pointed to be a gross underestimate, evidently through a headcount survey (2000) by the NGO Aashray Adhikar Abhiyan which found 52,765 homeless persons in

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<sup>3</sup> Census houses refer to 'a structure with roof' (Census of India, 1991: 64).

Delhi<sup>4</sup>, but estimated that for every homeless person they could find, there was probably at least one who remained invisible, and therefore they estimated homeless populations in Delhi to be close to 1 lakh people. A 2007 report by the Institute of Human Development prepared for the Government of Delhi found a figure of 46,788, and the most recent study by IGSSS (2009) counted 88,410 homeless persons. The Delhi Development Authority (1985), estimates that at least one percent of the total population of Delhi is homeless i.e. of the 15 million persons currently residing in Delhi, 1.5 lakh persons are living on the streets. These estimates are likely to be conservative, but we will rely on this figure.

There are, by this estimate, over a lakh and a half homeless people in Delhi, i.e. those 'not living in census houses'. Most are men, having left their homes and families in villages and having come to Delhi in search of livelihoods. They eke out a living, save most of what they earn, and send it back home to their families. What they spend on themselves in Delhi goes mostly for food. But the food that is available to them is poor in quality, nutritional value and hygiene. The conditions under which they eat too are undignified. There are also single women and their dependents, mostly thrown on to the streets by patriarchy and domestic violence, and tens of thousands of boys and girls who make the streets their home, because they escape violence, abuse and destitution in their families, or some who work or beg on the streets to support their destitute families. Some aged and disabled people beg for alms because they have to access to dignified systems of social security.

*"Not everyone on the street is an addict or a beggar. But public perception tends towards such biases. The reason for such misconceptions is that the visibility of such persons on the streets is high. Others, who form the majority, work and as such we do not take notice of them. The painter, who is called for white washing work, might be a homeless. The rickshaw puller that everyone sees might be homeless. Many fruits and vegetable sellers are also homeless."*

- Report on the Assessment of Permanent Shelters in New Delhi (2009)

Homeless populations are generally stereotyped as lazy, antisocial, illegal and dangerous elements of a city and viewed as a barrier to the development of a city. On the contrary, largely comprising of the unskilled casual labour of the city, it is this very section of population who comprise the backbone of commercial activity in a city. The IGSSS (2010) study shows that with respect to occupational categories, rickshaw pullers (27 per cent) and casual labourers (18 per

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<sup>4</sup> The study points that since it was a rapid assessment survey, it only points toward the *minimum* number of homeless.

cent) comprise the highest proportion of the homeless population in Delhi. Construction workers, handcart pullers, catering workers, ragpickers and street vendors form the rest of the earning population. A very small proportion of the homeless (2 per cent) is not employed and depends on begging, theft or other options for income.

In the case of males, homelessness is a conscious decision out of the choice to migrate to Delhi from their source area in search of better employment and economic opportunities. In the case of females and especially single women reasons for homelessness are not a result of conscious decision, but directed due to externally induced factors like abandonment, separation and forcible eviction by family (Mander, 2008). The homeless also comprise of elderly and children who have been abandoned by families or escaped from abusive homes. Persons with disabilities and mental illness also comprise the homeless. A new category within the homeless includes slum dwellers pushed to a situation of homelessness due to the large scale evacuation and demolition of slums in Delhi.

Within Delhi, homeless are concentrated in trading areas. Thus, the commercial hubs of Delhi - the Walled City and Old Delhi - have a concentration of more than one third of the homeless population (35 per cent). Apart from this, other high population areas identified were Azadpur and Roshanara Park in the north zone; the area around Connaught Circus and Hanuman Mandir in central zone; Yamuna Pushta, Yamuna Bazar, Shahdara and Hanuman Mandir in east zone; Nizamuddin Basti and Kalkaji Mandir in the south; and Karol Bagh and Raja Garden areas in the west (IGSSS, 2009).

The sizeable population of homeless people, considerably invisibilised for decades by the Delhi government, was finally taken notice of in January 2010, following extensive media reports about the increasing death toll of homeless persons as temperatures dipped in Delhi. Scientific evidence points toward hunger and homelessness as the underlying causes which make people susceptible to extreme weather conditions. A World Health Organisation (WHO) report stated that a cold environment increases an individual's energy expenditure—especially if shelter, clothing and/or heating are inadequate. The Commissioners to the Supreme Court in the Right to Food case took cognizance of the same, and urged the Supreme Court to treat these deaths

caused by hunger, and accordingly recommended that the Delhi government take urgent steps to ensure nutritional support for the homeless.<sup>5</sup> (See Box)

**Box 1: Why People Die in the Cold**

Every winter, as temperatures plunge and its residents shiver, a few more people lose their lives on the streets of the metropolis. The people who succumb to the cold include rickshaw pullers, balloon sellers, and casual workers: the footloose underclass of dispossessed people who build and service the capital city of the country, and yet are forced to sleep under the open sky. They die because the national, state and local governments in Delhi refuse to make the very modest investments that are required to ensure decent shelter and livelihoods for every resident of the city.

These deaths are often reported as fatalities due to the 'cold wave', as though people are dying because of the unfortunate extremes of climate, for which none other than nature are culpable. But as law scholar Usha Ramanathan points out, 'When people die because they are exposed to the elements, it is not a natural death. It is death caused by neglect and reckless disregard of the responsibility of the state to protect the lives of the poor. It is as if the poor do not matter. As if they have to keep paying for their poverty, even with their lives.'

People die in the cold firstly because we do not plan in our cities in ways that its working people are enabled to access affordable and decent housing, close to their work sites. In the absence of this, the least they need for basic survival are homeless shelters. The government runs night shelters in Delhi for less than 3 per cent of the homeless population. M. Tarique of the Tata Institute of Social Sciences recently surveyed all the shelters in Delhi, and reported that they mostly lack the most elementary facilities of clean beddings, potable drinking water and functioning toilets, let alone food, and livelihood, emotional and legal support services. There are no special shelters for homeless women, children or families, or recovery shelters for the homeless ailing, aged, destitute and mentally challenged.

Since 2001, the Delhi government and the Municipal Corporation of Delhi have erected tents in winter on open spaces, as temporary shelters for homeless people in winter. These are even more basic, with tattered tents, dirty beddings and no other facilities, but these still saved lives. The numbers of tents were very small, and our demand was that several hundred of these come up every year. Instead, mysteriously, the government *reduced* the number of shelters this winter from 46 shelters in the winter of 2008-09, which included 17 permanent shelters and 29 temporary shelters, to 33 (17 permanent and 16 temporary shelters).

To make matters worse, one of these few temporary shelters was demolished by the MCD on one of the coldest winter nights in late December 2009, claiming that they wanted to establish a park there! The tent would anyway have been removed by March, when flowers could have been planted, if indeed they wanted a park. At least two people have died at that very location since the temporary shelter was removed.

People also die in the cold because they do not have enough food. There is considerable scientific evidence that people succumb to bitter cold also because they are severely malnourished. A report of WHO confirms that a 'cold environment increases an individual's energy expenditure—especially if shelter, clothing and/or heating are inadequate'. In other words, when it is cold, people need much larger intake of food even to maintain body temperatures. The need for nourishment becomes particularly high for homeless people who are exposed most harshly to near-freezing temperatures, with no walls, and highly inadequate clothes, blankets and fuel. Studies have also shown that in winters, the limited money that homeless people earn is on keeping warm, resulting in a shift of expenditures away from food and other essentials. This again is one the reasons why homeless people require additional nutritional support, especially during severe weather conditions.

Here once again, the record of the Delhi government has been dismal. The Supreme Court Commissioners in the 'right to food' case directed the government to distribute Antyodaya ration cards to all homeless people, which would make them eligible for 35 kilograms of wheat at 2 rupees a kilogram every month. More than 3 years since the order, despite even the symbolic distribution of a few cards by the Chief Minister, officials have blocked stubbornly the distribution of these ration cards. The Congress manifesto also importantly promises community kitchens which would supply balanced clean hot food at affordable prices to urban homeless people and migrants. The need is for half a million people to get such food daily in Delhi, but government has provided for supplying such food to little more than a thousand people a day.

People die in the cold finally because governments have no comprehensive social security systems to protect the abandoned aged, women who are rendered homeless because of violence and patriarchy, and children without adult protection. Each are left to brave the cruel city streets without state support.

Source: Mander, Harsh (mimeo) January 2010

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<sup>5</sup> Letter of Commissioners of Supreme Court Dr NC Saxena and Harsh Mander in the case: PUCL v. UOI & Ors. Writ Petition (Civil) no. 196 of 2001 to the Registrar, Supreme Court, dated January 25th 2010

## 2.2. Dying Alone on City Streets

*Any death occurring on the streets and any unclaimed body, not resulting from an accident, must be treated as a possible starvation death unless proved otherwise and stringent punitive action taken for the same along with compensation to next of kin. A mandatory inquest as per CrPC by an executive magistrate, a verbal autopsy by recognised NGOs, and a post mortem by doctors, to ascertain whether death was caused by severe food deprivation should be mandated. In the event of the death being proved to be by starvation, stringent punitive action taken for the same along with compensation to next of kin should be ensured.*

- Letter from the Commissioners to the Supreme Court, 25<sup>th</sup> January 2010

The knowledge that homeless people die in significant numbers on the streets in winter led the Commissioners to enquire further into the problem. We wondered how many people die every day on the streets of Delhi, and indeed every city. Is it a problem only of the winter? Who are these people and why do they die? The government kept no records which would give us clear and direct answers to these questions. Instead, our researchers<sup>6</sup> set out on a grisly and morbid quest, to crematoriums, graveyards and police stations. They came up with many disquieting facts. This section summarises their troubling findings up to the time of writing on-going investigation into the prevalence and extent of homeless persons' deaths due to possible starvation and under-nutrition.

### 2.2.1 How many homeless people die on Delhi's streets?

There are no official records available of the numbers of deaths of homeless people, and whether these deaths could have been caused by poor access to food. We felt that some clues could come from studying closely the unidentified or unclaimed dead bodies (UIDBs) which are recovered in the city, which give an indication of the extent of deaths of single and abandoned homeless persons without families in the city. Local police officers whom we spoke to confirmed that most UIDBs were indeed of those homeless persons who have no family in the city to conduct their last rites.

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<sup>6</sup> Smita Jacob and Asghar Sharif

We found that the Delhi Police in collaboration with the police in neighbouring states of Haryana, Rajasthan, Punjab, UP and Uttarakhand, maintain a detailed database of UIDBs registered with them on their Zonal Integrated Police website<sup>7</sup>. Details with respect to age, sex, physical features, found place etc. are updated regularly. However, the causes of death are not categorised. We counted on this website the number of unidentified dead bodies registered with the police, within the state of Delhi from the period of 1<sup>st</sup> January 2005 to 30<sup>th</sup> April 2010. Police records of UIDBs within the state of Delhi over these past five years show that between 1<sup>st</sup> January 2005 and 31<sup>st</sup> December 2009, 12413 UIDBs were recovered. This data for **60 months** indicates a **daily average of about 7 UIDBs**.

However, our discussions with police officials and homeless people revealed that not all homeless deaths are recorded by the police. Some of those who escape police registration are directly taken to the crematorium and burial grounds. Therefore, we studied the manual records maintained by the Sarai Kale Khan electric crematorium and the Delhi Wakf board (which maintains burial ground records for Muslims) to count the number of unidentified dead bodies received by them from the period of 1<sup>st</sup> May 2009 to 30<sup>th</sup> April 2010. This period was specifically examined in order to capture a complete calendar year and to also counter in the high number of homeless deaths that occurred in early January 2010. We were told that the Sarai Kale Khan electric crematorium in Delhi mainly accepts UIDBs for cremation. The Delhi Wakf board is said to be the central agency which records Muslim UIDBs across the city. We assumed then, that jointly both these bodies represent significant data of disposal of UIDBs across the state of Delhi.

We found **969** recorded UIDBs in the first four months of the year **2010**. We compared the data from the police records and the crematorium/burial grounds between the period 1<sup>st</sup> May 2009 to 30<sup>th</sup> April 2010. The data showed that, with an exception of June 2009, on an average at least 42 more UIDBs were cremated/ buried per month. Both at the crematorium and the Wakf board, authorities admitted that apart from the police, they also received UIDBs from local NGOs.

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<sup>7</sup> [http://zipnet.in/index.php?page=un\\_identified\\_dead\\_bodies](http://zipnet.in/index.php?page=un_identified_dead_bodies) (Last Accessed on 15<sup>th</sup> July, 2010)

**Table 2.1: Total number of UIDBs in Delhi recovered by police, crematorium and Wakf board from May 2009 to April 2010**

Month/Year	Crematorium	Wakf board	Total UIDBs at cre/Wakf	Police records	Surplus at cre/Wakf
May-09	225	25	250	229	21
Jun-09	305	26	331	364	-33
Jul-09	377	42	419	292	127
Aug-09	291	34	325	302	23
Sep-09	257	36	293	260	33
Oct-09	275	28	303	263	40
Nov-09	253	22	275	261	14
Dec-09	315	31	346	302	44
Jan-10	285	39	324	290	34
Feb-10	209	32	241	218	23
Mar-10	270	31	301	242	59
Apr-10	248	19	267	219	48
<b>Total</b>	<b>3310</b>	<b>365</b>	<b>3675</b>	<b>3242</b>	<b>433</b>
<b>Average</b>			<b>306.25</b>	<b>270.16</b>	

While the **average number of UIDBs per month as per police records is 270**, the figures from the crematorium and the Wakf board together account for about **306 UIDBs per month on an average**. This implies a minimum of **10 unidentified dead bodies per day in Delhi**.

Even this is not the full story. The percentage of Muslim UIDBs (as reflected in the Wakf board records) is likely to be considerably under estimated i.e. 9.6 per cent, while Muslims actually comprise 37.41 per cent of the homeless population (IGSSS, 2009). Moreover, in the many years we have worked with homeless people, we have found that routinely they attempt to collect money among themselves and try to extend decent death rites even to single and friendless homeless people. These never enter the records as unclaimed bodies, nor do those who die from

homeless families. Some unclaimed bodies also find their way to anatomy tables of medical students.

It is reasonable to assume therefore that the numbers of people who die on the streets of Delhi daily are probably more than the figures reflected in police records and cremation and burial ground records. The conservative figure we have reached is 10. Demographic analysis indicates that the daily death rate for 1 lakh people (the estimated population of homeless people in Delhi) is only 2. The **average death rate of India** which is 7.6 per 1000 population in 2010, which translates to 760 deaths per one lakh population per year. i.e. **2 deaths per day** (Factbook, 2010). *This means that at least five, if not more, times homeless people die each day than people with homes.*

### **2.2.2 Causes of High Homeless Deaths:**

The police website and cremation and burial ground records do not classify the unclaimed dead bodies by the cause of death. We therefore decided to take study one police station in Delhi and examine their UIDB cases in detail. We selected the Kashmere gate police station due to the high proportion of homeless in the area (IGSSS, 2009) as also being a police station with highest number of UIDBs being recovered in Delhi. Therefore, records on UIDBs from the period 1<sup>st</sup> May 2009 to 30<sup>th</sup> April 2010 were inspected.

Going through the police records, we found that for UIDBs, the 'cause of death' listed include heads such as 'natural', 'illness', '*bhook ya pyaas se*' (due to hunger or thirst), *thandi ya garami se* (due to extreme cold or heat), accident, tuberculosis, suicide, and a particularly curious 'cause' - 'beggar type'. The following is a sample of the many different categories used under cause of death, as recorded at the electric crematorium on instruction by the police officer on duty for the month of January 2010:

**Table 2.2 : Cause of death recorded for UIDBs recovered at Kashmere Gate Police Station from May 2009 to April 2010**

Cause of death of UIDB	No of cases of UIDB
Natural	104
Illness/Weakness/during treatment	52
Hunger/thirst/Extreme heat or cold	12
Accident (Railway and road)	33
After Post Mortem Report	54
Tuberculosis	11
Suicide	3
Epilepsy/head damage/cancer/heart attach	4
Unknown	9
Beggar type/ Vagabond	3
Total	285

The police officials inform us that they conduct detailed investigations including post-mortems only into accidents and suicide cases. Using this filter then, it may be seen that **of the total number of 282 UIDBs** under the Kashmere gate police station from 1<sup>st</sup> May 2009 to 30<sup>th</sup> April 2010, **260 cases** are 'inquest' cases including **illness/hunger/natural deaths/extreme temperatures/ 'beggar types'**. This essentially means that **92.16 per cent cases** could possibly be caused directly or indirectly due to hunger. Using this premise, then, one may conclude that in the year May 09-Apr10, of the total **3675 UIDB cases** (including those of the crematorium/ Wakf board), **92 per cent i.e. 3381 deaths could be deaths directly or indirectly caused by starvation i.e. 9 deaths daily in Delhi.**

### **2.2.3 Age, Gender and Seasonal Trends:**

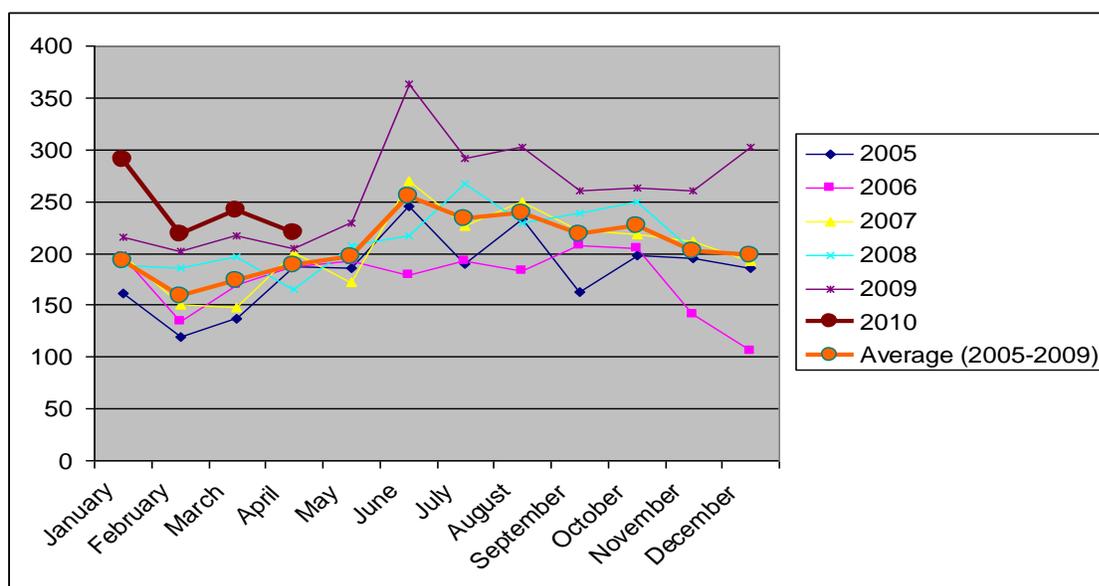
We had expected that the maximum numbers of homeless deaths would be in winter. But the data indicates that the **highest number of deaths occurs in the peak summer and monsoon months from June to August and during the winter months of December and January.** The years 2009 and 2010 especially recorded higher number of deaths than the average, with as high

figures as 364, 292 and 302 UIDBs for the summer months of June, July and August 2009 respectively and 302 and 290 UIDBs during the chilling winter months of December 09 and January 2010.

**Table 2.3: Month wise records of UIDBs in Delhi from January 2005 to April 2010**

Month/Year	2005	2006	2007	2008	2009	2010	Average (2005-2009)
January	162	196	198	188	216	290	192
February	119	134	151	186	202	218	158.4
March	137	169	148	196	217	242	173.4
April	187	187	201	165	205	219	189
May	186	192	172	207	229		197.2
June	246	179	270	217	364		255.2
July	190	192	226	267	292		233.4
August	233	183	249	229	302		239.2
September	163	208	223	239	260		218.6
October	198	205	218	249	263		226.6
November	195	141	212	202	261		202.2
December	186	106	193	201	302		197.6
<b>Total</b>	<b>2202</b>	<b>2092</b>	<b>2461</b>	<b>2546</b>	<b>3113</b>	<b>969</b>	<b>2482.8</b>

**Figure 2.1: Seasonal Variation among occurrence of UIDBs in Delhi**



We also found that the UIDBs mostly consist of males (93.9 per cent), and mostly within the productive age population (42 years). This correlates with the data on age and sex composition of homeless populations in the city as well. While more than 50 per cent of the homeless population is within the age group of 19-36 years, the age group which forms the major part of the informal workforce of the city, 87 per cent of the homeless population consists of males (IGSSS, 2009). Women who comprise a very small segment of the homeless population i.e.4.7 per cent (IGSSS, 2009), also comprise a small percentage within UIDBs (6.1 per cent).

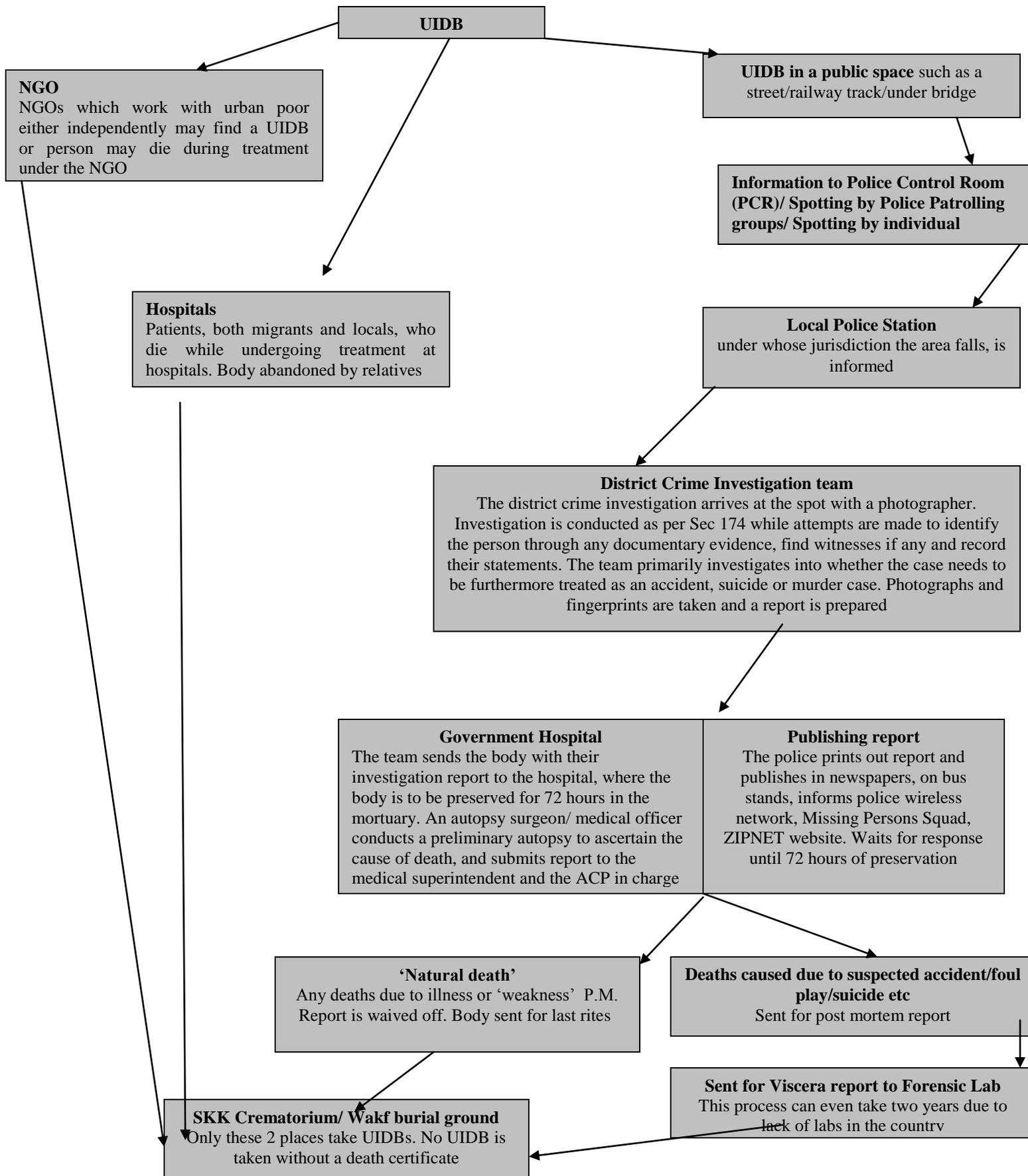
To examine the profile of the deceased, age and sex of the deceased were examined from a sample of data of three months - June 2009, October 2009 and January 2010 to differentially represent peak summer, peak winter and moderate climate months. (It needs to be noted that 9 of the 917 cases used as a sample above were blanks as the case did not report the age of the deceased. 7 of the cases were new born babies, mostly female abandoned babies).

**Table 2.4: Age and Gender profile among UIDBS of Delhi in June 2009, October 2009 and January 2010**

Month	Average Age	Mode Age (Most frequent score)	Female Percentage	Male Percentage
Jun-09	42.5	40	7.1	92.9
Oct-09	40.6	40	5.3	94.7
Jan-10	42.7	35	5.5	94.5
<b>Total</b>	<b>42</b>	<b>40</b>	<b>6.1</b>	<b>93.9</b>

#### 2.2.4 Investigation process

In the light of the above findings, then, it is significant to enquire into what investigation procedures are followed by the state considering the extremely high death rate. The following is the typical flow chart followed by different stakeholders in the event of being informed about an unidentified dead body. See Below: **Figure 2.2: UIDB Investigation Procedure in Delhi**



However, the above procedures are not strictly followed. , for example, a senior police officer commented that the number of hours an UIDB is preserved in the mortuary 'depends on the status', implying that homeless persons, who are less likely to have kin in the city, could possibly be disposed off earlier.

*Limitations and Questions for future research:*

This rapid survey on deaths on city streets however has significant limitations.

- 1) The records of the crematorium and Wakf board have been manually counted from record sheets and there are likely to be data errors
- 2) Lack of a detailed cause of death analysis which will in essence give a sharp argument for starvation deaths
- 3) Lack of certainty about whether there are more sources than Wakf board and crematorium

Further in-depth research needs to be conducted of the following:

- 1) Cause of death analysis of crematorium/ Wakf records
- 2) Ascertaining the different sources at which UIDBs are disposed
- 3) Data from government hospitals to ascertain if there are cases disposed at the hospital and not taken ahead (, for example, using unclaimed bodies for medical research)
- 4) Studies with homeless populations to assess how many homeless deaths they attend to directly, escaping the records of the police and crematoriums and burial grounds.

## 2.3 Nature of food deprivation in cities

Detailed scientific enquiry into the status of food insecurity of homeless men, women and children in Delhi is of utmost importance, in order to inform planning and advocacy for food and nutrition programmes which are appropriate for the particular needs and deprivations of urban poor people. Few studies (Mander, 2008; Singh 2009) have documented the status of food insecurity and nutrition among homeless populations of Delhi. Most literature on homeless populations of Delhi has been focused on enumerating homeless persons, documenting their socio-economic profiles and problems faced, in order to guide further intervention with homeless.

Mander (2008) attempts to understand the lived experience of homeless people, by speaking to homeless men, women and children in four cities of India – Delhi, Chennai, Patna and Madurai. The study examines different aspects of homeless life, such as reasons for homelessness, livelihoods and income, sanitation and education, and psychological stresses of homelessness. The study also examines the access to food of homeless people. Some of the major findings of the research are:

- The quantities of food available to homeless people in cities may – but are not always – sufficient, however, the quality tends to be monotonous, very elementary, often of poor nutritional value, and - in the nature of their existence - unhygienic. In Delhi, for instance, 22.5 per cent people ate nothing but cereals in the 2 days prior to the interview, and another 25 ate vegetables or protein food only once.
- Except those smaller numbers of homeless people with families in the streets, rarely do homeless people get home cooked food, because of the difficulties of cooking food on pavements and other homeless living sites (Chennai was found to be an exception, because homeless families live there on the same piece of pavement for generations, and the administration is tolerant of their settled homeless life. In Chennai, homeless women were found to cook for their families late into the night, after the pavements are vacated, and to wake up sleeping children for their only home-cooked meal. But this is not the pattern found in Delhi and other cities).
- Even night shelters for the homeless - such as they exist - prohibit home cooking of food.

- Most homeless people are forced to depend extensively on external sources for their food – through purchase, foraging, or receiving food in charity. In Delhi, only 7 out of 93 homeless respondents reported cooking their own meals (and that too when the sample of the study has under-represented the dominant group of single men living on the streets). 41 purchased their dinner, 8 ate at shrines, 2 begged and another 2 foraged in the railway station.
- 63 per cent of the homeless people interviewed reported spending 50 to 90 per cent of their income on food, with nearly 12 per cent spending almost the whole of their income to get their daily food.
- Most of the purchased food usually compromises on the quality content, ensuring frequent bouts of sickness and consequently affecting the number of labour days they are able to put in.
- On days when there was no food, in Delhi 51 per cent of the homeless respondents admitted to seeking free food from religious places, another 20.5 per cent depend on friends for food (many of these street children).
- Another source of charity food is a Delhi government initiated programme called Aapki Rasoi, which seeks to provide the homeless with free access to a nutritious balanced meal.
- 21 per cent of the people said that they prefer to stay hungry than depend on charity from religious places, relatives and community members.
- The study found that the eating pattern and the kind of food consumed by urban homeless people vary on a daily basis, depending on how much they earn and whether they earn at all. Therefore, food insecurity of the urban homeless, unlike the chronic nature of rural hunger, may manifest itself in a transitory manner.
- In spite of this transitory nature, research suggests that urban homeless are much more prone to food insecurity than their rural counterparts since urban homeless persons are directly dependent upon the highs and lows of the labour market

However, a significant limitation of the study was a relatively small sample size (93 respondents in Delhi) due to which the findings of the survey were merely indicative of certain trends. Further, the sample of the study, significantly represented homeless women and

families, but had a low proportion of young earning male adults who otherwise form more than 50 per cent to 70 per cent of the urban homeless population in Delhi (AAA, 2001, IGSSS, 2009).

Singh (2009) in a cross-sectional study among 1000 runaway and homeless children (849 boys and 151 girls) aged 6 – 16 years examined the food procurement practices, food and nutrient intake, height and weight status of homeless children in Delhi. The study pointed toward significant findings including:

- Girls/older children had more difficulty than boys/younger children for accessing food.
- Irregular/less than 1-2 meals were eaten by girls (57 per cent) compared to boys (36 per cent).
- Intake of green leafy vegetables, fruits and milk was dismal. Instead, most of the food procured was high on carbohydrates and fats.
- Energy and protein intake could not be met by any of the subjects.
- Iron, calcium and vitamin A was poor across all age groups.
- Stunting (24.5 per cent), underweight (21 per cent), anaemia and vitamin A deficiency were seen among the subjects.

Anecdotally, in our work with homeless street children, we have found that they tend to look many years younger than their actual ages. This indicates the impact of poor food intakes and nutrition. We have also found that mainly very small children tend to beg, and older children prefer to pick waste, work or forage for food. But they are unable to save the money earned because of older street bullies; therefore they tend to spend money they earn on rich food with poor nutrition, and on drugs. Charity food, as we will observe in a later section, also tends to be nutritionally very inadequate. The children's nutritional status is further impaired severely by the extremely unhygienic and stressful environments in which they live and sleep, exposing them to repeated infections, aggravated by drug use and unprotected sexual activity.

Whereas these studies point to poor food availability and nutrition among homeless populations which are especially vulnerable because of age, disability or gender, there is much less data on the nutritional status of men and women in the working age groups. It is important to understand this, because a very large numbers among homeless populations are young men

and some women, working in unorganised and unprotected urban occupations. The findings referred to in the preceding section of high numbers of 'lonely deaths' on the streets of people of this age group make such an investigation even more imperative.

A recent study conducted by the Centre for Equity Studies on distress migration<sup>8</sup>, found that this category of young working homeless males consistently faces anxiety about where to organise their next meal from. While those who live within strong community networks such as construction workers and rag-pickers cook food for themselves in groups, occupational categories such as rickshaw pullers, handcart pullers, other casual labourers are forced to depend on purchased cooked food due to lack of sufficient breaks in their work hours. The Delhi Metro construction workers are sometimes provided food by their contractors, but many reported that extremely bad quality food was distributed, due to which they were also forced to purchase food.

There remains a gap in literature with respect to the nutritional status of adult working homeless persons, especially using anthropometric indicators. Therefore the Public Health Resource Network collaborated with the Centre for Equity Studies in the early winter months of 2010 to investigate the nutritional status of a sample of homeless adults in the working age-group in Delhi. The remainder of this section summarises some of the major findings of this study, led by Dr Vandana Prasad<sup>9</sup>.

This study investigates the status of food security of adult homeless persons, using both social research and anthropometric indicators. It was undertaken by the Centre for Equity Studies in partnership with Public Health Resource Network (PHRN), New Delhi in January 2010. Primary data was collected through a survey of 190 homeless adults at Nizamuddin and

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8 Mander, Harsh and Sahgal, Gayatri (2010) Internal Migration: Distress and Opportunities – A Study of Internal Migrants to Vulnerable Occupations in Delhi. Centre for Equity Studies. New Delhi. Mimeo

9 This independent working paper published in April 2010 by Centre for Equity Studies and Public Health Resource Network, New Delhi is titled '*Food security of the homeless in Delhi: A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi*' co-authored by Dr Vandana Prasad, Soibam Haripriya and Smita Jacob

Okhla 10. Along with a Body Mass Index measure, a questionnaire was administered pertaining to dietary intake of the respondents, proportion of expenditure on food, source of food as well as earnings was collected through 24 hours recall. A nutritionist<sup>11</sup> assisted in analyzing the quality of the dietary intake of the respondents.

The study relies on Campbell's (1991) definition of food insecurity essentially as a limitation or uncertainty with respect to:

- 1) The availability of nutritionally adequate, safe foods and/or
- 2) The ability to acquire personally acceptable foods in socially acceptable ways

Accordingly, it attempted to develop indicators to measure the following four essential aspects of food insecurity:

- (i) the quantitative availability of food (energy sufficiency),
- (ii) the qualitative aspects concerning the types and diversity of food (nutritional adequacy),
- (iii) the psychological acceptability (feelings of deprivation, restricted choice, anxiety related to the quality or quantity of available food) and
- (iv) the social acceptability of consumption patterns, (meal frequency, composition, methods of food acquisition such as growing or purchasing rather than begging, scrounging or stealing) (Campbell, 1991)

***"I always smell the food before eating it. If it smells stale, I don't eat it"***

- a 16 year old homeless boy in Nizamuddin

The sample studied includes 72 female respondents and 118 male respondents which totals up as 190 respondents. The average age of the adult respondents was 36 years with 35 years being the average age of the male respondents and 36 years for the female respondents. Most of the male respondents of the study were single men while more female respondents were women

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10 Both these areas in South Delhi, have an evidently large proportion of homeless populations (IGSSS, 2010) possibly due to reasons such as greater availability of casual labour employment (nearby industrial areas), availability of food charities at nearby religious places such as Nizamuddin dargah, Sai Mandir at Lodi Road. These two areas were specifically selected for the study, since it is also the primary field area of the Dil Se campaign work with the homeless, which is a project of the Centre for Equity Studies.

11 Dr. Kalyani Singh, Reader, Department of Foods & Nutrition, Lady Irwin College, New Delhi

who lived along with families. Of the total respondents, 29 respondents were mobilized from the 'homeless community' where the Aman Health clinic<sup>12</sup> was located, who came to the clinic for the survey<sup>13</sup>. There were 14 respondents from a night shelter run by an NGO (Aashray

***“I just want regular work. Delhi government has done a good job providing these shelters”***

– a young man in the MCD night shelter

Adhikar Abhiyan) in Nizamuddin; 27 male respondents from a second night shelter also at Nizamuddin, run by the Municipal Corporation of Delhi (MCD); 66 respondents were from 3 parks and streets around the Nizamuddin area and 54 respondents at Okhla who live under the Modi Mill flyover<sup>14</sup>. The NGO shelter caters only to men. The MCD shelter has a separate room for women, but no women take shelter there. This is because they feel unsafe, aggravated by the fact that there is no women staff in the shelter.

### 2.3.1 Source of Food

The study first investigated the sources of food which the homeless people ate. The possible sources of food were grouped under:

- 1) Purchased food- The respondents depending on buying cooked meals
- 2) Purchased and charity -The respondents depending on buying cooked meals and charity food for sustenance
- 3) Purchased and cooked- The respondents who buy cooked meals as well as buy ingredients and cooked at their own chulha
- 4) Cooked- The respondent who cooked at their own chulha
- 5) Cooked and charity- The respondents who cooked their meals and also depend on charity food in absence of opportunity to cook their meals
- 6) Dependent on family- The respondents who are dependent on their family members (not earning/ infirm)

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<sup>12</sup> The Aman Health clinic at Nizamuddin basti, is an initiative of the Dil Se Campaign, specifically focused on providing free medical aid to homeless populations.

<sup>13</sup> However, none of the respondents for the survey were patients seeking medical aid. Instead, the clinic was only used as a space to conduct the survey where homeless persons were specifically requested to come for the survey

<sup>14</sup> Both the shelters are paid for shelters where users are to pay Rs. 6 for a twelve hour period. However, during winters (generally until end of February), both these shelters are run free of cost and no user charges are taken. It needs to be therefore accounted that since these shelters were run free during the time of survey, there is a likelihood that even homeless persons with a lesser income inhabited these shelters.

- 7) Charity- The respondents who are totally dependent on charity food.
- 8) Blanks- There were few respondents who were unable to speak (due to disability); and some who had left after taking their weight, height measurement and hence dietary recall were not done for these respondents.

The table below shows the number and percentage of people in each category of source of food:

**Table 2.5: Source of food**

	No. of people	per cent	No. of female	per cent	No. of male	per cent
<b>Purchased food</b>	102	54	27	38	75	63
<b>Purchased &amp; charity</b>	33	17	13	18	20	17
<b>Purchased &amp; cooked</b>	3	2	1	1	2	2
<b>Cooked</b>	26	14	17	24	9	8
<b>Cooked &amp; charity</b>	1	1	0	0	1	1
<b>Dependent on family</b>	3	2	3	4	0	0
<b>Charity</b>	7	4	5	7	3	3
<b>Blanks</b>	15	8	6	8	9	8

Nearly three quarters of the people purchased cooked food i.e. 73 per cent (cumulative) while only 4 per cent depended *exclusively* on charity. Those who depended on charity for meals also had out-of-pocket expenses for the first meal of the day (breakfast - tea and cereal based snacks

**Why not eat in a langar like the others?**

*“I don’t eat from there...”*

**You don’t eat free food even if it means not eating?**

*“I don’t ever...”*

with minimal oil). The 54 per cent of people depending exclusively on ‘Purchased food’ spent Rs. 59 per day on food against an earning of Rs. 107 per day which is 55 per cent of their total earnings. The average reported income of all male respondents was Rs. 104 and for female respondents it was Rs. 53 - both of which is way below the prescribed minimum daily wage.

It was seen that people depending sporadically on charity were also not able to reduce their spending on food. Of those who depend on both purchased and charity

sources, about 15 respondents reported spending an average of Rs. 19 per day, while 16 respondents in this category did not have any income at all for the previous day. One can however see that people who spend sporadically on charity also have their income correspondingly lower than those not depending on charity food at all. Thus correspondingly, those depending solely on charity food also had no income at all. On computing income for all male and all female respondents it was found that the average income of the male respondent was Rs. 104 and for female respondents was Rs. 53 - both of which is way below the prescribed minimum daily wage.

In all, 50 respondents i.e. 26% of the total; reported an expenditure on food despite having no earnings at all. Those depending on solely on charity were not significantly different from the rest in terms of age. It might be significant to point that none from the MCD shelter where single working men were staying depend on charity for their dietary intake. Those depending on charity did not have any earnings recorded (two entries blank, rest zero).

### 2.3.2 Dietary Intake

The meal intake per day is shown in the table below in numbers as well as percentages

**Table 2.6: Intake of Meals per day**

	No. of people	% of people	Female Nos.	Female %	Male Nos.	Male %
<b>3 Meals</b>	105	61	36	56	69	64
<b>2 Meals + tea</b>	18	10	8	13	10	9
<b>2 Meals</b>	45	26	20	31	25	23
<b>1 Meal +tea</b>	1	1	0	0	1	1
<b>1 Meal</b>	3	2	0	0	3	3

Here also, the number of people belonging to the category of those who have taken 3 meals is

***“I went hungry. Did not eat last night... because of the storm. We (she and her children) were running to find shelter”***

- a woman staying in a park in Nizamuddin

the highest. The category of ‘2 meals + tea’ are the respondents who take only tea as the first meal of the day (breakfast). The dietary intake was clubbed into the following categories to understand the quality of the intake. Thus the food intake was divided into - Tea, cereal based snacks, cereals (grains), vegetables- potatoes, green leafy and others, pulses, milk, meat and eggs fruits and others. Breakfast for most consist of tea and

cereal based baked snacks- puff without filings and fann, a crispy oil and cereal based snack. The other meals- lunch and dinner consist of roti or rice, vegetables which is predominantly consist of a potato base along with a vegetable (cauliflower/ tomatoes/ spinach/ peas/ cabbage) or just potatoes. Dal also forms a part of the diet, however one cannot come to consistency of the dal. Intake of fruits was minimal, only 3 respondent in all reported taking fruits in the previous days’ diet (One of the three respondents was a fruit seller). Intake of milk was reported by only two participants. There were however some content of meat (39 respondents) in the diet. A significant number of respondents (149) show intake of tea.

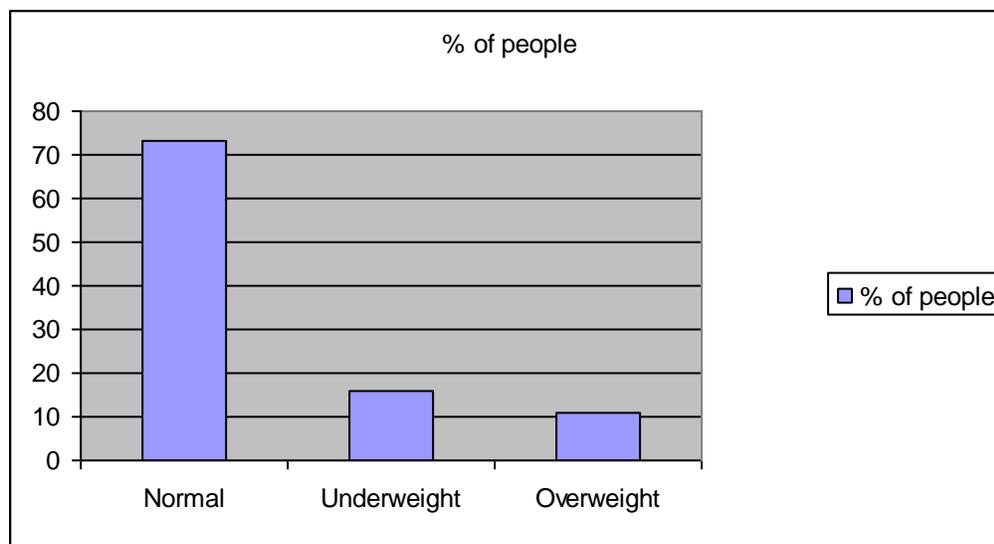
### 2.3.3 Nutrition Status

The nutritional status of the respondents was recorded on the basis of height and weight measurements (to compute a Body Mass Index). However, due to the setting of the study (interviews with homeless populations mostly accessible only at night after working hours on streets and in dimly lit temporary shelters), it was difficult to observe the anaemia in the community situation. While the observation of anaemia was initially recorded, later it had to be given up since we were losing daylight. Therefore only the height and weight was measured for adults. After computing the BMI it was compared with the international classification table as given by the WHO, it was found that 47 female (65%) and 92 males (78%) (Refer to Table 4) were of normal BMI (139 in all).

**Table 2.7 : BMI of the respondents**

	All	Per cent of total respondents
Normal	139	73
Underweight	30	16
Overweight	21	11

**Figure 2.3 Nutrition Status of Homeless Adults**



The disaggregation of the above data for male and female is shown:

**Table 2.8: BMI Male/ Female**

	Female		Male	
	(Nos.)	(per cent)	(Nos.)	(per cent)
Normal	47	65	92	78
Underweight	12	17	18	15
Overweight	13	18	8	7
Total	72	100	118	100

65 per cent of all women, i.e. 47 out of a total of 72 women were in the normal category and 78 per cent of all men i.e. 92 out of 118 were in the normal category. 12 female and 18 males were found to be underweight (17 per cent of all women and 15 per cent of all men). There were more overweight women (18 per cent of all women) than men (7 per cent of all men).

Amongst the respondents there were more overweight women than underweight women. In both the categories of overweight and underweight, the number of women was more than that of men.

Comparing the BMIs of respondents from the NGO shelter (5 underweight out of 14 respondents) and MCD shelter (2 underweight out of 29 respondents), significantly more number of underweight adults are present in the AAA shelter.

### **Main findings on food security of homeless adults in Delhi**

The major findings could be pointed out as follows:

- People depending solely on charity had no income
- People depending sporadically on charity had less income than those who only purchased cooked meals
- Single working male living in the MCD night shelter did not depend on charity for food
- People who did not have any earnings the previous day also recorded spending on food (26 per cent, i.e. 50 respondents)
- The average income of the people was below the prescribed minimum daily wage.
- The income of the women was substantially lower than that of the men, on computation women earn 50 per cent less than men.
- The 54 per cent of people depending on 'Purchased food' spent Rs. 59 per day on food against an earning of Rs. 107 per day which is 55 per cent of their total earnings.
- Absolute lack of fruits and milk in the diet (only three persons had fruits in their diet and only four persons had milk in their diet). No protective food in the diet.
- The intake of vegetables predominantly consists of potatoes.
- More than 50 per cent of all women and all men belonged to the Normal category of BMI classification.
- In both the categories of BMI classification –overweight and underweight –there are women than men
- There is a significantly more number of underweight in AAA night shelter as compared to MCD night shelter (Nizamuddin).

It must be pointed out that the homeless populations at Nizamuddin and Okhla areas are not necessarily representative of the entire homeless population in Delhi. Earlier research shows that most of the homeless are concentrated in and around Old Delhi and Walled City areas of Delhi (IGSSS, 2009). Therefore, this data is likely to be region specific.

A significant reason for the greater proportion of homeless persons within normal BMI range could be that the average age of the respondents was 36 years. Thus, the sample has inherently represented the nutritional status of homeless adults who are mostly in the young productive years of their life cycle, while under representing the nutritional status of more vulnerable categories such as the elderly and children, who are more susceptible to malnutrition. This younger, and mostly male category of working homeless persons are more likely to spend most of what they earn on keeping fit due to a consciousness to remain healthy in order to be able to be more physically productive and consequently to be able to work and earn more. This study clearly points toward the fact that 73 per cent of the respondents purchased food. It has been reported that homeless persons prefer to purchase food as opposed to cooking or depending on charity. While cooking is time consuming in itself, charity food forces the persons to be dependent on the timing, menu and availability of food at religious places. All of this puts constraints on the number of work hours of urban homeless people; many of whom are casual workers for whom reaching the job market early in the morning is imperative for getting labour for the day (Mander, 2008). Even within this category of persons who purchase food, the average daily expenditure was found to be over 55 per cent of their daily income. Earlier studies have pointed towards even higher trends of – majority of the respondents spend 50 – 80 per cent of their daily income on food (Mander 2008).

The ‘survival of the fittest’ principle is the norm of the life on the streets. While most of the homeless are migrants, it needs to be noted that usually in families, it is the healthier persons who move out of their homes in an effort to earn for themselves and their families. The longer the period of homelessness the person has survived, the more the number of coping strategies the person may have found to battle food deprivation and hunger in life on the streets. It is an inherent assumption, therefore, that most of the current respondents of the study are ‘survivors’ who have found their means to cope as opposed to the many homeless persons who have lost and continue their lives in this battle to starvation. This is evident from the fact that the Supreme Court Commissioners have therefore used this assumption and quoted *“Any death occurring on the streets and any unclaimed body, not resulting from an accident, must be treated as a possible starvation death unless proved otherwise and stringent punitive action taken for the same along*

*with compensation to next of kin.*" (Letter by Commissioners to Supreme Court, 22 January 2010). Mortality rates amongst the homeless may be very high but are currently unknown.

Their dietary intake is mostly of carbohydrates (rice or roti) and the most common vegetable in their diet is potatoes which is also carbohydrate. The pattern of dietary intake corresponds to an earlier study done by National Nutrition Monitoring Bureau<sup>15</sup> wherein the diet of the urban poor was stated to be lacking in protective foods<sup>16</sup> such as pulses, leafy and other vegetables, milk, fruits, (good) fats and oils. There seem to be a fairly good number of people (39 respondents) with intake of meat, however it needs further investigation to inquire if this could be a significant source of protein as the meat intake usually consists of shreds of chicken in the biryani, or intestines and other such less culturally popular portions of the slaughtered animal.

The MCD shelter is a permanent one whereas the NGO shelter is not. The MCD shelter does not allow chemical dependents- drugs, alcohol to be admitted though this is an agreement amongst those who stay there and not an officially stated rule as such. The NGO shelter is more tolerant of users of alcohol and smack. One could therefore presume a certain set of people would prefer one shelter over another which might lead to the different shelter showing a particular pattern in the BMI (the NGO shelter shows many more underweight men than MCD shelter).

It is to be noted, comparing the dietary intake, BMIs and the number of meals that people do fall in the normal range of BMI, take their three meals a day and manage to work to earn their livelihood. However this needs to be juxtaposed with the situation of homelessness and their earnings. As observed, people need to spend more than half of their income to maintain their normal range of BMI, eat their three meals a day to keep working. This is because a non-working day would mean a non-eating day the next day, or at most a few more days later till their meagre savings run out. It can also be suggested that living in the streets require much more hardiness and thus we might not have come in contact in this age group with many in more distressed situations of starving. Our findings also counter notions that the homeless do not have a commitment towards their own health and well being. Also the myth that homeless

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<sup>15</sup> As quoted in an NIN publication, "Nutritive Value of Indian Foods", 2004 (Reprint)

<sup>16</sup> Protective foods are the foods that provides one with vitamins and minerals, so called as it help the body to produce substance which prevent us from bodily harm (Lesson 4: Protective food  
[http://directory.wikieducator.org/Lesson\\_4:\\_Protective\\_Foods](http://directory.wikieducator.org/Lesson_4:_Protective_Foods) )

are lazy, careless and want to eat for free remains a myth as shown by the study that only a few people access charity food and fewer still depend on it as the sole means to address their dietary requirements. Single working men living in the shelter do not use charity food at all.

In conclusion, the study of able-bodied homeless adults showed that most of the respondents were conscious of keeping themselves fit, because the only way they could keep alive and continue to earn, and feed their dependents if any, was by maintaining their BMI at the cost of compromising everything else -including a home, living with their families, and accumulating savings . It could be argued that their present situation of the maintaining their health demands the state of homelessness, a situation from which they would be unable to exit unless provisions of food subsidies are made for them.

### **3. Religious food charities in Delhi: Food without dignity?**

Delhi has sizeable homeless and migrant populations, and our research shows that except those homeless people who live with their families, most individuals are forced to depend on external sources of food rather than eating home-cooked food. This major need for subsidized meals is not catered to anywhere in India (except partially in Tamil Nadu), through large scale meal programmes subsidized by public funds – served through community or soup kitchens and canteens. These programmes are otherwise an integral part of the urban landscape in many modern cities.

One possible reason for this neglect of public expenditure on subsidised meal programmes in cities is an assumption that this life-need is being attended to by private, and mainly religious, charity. This is why we decided to look carefully at religious food charities in Delhi – how they are organised, the food they serve, and how their clients assess them.

In order to examine charity food as a source of food for the homeless in Delhi, about fifteen major religious centres across Delhi including temples, dargahs and gurudwaras were identified which serve charity food. Ethnographic techniques such as participatory observation, semi structured individual and group interviews, were undertaken with homeless people in order to understand their perceptions with respect to accessing charity food. Additionally, semi structured interviews were undertaken with the organizers of the food charity to understand the organization and functioning of a large scale food supply model.

Our major findings are that only the most destitute among the homeless populations depend on food charity. The food served in these charities tends mostly to be of poor nutritional quality, but what homeless people object to most is that they tend to be served without dignity. Therefore, if the homeless person has even a little income, they tend to prefer to purchase their food rather than receive it in charity.

The previous section<sup>17</sup> confirmed that only about 4 per cent of homeless persons depend completely on charity for food. This same category of people tends to have no income at all. Dependence on charity was found to be directly related to the extent of income of the persons. People who depend exclusively on charity for their food had no income at all, whereas those who depend sporadically on charity for food had less income than the large majority of homeless people who only purchased cooked meals.

If indeed religious (and private) food charities indeed focus on serving the homeless, why do homeless populations report negligible dependence on these sources? What is the disjuncture that operates between on one hand, food distribution by charities and on the other hand, the homeless accessing these as a source of food? To find answers to these questions, we decided to analyse the following:

- a) examination of religious and private food charities of Delhi in terms of their scale, organization and dietary quality and adequacy to address the food security of homeless persons.
- b) examination of perceptions of homeless persons with respect to charity food as a source of food procurement

### **3.1 Religious roots of food charity in India**

Food charity in India has largely been dominated by religious imperatives. In Islam, charity is prescribed as one among the five pillars of faith. Apart from *zakat* (obligatory charity in the form of annual alms tax of one's wealth), believing Muslims are encouraged to practice *sadaqa* meaning 'righteousness', which is a voluntary act of charity, which among many other deeds includes feeding the poor and needy (Benlafquih, 2009). Sikhism has institutionalized the system of *langar* i.e. a free kitchen providing at least two wholesome meals a day, in which all people, irrespective of religion, caste, gender or social status, would sit in the same *pangat*, as equals, to eat the same simple but wholesome food. Sikh food charity, in principle, is organised not just to feed the hungry, but also to uphold the principle of equality among human beings (SikhiWiki, 2009). In Hinduism, '*dan*' (donation), by its very nature, has been prescribed as a

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<sup>17</sup> See Section 2.3.1 "Nature of Food Deprivation in Cities: Source of Food" pages 29-31

non-instrumental disinterested gift rather than being directed towards an instrumental sense of social responsibility (Bornstein, 2009). Buddhist, Jain, Sufi and Bhakti traditions encourage feeding mendicant religious practitioners. Buddha himself chose to beg for his food. Christian teachings lay great store by acts of compassion and charity. While Christian missionary organisations were found organising food charities, we were unable to locate major feeding programmes for homeless and destitute people in Delhi organized by church itself. In the current study, we chose to focus on food charities at temples, dargahs and gurdwaras, since our earlier research with homeless populations have shown that these remain the most popular and consistent food charity options for the homeless in Delhi.

### 3.2 Who depends for food on religious charity?

In our research, we were able to identify two categories of homeless populations who depend on charity food. The first is working able-bodied homeless persons, who resort to charity food only at times of utter economic distress, for example on days when they completely exhaust any savings to arrange for food through other means, such as cooking or purchasing.

A second and more permanently dependent category includes destitute homeless persons, such as single women and their dependents, disabled and elderly men and women, and younger street children. These are mostly people who have no occupation or income, except to depend on alms for survival. For many, their sole source of food is religious food charity. This category

*Shantidevi, 45, takes an early morning train from Aligarh to New Delhi every Tuesday and Saturday, to be able to beg and collect for the rest of the week. A destitute widow, her son and daughter-in-law refuse to feed her since she does not contribute to the household income. She has to survive on the puri sabji, meethi boondi and samosas she gets as 'dan' from the devotees, and saves up biscuits for the rest of the week. She is conscious that all of this is harmful for the diabetes she suffers from.*

of destitute homeless people also includes persons who are forced into the situation of destitution by families which may have abandoned or abused them.

Thus persons dependent on religious food charities consisted mostly of homeless people, and some who are precariously housed. We also found a third category of persons who resort to religious charity for food, who are not homeless. These include the urban poor people such as security guards of nearby buildings, domestic help of nearby residential localities along with their children, residents, particularly single male migrants of nearby slum localities; but also - for us more unexpected and incongruous segments of people - such as middle class temple devotees, pilgrims, tourists, visitors to the city and college students.

### 3.3 Patterns of food distribution

A variety of food distribution patterns were observed within religious food charities. Broadly, the following patterns were identified.

- **Ad hoc distribution:** One manner of charity food distribution is that the donor distributing food abruptly begins to distribute food at any space convenient to him/her and to any/all people coming to collect the food. Usually, food is received by the destitute as a takeaway, to be eaten at a later point of time, or at a different space where they can sit in a relaxed manner and eat. This was identified mostly outside Hindu temples.



© Sumit Dayal (2010) Hanuman Mandir, New Delhi

- **Langars:** People are seated together in a single line and food is distributed in a dining space in unlimited quantities. Along with food, this system offered other provisions such as a space for washing hands before and after eating food, drinking water etc. Apart from gurdwaras, a few dargahs and temples have also adopted this system. Mostly, takeaways are not allowed in this system.

- **Food tokens:** Food tokens are purchased by donors from hotels, each with a validity period of about a month, and distributed to the destitute. The person receiving the token



© Sumit Dayal (2010) Nizamuddin, New Delhi

and donors pay him to feed destitute persons. At Jama Masjid, the only form of charity food distribution found was at small eateries, where destitute persons squat on their haunches patiently and humbly at the entrance, waiting for donors to pass by and pay the hotels to feed them.

can later exchange this coupon, at their leisure, at the hotel to avail food worth the cost of the coupon. A very specific practice, compatible with dignity and choice of the receiver, was observed only outside Nizamuddin Dargah and Sai Mandir, Lodi Road.

- **Direct feeding at a dhaba/ vendor:** Donors pay the dhaba owner/vendor to feed a certain number of destitute persons in their presence. At Adhchini Dargah, a biryani vendor stands outside the dargah every Friday,

### 3. 4 Quantity and quality of the diet served<sup>18</sup>

The quantity of the food served in religious charities in Delhi was linked directly to the mode of distribution. In the *langar* system, most of the food was distributed in unlimited quantities. As long as the person who is being served seeks it, food continues to be served. When food is purchased from a hotel or dhaba either through tokens or directly, the quantity of the food served is determined on the money paid by the private donor; for example, at Nizamuddin hotels, food tokens of Rs. 10 were found to buy the destitute two rotis and korma, a token for Rs. 15 bought chicken biryani, and the Rs. 20 token could buy biryani and two rotis. In the ad-hoc food distribution which is typical of most Hindu temples, however, the food brought in by private donors to be served in charity was in itself limited in quantity (in comparison to the numbers and food needs of the persons who are dependent on this food for survival); and this food was therefore served only to a limited number of persons, in limited quantity (for example, a donor may decide to feed about 20 persons at a temple where there are likely to be at least 50 destitute persons who are permanently dependent upon charity food).



Most of the food served in charities was found to be considerably high in energy and fat; and in Muslim charities in meat protein content; but they are low in vitamins and minerals, due to the absence of vegetables and fruits in this diet. The food served is generally what is considered culturally acceptable as also 'desirable' food in the context of the particular religion. For example, outside temples, fried snack items (*samosas*, *kachoris*), sweets (*laddoos*, *pedas*, *boondi*),

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<sup>18</sup> See Annexure 2 "Religious Food charities in Delhi: Distribution, quantity and quality of food served and dependency of the homeless" for a detailed note on description of menus served at each religious food charity location

and light meals (*pooris* with *chhole/ aloo sabji*) are regularly served. On the other hand, outside dargahs, rich meat preparations such as chicken/mutton biryani, and chicken/mutton korma are distributed. We encountered the peculiar practice of serving alcohol to the destitute at Kalka Mandir. It is a culturally accepted practice to donate non vegetarian food and alcohol to the Kalka goddess. Due to this, alcohol, mainly cheap country liquor, is also distributed at this temple to destitute populations (including street children) inside the temple premises.

Apart from the general inadequate nutritional content of charity food, the quality of food is determined by the systems for food production. Homeless populations noted that when a donor distributes home cooked food, the quality of the food is extremely high. On the other hand, if the donor makes a cash payment to a shrine to feed people, and requests the temple or dargah association to prepare the food, homeless people report the likelihood of poor quality ingredients, resulting in a poor quality meal. Many homeless people report falling sick countless times because of this. Some homeless people we spoke to noted wryly that in this sense the temple and dargah association people were no different from any private food vendor, who uses cheap ingredients to save production costs and make a profit.

It is reiterated that the only exceptions were food served at gurudwaras, and a few other shrines such as Sai Mandir at Lodi Road and the Mehrauli Dargah, all of which serve a simple, easy-to-digest and nutritious vegetarian fare.

### **3.5 Numbers of persons fed in religious food charities**

Since we could not study every religious food charity in Delhi, it is not possible for us to determine the exact number of people fed charity food at each of the centres. This is complicated by the fluid and unorganized nature in which charity food is distributed in many shrines, especially temples. However, our field investigators observed that on days when people are fed at these shrines, at least 200 and sometimes as many as 1000 are fed daily. The numbers of people fed in major gurudwaras is much higher. Some places of worship only occasionally serve charity food, and not on a daily basis. Some serve this weekly (for example, certain temples serve food only on Tuesdays, others of Saturdays; in Sai Baba temples,

Thursday are special food days, and in dargahs it is Thursday and Friday) or on occasions such as religious festivals. Furthermore, it must not be assumed that all recipients of religious charity are necessarily homeless populations. We will note later that many middle class people also eat religious charity food. Our field observers find reliable the estimate derived from the sample study of homeless adults described in the earlier section<sup>17</sup> that a maximum of 4 per cent homeless people rely on food charity for their food needs.

### **3.6. Reasons/ barriers for limited use of charity food as a source of food by the homeless**

A major question which we tried to answer in our field research into religious charities was why most homeless people - except the most abjectly destitute - tend to reject these food charities, despite their extreme poverty and want. Some of the reasons which are research unravelled are as under:

#### **3.6.1 Deliberate exclusion by the organisers**

Far from specifically catering to the homeless - or even serving them in the same way as other devotees and beneficiaries of the food charities - we found examples of deliberate exclusion of the homeless in the distribution of charity food. This was particularly striking in Gurudwaras, which in terms of the Sikh religious principles institutionalized the langar system with the prime aim of establishing equality, ironically restricts homeless persons from accessing the langar along with other persons accessing the langar. At Bangla Sahib gurudwara, the exclusion was practiced in the form of segregation of homeless from other patrons. Two separate langars were found running in the premises of the same campus - one catering mostly to middle class families and foreign tourists, and another separate langar for urban poor and homeless. While observing the new electronic kitchen operated langar functioned inside the main gurudwara campus, researchers were unable to spot

*This is only a recent practice. I was not aware of this segregation and went to the inside langar twice. On the third time, I was slapped by a guard manning the entrance to the langar. He yelled at me saying "tum logon ka alag bahar hai na? Andar kyon chale aa rahe ho? (you have a separate one outside, then why are you coming inside")*

- the street boy who led us to the outside langar

even a single homeless or poor person accessing this langar. On following a street child spotted outside the gurudwara, the researchers reached upon a separate langar conducted at the backyard of the gurudwara campus. The difference in the patrons was very than obvious. Apart from destitute homeless persons, casual labourers, construction workers and street children were spotted in this segregated backroom langar outside the gurudwara. The homeless populations are mostly not allowed to enter the langar inside the gurudwara. They are directed towards the backside langar, at times politely, and sometimes beaten if attempt to enter the inside langar. The gurudwara management defended the two langars, attributing this to excess demand, but unable to explain the deviation from the Sikh principle that in a gurudwara langar, an emperor and a beggar must be seated side by side and fed the same food with the same dignity. While the food distributed at the two langars was not significantly different in terms of quality, there was a significant difference observed with respect to maintenance of the space of distribution, the respect with which the food was served, and the kitchen setup.



© Smita Jacob (2009) *Bangla Sahib Gurudwara, New Delhi* (clockwise from top right: *Posh dining hall and electronic kitchen for 'inside langar' as opposed to the shabby kitchen and seating area of the 'backside langar'*)

On the other hand, Seesganj Gurudwara, located at Chandni Chowk, a concentration hub for the homeless, altogether restricts the entry of homeless persons to its langar. Most homeless populations are not allowed entry into this gurudwara. Only if they look 'clean' can they enter. In fact, leave alone entry, most homeless people are even beaten when they attempt to enter by the two 'guards'<sup>19</sup>. On the other hand, *sadhus* or *aghoris* who are also not 'clean' are allowed to enter.

While gurudwaras serve the best quality food among all the religious charities, many of the homeless avoid accessing this food, even if they are permitted (as in the backyard langar of Bangla Sahib), due to humiliating procedures such as body checks before entering the langar (for drugs, alcohol and cigarettes), reprimanding for heads not being covered, and general discourtesy. Most other religious centres do not even offer a separate dining space to even eat a meal properly, and homeless people receive the food on their open palms and are left to eat how they can, on a pavement or under a tree.

Exclusion is also ensured by insistence on religious ritual by those who seek food. Since religious charities operate within the very boundary of religion, this usually leads to a sense of exclusion for persons from other faiths and beliefs: for example, expecting the receiver to mouth religious chants before receiving the food, and expecting the receiver to follow religious customs (such as covering head in gurudwaras). Very often, failures to practice these rituals lead to humiliating reprimands.

One of the authors of this paper is also involved in the care of homeless children and youth in Delhi, in collaboration with the Government of Delhi. In the early stages of this effort, there were very few donations, and we decided to depend on Sis Ganj Gurudwara for food donations. The gurudwara organisers were very reluctant, and were finally persuaded after the intervention of the Education Minister in the Government of Delhi who was of Sikh faith. They laid down the condition that the food had to be collected from the gurudwara every morning. The former street youth rebelled after a few weeks. They complained that they were humiliated each day by the organisers, and forced to do a lot of labour such as carrying sacks of foodgrains

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<sup>19</sup> These are not professional security guards. Rather they are two Sikh volunteers who among the many tasks allotted for 'sewa', take up guarding at the entrance.

(such labour or *kar seva* ironically is meant to be voluntary labour by devotees to acquire religious merit, not forced labour from the most destitute recipients of the food in the langar). The matter was clinched after one of the boys remarked, 'Even when we were on the streets, we never depended on gurudwara food. Why should we do it, now that we have come into your care?' The children never had to depend on religious charity after that day.

### 3.6.2 *Lack of consistency and reliability*

Homeless people report that the greatest disadvantage of religious charity from the perspective of homeless people is its inconsistent and unreliable nature. Very few religious centres observe timeliness with respect to distribution of food. In most temples and dargahs, homeless people have no option but to patiently await a donor who would donate food. Charity food forces the persons to be dependent on the timing, menu and availability of food at religious places as determined by the wishes of the individual donors, rather than the needs of homeless people. All of this puts constraints on the number of work hours of working homeless persons; many of whom are casual workers for whom reaching the job market early in the morning is imperative for getting labour for the day.

***Will you call me up from home to tell me that you are coming to distribute food? How can I know when and where food is being distributed? My little children play around the temple a lot. They come and tell me when they spot a donor serving food and I have to rush to collect food.. The older women here don't even have that option.***

A young female beggar at  
Kalka Mandir

### 3.6.3 *Difficulties faced by old and disabled in accessing charity food*

Charity food distribution does not take into the special needs of the old and disabled persons (who form a sizeable proportion of the destitute homeless population), whose mobility is restricted due to their physical limitations. They are unable to access food served in the ad hoc distribution systems that characterise most temples, primarily because it requires the recipient to rush to the spot of distribution. Furthermore, religious centres located at heights (number of steps to be climbed) such as gurudwaras cannot be accessed by this section of people.

### 3.6.4 Neglect of food preferences and nutritional needs of homeless and destitute people

#### **Box 2**

#### **Resale of charity food: A coping mechanism in the face of food insecurity**

Each Tuesday evening, the beggars at Hanuman Mandir are observed animatedly arguing with a group of women. Mostly migrants, these women come to Delhi every month from far off Rajasthan and Uttar Pradesh to sell minor goods. On a closer observation, one finds that both are bargaining over the price of a food box in the beggar's hand.

A regular practice – sweets and snacks collected by beggars through alms are resold to temporary migrants in the city in lieu of cash (Rs. 20-25 is a minimum rate for a day's collection). The cash is then used to purchase a full meal at a nearby restaurant.

A beggar relates in hushed tones that at times even the sweet and snack vendors who sold the food to the donor to be distributed in charity, were ready to take back the food collected at evening, at half the price.

Religious food charity is most often focused on the 'giver' as opposed to the 'receiver'. Since there are cultural as well as spiritual connotations in religion attached to the 'giver' attaining goodwill in the act of charity, there seems to be little focus on donating as per the receiver's needs, let alone understanding what their needs are and respecting these. Therefore food served in charity is that which is considered personally and socially acceptable for the giver or devotee, and not necessarily for the receiver. While a lot of the food served is fairly expensive and rich in calorie content (and therefore considered to be high quality food by the donor), most homeless populations develop a sense of aversion toward this oily and sugary food. Instead, what most homeless populations crave for, the old and disabled as much as working people, is simple and easily palatable food such as dal, vegetables, roti, rice and khichdi. An interesting and almost ironic

practice observed was the resale of charity food by the homeless to be able to purchase the preferred food of their choice (see box).

As stated earlier, most of the food distributed is high in calorie content, but not in nutritional value. Contrarily, with its high fatty and sugar content, it severely impacts the health of those consistently dependent upon it. This would explain the obese homeless women encountered near Nizamuddin Dargah, a hub of charity food, in the nutrition study referred to in an earlier section<sup>20</sup>. The nutritionist<sup>11</sup> consulted in this study remarked that none of the food distributed would be recommended by her for daily consumption. For example, Mushthaq, 65, at

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<sup>20</sup> See Section 2.3 "Nature of Food Deprivation in Cities" pp. 32 - 34

Nizamuddin spends most of what he begs on medicines to treat his high blood pressure. He craves to eat 'simple home food', as opposed to the oily and spicy chicken biryani he receives at the dargah, his only meal of the day.

### **3.7 Too little food for too many people**

We estimated that religious food charity possibly caters to less than 4 per cent of the total homeless population. Often homeless persons are forced to be pitted against each other in an effort to access the limited food that is served. This is aggravated by the fact that except in gurudwaras and a few other shrines, there are no organised seating spaces and feeding systems like food tokens, which enable homeless people to get the food with dignity; and the fact that most who give food are focussed on their giving rather than the needs of those who receive. This field note by a researcher<sup>21</sup> details the consequences of this consistent lack of organisation resulting in a small 'food riot'.

*Shantidevi sat at the very end of a long row of old and disabled beggars. The only able bodied middle aged woman in the entire row, served as the single support for this entire population of these inform old and disabled persons. However, at the same time she found it difficult to access much of the alms distributed, considering she did not look as 'eligible' for the charity. Even as we were speaking, there was a sudden commotion. A young boy tugged at Shantidevi and told her a 'seth' had come. Shanti had later explained to me that on Tuesday evenings, a number of rich businessmen distributed not just food, but also clothes and cash. I looked toward the direction the boy was pointing to and saw a man with a large plastic bag filled with about 30 cartons. One would easily guess that unlike the usual samosas and kachoris that the destitutes received, this contained either some special food or clothes. Over the next 2 minutes, I watched many of her old and disabled friends push and shove each other and also Shantidevi to be able to reach the donor. People started mobbing the donor. He started looking out within the mob for the most 'deserving' persons for the dan. In less than five minutes, the commotion was over. Shantidevi sat down and burst into tears. Not because she did not receive the carton (she had managed to get one!), but because the very people she helped in their basic daily chores had shoved her away to access a donation. Out of curiosity, I opened the box that had created such a 'riot'. Neatly packed in a carton by a famous sweetshop, it contained the same samosas, kachori and laddoo they had been receiving all day!*

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In summary, the single most significant reason why food charities remain insufficient to tackle the issue of food insecurity of homeless populations, is the heavy compromise they are forced to make with regards to their dignity. The dignity involved in making a choice about what food one needs both in terms of health and taste, the dignity involved in the ability to purchase one's meal rather than stretch out one's palm, the dignity involved in sitting and enjoying a relaxed meal are all violated for. All to gain access to the next meal to keep oneself alive.

## **4. Subsidised meal programmes for urban poor people by private and non-religious organisations**

We also studied some of the best subsidized meal programmes for urban poor populations organised by private and non-religious charities, to examine their experience and derive lessons to inform a state subsidised urban feeding programme. We identified one outstanding example of a private charity in Delhi. We also studied the outstanding example of a large feeding programme for 15,000 unorganised head-loaders and porters daily by a union in Pune, and a smaller successful programme in the same city by a private charity.

### **4.1 Bhai Dayachand Charitable Trust, Delhi**

This remarkable family charity has supplied nutritious food to about 2000 homeless persons in Old Delhi every morning for the past eighteen years, with hardly a break of a single day. It was initiated by Trilochan Singh, and is still personally supervised by this formidable patriarch, even though he is now more than 70 years old. The legend is that he was dismayed by the fact that langars in gurudwaras no longer cater to the neediest, in contravention to Sikh teachings, therefore he decided to create and run an alternative, which feeds homeless people regularly in Delhi. He declares, 'I know what it means to be sleep on the pavements. Post-partition, I too was on the streets, homeless and hungry. Since I received so much from God, I feel it is my duty to give back to those who are now in the same state as I once was'.

This is mainly a voluntary initiative; today it engages more than 200 volunteers. Some have been involved in the enterprise since the beginning, and share with its founder a great sense of satisfaction. There is a sense of goodwill especially in the Sikh community towards Trilochan Singh, due to which he is greatly assisted in cash, kind and also volunteering.

The food they distribute daily is similar to the traditional fare of gurudwaras: rotis along with a mixed preparation of dal and vegetables, and halwa (with the addition of tea during winters). Food is cooked manually at a kitchen at Tilak Nagar. The trust has constituted seven groups of

seven volunteers each, who are responsible for cooking and distribution, each group taking their turn once during the week for cooking and once for distribution of the food. Many times, the leftover food from the Seesganj gurudwara is also added for distribution.

Food distribution takes place between 7.30am to 9 am. A truck is used in which all the food containers are loaded. The truck moves along a 3 km stretch starting from Seesganj Gurudwara, Chandni Chowk to Kodia Pul near Old Delhi Railway Station. The system is that volunteers call out '*Aa jao, Guru ka Langar*' (Come, receive the langar of the Guru), identify homeless persons whom they perceive to be most needy, and seat them on the side of the road. Ten to twelve persons are served at the same time. The roti is placed on the right hand of the receiver, upon which the mixed dal-vegetable preparation is poured, after which the halwa is served again over the roti. The food served is unlimited. Once the food is distributed to one batch of homeless people, the truck moves forward and the next batch of persons are seated. The same routine continues until they reach Kodia Pul. Apart from the truck, there are three cars for monitoring and assisting the entire process. Mr. Trilochan sits in one of the cars, and personally monitors the entire distribution daily.

The people who access this charity food are mostly homeless populations who do not earn: beggars, mentally ill persons, hard drug users and alcoholics comprise the highest numbers of persons who are served this food. A few labourers such as rickshaw pullers were also spotted among those who eat. The researchers<sup>22</sup> remarkably found no women in the entire line of 2000 people. The explanation offered by the organizers was that this was because of the small numbers of homeless women, especially in Old Delhi. If any woman comes, they say she is seated outside the men's line and fed.

One of the reasons for the great success of the initiative is that it is sensitive to the daily routines of homeless people. Most are beggars or casual labourers, and they need to leave for the locations of their livelihoods (or where they offer themselves for casual daily work) early in the mornings. This is a time when few others eateries, vendors or religious charities are open. Therefore, by serving food from 7.30 every morning, they are successful in reaching out to their

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people. The other strengths are that the food is nutritious and wholesome, and its availability is completely assured, day after day, year after year. No religious (or state) charity is able to match these strengths.

But there are failings here as well. The single and most striking limitation of the initiative, as reported by the homeless clients and observed by the researchers, is the frequently authoritarian and humiliating behaviour of the volunteers who distribute the food towards the homeless. People are constantly reprimanded and shouted at. They are compelled to chant the Sikh prayer '*wahe guru*', eat in a line only, with their right palm outstretched. If a person takes the food and chooses to sit separately, or keep the food on the ground or on the other hand, immediately all the volunteers shout at the person. They regard this to be disrespect to the sacred food they serve. On a day of visit of the researcher<sup>23</sup>, one of the volunteers slapped a homeless man in public because as he was eating, he took out a bottle of liquor as well.

In addition to the above initiative, a number of other small anonymous private charities were identified in the course of the research. , for example, a Mother Teresa Clothes and Food Bank van distributed food for the homeless at Lodi Road, Nizamuddin and Paharganj. However, it latter turned out to be a private philanthropist preparing and sending the food, with the assistance of the Mother Teresa van. The philanthropist felt that it was not ethical on his part to 'reveal' his work and 'gain publicity'.

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## **4.2. Hamal Panchayat Kashtachi Bhakar 24**

### *4.2.1 Evolution and Background*

The story of the Hamal Panchayat is extraordinary in many ways. It has fed nearly 15,000 urban poor workers and their families for several decades without state support and grants. But even more remarkable is that it is not a philanthropic programme but a political one, derived from the organisation of head-loaders. It was founded and is still led by the charismatic Gandhian labour leader Baba Adhav. In the trade union movement of Bombay, Baba Adhav learnt his initial politics. But he was moved by the exploitation of unorganised workers, especially hamals and mathadis (local names used to refer to casual labourers such as head-loaders and porters engaged in heavy manual labour such as loading and unloading trucks of commodities, and he moved to Pune in the 1950s to build their organisation. They were forced to work for twelve to sixteen hours a day (Anand, n.d.), and had no collective bargaining power to regulate wages, and ensure safe work conditions, basic housing, education and medical facilities. In mid 1950s, these unorganized exploited workers began to be formally organized for the first time through the efforts of Baba Adhav.

Starting 1956, the Hamal Panchayat launched a long struggle, following which the state government passed the Maharashtra Mathadi, Hamal and other Manual Workers (Regulation of Employment and Welfare) Act in 1969. The Act protected 300,000 hamals and mathadis across Maharashtra. It enabled porters to secure for the first time labour welfare benefits such as provident fund (PF) and the gratuity fund. The contract labour system for porters was also abolished, allowing porters to earn better wages (InfoChange, 2010). Along with economic rights, the Panchayat also works toward the social development of the community. It ensures basic rights to education and housing through the setting up of the Hamal Panchayat

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24 This section draws upon findings from the study by Natasha Koshy (2008) on ‘Study of kitchens: Providing meals at subsidized rates to the disadvantaged sections of Pune city’

Kashtakari Vidyalay and Hamal Nagar, a co-operative housing society of Hamals comprising 190 flats.

Another social initiative of the union was the setting up of a community kitchen - Hamal Panchayat Kashtachi Bhakar (literally translating as 'hard earned bread' of the union) - which sought to provide affordable but healthy and nutritious food to casual labourers such as hamals. It recognised their low purchasing power but higher calorie and nutrition requirements due to heavy physical labour. In addition, it sought to provide employment to as many as 140 employees from hamal families, primarily grown children born to hamals, and widows of hamals who received no pension.

Initiated in 1976, near the Hamal Panchayat office at Bhawanipeth, Pune, the kitchen first began



with the provision of a modest breakfast, gradually expanding its menu to serve meals thrice a day. As the name of the programme suggests, the initiative is rooted in the belief that everyone should work for their food as far as possible; and therefore, while it seeks to provide food at subsidized rates, there are no provisions for free food whatsoever.

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Run as a social enterprise on a no-profit no-loss principle, HPKB operates out of a centralized kitchen and eleven distribution centres across Pune. HPKB has grown over the past 25 years to cater to more than 15,000 people per day.

#### 4. 2. 2 Menu

The menu was decided primarily targeted at fulfilling the nutritional requirements and dietary needs of single migrant manual labourers. It considered not just to calorie requirements but also nutritional needs, such as carbohydrates, vitamins, protein, etc. Attention was also paid to cultural factors such as local and dietary habits, therefore offering typical Maharashtrian preparations such as *bhakri* (an Indian bread) and *pithla/ besan* (a gram flour preparation

consumed as an alternative to dal). Apart from basic meal preparations, sweets and snacks were also offered.

The following was the menu as priced on 15.12.09

**Table 4.1: Menu of HPKB**

<i>Item</i>	<i>Price (In Rs.)</i>
Chappati	2.5
Bhakri	3.5
Pithla (Besan)	2
Vegetable	3.5 (for 150g)
Bhajji (Pakorras)	6 (for 100 g)
Jalebi	5 (for 100g)
Shira (Suji sweet preparation)	4 (for 100g)
Pohe	4 (for 100g)
Rice	4 (for 200g)
Laddoo	6 (for 100 g)

The menu is so priced that a meal comprising 150 gm vegetable (Rs. 6), 2 rotis (Rs. 5) and 100g rice (Rs. 4) costs Rs. 15. The vegetable cooked varies every day, and from meal to meal.

#### **4.2.3 Procurement of raw materials**

The Hamal Panchayat Committee purchases pulses, grains and provisions from the local markets. They are stored at a warehouse in the market-yard area and brought in tempos to the kitchen as and when needed. While provisions are bought on a monthly basis, the vegetables are bought daily. Grains including both wheat and rice, as well as kerosene and sugar are supplied by the government at subsidized rates. The employees however say that the government supplied wheat is mixed with wheat bought from the open markets as it is of poor quality, and if used to make chappatis on its own, the chapattis will resemble those 'made in

jails'. The rice is supplied very sporadically by the government. However, these constitute indirect subsidies of the government to the programme.

#### 4.2.4 Food production

The central kitchen is situated at Bhawanipeth, Pune on a plot of land belonging to the Hamal Panchayat. All the kitchen equipment is manually operated. Therefore, although the kitchen is centralised, it is labour intensive, compatible with Gandhian economic principles. With the



exception of the flour mill and a machine that mixes flour, water and oil to make the dough for the chappatis and bhakris, everything else is done manually.

The kitchen consists of many rooms running alongside a courtyard in the centre. The courtyard is used for cleaning and cutting of vegetables, one side of which was used for washing utensils. Each of the rooms was assigned for production and storage of a different food item. The biggest room has been allotted for the preparation of chapattis and bhakars, considering that

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a minimum of 10, 000 chapattis and 4000 bhakris are prepared manually by the women every day. Other rooms include one where desserts, *pohe* and *shira* are prepared, one where wheat is ground to make flour in the flour mill, a room where the flour is mixed with oil and water in a machine to make dough, and another where the kerosene is stored.

The male staff also known as 'acharyas' begin work at 5 a.m. every morning. Between 5 - 9 a.m., and 11.30 a.m. - 1 p.m., they prepare snacks and vegetables. The women are mostly involved in preparation of chapattis and bhakris, and cleaning of vegetables and utensils, and arrive for

their first work shift from 6.30 – 9 a.m. Following a break, they resume their next shift from 9.30 a.m. to 1 p.m. after a two hour lunch break, they again work from 3 – 5 p.m. Cereal and pulse preparations are mostly sent in the morning, while vegetables are prepared and sent after 2 p.m.

#### ***4.2.5 Transport***

Food is sent to the distribution centres, based on expected demand, around thrice a day – 6 a.m. breakfast is taken, 8. 30 a.m. the morning meal, and 2 p.m. the afternoon meal<sup>25</sup>, to ensure that only fresh food is served. In addition, if the food gets over in the morning batch, food is resent at 11 a.m. The supplies sent in the 2 p.m. shift is based on the leftover stock from the morning delivery. Two tempos are regularly used for transporting grain and fresh produce to the central kitchen and food distribution based on the two different routes on which the distribution points are located. Drivers for both are hired on shifts (8 a.m. – 2 p.m. and 2 p.m. to 10 p.m.). Another tempo is permanently parked at the central kitchen, to be used in case there is an urgent demand for food at any distribution point, and both the tempos are out. Apart from these three, a mobile van is used in market-yard, which also serves as a distribution point.

#### ***4.2.6 Food distribution points***

The eleven distribution points have been located in and around the main city area of Pune, all within a radius of 5 kms from the centralized kitchen. This is primarily because these are the main trade and market areas of the areas, and the criteria for selection of distribution points were areas where there are high concentrations of unorganised manual labourers and the city's poor. Thus, five of the distribution points are within the Market-yard, and one is at Bhawani Peth, where the highest numbers of casual labourers are to be found.

All of the distribution points have been allotted to the HPKB by the Pune Municipal Corporation since 1986 on a 99 years lease. Thus, HPKB is located at prime real estate locations within the city, which would otherwise not be affordable for any private enterprise. This constitutes a second indirect state subsidy to the programme.

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<sup>25</sup> A morning wholesome meal is sent accounting for the fact that most manual labourers prefer to eat a wholesome meal in the morning and then leave for work.

The distribution points are all in strategic locations for food distribution for workers. On an average, each distribution point is a 10 by 15 feet space. Depending on the space available, seating arrangements for patrons vary from 10 - 40. At each distribution point, salesmen are appointed in two shifts, two salesmen in each shift, their responsibilities being collecting money, weighing the food and serving it, keeping accounts. Apart from the two salesmen, one or two women, depending on the scale of the clientele, one or two women are appointed for cleaning utensils and sweeping and cleaning the centre.

Seating in all the points is modest usually involving benches or plastic chairs alongside long tables. A bowl of salt is placed on each table. Water containers are placed near the dining area for washing purposes. Patrons are expected to serve themselves. The used plates are cleansed on the spot by the female helper.

In addition, a mobile van is also used for distribution within the crowded Market-yard. Food is sold and served from within the van itself. One window of the van is used by the salesmen for cashing, while the other side has been converted into a dining area for 6 persons. This was done primarily to target casual labourers who have short lunch breaks during work hours, and therefore unable to walk long distances to be able to purchase affordable food. The van is parked at different locations over the period of one hour to reach out to maximum number of patrons.



© Smita Jacob (2009) *Mobile Van, HPKB, Pune*

All the eleven distribution points function through the day (8 a.m. – 4 p.m.). Six points continue to function until 9 p.m. while the other five are closed. The five closed are the ones primarily targeting at casual labourers at their workspaces. In the Marketyard, two distribution points are closed on Saturdays and two on Sundays. This is due to compulsory holidays in these areas of the Marketyard.

#### 4.2.7 Cleanliness and Hygiene

The cleaning is done by the female employees. Staff are also expected to maintain basic hygiene such as washing their hands before cooking. However the hygiene at HPKB was found to be less than satisfactory. For example *chappals* (slippers) are left at the entrance of rooms but the women walk in and out of the rooms and into the courtyard barefoot. The courtyard itself is not



very clean which affects the quality of the food as all of it is prepared at ground level. In spite of this vegetables are laid out on the bare floor of the courtyard area a few feet away from where the

garbage is piled up. The area where utensils are washed is also very dirty. No pest control is carried out at the kitchen or distribution centres. These limitations are partly the result of low costs.

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#### ***4.2.8 Scale of patrons***

HPKB estimates that a minimum of 15, 000 patrons purchase their food daily. The HPKB initiative was started with the intention of providing healthy nutritious food at subsidized rates to hamals and other poorer sections of society, although no restrictions or gate-keeping was put in place. However, today the HPKB has a much larger patron base than these targeted sections. HPKB is much more identified for its typical Maharashtrian 'value for money' food. Office-goers, students, housewives, migrants, government servants all avail of their food. The kitchen also takes catering orders.

#### ***4.2.9 Staff and Organizational Structure***

The kitchen employs about 140 people as staff, along with the supply chain workers. Preference is given to widows and grown children of hamals. The staff included female workers at the central kitchen, female helpers at the distribution points, male cooks at the central kitchen, salesmen at distribution points and drivers for transportation. Ironical for a trade union, although there are almost an equal number of men and women employees, a strong sense of gender inequity was observed with respect to role distribution and wages. The female kitchen staff, earning a monthly wage of Rs. 3500, is primarily involved in the meticulous task of making chappatis and bhakris. On the other hand, the male kitchen staff, mostly involved in cooking, earn Rs. 5000 monthly wages and are provided free stay as well on the kitchen campus. At distribution centres, only males are appointed as salespersons while females are confined to cleaning and washing. Female helpers at the distribution points were paid between Rs. 1300 to Rs. 2000 based on length of tenure. At two of the distribution centres, where chapattis were prepared by the women on the spot, they were paid on par with female 'helpers' and not kitchen workers. The salesmen, mostly youths from hamal families are paid Rs. 3500 a

month. Usually, these youths do not stay for long, and move as soon as a better paying opportunity arrives.

Except for gender disparities, the working conditions are exemplary in the context of unorganised workers in India. Employee benefits include provident fund, gratuity, a 20 per cent Diwali bonus and 2 sets of clothes (sari and blouse for women and pant and shirt for men). On a daily basis, staff is provided breakfast and lunch at the kitchen free of cost. Medical facilities are also provided in terms of free access to a doctor's services and free medicine. Employees can take a loan of up to Rs. 40,000. They are eligible to buy houses in the 400-flat Hamal Panchayat project Hamal Nagar at Marketyard at rates lower than they would ordinarily pay in the market.

HPKB is managed by members of the Hamal Panchayat Union. A well-oiled management system is in place. Weekly meetings are held to take stock of the previous week's earnings and accounts are presented. There is however according to staff no hierarchy in the functioning of the organization, with every person being responsible for his/her duties, though there is one manager to oversee the daily activities. The HPKB initiative also takes care to reward its employees. Every year one man and one woman are honoured for committed and honest service to the kitchen. Some of the staff are people who have been with the kitchen since its inception, for over 25 years.

#### ***4.2.10 Financial basis of operation: Funding, Subsidies and Costing***

The HPKB enterprise is run like a business venture, except that it functions on a no-profit no-loss basis. Hence proceeds from the sales are fed back into operation costs such as cooking and transport costs, salaries of employees, maintenance costs etc. The Hamal Panchayat Kashtachi Bhakar kitchen is on principal against donations and receives no funds from external agencies. It has been receiving government subsidies on supply of grains, sugar and kerosene since the past four years. Yet, as stated before, they are forced to purchase grain from the market as well due to poor quality of grains. Apart from this, it saves up on a great expense of rent for space

since it is the Pune Municipal Corporation has leased its land to the HPKB. Therefore, monthly rents for all the distribution centres together is a meagre Rs. 1500.

On an average, the daily sales are Rs. 50, 000 which could reduce on days observed as fasting by Hindus. On such days, the sales come down to Rs. 40,000. On an average, therefore, in a month one could assume that the HPKB generates a gross revenue of Rs. 15 lakhs from sales.

**Table 4.2 Sales generated on 19.6.08**

Item	Quantity as sold on 19.6.08	Rate per unit(in rs)	Total Cost
Chapatti	9607	2.5	24017.5
Bhakri	1302	3.5	4557
Besan	141 kg	20	2820
Vegetable	277 kg	25	6925
Bhajji	65.8 kg	60	3948
Jalebi	26.7 kg	50	1335
Sheera	22 kg	40	880
Rice	50 kg	20	1000
Pohe	10.2 kg	40	408
Laddoo	27 kg	60	1620
Total			47510.5

The following is a monthly estimate of costs incurred by HPKB according to the manager in charge<sup>26</sup>.

**Table 4.3 A monthly estimate of costs of HPKB**

	Head	Cost (in rupees)
<b>Food production</b>		
	Wheat (1500 quintals)	697500
	Rice (25 quintals)	18675

<sup>26</sup> Actual monthly cost bills were used as a reference point for this estimate

	Sugar (15 quintals)	20024
	Cooking Oil (Cooking Oil)	27180
	Spices and other provisions	20 000
	Vegetables	40000
<b>Maintenance Costs</b>		
	Electricity at Central Kitchen	10,000
	Electricity at 11 distribution points	5000
	Rent to Corporation for 9 distribution points	1500
	Maintenance of vehicles	6000
	Petrol for vehicles	15000
<b>Human Resource Costs</b>		
	Salaries of employees at an average of Rs. 4000	560000
<b>Total</b>		<b>1400879</b>

In the above monthly estimate, a number of costs are not added such as employee benefits, initial capital costs etc. therefore it is likely to be a minimalist budget. It may be seen, however, how the sales and costs of the month are almost equivalent.

#### ***4.2.11 Centralized kitchen model***

Centralized kitchens are assumed to be cost-effective as the start-up costs of opening a new kitchen under a decentralized system are missing. Furthermore, centralized kitchens allow for economies of scale and help reduce labour and overhead costs. HPKB opted for a centralized kitchen model for a number of reasons. Infrastructural constraints are one obvious reason, with a decentralized model requiring more physical space which is difficult to come by. Furthermore, overhead costs also increase while adopting a decentralized model, with the

centralized model on the other hand being more fuel and energy efficient. The manager stated that if kitchens are set up at distribution centres, new stoves fuelled by gas rather than the kerosene-fuelled stove system being used at the Bhawani Peth kitchen would have to be set up, which would raise production costs. Management requirements also were a factor in choosing a centralized model. However because of this model some areas that are situated too far away from the central kitchen for transport to be economically viable are not served by HPKB and some distribution centres were shut down for this reason.

#### ***4.2.12 Conclusion***

The Hamal Panchayat Kashtachi Bhakar kitchen initiative is a highly successful and worthwhile initiative, with many lessons for replicability, both for private and state efforts. It has gained popularity and credibility with not only the unorganised labour classes but with other sections of society as well, which adds both to economic viability and social equality. Its thoughtfully designed menu and very reasonable rates make it easily accessible to all. Not only does it ensure that it provides food at low prices, it also provides for employment opportunities for many. The Hamal Panchayat demonstrates a high degree of concern for its employees and takes measures to provide for their basic needs.

The areas which Hamal Panchayat could possibly consider improvement would include

- ensuring basic hygiene which is found lacking in the present kitchen and distribution centres
- higher wages for staff who while very content with their jobs, admit to salaries being on the lower side
- making meals more accessible to sections of society to whom gathering even Rs. 6 for a meal proves hard to achieve
- increasing number of distribution centres to make its services more accessible to residents of other areas of the city

While this model is considerably region and context specific, in the sense of an initiative by a successful trade union based in Maharashtra with charismatic and highly credible leadership, yet it possesses many features which have led to the success of this model and therefore could be considered for replication:

- Government support in the form of subsidized grains and space: Cost effective and greater viability
- Selection of strategic locations for workers, provided on cheap rent by local bodies, to reach out to maximum clientele
- Use of innovative patterns of food distribution such as mobile van
- Expansion of clientele from initial target of casual manual labourers
- Effective use of a no-profit-no-loss labour-intensive centralized kitchen model.

## 4.3 Lok Seva Kitchen<sup>37</sup>

### 4.3.1 Evolution and Background



The third private initiative identified for this study is also located in Pune, but its politics are diametrically opposed to the left Gandhian socialist Hamal Panchayat. The Lok Seva is a public charitable trust started by Deepak Paigude, earlier a BJP MLA, currently with right-wing chauvinistic Maharashtra Navnirman Sena (MNS). The Lok Seva kitchen was started with the objective of providing a

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healthy balanced wholesome meal at subsidized rates so that the poor sections of society have access to good quality cooked food. It aimed to supply a balanced and wholesome meal – ‘rice plate’- at Rs. 15, which would cater to the income as well as dietary needs of a single working person.

Lok Sewa identifies itself with any other hotel in Pune, except that it operates on a no-profit-no-loss basis, free from the profit motive that drives other hotels in the catering industry. Although it believes that no person should go hungry, it is also on principle – like Hamal Panchayat - against distribution of free food, and believes that people should earn their meals, and therefore provides food at affordable rates. However the manager of the kitchen admitted the unmet need to cater to physically disabled and elderly people, and spoke of the possibility that the Lok Seva kitchen will provide food at no cost for them at some point in the future.

Based on a decentralized kitchen model, the Lok Seva kitchen operates from 5 branches around Pune city. The first kitchen was opened at Rasta Peth in 2005. Spread across different parts of the city, this initiative caters to about 3000 persons in Pune. The locations are selected on the basis of perceived demand of the underprivileged sections of society as also the availability of space for operation within the city.

#### 4.3.2 Menu



The flagship menu item is the 'rice plate'. There are 3 types of rice plates available at prices of Rs. 15, Rs. 20, and Rs. 25. The first has 2 chappatis, a vegetable, dal and rice. In the second thali, an extra chapatti and vegetable is added. In the third type of thali a sweet and a papad is also provided. The prices have been hiked only recently (Each of the rice plates were formerly priced at Rs, 10, 15 and 20 respectively). The rice plates are available only between 11 am and 4 pm, and 7 pm and 10.30 pm.

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One dry vegetable - potato, tomato or brinjal (Rs. 6) and one vegetable gravy – made of pulses (Rs. 6) are made every day. In addition, a 'special' preparation is also made every day, and is sold at a higher cost. The menu for the special dish includes paneer masala, palak paneer, dal tadka, matki usal etc, all cost between Rs. 10 and



Rs. 25. Chapattis are sold sells at Rs. 2, bhakri at Rs. 4, rice at Rs. 6, potato vada at Rs. 4. The quantity of rice served is measured using a bowl. The vegetable is measured using a ladle. Snacks sold here include pohe, upeet, shira, palak bhajji, sabudana wada, sabudana khichadi

and special misal all ranging between Rs. 5 and Rs. 12 in price which are sold at breakfast time and at tea time. Apart from this, chewda and the raw materials to make sweets are also sold. The manager noted that it was the cross subsidizing of the high price of these items that allowed them to provide the rice plate at such a subsidized rate. Food is also catered on placing an order.

#### ***4.3.3 Supply of raw materials***

All the grain, pulses and provisions for cooking is supplied from the nearby Lok Seva Bazaar (an initiative of the same trust) and is brought to the kitchens every 2-3 days from the main outlet. Although supplying at market prices, it allows credit up to 30 days as opposed to market credit of 8 days. 15 kilos of fresh vegetables are brought from the local Mandai market in tempos hired for the purpose twice a day, every morning and evening. As vegetables are bought on a daily basis, the question of storage does not arise. The storage of flour is within the kitchen premises in the production area. Peas, paneer and other food stuffs that perish easily are stored in the fridge at the centre. The Lok Seva Bazaar is expected to diversify its range of products to include green vegetables which will then be supplied to the kitchens.

#### ***4.3.4 Production and distribution centres***

The day begins at 5.30 for the male staff who generally live on the premises of the distribution centres. At around 7.30 the kitchen begins and production continues till about 3.30 when there is a break till around 5 when production continues again till around 10.30. At 3 – 3.30 the second shift of women to make chappattis begins as does the second shift for the male staff.

The food is usually made without the help of any machines, and everything is prepared by hand. Food is cooked on big gas stoves. Separate stoves are used by the women to roast the chapattis.

Of the five branches, three are leased by the Pune Municipal Transport (PMT) for a period of thirty years. Rent for each branch is Rs. 20,000 per month, except the Deccan branch, where Rs. 10,000 is paid on a monthly basis. All branches function throughout the year, except for the last day of every month which is half day at all branches. It is used for stock clearing and monthly cleaning.

#### ***4.3.5 Hygiene***

Lok Seva kitchens claim high attention to hygiene. Staff undergoes medical tests at the time of employment to make sure they do not have any skin diseases that would compromise the

quality of the food. For the first 15 days of employment, staff is trained in preparation of food, and also basic hygiene and cleanliness.



Unfortunately not much of this training is in evidence on inspection of the kitchen. Of the four kitchens visited, hygiene and cleanliness were not satisfactory. The working area was not cleaned properly, made worse by the fact that chappatis are cooked at ground level. Storage, cooking and washing areas were poorly maintained.



The kitchen at Rasta Peth especially left a lot to be desired in terms of cleanliness in the area where vegetables are cooked. The area around the water tap itself was very dirty. Though 'health checks' are supposed to be conducted, there is no fixed schedule as per which this happens.

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#### **4.3.6 Staff**

One of the objectives of the kitchen is to provide employment for women, especially those in need, and this is demonstrated in the high number of female staff employed. Salaries vary according to how long the women have been working at the kitchen, between Rs.1500 and Rs.1800 for making chapattis or cleaning. The male staff who cook earn a higher amount however, with the employee who makes vegetables earning Rs.3500 a month, and the employee who makes sweets earning Rs. 3000 a month. The waiters however earn Rs. 1500 a month. Staff are entitled to eat food from the kitchens, but half of the female staff bring food from home as the menu doesn't vary much and home cooked food offers more variety for them.

#### **4.3.7 Branding**

An important aspect of this model is the use of branding to ensure the clientele identify with the



Lok Seva brand across the city. A poster with a mascot is used outside each branch. Before starting a branch in a particular area, publicity is built using pamphlets and banners. At each board, the name of the manager in charge along with contact number is displayed to give feedback if any.

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#### 4.3.8 Financial basis of operations

While initially the kitchen was funded by the Lok Seva Trust, now the kitchen is run on the basis of revenues collected from sales which are taken stock of on a daily and monthly basis. In the event that revenues fall short, profits from the Lok Seva Trust's other initiatives such as the Lok Seva Mahila Gruha Udyog that sells papads and chutney are used to cover the shortfall. The kitchens receive no external funding either from private agencies or from the government. The management is extremely reluctant to receive funding from the government as they perceive that would involve difficulties and corruption. However, two years ago, the kitchen managed to get its gas connections converted from commercial to residential, at much lower rates. In spite of receiving no external funding however, the kitchen has only minimally raised its prices since the inception of the project.

#### 4.3.9 Decentralized kitchen

The decentralized kitchen model was selected as it is believed that fresh food can only be provided if it is cooked at the site. While centralized kitchens are more cost-effective, the Lok Seva management believe that this would be at the cost of the quality and freshness of the food. However management are also of the opinion that if the Trust does expand the number of distribution of centres, it will have to think along the lines of centralized kitchens as finding adequate space to expand operations is not easy in terms of having sales outlets with attached

kitchens. This would however imply investment in new specialized equipment that would keep food fresh over longer periods of time.

#### ***4.3.10 Conclusion***

Like the HPKB the Lok Seva kitchen appears to be an initiative highly popular in the areas in which it operates. It offers a wide variety of items, the basic ones of which are sold at prices which are affordable to most.

Clearly there is much to be learned from the experience of HPKB and LS kitchens in establishing community kitchens elsewhere. But important replication issues will be about the choice of centralised or decentralised operational structure – with its concomitant questions about the availability of expensive urban real estate, start up costs, infrastructure requirements, transport arrangements and costs, the economies of scale and the quality and freshness of food provided – and pricing issues. Also important will be questions of management: who runs the operations, to what extent are clients themselves involved in it, what governance arrangement is most appropriate and what should be the expected returns for the provider – client groups or business provider as the case may be.

Replicability will involve the same issues in the case of HPKB, especially in terms of start up costs and infrastructural requirements. Wages are also a factor, which may require raising especially in the urban context, with an emphasis being made on equitable wages amongst men and women.

## **5. Government initiatives targeting food security of homeless populations**

The lessons from these religious and private meal programmes and our field work are that the aspirations of the homeless with respect to a programme to address their food insecurity are:

- a) a subsidized meal, as opposed to a free meal
- b) A systematic consistent and reliable system of food distribution and not anybody serving anywhere.

- c) A space where at least 50 people can be seated and served food at the same time so that they can eat in a relaxed and dignified manner.

The Government of India does not have any subsidized meal programme to ensure the food security of urban homeless people. Incidentally, the Congress Manifesto 2009 also pledges to establish, with state support, community kitchens for the urban homeless and migrants. However, this has been an area of almost substantial neglect by both the state and modern secular rights-based charity in India, except for a few significant efforts. We have examined some of the most successful private efforts to provide affordable meals to urban poor people.

There have been a few state government initiatives for feeding the urban poor in recent years. One such initiative is the Akshay Kaleva Premdhar Yojana, started by the Jaipur Municipal Corporation in 2005. Initially, a scheme aimed at providing free food to the urban poor, the programme was revived in 2007 in association with the Akshaya Patra Foundation, to serve cooked food at a subsidized rate of Rs. 5 for urban poor people. The programme covered 22 locations in Jaipur including railway stations and market areas where labourers and cycle rickshaw drivers were concentrated. More recently, the Rajasthan government launched the scheme in all District Headquarters, 91 centres are currently being run in 61 urban local bodies. Approximately 10,000 people are being benefited per day, primarily targeting manual labourers working in cities (The Hindu, 2007; Resurgent Rajasthan, 2010). Funding for the scheme is largely sought through corporate and private donors.

A similar scheme, Annapurna Dal Bhat Yojana, aimed at providing fresh cooked meals for the poor at Rs. 5 was launched by the Chhattisgarh state government way back in 2004 (Rao, 2004), but this was supported by public funds.

In 2002, the Tamil Nadu state government initiated **Annadhanam Scheme**, a large-scale programme linking religious institutions to the provision of free mid-day meals to the poor and needy public, without any distinction of caste, creed or faith<sup>27</sup>. The scheme is functioning across 360 temples in the state and provides a wholesome nutritious meal to about 40,000

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<sup>27</sup> Tamil Development Culture and Religious Endowments Department G.O. Ms. No. 69 dated 15. 4. 2002

persons across the state. While a corpus fund for the scheme has been created by the government, from surplus funds of affluent temples, the scheme is effectively functioning on the basis of private donations the temples receive.

CES took up a detailed evaluation of two major programmes of the Delhi government in its attempt at countering food insecurity among the homeless populations in Delhi. The first 'Aap ki Rasoi', a charity feeding model, had significant limitations due to which it failed to counter the problem of hunger and starvation among the homeless. The programme has been critiqued to highlight key learnings to be considered while making a case for a subsidized urban feeding programme. The planning and implementation of the more recent 'Jan Aahar' scheme has been examined as a pilot model of a subsidized urban feeding government programme. Findings of the research on these are presented below.

## 5.1 Aap ki Rasoi

This section critically evaluates the Aap ki Rasoi programme initiated by the Delhi government, which provides free food to urban homeless people in Delhi. In 2008, the NCT Delhi government initiated a first of its kind programme in Delhi, specifically targeting food insecurity of urban homeless populations - '**Aap ki Rasoi**' (literally translated as 'Your own kitchen'). This was a personal initiative of the Delhi Chief Minister, and was managed directly by her Secretariat. She is believed to have launched it when one day she noticed street children foraging for food in the garbage dump. Aap ki Rasoi was thus envisioned to provide at least one free, nutritious, freshly cooked meal a day to the homeless, in order to prevent hunger and starvation among them, and eventually move towards a 'hunger free Delhi'. It was initiated under Bhagidari, a Delhi government programme to promote citizen government partnership for successful governance. Its stated goals were laudable: *"The situation (of hunger on streets) called for immediate intervention from the privileged one to ensure that the common man should not remain hungry in an overall situation of growth and prosperity"*<sup>28</sup>

Its main features are summarized below.

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<sup>28</sup> Bhagidari Brief note on Hunger Free Delhi Campaign Aapki Rasoi

1. *No budgetary expenditures:* The first major feature of the programme was that government did not spend any of its own budgetary resources on it. Its attempt instead was to encourage and coordinate private philanthropy – mainly from large corporate houses – for free meals for homeless people. Senior officials with whom we discussed were clear that the government did not believe it was the business of government to feed the poor. Contrast this with the 28, 054 crores, the sum total which the government has spent so far on the Commonwealth Games<sup>29</sup>. The programme, rather than addressing state accountability towards food insecurity among homeless populations, points toward the lack of organized philanthropic efforts by citizens to address this need. The government positions itself in the role of a coordinating agency regulating and monitoring this philanthropic effort. The government identified distribution points across Delhi, where there is a greater population of homeless persons, and allocated these to business houses who agreed to join the programme. Most of these were outside homeless night shelters. The corporate houses which agreed to participate initially in this programme include Hindustan Times, Reliance Fresh, ITC Maurya, DLF Limited, Taj Hotels, Neotia Foundation, Apparel Export Promotion Council, ISCKON and Akshaya Patra Foundation. Incidentally, considering that some of India’s richest business houses are participating in the programme, it is striking that the numbers each of them feed are incredibly small and tight-fisted, sometimes 200 and not more than 350 daily. Many of them have dropped out in the course of the programme, after supplying food for a year or a little longer. The small numbers, poor distribution and management, and large drop-outs are a sad commentary on corporate philanthropy in India today.
2. *Low Coverage:* The first distribution point was inaugurated by the Chief Minister on 16<sup>th</sup> April 2008, amid much fanfare, at Nizamuddin. Following the same, thirteen more such centres were started across the city, each distributing food to some 200 to 350 people. Currently, thirteen distribution centres are estimated by government to cater to about 4500 people per day. Our estimates are lower, about 2500 people. Contrast this with a single family trust – the Bhai Dayachand Trust described earlier, which feeds 2000

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<sup>29</sup> The Times of India (2010) Rs. 28054 crores spent on Commonwealth Games: Reddy August 9<sup>th</sup>, 2010 Available from: <http://timesofindia.indiatimes.com/sports/events-tournaments/commonwealth-games/top-stories/Rs-28054-crore-spent-on-Commonwealth-Games-Reddy/articleshow/6282261.cms> (Last Accessed on 10th August, 2010)

people daily, and has done so for 15 years, without state or corporate grants. Or a trade union the Hamal Panchayat in Pune which has fed 15,000 people for the last 3 decades. Given a conservative estimate of one lakh homeless people in Delhi, the government covers (by its own claims) a maximum of 4 per cent with cooked meals, roughly the numbers we estimate are covered by religious charities.

3. *Free Food:* The third feature of the Delhi government programme is that the food is free. There was no needs assessment before the programme was started, otherwise officials would have discovered that the aspiration for the very large majority of homeless people is not for free food, but for affordable, nutritious, hygienic food, served with dignity. We shall see below that very few of these aspirations are met by this programme.
4. *Outsourcing cooked food preparation:* With the exception of the Hindustan Times, which supplies the food from its canteen and transports it in its own vans, most other corporate donors - including incidentally the Taj and ITC which run five star hotels and therefore cannot claim lack of professional abilities - have chosen to out-source the preparation of the food. They have done this mainly to two large religious NGOs - the Akshay Patra Foundation (APF) and ISKCON. The APF kitchen has been specifically set up for food production of the Aap ki Rasoi programme, ISKCON prepares the Aap ki Rasoi food as part of its larger food production for the school Mid day Meal scheme. Both these agencies prepare food in modern and hygienic, mechanised centralized kitchens<sup>30</sup>.



5. *Distribution without Dignity and Hygiene:* Researchers observed food distribution at three distribution points. At each point, an 'Aap ki Rasoi' board has been affixed, with the Chief Minister Sheila Dikshit's photographs on the board, as well as on the distribution vans. There is

<sup>30</sup> Details of service provision by APF and ISCKON are given in Annexure 4

a strong sense of identification of the programme with the

© Sumit Dayal (2010) *Chandni Chowk, Aap ki Rasoi, New Delhi*

government, and is recognized as a personal initiative of the Chief Minister herself. Some homeless people we spoke to believe that the food is cooked in her house! Many describe it as '*Shiela Dikshit ka khana* 'Shiela Dikshit's food''.

People were aware of the timing at which the van would arrive to distribute. Half an hour before the distribution, people start assembling near the spot waiting for the van. Most of the people who consistently depend on Aapki Rasoi food were destitute populations among the homeless – the old and infirm, and single women with children. Many of these homeless persons revealed that they came here since the food received here was one of the best options in terms of both taste and nutrition. Furthermore, it saved many destitute homeless persons the shame of having to otherwise beg outside religious centres to access free food. Also, since it offered an option of a takeaway, many women accessed it to save food to feed their children.

The Delhi government located distribution points near night shelters for the homeless, in order to target a greater concentration of the homeless. One would imagine that these are located at the entrance of the night shelter building, therefore offering some space for the persons to queue up and access the food. However, most of these 'distribution points' seem to be located at a street corner at times as precariously near a garbage dump. At the Chandni Chowk distribution point, the food was distributed right next to an open garbage dump, leading people to access and at times eat in most inhuman conditions. There are no arrangements to seat people, and feed them with dignity. Many are forced to eat off the pavements. Incidentally, we found a similar problem in the Jaipur programme. There are also no arrangements to clean up after the food is served. The limited number of meals was found to lead to a situation where people had to push and compete to get the food, which excluded the most vulnerable. One of the greatest reasons for the unpopularity of this programme among homeless persons is the behaviour of the distribution staff. The persons charged with distribution behave in extremely rude and impolite ways.

This often leads to a sense of aversion on the part of the homeless to access this food, especially on a daily basis. Our discussions in nearby night shelters revealed that able-bodied persons almost without exception found it shameful to avail of 'Shiela Dikshit's

food', even on days when they could not find work. They did not want free food; they wanted affordable food served with dignity.

If we are to draw up a balance sheet of the initiative, its most significant strength is the quality of the food, its nutritional adequacy and hygiene. In comparison to other sources of food that homeless persons have access to – cooked food from dhabas and thelas and religious charity food – the food served in Aap ki Rasoi is definitely the most nutritionally adequate meal that homeless persons can enjoy.

Yet, the programme has significant drawbacks due to which it is unable to successfully tackle the issue of food insecurity of homeless populations:

- As evident from our research with homeless persons, a free meal is not a socially and psychologically acceptable alternative to most homeless earning populations. Due to this, Aap Ki Rasoi is currently catering consistently only to the absolutely destitute populations, who have no source of income whatsoever.
- Even if the reach of the programme were only to provide meals to the destitute homeless populations, the scale of the programme is minimal and almost negligible. If one were to assume that the most destitute populations among the homeless largely comprise of the old, minors/ children and women, even these populations comprise a minimum of 15% of the total homeless population<sup>31</sup>, which still constitutes about 23000 persons in Delhi. The programme, on the other hand, caters to only one fifth of this population. It is obvious then that the limited scale will cause problems of disorder at the time of distribution.
- The manner of distribution of the food, although high in quality, leads to a sense of aversion in the intended beneficiaries. The space of distribution identified is usually in filthy, crowded and unhygienic locations, due to which a seated relaxed meal is not possible.

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<sup>31</sup> IGSSS (2009) headcount figures indicate that children constitute 8.7% and women constitute 4.7% of the total homeless population. In addition, sample for the study indicated that 4.38% of the population was above the age of 56 years.

- The timing for distribution of the food is a time when most earning homeless persons are away at work, while the destitute are away at religious centres begging for alms. Whether this is the most amenable time for food distribution to the homeless is questionable.
- Since the programme has been envisioned more as an initiative to encourage reluctant corporate philanthropy rather than a government scheme, there seems a sense of detachment and lack of accountability on the part of the government with respect implementation of the programme. Apart from identification of the locations for distribution and a token monitoring mechanism (the effectiveness of the mechanism may be judged by the lack of any funds devoted towards it), the government seems to view the programme as the responsibility of the service provider and the corporate. Due to this, it is not possible to be optimistic about the longevity of such an initiative. Many corporates are beginning to withdraw their funding, and service providers are forced to arrange funds on their own to continue the programme. If the government does not intervene by facilitating other sponsors, it is likely that the programme would be discontinued. Ironically, the common homeless persons lives in the misconception that the food they are eating is provided to them by this very *sarkar!* People derive food, not as private charity, but as their right from government.

## 5. 2 Jan Aahar



Responding to orders of the Supreme Court dated March 12, 2010, instructing the Delhi government to set up 500 community kitchens, the Delhi government, in July 2010, launched a second food security programme - called Jan Aahar - targeted at

the homeless, this time providing quality food at affordable prices rather than free. The provision includes two meals a day, each with a nutritional value of at least 1000 kcals, priced at Rs. 15 each, sold through ICDS and MDM provider-managed food points located in homeless concentration pockets. How does the scheme measure up?

© Smita Jacob (2010) Hamdard Chowk, Jan Aahar, New Delhi

- **Role of State:** Like Aap ki Rasoi, the government is merely playing the role of a coordinating agency, by requesting existing ICDS and MDM providers to come forth as providers for this programme. It has also identified locations for distribution based on concentration for homeless populations; and monitors implementation of the scheme. *There is no government subsidy or grant provided to the providers.*
- **Coverage:** The scheme has so far been launched as a pilot in 7 assembly constituencies of Delhi. Each centre feeds about 200-400 people a day. However, since there is no gate-keeping, the scheme is now catering to more persons than just the homeless. In fact, at some centres, most clients have been reported to be office goers!
- **Quality and Quantity of Food:** The Nutrition Council of India was asked to prepare a daily menu. During early days, clients reported that food was generally of poor quality, as a result, most people continued to eat at dhabas. Of late, the quality of food and consequently, the popularity of Janaahar centres has picked up. Takeaways and second helpings are also allowed.
- **Production:** ICDS and MDM providers have been appointed as service providers under the assumption that no initial capital cost would be required since these providers already have the infrastructure in place, and idle or excess capacity could be put to Janaahar use. But as one service provider informed, they would still have to invest in capital goods - delivery vehicles, cooking vessels and utensils etc. - since existing infrastructure was not sufficient for the add-on task. Although the claim needs verification, the provider estimated that at current level of production, and at his unit production cost of Rs. 17.33, by selling meals at Rs. 15 a piece, he was incurring a per unit loss of Rs. 2.33.
- **Distribution:** Food is distributed in the morning from 8:00 am onwards, and then again in the evening from 7:00 pm, taking into account the working hours of most homeless

persons. While some distribution centres are located inconveniently at street corners, as was the case with Aap ki Rasoi, a few are located within the premises of homeless shelters, making them more accessible to those the scheme is directly meant for. Distribution seemed reasonably dignified, with the use of plates and spoons, and tables and chairs / or high tables so clients could eat in a relaxed manner; and provision of water dispensers and dustbins. Separate staff members handling cash, serving food and for cleaning ensured there was no chaos as with Aap ki Rasoi. A conscious effort to brand the initiative was seen through a menu and name board at each centres

- ***Monitoring and Supervision:*** The Nutrition Council of India; Mother-NGO and the Delhi government are together responsible for regular monitoring.

## 6. Conclusions:

### The Case for State Subsidised Meal Programmes for the Urban Poor

*The Commissioners of the Supreme Court in the Right to Food Case (CWP 196/2001) sought in their letter dated 12 March, 2010<sup>32</sup>, sought the following directions from the Supreme Court of India to all state governments:*

*'Direct the central government and all state governments/UTs to ensure community kitchens at the ratio of at least one per 20,000 urban population, with 6 months of this order. Wholesome and hygienic meals should be provided within 10 rupees per meal to all working male homeless people, at 5 rupees for women, and free for children, the aged, infirm and destitute'.*

This review collects diverse strands of evidence to make a strong case for massive state-subsidised meal programmes – variously called soup kitchens or community kitchens – for urban poor populations in India, particularly homeless people. It also points to evidence that such a massive feeding programme is financially feasible, because the large majority of urban poor people seek not free food, but assured affordable, nutritious, hygienic food, served to them with dignity. There is a small segment of urban poor people who need subsidised food, but the costs of this are not likely to be overwhelming.

#### 6.1 The Role of the State:

In a democratic republic, people cannot be asked to access their right to food through charity – religious, private or corporate. Assured access to adequate, nutritious food required to lead an active and healthy life is the right of every man, women or child resident in the republic. This right to food is an intrinsic part of their fundamental right to life with dignity<sup>33</sup>.

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<sup>32</sup> Letter from the Commissioners of the Supreme Court, Dr N C Saxena and Harsh Mander, to the Registrar, Supreme Court, dated March 12<sup>th</sup>, 2010

<sup>33</sup> The Supreme Court has explicitly stated that the right to life should be interpreted as a right to “live with human dignity”, which includes the right to food and other basic necessities (*Maneka Gandhi v. Union of India AIR 1978 SC 597*). It has further clarified that the prevention of hunger and starvation is one of the prime responsibilities of the Government – whether Central or State (Supreme Court order dated 20<sup>th</sup> August 2001)

In our review, we have observed that religious charities cover only a small number of destitute and homeless people, with food that is often poor in nutrition, erratic in supply, and served without dignity. Even well-organised food charities, such as Sikh gurudwaras, are eroding as sources of nutritious food for destitute people, because of the increasing exclusion of the unwashed and destitute from their 'sacred' spaces. The experience with corporate charity has been even more dismal, because of their tight-fisted indifference to poverty and hunger. This bleak scenario is illuminated by some outstanding individual charities, but these can never substitute for large-scale state action. If large numbers of people suffer from lack of adequate food, and poor nutrition, it is only from the state that they can make rightful claims. The time is long overdue for the state to fulfil its obligations to them.

## ***6.2 The Need***

Our research with homeless populations establishes the incontrovertible need for such large-scale subsidised meal programmes for urban poor people, especially for single homeless adults and their dependents. The nature of urban homeless life - on pavements and shop corridors - does not usually provide the space for establishing even a makeshift kitchen and cooking meals. Most therefore depend on external sources. The limitations of charity have already been observed.

People therefore are forced to spend a major part of their incomes on cooked food, leaving little scope for a home, a decent life and the possibilities of ultimately escaping desperate poverty.

For instance, a rapid assessment survey of the homeless in Delhi done in 2001<sup>34</sup> provided some useful clues.<sup>35</sup> The majority of respondents were male, between 19-36 years of age - thus of the 'working group'. Most were from outside Delhi, who had been drawn to the city in search of employment to support their families who mostly remained in their villages. And contrary to popular perception, an overwhelming majority (90% of all) were in some form of employment, 33% in the transport sector - mostly as rickshaw and hand cart pullers - the rest as vendors and odd jobs men. But their incomes were very low: 70% earned below the then minimum wage rate

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34 Much of the data used in this section is based on 'The Capital's Homeless: A Preliminary Study' New Delhi: Ashray Adhikar Abhiyaan. 2001.

35 The survey was based on a sample size of 690 respondents made up of homeless and poor.

of Rs. 96/- a day, and 20% below the UN poverty rate of Rs. 45/- a day. Having been driven out of their villages due to poverty, most have to send money back home to support their families. As a consequence the homeless are able to spend very little on themselves. While they save on transport and accommodation by sleeping close to where they work or on the streets, food is an item of expenditure that provides little scope for saving. 82% had no ration card or means of identification and hence little or no access to government food schemes. With limited very participation in political party or civil society activities, there is the further lack of access to other forms of benefits. Religious food charities were deemed to be humiliating options of the last resort, often not even that, for the working population. This is confirmed also by our current review.

According to the survey 45% of the respondents were found to spend less than Rs. 50 a day on themselves, presumably all or most on food. Our recent conversations with the homeless<sup>36</sup> reveals that this figure might have increased to between Rs. 50 and 75 a day, not enough to buy two or three good meals off the market. When asked if the idea of being provided good nutritional meal at a cost in hygienic surroundings was appealing to them, residents at many night shelters in which we spoke to homeless working people, said that would be a big help, provided the food was cheaper than what they got from shops. Much of the food they can buy from the streets is not only expensive, but also oily and poor in nutrition. Clearly there is a market for affordable food, but what needs to be done probably is to create a market for nutritional and hygienic food. Between cost and hygiene/nutritional value, the latter is most price sensitive, and for the poor with very limited means or the pressure to save money for family back home, the feasibility of nutritional and hygienic food – both for immediate well-being and for long term cost consideration in the sense of avoiding of ill health – is out of their reach.

Our survey of the nutritional status of working adult men and women revealed that they were satisfactorily nourished. They needed to maintain relatively healthy bodies in order to survive and do manual work, to earn for themselves and those they supported in their villages. But this was achieved by them at great cost, often to the exclusion of almost every other need. The

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<sup>36</sup> At the Nizamuddin night shelter in May and July 2009 and Kashmiri Gate night shelter in May 2009.

troubling fact uncovered by our research, that at least 5 time more urban homeless people die each day than other urban residents – and most of these are urban working men of an average age of around 40 years – reflects that many of them still fatally fall through the cracks.

The unmet nutritional needs of old, disabled, infirm and sick homeless people are more starkly manifest, as are the needs of single homeless women and their dependents. We referred to evidence of poor nutrition, including stunting, of homeless children. This is aggravated by the gravely unhygienic environments in which homeless children are forced to live, and the dangerous life styles into which they are drawn, which expose them to much higher risks of infection and illness, which further damage them nutritionally.

### ***6.3 Food Security Interventions and Resources***

a) For the food security of urban homeless working men and women, the need is a large programme of priced but affordable nutritious hygienic meals, served with dignity close to their places of livelihood and shelter.

b) For a small segment of urban homeless people who are specially disadvantaged because of age, disability, infirmity, illness, and for single women headed homeless households, a continuing subsidy may be required.

c) And for street children, there should be no question of the state offering them priced food, because it implies an acceptance that these children will continue to work. Their right to food and education requires a large network of open residential schools.

For each of these interventions for distinct segments of urban poor men, women and children, the nature and scale of required interventions for their food security would vary, as would the resources.

#### **6.3.1 Community Kitchens and Canteens as Social Enterprises**

The Commissioners of the Supreme Court in the Right to Food case have recommended that community kitchens and canteens (along with homeless shelters and health outposts) be established in large numbers in all cities. The assumption here – ratified by the research in this paper – is that there is a large demand from within the poor and homeless sections for nutritious

and hygienic food that is available at a low cost – thus providing the poor nutritional support while freeing up a lot of their daily income for other expenses that they are currently forced to invest in relatively expensive but unhygienic and nutritionally weak street food. What are the existing models for working community kitchens and canteens in India that can be adopted by urban governments?

Our review in this paper confirms that the large network of affordable meals served in community kitchens and canteens, can best be modelled on the social enterprise pattern. This has been demonstrated by outstanding and enduring urban feeding programmes in Pune<sup>37</sup>. We have seen that there are two models that are particularly noteworthy – the Hamal Panchayat Kashtachi Bhakar (HPKB) kitchens run by the Hamal Panchayat – a trade union movement that aims at securing dignity and protection against exploitation of the unorganised workers, especially porters and head-loaders; and the Lok Seva kitchens run for the poor by the Lok Sewa Trust, a society working for the welfare for the poor. Both kitchens and canteens appear to be highly popular amongst the poor in the areas in which they operate – offering a wide variety of food items, most sold at very affordable price, to respectively 15,000 and 3,000 persons daily.

To recapitulate briefly, HPKB kitchens provide affordable but healthy and nutritious food to the lesser privileged sections of society. The entire operation is run like a business venture, except that it is run on a no-profit no-loss basis. Hence the entire proceeds from sales are fed back into the operations. There is no external funding too – from donor agencies or the government – the only form of support being the supply of government-subsidised wheat and kerosene oil; and lease at nominal rents of land for kitchens and canteens at important locations.

The kitchen is run by the Hamal Panchayat Union members, with as many as 140 people being employed along the chain. There is one centralised kitchen where food is cooked, and then transported, twice a day, to the eleven distribution centres spread across the Pune city – selected on the basis of high population of hamals – where it is sold. The centralised kitchen model has been used keeping in mind labour and overhead costs, and the economies of scale of running the operations. The menu has been decided keeping in mind the nutritional requirements of

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<sup>37</sup> This section summarised from Koshy, Natasha. ‘Study of kitchens providing meals at subsidized rates to the disadvantaged sections of Pune city’, New Delhi: Centre for Equity Studies. 2009.

Hamals who are engaged in heavy manual work, as porters, and construction workers, and local tastes and dietary habits. On an average a meal costs Rs. 15 a plate at the HPKB kitchen.

Lok Seva kitchens were started by the Lok Seva Trust to provide healthy and nutritious food at low cost for the poor. They provide only affordable food, although they do recognise the need to provide free food to the physically disabled and the elderly at some point in future. Like HPKB kitchens, Lok Seva kitchens too run on the business principle, except that it is on no-profit no-loss basis, with all earnings being ploughed back in.

The Lok Seva kitchens are remarkable in that they use a decentralised kitchens model – food being cooked and served at the seven centres in and around Pune city, all selected based on the concentration of the poor. This differentiates these kitchens from the HPKB ones, and is based on the belief that the poor deserve fresh food and that fresh food can only be provided if it is cooked at site. While this does compromise somewhat the cost-effectiveness of operations, the Lok Seva management believe it is more important that quality and freshness of the food is maintained. Yet the kitchens are able to provide food at a reasonable cost of between Rs. 10 and Rs. 20 a plate, depending on the menu. Decentralisation means that Lok Seva kitchens are able to involve the local community better in its operations, especially needy women, who are given preference in employment.

The important lesson here is that the vast need for affordable nutritious cooked food for urban poor people is potentially an economically viable social enterprise. The HPKB model also shows that this economic viability is fully compatible with labour intensive kitchens, and paying workers their legal wages as well as full social security protections.

The need for providing a hot meal requires the customers to be serviced in-house in the proximity of the kitchen. By consulting people in the catering industry it was concluded that an area of about 550 sq. ft. is needed to house a kitchen serving about 300 meals at a time. A basic floor-area calculation shows that a space of about 650 sq. ft. is required to seat a batch of 50 people in rows at a time for dining. Renting such a space, particular in urban areas, will substantially drive up the operational expense of the kitchen and hence will drive up the meal

prices. Hence it is proposed that the space required for both kitchens and canteens be provided free or on low rents by the government.

The government needs to support it with leasing appropriately located real estate for all its kitchens, and even more importantly for its distribution sites, in the vicinity of places where homeless people work, which would be mostly in commercial hubs of the city. The other support required from government is of start-up loans; and a regular supply of subsidised food-grain from the PDS, preferably at AAY prices. For the rest, it should run as a social enterprise, based on business viability. The experience of HPKB demonstrates that this is feasible without compromising the interests of both the workers and consumers. The government needs to establish transparent systems of peer and consumer social audits, to regulate prices, hygiene, worker conditions, and quality of food.

The actual space requirements for each kitchen and canteen unit were calculated for us by student intern from IIM Ahmedabad, Hoonar Janu. By consulting people in the catering industry he concluded that an area of about 550 sq. ft. is needed to house a kitchen serving about 300 meals at a time. A basic floor-area calculation shows that a space of about 650 sq. ft. is required to seat a batch of 50 people in rows at a time for dining. Renting such a space, particular in urban areas, will substantially drive up the operational expense of the kitchen and hence will drive up the meal prices. Hence he also endorsed the proposal that the space required for both kitchens and canteens be provided free or on low rents by the government.

Other operational questions related to operational details and choices while establishing and running community kitchens and canteens will be dealt with later in this chapter.

### **6.3.2 Feeding Destitute Adult Urban Populations**

The social enterprise model cannot clearly include feeding destitute homeless adults, who are most vulnerable to hunger, starvation, morbidity and death, if deprived of food. This alternate strategy must also be compatible with feeding arrangements which are dignified and

sustainable. We see few alternatives to feeding this population, except through budgetary provisioning by the state.

There are alternate ways by which this can be arranged. The first is to offer these free meals to eligible destitute homeless adults in the same canteens in which working homeless adults pay for their meals. These can be financed by a monthly subsidy by the state to each of these canteens. This will lead to possibilities of corruption and fudging accounts, and give power to official inspectors and accountants over these enterprises. The other is a kind of cross-subsidisation, in which the price that adult males pay subsidise internally the half-price which women pay, and free meals that destitute aged and infirm people access. This will prevent the tyranny of petty government issues, but will involve gate-keeping by the managers of the canteen, and may push too high the costs paid by adult homeless males, thereby defeating the entire social purpose and economic viability of this enterprise.

A second approach is for free cooked meals to be supplied to destitute adults through alternate independent administrative arrangements. In this, there is a great deal to learn from the experience of the Tamil Nadu government, which for nearly two decades feeds destitute people in ICDS centres<sup>38</sup>. There are many advantages in this arrangement. By piggy-backing on an existing highly decentralised scheme, it entails hardly any additional costs of staff and infrastructure, except the additional cost of food. ICDS centres are located in every settlement, therefore old people do not have to travel far for their food. The food is available with no loss of dignity, as old people are seated at the ICDS centre and fed before the children gather. Often, they stay on and assist voluntarily assist the ICDS worker with the care of the children, and play the role of foster grandparents. There is much to commend this model. It only assumes that there is a functioning system of ICDS in urban slums and poor settlements. This is the case in Tamil Nadu, but not many other states of the country.

The Tamil Nadu government has also initiated another programme for large-scale feeding of the urban destitute. It has passed an order<sup>27</sup> which makes it mandatory for temple trusts to regularly feed urban destitute people. Currently, this covers 360 temples across the State and

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<sup>38</sup> For a detailed review of this programme, please refer to Annexure 3 “Destitute Feeding Programmes in Tamil Nadu and Orissa”

serves cooked meals to nearly 40000 people in the state. While there is no limit to the quantity to be served, temple trusts are expected to serve a nutritious menu as decided upon by the State. The Hindu Religious and Charitable Endowments (HRCE) Board in the state is primarily responsible for the monitoring and regulating the programme. This frees the state from budgetary obligations for destitute feeding. But we believe that donations to religious trusts are also forms of public money, and if religious bodies can be legally bound to feed destitute people, which is in conformity with tenets of all faiths, then we welcome it, not as a substitute of direct state action, but a supplementary measure, as it is in Tamil Nadu. We also feel strongly that this law, if enacted, should apply to shrines and trusts of all religious persuasions.

### **6.3.3 Feeding Homeless Children**

In order to meet the right to food (and simultaneously the right to education, health care and protection) of homeless street children, the Commissioners of the Supreme Court have recommended to the Supreme Court in their letter dated 12 March, 2010, that the Court should 'direct the central government and all state governments/UTs to open at least one high-quality residential school for homeless street boys and girls, on the lines of Kasturba Gandhi Vidyalayas for every 50,000 of urban population within one year of this order'.

Community kitchens and canteens, as well as night shelters, are not appropriate strategies for homeless children, because these strategies tacitly assume that the child who lacks adult protection would work to earn for their food, instead of studying and enjoying a childhood. If any child lacks adequate adult protection, the state must be the protector, in ways that uphold the rights and best interests of the child. Street children suffer from many denials and vulnerabilities: these include not just deprivation of responsible adult protection; but also coercion to work to eat each day; work in unhealthy occupations on streets like rag-picking, begging and sex work; abysmally poor sanitary conditions; inadequate nutrition from begging, foraging and food stalls; a range of psycho-social stresses; physical abuse and sexual exploitation; and exposure to hard drug abuse. A very tiny fraction of these children are today reached out to by state and non-state actors, and even those reached are provided services of sometimes indifferent or inappropriate quality.

There are, for instance, an estimated 50,000 street children in Delhi. Only around 1200 are reached by custodial juvenile homes of the state government, and 1500 by all NGOs (but very few provide mainstream education). Therefore residential homes for street children, especially those without any adult protection, should be set up so that their food, health, education and care needs are met. This recommendation has also been endorsed by the Chairperson, National Commission for Protection of Child Rights (NCPCR). Many such homes and residential schools are needed across all major cities to reach out to all the street children. We estimate that 300 such residential schools would be required in Delhi. We propose that all state governments open at least one high-quality residential school for homeless street boys and girls, on the lines of Kasturba Gandhi Vidyalayas for every 50,000 of urban population.

## **6.4 Some operational Issues in Establishing Community Kitchens and Canteens**

The remainder of this chapter will look at some operational questions regarding establishing subsidised meal programmes through community kitchens and canteens as social enterprises.

### **6.4.1 *Balanced food providing sufficient nutrients***

The foremost concern is that the food served should meet the basic daily nutritional requirements of the population segment using the facility. Keeping in mind the minimum nutritional requirements of homeless populations, it is proposed that two meals per day, serving 1000 kilo calories each be provided, one early morning and the other at dinner time, thus ensuring that the programme reaches out to the working homeless persons who leave early in the day and return late evenings. Illustrative food content per 1000 kcal meal provided below<sup>39</sup>. Actual menu could follow local preferences.

Food	Amount (gm/day)
Rice/ wheat	200
Pulses	40
Vegetables (in leafy)	100
Oil and fat	10
Salt and condiments	As per need

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<sup>39</sup> These are based on an extrapolation of calorific values subscribed for primary mid day meals

#### 6.4.2 *Food Production in Centralised or Decentralised Kitchens:*

The HPKB and LS kitchens provide alternate models in the choice of centralised or decentralised operation structures – with its concomitant questions about availability of expensive urban real estate, start up costs, infrastructure requirements, transport arrangements and costs, the economies of scale and the quality and freshness of food provided – and pricing issues.

The context of this debate is to identify the best options for a very large state supported and enabled programme of subsidised priced meals for working homeless adults. Today such a programme would not need to begin afresh, with new investments in infrastructure, because all cities have (or need to create and upgrade) infrastructure to produce food for literally millions of children below the age of 6 in ICDS centres, and school meals for older children. Today, an estimated 7000 million children under 6 years receive supplementary nutrition in ICDS centres, and 120 million children receive hot cooked meals in schools daily. Thus, for these massive operations, infrastructure for producing and transporting massive quantities of food already exists.

It would make great economic sense to minimise this cost, indeed to better use the public infrastructure already available, for the nutritional support components of the ICDS and the MDM programmes. Very briefly, under the ICDS programme, all children below the age of 6 years and pregnant and lactating mothers are entitled to receive 400 gms of cooked meals every day and nutritional supplement. In Delhi, these are being provided through a network of ICDS kitchens run by self help groups (SHG) of women from the particular locality, who manage the entire production chain from purchase of provisions to the delivery of hot cooked meals to Aganwadi centres, with hand holding support provided to the SHGs by non profit organisations (or NPOs) who provide capacity building support to the former. Under the Mid Day Meal (MDM) scheme, all school going children are entitled to one hot meal a day in school. The model adopted for this scheme is very different to the ICDS – a network of large service providers / contractors run these operations in a centralised manner, with large cooking

facilities at strategic locations all over Delhi, from where cooked meal is provided to schools through an elaborate transport system.

While there are positives and negatives with either system, what is noteworthy is that under both these systems, a large and extensive infrastructure (and experience) for providing cooked food to large number of clients has been built right down to locality and ward levels. The ICDS programme has set up a whole set of 1-3 room kitchens with cooking implements, utensils, transport boxes and crockery, and equally important a network of organised women's groups in each with reasonable capacity to run micro-businesses profitably. A similar but much more centralised and mechanised system exists for supply of mid-day meals. All this capacity lies idle for the greater part of the day, after the noon meals are supplied. The suggestion is to use this infrastructure and plug into the networks to provide cooked meals to the homeless, without having to reinvent the wheel all over again, as well as to make huge new investments in infrastructure.

If we recall the comparative experience of the HPKB and Loke Sewa models, the advantages of the centralised system were low start up cost, economies of scale, better control over quality and standard of food provided, while those of the decentralised system were better quality and freshness of food and greater involvement of local populace and prospective clients. The choice then between the two is of taking a call on the different considerations. If the idea is to be able to run the operations efficiently with low cost, good worker conditions, and greater control over standards, the Hamal model might be the preferred one. If however greater client involvement and community empowerment is an important consideration, then the Lok Sewa model might be more advisable.

Governments will have to take a call on how centralised should be their food production models. To illustrate the kinds of considerations and choices, we requested Dr Sajjad Hassan, an IAS officer who is volunteering for a year in the Supreme Court Commissioners ' Office (and Aman Biradari) to undertake a quick survey of how the MDM - centralised model - and the ICDS - decentralised model - programmes have worked in Delhi. Hassan's findings and

recommendations described by him in Annexure 6 may be instructive to other governments as well.

On balance, we believe the decentralised model is by far the better developmental model – it goes beyond efficient service delivery to achieve greater direct participation of the intended users of the programme. But that also means it is more difficult to get right. There are issues about organising groups of the homeless; considerations about who participates in them, and most importantly about the capacity of these groups to organise themselves, manage operations and deliver services. We examine some of these concerns in the next section.

### **6.4.3 Ownership**

We have no doubt that the social enterprises of community kitchens and canteens require the facilitation and support of real estate and subsidized foodgrain, as mentioned earlier. But should these enterprises be owned and managed exclusively by governments? But the experience of homeless shelters, and many other public services which are targeted to the very poor, is that the quality of public services to voiceless and powerless people which are purely state-owned and managed enterprises, tend to decline to levels incompatible with human dignity and rights. We believe that the models would benefit greatly with the shared ownership and management of homeless people themselves.

We examine the modalities and viability of cooperatives of homeless people owning and managing these enterprises.

#### **1) How will membership be decided?**

The important aspect to consider here is the magnitude of the degree to which the homeless population is transient. If the homeless move about frequently with no fixed dwelling area, they would not visit the same Canteen frequently and hence there will not be a segment of permanent customers. In such a situation the Consumers' Cooperative model for running the soup kitchens will not be feasible as a Cooperative is not sustainable with a transient membership.

Hence this degree of transience needs to be ascertained in each location. Our studies in Delhi indicate the homeless populations often tend to be quite stable, living in the same location and sometimes even the same piece of pavement for many years. But this would not apply to many segments of migrant workers, and there is considerable heterogeneity among the intended client population of the Kitchens, so as to not enable any generalizations.

## **2) Election of the Board**

Another related set of issues that crop up is that of the electing the Board to manage the Kitchen. The three issues here are

- Who would have the right to vote, keeping in mind the problem highlighted in Point (1) above? Is it possible to have regular meetings for election and action?
- Who would be the candidates eligible for standing in elections? If they are from the customers themselves, as the spirit of the enterprise would dictate, would they be proficient in discharging their duties, if elected? If not, is it possible to train them for the same?
- How will the members be kept up to date with the operations of the kitchen (i.e. the finances, operations, quality control etc.) keeping in mind that most of them are busy with the daily business of hard survival?

## **3) Who will compromise the staff of the kitchen (cooks, servers, cleaners, manager)? Will the board have the power to hire and fire?**

These thorny issues, and the vast heterogeneity – of age, gender, occupation, shelter, permanence – of targeted customers, challenge the policy of establishing a full fledged cooperative model for the kitchen and canteen. Yet arguably the best model in the country,

which has endured and covered vast numbers – the Hamal Panchayat – illustrates how valuable is the involvement of homeless people themselves in this enterprise. It also offers them employment, apart from ensuring transparently run and dignified services.

### **SHGs of Homeless People**

This model can be implemented as follows:

- i) Select men and women from the homeless population and impart training for running and managing the kitchen
- ii) The training can be imparted by house-keeping and home science colleges and polytechnics, or a private player involved in a similar business as a CSR initiative,
- iii) These trained people can form a Social Micro-Enterprise
- iv) This Social Organization can then be officially supported and sponsored by the government and private companies.
- v) A branding exercise of such an enterprise can be undertaken, involving the private players sponsoring the training

Issues with such a model:

- 1) How to select the candidates?
- 2) Will private players implement such training?
- 3) How to make such a social enterprise accountable? One independent manager for monitoring? A board of social activists? A board elected by the customers?
- 4) The selection and training will have to be completed before the kitchen are rolled out

In spite of a few issues, this model looks very promising.

### **A Hybrid Model**

Therefore a hybrid model, integrating the strengths of the above models can be:

- 1) Implement the SHG model as described above
- 2) Establish a supervisory and audit board including :

- a. A senior social activist
  - b. People elected from the customers, by the customers
  - c. A person representing the private interest
  - d. A person representing the govt. interest
- 3) The social enterprise can be easily scaled up if the model works

This approach will actively involve all the three main interests – i) the community (homeless), ii) Private Players and iii) The Government. In such a CPP partnership, the roles of the different partners would be:

- 1) Community: Members of the community will run and manage the facility through their own organization. Also, an elected member will be a part of the supervisory and audit board
- 2) Private Player: Will impart training to the staff and will be a partner in the branding exercise. The branding can be an important factor for ensuring dignity, as can free the enterprise from the stigma of charity. Will also be a part of the board, to regulate standards. Any other support, if forthcoming is welcome.
- 3) The Government: Will provide initial building and capital, and subsidized grain. Will be a part of the board community kitchens. If successful, will help the organization expand. The building is expected to be the state's most valuable contribution, because real estate is otherwise prohibitively expensive in cities.

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## **List of Acronyms**

AAA: Ashray Adhikar Abhiyan

AAV: Antyodaya Anna Yojana

ACP: Additional Commissioner of Police

APF: Akshaya Patra Foundation

BJP: Bhartiya Janata Party

BMI: Body Mass Index

CES: Centre for Equity Studies, New Delhi

HPKB: Hamal Panchayat Kasthachi Bhakar, Pune

ICDS: Integrated Child Development Services

IGSSS: Indo German Social Service Society

LS: Lok Seva Kitchens, Pune

MCD: Municipal Corporation of Delhi

MLA: Member of Legislative Assembly

MNS: Maharashtra Navnirman Sena

NCPCR: National Commission for Protection of Child Rights

NCT: National Capital Territory Of Delhi

NGO: Non Governmental Organisation

PCR: Police Control Room

PHRN: Public Health Resource Network

PDS: Public Distribution System

PF: Provident Fund

P M Report: Post Mortem Report

PMC: Pune Municipal Corporation

PMT: Pune Municipal Transport

SKK Crematorium: Sarai Kale Khan Crematorium, New Delhi

UIDB: Unidentified Dead Body

UN: United Nations

UT: Union Territory

WHO: World Health Organisation

ZIPNET: Zonal Integrated Police Network

### **Glossary of non English words**

*Aghori*: a sect of Hindu ascetics with cannibalistic rituals *Basti*: a settlement, mostly slum settlement

*Aloo sabji*: Potato Curry

*Beedi*: Flavored Indian Cigarette

*Besan*: Chickpea flour

*Bhakri*: Indian unleavened bread made from jowar flour

*Bhook*: Hunger

*Biryani*: A dish containing meat or vegetables with flavored rice

*Chappals*: Slippers

*Chulha*: Makeshift mud stoves

*Chhole*: Chickpea curry

*Dal*: Cooked cereal

*Dan*: Donation

*Dargah*: Mosque

*Dhaba*: Roadside eatery

*Diwali*: Religious festival of Hindus

*Fann*: a fried cereal based snack

*Garmi*: Heat

*Gurudwara*: Religious place of worship of Sikhs

*Hamals*: Porters

*Kar Seva*: Voluntary services (mostly with reference to those offered at a gurudwara)

*Khichri/Khichdi*: A rice and lentil preparation

*Korma*: a mild curry made from various Indian spices

*Laddoos/ Peda/ Boondi/ Jalebis/ Shira/ Halwa*: Different kinds of Indian sweet confections

*Langar*: Literally meaning kitchen, denotes a free community meal for all persons

*Mandap*: Community Hall

*Mandir*: .Temple

*Mathadis*: .headloaders

*Matki Usal*: A curry made from moth bean and dried peas

*Misal*: literally meaning mixture is a highly nutritive snack item made of moth bean, dried peas, potatoes and a mixture of spicy dried ingredients including lentils, curry leaves etc.

*Palak Paneer*: Cottage cheese in a spinach gravy

*Paneer Masala*: Cottage cheese curry

*Pangat*: the langar congregation to be served food

*Papad*: cracker of flatbread

*Pithla*: a curry made from chickpea flour

*Pohe*: dish prepared from flattened rice and spices

*Pooris*: Fried Indian Bread

*Pyas*: Thirst

*Roti/ Chappati*: Roasted Indian Wheat Bread

*Sabudana Vada*: deep fried sago potato dumpling

*Sadaqa*: Voluntary acts of charity as prescribed by Islam

*Sadhu*: Ascetic holy man

*Samosas/ Kachori*: Fried Indian turnover filled with seasoned vegetables such as potato, peas

*Seth*: A rich man

*Thali:* .wholesome Indian meal served together comprising of various dishes

*Thandi:* Cold

*Upeet:* a snack made of refined wheat grains and vegetables

*Vidyalay:* .School

*Wahe Guru:* religious chant of the Sikhs

*Zakat:* obligatory charity in Islam in the form of annual alms tax of one's wealth

# **Annexure 1: Food security of the homeless in Delhi - A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi**

**Working paper (CES & PHRN)**

**By**

**Vandana Prasad, Haripriya Soibam and Smita Jacob**

## **Introduction**

*“Shetty Chauhan, 60, died on the night of 12 January near a busy traffic roundabout in central Delhi...He had been ill with a heavy cold for eight days...his wife Kamla explained that he had stopped eating and drinking tea prior to his death”.*

-BBC News, January 14, 2010

A conservative estimate of one per cent of Delhi’s population – 1.5 lakh adults and children – constitute one of the most vulnerable categories of the urban poor, the homeless. Even as January 2010 recorded some of the lowest temperatures, the death toll of homeless persons in Delhi battling the extreme temperature rose to twenty. What needs to be highlighted is that scientific evidence points toward malnutrition and hunger as the underlying causes which make people susceptible to extreme weather conditions<sup>40</sup>.

Taking account of this alarming situation of hunger deaths of the homeless, the Commissioners to the Supreme Court in the Right to Food case recommended that wholesome hot cooked meals be provided to the homeless populations at subsidized prices. For the same, the Delhi government was advised to set up 500 community kitchens where affordable nutritious food is available and a further 100 kitchens which serve free food to the destitute<sup>41</sup>

In this context, then, it is significant to enquire into the situation of food security of the homeless populations in Delhi. This study aims to identify the nutritional status and dietary intake of different categories of homeless populations in Delhi. The findings of the study are aimed at establishing the need for community kitchens for the homeless in Delhi as also recommendations based on the findings for how this model should be organized.

## **Food security of urban homeless populations**

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<sup>40</sup> A report of the World Health Organisation (WHO) on Nutritional Needs in Emergencies states, “A cold environment increases an individual’s energy expenditure—especially if shelter, clothing and/or heating are inadequate. Current convention uses an average temperature of 20°C as a base, adding an allowance of 100 kcal for every 5° below 20°C as shown in the box below:

<sup>41</sup> Letter of Commissioners of Supreme Court in the case: PUCL v. UOI & Ors. Writ Petition (Civil) no. 196 of 2001 to the Registrar, Supreme Court, dated January 25th 2010

Urban homeless – the most marginalized category even within the urban poor populations – constitute, anywhere between 100 million and one billion of the global population (UNCHS, 1996). This broad range is the consequence of the many variant definitions of what constitutes a ‘homeless’ person – a person with no shelter whatsoever; one with shelter that is very insecure (e.g. squatter settlements); one with shelter that is temporary (including pavement dwellers and refugee camps).

Homelessness, as the term suggests, refers to the lack of adequate and secure shelter for a person. The official definition for homelessness in India lies in the Census of India definition which refers to ‘houseless people’ as the persons who are not living in ‘census houses’. The latter refers to ‘a structure with roof’, hence the enumerators are instructed by Census officials ‘to take note of the possible places where the houseless population is likely to live, such as on the roadside, pavements, drainage pipes, under staircases, or in the open, temple-mandaps, platforms and the like’(Census of India, 1991: 64).

Being rendered houseless, further implies that mostly these populations are unable to even cook and organize food for themselves, and are therefore exposed to a higher risk of food insecurity and deprivation. Conversely, research on food security mostly uses traditional survey instruments to measure household level food security, thus systematically invisibilising the lived experiences of food insecurity of individual and often scattered homeless populations. Therefore, it becomes significant to examine what methods and indicators may be used to examine the extent of food insecurity among the homeless.

Campbell (1991) defines food insecurity essentially as a limitation or uncertainty with respect to:

- 1) The availability of nutritionally adequate, safe foods and/or
- 2) The ability to acquire personally acceptable foods in socially acceptable ways

Accordingly, indicators need to be developed in order to measure the following four essential aspects of food insecurity:

- (i) the quantitative availability of food (energy sufficiency),
- (ii) the qualitative aspects concerning the types and diversity of food (nutritional adequacy),
- (iii) the psychological acceptability (feelings of deprivation, restricted choice, anxiety related to the quality or quantity of available food) and
- (iv) the social acceptability of consumption patterns, (meal frequency, composition, methods of food acquisition such as growing or purchasing rather than begging, scrounging or stealing) (Campbell, 1991)

*“I always smell the food before eating it. If it smells sour I don’t eat it”  
(a 16 year old in Nizamuddin)*

The most commonly used indicators to measure food insecurity are direct observation of physiological symptoms of food deprivation. This is usually done through anthropometric measurements such as height/age, weight/height, upper arm circumference and body mass index. Further, indicators such as nutrient intake data, and data on nutrition related illness or injury (such as anemia or goiter), are used to measure physiological food deprivation (Barrett, 2002).

However, health is the product of many factors and not just nutrient intake and energy sufficiency and most of the above indicators focus on only either of the two. Therefore, more recent literature on food insecurity point towards examination of coping strategies of people in the face of risk of food insecurity, which is likely to point toward the dimensions of psychological and social acceptability as well. Coping strategies may range from sale of assets, reducing food consumption and energy expenditure, to foraging, theft (Barrett, 2002) and dependence on food charities. Thus, an examination of the proportion of income spent on accessing food as well as the sources used to access food (e.g. cooking/purchasing/begging) will further point toward how psychological and social dimensions play a role. The examination of all of these indicators together is likely to give a holistic picture of the extent of food insecurity.

Within this holistic framework of food insecurity, it is significant to examine and document the prevalence of food insecurity among homeless populations in Delhi. While significant studies have been conducted in the recent past pointing toward the prevalence and lived experience of homeless populations in Delhi, very little is known about the extent of food insecurity, specifically through an examination of nutritional status of the homeless. Civil society groups such as Ashray Adhikar Abhiyan (2000) and Indo Global Social Service Society (2010) conducted extensive surveys with homeless populations in Delhi with an objective to enumerate the homeless as also capture their perceptions and lived experiences on a broad basis. A more recent Planning Commission study conducted by the Centre for Equity Studies – Living Rough: Surviving City Streets (2008) attempted to capture the lived experience of homelessness in four cities of India including Delhi. Among examining different aspects of homeless such livelihood and income, reasons for homelessness, sanitation education, the study examined their access to food. However, significant limitation of the study was a relatively small sample size due to which the findings of the survey were merely indicative of certain trends and no generalizations could be made on these findings (Delhi City Report in Living Rough, 2008). Furthermore, the sample had a low proportion young earning male adults who otherwise form more than of the urban homeless population in Delhi (IGSSS, 2009). category of young earning single male adults within the homeless is also especially important for a variety of reasons young single earning male send savings home, engaged in casual physical labour that demands a greater degree of physical fitness and desire to exit homelessness from previous anecdotal accounts.

Most significantly, while all of the above studies point toward the lived experiences of food insecurity of individual persons, none record the actual prevalence of food insecurity under-nutrition, among the homeless. Similarly little is known about the quality of diets available to homeless persons or their anthropometric status.

*“Not everyone on the street is an addict or a beggar. But public perception tends towards such biases. The reason for such misconceptions is that the visibility of such persons on the streets is high. Others, who form the majority, work and as such we do not take notice of them. The painter, who is called for white washing work, might be a homeless. The rickshaw puller that everyone sees might be homeless. Many fruits and vegetable sellers are also homeless.”*

**- Report on the Assessment of Permanent Shelters in New Delhi (2009)**

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This study, therefore, seeks to strengthen the findings already established by the above previous studies, by taking a larger and more representative sample size as also the use of anthropometric indicators.

## **Aim**

To study the nutritional status, quality of diet of homeless population in New Delhi within the overall context of their food security.

## **Objectives**

1. To estimate the nutrition status of homeless populations (men, women and children) using anthropometric measures
2. To describe the diet of homeless populations
3. To identify the source of food for homeless populations
4. To estimate the proportion of daily income homeless populations spend on accessing food

## **Methodology**

Primary data was collected in February 2010 through a survey of 190 homeless adults at Nizamuddin and Okhla. Both these areas in South Delhi, have an evidently large proportion of homeless populations (IGSSS, 2009) possibly due to reasons such as greater availability of casual labour employment (nearby industrial areas), availability of food charities at nearby religious places such as Nizamuddin dargah, Sai Mandir at Lodi Road. Furthermore, most of the migrants have a preference to stay within the vicinity of one's own community e.g. Nizamuddin area in Delhi is known for a major proportion of Muslims, due to which even recent Muslim migrants prefer to stay in the same area. The Okhla flyover, on the other hand, has a large proportion of migrants from Rajasthan and the same pattern is seen here as well. These two areas were specifically selected for the study, since it is also the primary field area of the Dil Se campaign work with the homeless, with whom the Centre for Equity Studies is closely associated.

In Nizamuddin area, primary data was collected at the Aman Health clinic<sup>42</sup>, at MCD parks inhabited by homeless families and two night shelters for the homeless- one managed by an NGO Ashray Adikar Abhiyan (AAA) and another managed by the MCD Slum Department. Both the shelters are paid for shelters where users are to pay Rs. 6 for a twelve hour period. However, during winters (generally until end of February), both these shelters are run free of cost and no user charges are taken. The AAA shelter is a temporary tent like structure with separate sections for men and women, while the MCD shelter is a concrete structure, with a large hall for males, and a small adjacent room meant for females. Both shelters almost have the same set of rules although the MCD shelters are more strict about not allowing substance abusers into the shelter. Furthermore, some homeless have a misconception that the MCD shelter charges a fee while the

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<sup>42</sup> The Aman Health clinic, is an initiative of the Dil Se Campaign, specifically focused on providing free medical aid to homeless populations.

AAA shelter is run free, even though both are run free for homeless during winters. It needs to be therefore accounted that since these shelters were run free during the time of survey, even homeless persons with a lesser income inhabited these shelters.

In Okhla, primary data was collected under the Modi Mill flyover where a large population of homeless families were found.

Along with a BMI measure, a questionnaire was administered pertaining to dietary intake of the respondents, proportion of expenditure on food, source of food as well as earnings was collected through 24 hours recall. A nutritionist assisted in analyzing the quality of the dietary intake of the respondents. Height of the respondents was measured in centimeters and weight measured through a digital weighting machine (in kilograms).

### *Profile of respondents*

The study attempted to take response from a sample of 100 males and 100 females. However there were particular difficulties in getting female respondents. Therefore, most of the male respondents of the study were single men while more female respondents were women who lived along with families. The study thus had 72 female respondents and 118 male respondents which totals up as 190 respondents. The average age of the adult respondents was 36 years with 35 years being the average age of the male respondents and 36 years for the female respondents.

Of the total respondents, 29 respondents were mobilized from the community where the Aman health clinic was located and came to the clinic for the survey<sup>43</sup>. There were 14 respondents from the AAA shelter, Nizamuddin; 27 male respondents from the MCD Shelter, Nizamuddin; 66 respondents from 3 and streets around the Nizamuddin area and 54 respondents at Okhla under the Modi Mill flyover. The shelter in spite of having a separate room for women had women taking shelter there. This could be due to the absence of women staff in the shelter and the consequent vulnerability that such a situation might lead to.

*“I just want regular work. Delhi govt has done a good job providing these shelters” – a person in the night shelter*

from parks  
MCD  
no

With respect to AAA and MCD shelters, field investigators<sup>44</sup> noted that there was not much significant difference with respect to profile of population, except for the fact that there is a likelihood of more number of substance abusers to be found in the AAA shelter.

Most respondents found at both the shelters – both male and female – were single migrants. While few were pilgrims, most were single and working. Most of the single working migrants were headloaders, rickshaw pullers, construction workers.

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<sup>43</sup> However, none of the respondents for the survey were patients seeking medical aid. Instead, the clinic was only used as a space to conduct the survey where homeless persons were specifically requested to come for the survey

<sup>44</sup> Field investigators refer to the Dil Se campaign team members who assisted in the data collection for this survey. Many of their observations with respect to profile of respondents are recorded verbatim in this study, considering that they have worked with homeless respondents consistently since the past five years.

Field investigators remarked that most of the women found on the streets are single (widowed or separated or unmarried). Many of the single working women were involved in ragpicking, while other destitute and inform women depended on begging at the Nizamuddin dargah.

Many of the families found at Nizamuddin were migrants from Purnia and Kathiar districts of Bihar. Many migrated after loss of livelihood in a natural disaster (such as the recent Kosi flood). Some other families were forced to live on the streets after their slums in the nearby Viklang Basti were destroyed. At Okhla, most of the families are migrants from Rajasthan.

Field investigators remarked from their close interactions with the homeless populations in these areas that most of the respondents of the survey were homeless since almost the past ten to fifteen years. Even those found at shelters had been permanent users at the shelters since years and had still not found more permanent means of accommodation.

The respondents could be said to be living in the most vulnerable situation, vulnerability as defined and categorized by the 10th Five Year Plan (housing, economic, social and personal)<sup>45</sup>. A majority of the respondents also form the floating population group, earning their daily wages and sending money home. Within the respondents there were people who could stay in the night shelter – single working men and who could not – women who found it uncomfortable to stay in the shelter and also those with families who prefer to stay in the streets. The latter were found in the various parks (in Nizamuddin) and under the flyover (in Okhla).

### **Limitations of the Study**

In the community situation and absence of natural light it was difficult to observe anemia and hence was dropped after initial few respondents were observed. Also computing cost for cooked food, though was part of the study had to be discarded later as it was difficult for the respondent to compute the cost per person and most respondents cooking their meals had families and therefore could give the cost of the ingredients bought for a few days (i.e. neither monthly nor daily). The survey attempted to take the response of 100 men and 100 women, the number of women however became less due to the fact that the survey took place in the evenings with a view that people would be back to their shelters after the day's work. However as women were more often than men, busy with the evening chores of cooking and cleaning it was difficult to get women to be a part of the survey. Thus one needs to specifically build a different strategy to include women to be a part of the study.

## **Data and Findings**

### **a) Accessing food: Source and expenditure**

The source of the dietary intake was also recorded along with dietary recall. The sources were grouped under:

- 9) Purchased food- The respondents depending on buying cooked meals
- 10) Purchased and charity –The respondents depending on buying cooked meals and charity food for sustenance

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45 As quoted in the draft PHRN Book 16: Urban Health (forthcoming).

- 11) Purchased and cooked- The respondents who buy cooked meals as well as buy ingredients and cooked at their own chulha
- 12) Cooked- The respondent who cooked at their own chulha
- 13) Cooked and charity- The respondents who cooked their meals and also depend on charity food in absence of opportunity to cook their meals
- 14) Dependent on family- The respondents who are dependent on their family members (not earning/ infirm)
- 15) Charity- The respondents who are totally dependent on charity food.
- 16) Blanks- There were few respondents who were unable to speak (due to disability); and some who had left after taking their weight, height measurement and hence dietary recall were not done for these respondents.

The table below shows the number and percentage of people in each category of source of food:

Table 1: Source of food

	No. of people	%	No. of female	%	No. of male	%
<b>Purchased food</b>	102	54	27	38	75	63
<b>Purchased &amp; charity</b>	33	17	13	18	20	17
<b>Purchased &amp; cooked</b>	3	2	1	1	2	2
<b>Cooked</b>	26	14	17	24	9	8
<b>Cooked &amp; charity</b>	1	1	0	0	1	1
<b>Dependent on family</b>	3	2	3	4	0	0
<b>Charity</b>	7	4	5	7	3	3
<b>Blanks</b>	15	8	6	8	9	8

More than half the people purchased cooked food i.e. 54% while only 4 % depended on charity. Those who depended on charity for meals also had out-of-pocket expenses for the first meal of the day (breakfast – tea and cereal based snacks with minimal oil). The 54% of people depending on ‘Purchased food’ spent Rs. 59 per day on food against an earning of Rs. 107 per day which is 55% of their total earnings.

It is seen that people depending sporadically on charity are not able to reduce their spending on food. An average of Rs. 19 spent by those purchasing their food as well as depending on charity as against their daily income of Rs. 42, which also is almost half of their earnings (this was the response from 15 respondents belonging to this category, 16 respondents in category did not have any income at all for the previous day along with 2 blanks). One can however see that the people

Why not eat in a langar like the others?  
*“I don’t eat from there...”*

You don’t eat free food even if it means not eating?  
*“I don’t ever...”*

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19 is

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spending sporadically on charity also have their income correspondingly lower than those not depending on charity food at all. Thus correspondingly, those depending solely on charity food also had no income at all. On computing income for all male and all female respondents it was found that the average income of the male respondent was Rs. 104 and for female respondents was Rs. 53 - both of which is way below the prescribed minimum daily wage.

In all, 50 respondents i.e. 26% of the total; reported an expenditure on food despite having no earnings at all. Those depending on solely on charity were not significantly different from the rest in terms of age. It might be significant to point that none from the MCD shelter where single working men were staying depend on charity for their dietary intake. Those depending on charity did not have any earnings recorded (two entries blank, rest zero).

- People spending sporadically on charity also have their income correspondingly lower than those not depending on charity at all
- People depending solely on charity has no income at all
- Average income of male and female respondents was lower than the prescribed minimum daily wage (Rs. 104 and Rs. 53 respectively)
- None from the MCD shelter were depending on charity for their dietary intake
- 50 respondents i.e. 26% of the total; reported an expenditure on food despite having no earnings at all.

**b) Dietary intake: Quantity and quality**

The meal intake per day is shown in the table below in numbers as well as percentages (Table 2):

Table 2: Intake of Meals per day

	No. of people	% of people	Female Nos.	Female %	Male Nos.	Male %
<b>3 Meals</b>	105	61	36	56	69	64
<b>2 Meals + tea</b>	18	10	8	13	10	9
<b>2 Meals</b>	45	26	20	31	25	23
<b>1 Meal +tea</b>	1	1	0	0	1	1
<b>1 Meal</b>	3	2	0	0	3	3

*“I went hungry. Did not eat last night... because of the storm. We (she and her children) were running to find shelter” - a woman staying in a park in Nizamuddin*

Here also, the number of people belonging to the category of those who have taken 3 meals is the highest. The category of ‘2 meals + tea’ are the respondents who take only tea as the first meal of the

day (breakfast). There is also an absolute lack of intake of fruits in the diets, only 4 respondents in all reported taking fruits, two respondents taking bananas and 1 taking grapes and 1 taking 4 oranges. The later was a fruit seller. Only two respondents taking milk, one instance in this is of a woman taking half roti and milk as her food (for the entire day). Barring 27 respondents all take tea, in which thought the content of milk may be minimal at least some sugar intake for the day is ensured.

The dietary intake was clubbed into the following categories to understand the quality of the intake. Thus the food intake was divided into - Tea, cereal based snacks, cereals (grains), vegetables- potatoes, green leafy and others, pulses, milk, meat and eggs fruits and others. Breakfast for most consist of tea and cereal based baked snacks- puff without fillings and fann, a crispy oil and cereal based snack. The other meals- lunch and dinner consist of roti or rice, vegetables which is predominantly consist of a potato base along with a vegetable (cauliflower/ tomatoes/ spinach/ peas/ cabbage) or just potatoes. Dal also forms a part of the diet, however one cannot come to consistency of the dal. Intake of fruits was minimal, only 3 respondent in all reported taking fruits in the previous days' diet (One of the three respondents was a fruit seller). Intake of milk was reported by only two participants. There were however some content of meat (39 respondents) in the diet. There was an absolute lack of milk (4 respondents) and fruits (3 respondents). A significant number of respondents (149) show intake of tea.

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|---|
| <ul style="list-style-type: none"> <li>• There is an absolute lack of fruits and milk in the diet of the respondents</li> <li>• Breakfast for most consist of tea and cereal based snack- (puff without fillings or fann)</li> <li>• Vegetable intake is mostly potatoes (42 respondents, 22%)</li> </ul> |
|---|

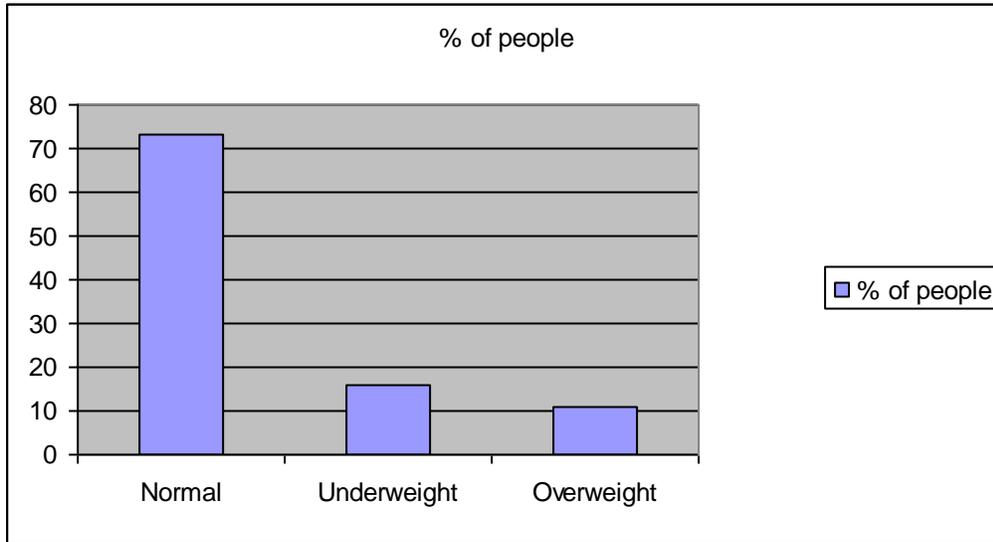
**c) BMI Status of homeless adults**

The nutritional status of the respondents was recorded on the basis of height and weight measurements (to compute a Body Mass Index) and observation of prevalence of anemia. However, due to the setting of the study (interviews with homeless populations mostly accessible only at night after working hours on streets and in dimly lit temporary shelters), it was difficult to observe the anemia in the community situation. While the observation of anemia was initially recorded, later it had to be given up since we were losing daylight. Therefore only the height and weight was measured for adults. After computing the BMI it was compared with the international classification table as given by the WHO, it was found that 47 female (65%) and 92 males (78%) (Refer to Table 4) were of normal BMI (139 in all).

Table 3: BMI of the respondents

	All	
		% of total

		respondents
Normal	139	73
Underweight	30	16
Overweight	21	11



The desegregation of the above data for male and female is shown:

Table 4: BMI Male/ Female

	Female (Nos.)	(%)	Male (Nos.)	(%)
Normal	47	65	92	78
Underweight	12	17	18	15
Overweight	13	18	8	7
Total	72	100	118	100

65% of all women, i.e. 47 out of a total of 72 women were in the normal category and 78% of all men i.e. 92 out of 118 were in the normal category. 12 female and 18 males were found to be underweight (17% of all women and 15% of all men). There were more overweight women (18% of all women) than men (7% of all men).

Among the respondents there were more overweight women than underweight women. In both the categories of overweight and underweight, the number of women were more than that of man.

Comparing the BMIs of respondents from the AAA shelter (NGO run shelter) (5 underweight out of 14 respondents) and MCD shelter (2 underweight out of 29 respondents) significantly more number of underweight adults are present in the AAA shelter (p-value 0.022).

- More than 50% of all women and all men belonged to the Normal category of BMI classification.
- In both the categories of BMI classification –overweight and underweight –there are women than men
- There were more underweight in the AAA shelter as compared to the MCD shelter

### **Main findings**

The major findings could be pointed out as follows:

- People depending solely on charity had no income
- People depending sporadically on charity had less income than those who only purchased cooked meals
- Single working male living in the MCD night shelter did not depend on charity for food
- People who did not have any earnings the previous day also recorded spending on food (26%, i.e. 50 respondents)
- Absolute lack of fruits and milk in the diet (only three persons had fruits in their diet and only four persons had milk in their diet). No protective food in the diet.
- The intake of vegetables predominantly consists of potatoes.
- More than 50% of all women and all men belonged to the Normal category of BMI classification.
- In both the categories of BMI classification –overweight and underweight –there are women than men
- There is a significantly more number of underweight in AAA night shelter as compared to MCD night shelter (Nizamuddin).
- The average income of the people was below the prescribed minimum daily wage.
- The income of the women was substantially lower than that of the men, on computation women earn 50% less than men.

### **Discussion**

The sample for the study – 190 homeless adults at Nizamuddin and Okhla is inherently representative of more young working homeless men as compared to any other category of homeless persons. The study initially attempted to get a sample of 100 men and 100 women. Based on secondary data sources about area wise population of homeless in Delhi (IGSSS, 2009), we speculated that at the chosen two areas – Nizamuddin and Okhla – we would be likely to find more homeless women as compared to other areas of Delhi due to greater homeless family settlements and shelters for both men and women. However, the final study sample had 62% male population (118) and only 38% female population (72)<sup>46</sup>. There were several reasons for this. Apart from the streets itself, the sample was selected from shelters for the homeless. However, shelters do not seem to be perceived as safe spaces to access for homeless women. E.g. At Nizamuddin, one of the night shelter (MCD) though being a shelter for both men and women was inhabited only by working men. Thus the choice of location for the sample led to less women being represented in the sample. Furthermore, field investigators noted that many of the women on the streets were busy with daily chores such as cooking, caretaking of children and therefore more reluctant to come for the survey. Finally, it is found that single men constitute a significant 86.6% proportion of the homeless populations in Delhi, irrespective of areawise population (IGSSS, 2009).

It must also be pointed out that the homeless populations at Nizamuddin and Okhla areas are not necessarily representative of the entire homeless population in Delhi. Earlier research shows that most of the homeless are concentrated in and around Old Delhi and Walled City areas of Delhi (IGSSS, 2009). Therefore, this data is likely to be region specific.

A significant reason for the greater proportion of homeless persons within normal BMI range could be that the average age of the respondents was 36 years. The other trend of more women with undernutrition as well as obesity corresponds with the findings of NHFS III.

The sample of the study has inherently represented the nutritional status of homeless adults who are mostly in the young productive years of their life cycle, while under representing the nutritional status of more vulnerable categories such as the elderly and children, who are more susceptible malnutrition. This younger, and mostly male category of working homeless persons are more likely to spend most of what they earn on keeping fit due to a consciousness to remain healthy in order to be able to be more physically productive and consequently to be able to work and earn more. This study clearly points toward the fact that 54% of the respondents purchased food. It has been reported that homeless persons prefer to purchase food as opposed to cooking or depending on charity. While cooking is time consuming in itself, charity food forces the persons to be dependent on the timing, menu and availability of food at religious places. All of this puts constraints on the number of work hours of urban homeless people; many of whom are casual workers for whom reaching the job market early in the morning is imperative for getting labour for the day (Mander et al, 2008). Even within this category of persons who purchase food, the average daily expenditure was found to be over 55% of their daily income. Earlier studies have pointed towards even higher trends of – majority of the respondents spend 50 – 80% of their daily income on food (Mander et al, 2008).

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<sup>46</sup> This sample is comparable with respect to gender ratios of samples used in earlier studies such as IGSSS (2009) which used a 60% adult male, 15% adult female and 25 % children sample.

The ‘survival of the fittest’ principle is the norm of the life on the streets. While most of the homeless are migrants, it needs to be noted that usually in families, it is the healthier persons who move out of their homes in an effort to earn for themselves and their families. The longer the period of homelessness the person has survived, the more the number of coping strategies the person may have found to battle food deprivation and hunger in life on the streets. It is an inherent assumption, therefore, that most of the current respondents of the study are ‘survivors’ who have found their means to cope as opposed to the many homeless persons who have lost and continue their lives in this battle to starvation. This is evident from the fact that the Supreme Court Commissioners have therefore used this assumption and quoted *"Any death occurring on the streets and any unclaimed body, not resulting from an accident, must be treated as a possible starvation death unless proved otherwise and stringent punitive action taken for the same along with compensation to next of kin."* (Letter by Commissioners to Supreme Court, 22 January 2010). Mortality rates amongst the homeless may be very high but are currently unknown.

Looking at their dietary intake one could comment that their intake is mostly of carbohydrates (rice or roti) and the most common vegetable in their diet is potatoes which is also carbohydrate. The pattern of dietary intake corresponds to an earlier study done by National Nutrition Monitoring Bureau<sup>47</sup> wherein the diet of the urban poor was stated to be lacking in protective foods<sup>48</sup> such as pulses, leafy and other vegetables, milk, fruits, (good) fats and oils. There seem to be a fairly good number of people (39 respondents) with intake of meat, however it needs further investigation to inquire if this could be a significant source of protein as the meat intake usually consists of shred of chicken in the biryani.

The MCD shelter is a permanent one whereas the AAA is not. The MCD shelter does not allow chemical dependents- drugs, alcohol to be admitted though this is an agreement amongst those who stay there and not an officially stated rule as such. On the AAA shelter is there is no prohibition on use of alcohol, smack. One could therefore presume a certain set of people would prefer one shelter over another which might lead to the different shelter showing a particular pattern in the BMI (AAA shelter shows more underweight men than MCD shelter).

It is to be noted, comparing the dietary intake, BMIs and the number of meals that people do fall in the normal range of BMI, take their three meals a day and manage to work to earn their livelihood, however this needs to be juxtaposed with the situation of homelessness and their earnings. As seen people do spend more than half of their income to maintain their normal range of BMI, eat their three meals a day to keep working as a non working day would mean a non-eating day the next day or a few more days till their meagre savings run out. It can also be suggested that living in the streets require much more hardiness and thus we might not have come in contact with many in more dire straits- disabled/ starving/ people with mental illnesses and/or in transit. It has also to be seen in the context of preventing an exit from homelessness even for young adult population who are working – who anecdotally desire to lead a different life. Our findings also counter notions that the homeless do not have a commitment towards their own health and well being. Also the myth that homeless are lazy, careless and want to eat for

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47 As quoted in an NIN publication, “Nutritive Value of Indian Foods”, 2004 (Reprint)

48 Protective foods are the foods that provides one with vitamins and minerals, so called as it help the body to produce substance which prevent us from bodily harm (Lesson 4: Protective food  
[http://directory.wikieducator.org/Lesson\\_4:\\_Protective\\_Foods](http://directory.wikieducator.org/Lesson_4:_Protective_Foods) )

free remains a myth as shown by the study that only a few people access charity food and fewer still depend on it as the sole means to address their dietary requirements. Single working men living in the shelter do not use charity food at all.

## **Conclusion and Recommendation**

It could be seen that most of the respondents were conscious of keeping themselves fit and were able to maintain their BMI albeit compromising on everything else –living without earnings/ state of homelessness. It could be seen that the present situation of the maintaining their health demands the state of homelessness, a situation from which they would be unable to exit unless provisions of food subsidies are made for them. There is thus a need to assist people to exit homelessness. There is a dearth of more participative study to enquire on the needs of the homeless and most particularly that of women living in the streets. More participatory exercises are thus required before embarking on a scheme to counter the state of food insecurity.

Currently there is a lack of government initiatives to combat food insecurity. The sole exception to this could be the 'Aap ki Rasoi' programme which is a hunger-free programme run by the Delhi government jointly with the Akshaya Patra Foundation (APF). The programme is an innovative initiative under the Bhagidari scheme of the Delhi government intends to ensure at least one full time meal to the homeless and the destitute. Currently the reach of the programme is 3000 people in the city which is quite minimal compared to the conservative approximation of 1.5 lakhs homeless in the city.

The intervention that one would be currently looking for is a non charity based, nutritional balanced subsidized food programme that would serve hot cooked meals (breakfast and dinner) twice a day (subsidized @ Rs 15/- per meal) accessible to all, especially women. However there is still a need to engaged with the homeless to enquire upon issues of dignity, sites of distribution of food, choice of food, the need to further subsidized for more vulnerable groups etc. This would allow the many homeless people who are struggling to maintain themselves and often families at home to have some chance of saving enough to be able to make a substantial shift away from homelessness.

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**Annexure 2: Religious Food charities in Delhi: Distribution, quantity and quality of food served and dependency of the homeless (By Smita Jacob and Asif Iqbal)**

Source	Menu	Distribution/ Serving	Categories of homeless populations	Inputs from homeless populations
Nizamuddin dargah	Chicken Biryani	a) In the dargah premises, people are seated in a line and served by individual devotees/ dargah association people	Beggars (Women earn Rs. 40 and men Rs. 100)	Very few times food is prepared by people themselves. If prepared from home, the quality is good since the oil and spices used are good.
	2 Nan/ Rotis		Construction labour	If the dargah association is paid in cash to feed people, they use very bad quality of food which makes the people fall sick.
	Chicken Korma	b) Food coupons of Rs. 10 (2 rotis and korma), Rs 15 (Chicken Biryani) and Rs 20 (Chicken Biryani + 2 Rotis) are available from nearby hotels, which devotees can purchase and give to the homeless (On Fridays, each hotel manages to sell at least 250 tokens of Rs. 15 each)	Domestic servants from nearby localities with their children	(Researcher noted that it is popularly known that some of the worst quality meals are served in charity at Nizamuddin)
	Laddoos		Rickshaw pullers	People want a more systematic system of food distribution and not anybody serving food anywhere. They suggested that there should be a space where at least 50 people can be seated and served food at the same time so that they can eat in a relaxed and dignified manner.
	Zarda (a kind of kheer preparation) 3 times a week		Party and wedding workers	A lot of vegetarian Hindu homeless populations have a problem trying to find food here, and have to wait if and when <i>khichdi</i> is served.
		Watchmen of nearby buildings	<b>Alternate charity sources:</b>	
			<ul style="list-style-type: none"> <li>Aapki Rasoi used to function in this area, but not anymore. Even when it functioned, it was hardly helpful due to its limited outreach</li> </ul>	

			Vendors	(200-250 people)	<ul style="list-style-type: none"> <li>• Mother Teresa kitchen*: Distribute vegetarian food to about 20 people at 9 a.m. and occasionally at 7 p.m.</li> <li>• Some use tokens given and request the hotelier to feed them with dal and rice instead</li> </ul>
<b>Hanuman Mandir, C.P.</b>	2 puris and aloo sabji	In the Mandir premises, devotees come and serve food to the beggars, mostly disabled and old, already seated in a line. No specific time.	Beggars (mostly old and disabled) (Earn Rs. 80 day on Tuesdays, Rs. 40 on other days)	Almost all the food served is oily or sweet. None of it is very bad quality, since most devotees prepare these at home and bring.	
	Bananas				Due to this high fatty and sugar content, most of the older people store the food received as charity and resell the same to either vendors or other migrants in dire need of food.
	Sweet boondi	Alternatively, the devotee stands anywhere of his/her own preference and starts distribution. Any person in the premises can access this food. The old and disabled are usually unable to access these servings since their mobility is restricted	Street children		
	Aloo kachoris		Eunuchs		Many choose to sleep hungry or try alternative sources, rather than survive on this unhealthy food on a daily basis. Some of the homeless here are against the very principle of charity food since they feel it increases their dependency.
	Samosas		Chappalwallahs (those who keep chappals for devotees who enter temple)		
	Laddoos and pedas				<b>Alternate food sources:</b>
			Migrants from outstation		<ul style="list-style-type: none"> <li>• Some of the homeless including beggars make extra earnings through resale of the charity food. They use this money to eat simple vegetarian meals at nearby hotels.</li> </ul>
	Khichdi				

	(rarely)			(Rs. 25 per meal)	<ul style="list-style-type: none"> <li>Some go to the nearby Banglasahib Gurudwara* for the langar, but many refrain (due to discriminatory practices, due to stairs)</li> </ul>
<b>Kalka Mandir</b>	Chhole Puri	The temple is open from 7.30 a.m. to 9 p.m. The devotee stands anywhere of his/her own preference and starts distribution.	Mostly women and children		Almost all the food served is oily or sweet. None of it is very bad quality, since most devotees prepare these at home and bring.
	Kachoris	Any person in the premises can access this food. The old and disabled are usually unable to access these servings since their mobility is restricted	Beggars (300 – 400 live here permanently, others come for 3-4 months only in a year from UP, Bihar and W. Bengal) (Earn Rs. 60 per day)		The older people therefore throw away most of the food, and many a time have sleep hungry. There are few cheap food joints nearby.
	Sweets				
	Non veg and alcohol distributed rarely	One of the temples where liquor and non vegetarian food is also generously distributed in charity.	Metro construction workers		<b>Alternate food sources:</b> <ul style="list-style-type: none"> <li>If anybody falls extremely sick, access the nearby Isckon temple khichdi. However, rarely use this option (since entry is restricted due to high security and long distance for old and disabled).</li> </ul>
<b>Hanuman Mandir, Yamuna Pushta</b>	Daily Prasad of bananas, kachoris, boondi, puri	a) On a daily basis, individual devotees distribute food as in Hanuman Mandir, C.P.	Rickshaw pullers  Handcart pullers		Food quality, especially of the bhandara is extremely good and nutritious, but there is no variety offered in the menu.

	sabji			There is no place to sit and eat the food. People have to carry the food to the nearby MCD park to be able to sit and eat.
	Weekly bhandara of 4 puris, 1 sabji, halwa, drinking water.	b) Every Tuesday, a bhandara is set up which serves 4 puris, sabji, halwa and water. Separate tents are set up for cooking, distribution and water. Takeaways are allowed as well.	Wedding or party workers  Ragpickers  Local vendors/hawkers  Beggars	Apart from the homeless, children from nearby government schools residing in neighboring localities access this bhandara charity.  Many old and disabled people in the area are forced to depend on this charity as their only source of food since there are few cheap food options in the vicinity.
				<b>Alternate food sources:</b>
			Street children	<ul style="list-style-type: none"> <li>Seesganj Gurudwara* (most don't have access due to rude behavior, due to stairs)</li> </ul>
			Pickpocketeers	<ul style="list-style-type: none"> <li>Aapki Rasoi (limited quantity)</li> </ul>
			Eunuchs	
<b>Sai Mandir, Lodi Road</b>	Puri sabji	a) At 11 a.m., everyday, puri sabji is distributed to about 150 people.	Beggars (mostly old and disabled, some families)	The food distributed here is relatively healthy. Nobody sleeps hungry. In the day, they access the 11 am food, while they keep the tokens for evenings. There is a regular set of people, who access this food charity since years, and the mandir association people do not trouble them either, and consistently provide them with
	Chhole,	b) Similar to Nizamuddin, food coupons maybe given to	Nearby vendors	

	Rice/ 3 rotis, Salad, Pickle	the poor. A Rs. 15 coupon can purchase a meal of chhole, rice/3 rotis, salad and pickle at the nearby dhaba.	(occasionally)	meals daily.
		c) On festivals, 5 – 10,000 people are given free langars in tents.	Watchmen from nearby buildings Construction workers	<p><b>Alternate food sources:</b></p> <ul style="list-style-type: none"> <li>Private and unknown philanthropist sends vegetarian food (dal/rajma/chhole+chawal) for about 200 people at 1 p.m. everyday since ten years (Many homeless don't prefer this due to the extremely rude behavior of the food distributors)</li> <li>Mother Teresa van* arrive at 1.30 p.m. with hot cooked food for about 200 people (5 rotis, soyabean, potato)</li> </ul>
			(Apart from above homeless populations: Children from nearby schools with mothers)	
<b>Sriram Mandir, Lodi Road</b>	Upma  Pongal  Dosa	Food is distributed on an average to about 500 people a day, based on booking by devotees	Same as above	Same as above
<b>Seesganj Gurudwara, Chandni Chowk</b>	Roti, sabji, dal, chawal, halwa, salad,	Food is continuously distributed to from 12 p.m. to 5 p.m. and again from 7 p.m. to 1 a.m. inside the gurudwara langar hall. Food served	Homeless women and children	Most homeless populations are not allowed entry into this gurudwara. Only they look 'clean' can they enter. In fact, leave alone entry, most homeless people are even beaten when they attempt to enter by the two 'guards'. On the other hand, <i>sadhus</i> or <i>aghoris</i> who are also no

pickle, is unlimited.

Tea

Beggars

‘clean’, are allowed to enter.

Truckloaders

The quality of food is good since it serves a minimum oily and balanced meal.

Construction labourers

Old and disabled persons cannot access this *langar* since there are a number of stairs to be climbed before entering the gurudwara.

Vendors and hawkers

Many of the homeless avoid accessing this food, even if they can, due to humiliating procedures such as body checks before entering the gurudwara (for drugs, alcohol and cigarettes), reprimanding for heads not being covered. Furthermore, a food takeaway option is not available here, where they can store the food for later.

Rickshaw pullers

Handcart pullers

In some cases, the homeless are forced to ‘volunteer’ for the sewa work, if they want to access the langar on a daily basis.

(Apart from these homeless populations:

- Visitors/tourists to Delhi (some who have lost belongings or money and unable to return

#### **Alternate food sources:**

- During Ramzan, many of these people go to Jama Masjid for variety of non veg food options
- Very few purchase food ever

home)

- School and college students
- Nearby shop owners
- Sex workers

**Bangla Sahib Gurudwara, C.P.**

Rajma, chawal, roti

In this gurudwara, two different langars were distributed at the same time:

Dal, roti, sabji, chawal

a) One langar is organized inside the gurudwara in a new renovated hall, with such facilities as an electronic kitchen, vacuum cleaning after every round of food distribution. The menu for the same was dal, roti, sabji, chawal. Mostly, families, students and tourists are served here.

b) A separate langar is distributed near the back entrance of the gurudwara. Here, mostly homeless populations such as construction workers, vendors, few street children were

Vendors

Rickshaw pullers

Metro workers

Watchmen from nearby buildings

Apart from homeless populations:

- Sikh families
- Foreign

The homeless populations are mostly not allowed to enter the langar inside the gurudwara. They are directed towards the backside langar, at times politely, and sometimes beaten if attempt to enter the inside langar. The gurudwara maintained that there was no such difference and due to increasing demand they were running two langars.

		found. The menu served here is rajma chawal and rotis.	tourists	<ul style="list-style-type: none"> <li>College students</li> </ul>
<b>Jama Masjid</b>	Dal roti	There is no food charity within the dargah campus like a <i>langar</i> or <i>bhandara</i>	Mostly old and disabled beggars (earn about Rs. 150 – 200 per day)	Most prefer to buy food rather than waiting outside the hotel for a patron to feed them (lack of consistency and dignity).
	Biryani and korma	There is no token system either. There are instead two hotels outside which the homeless sit, waiting until a patron comes and pays the hotelier to feed them. Usually they are fed dal roti (Rs. 20) or biryani/korma (Rs. 50).	Rickshaw pullers  Handcart pullers  Vendors/hawkers  Carpenters	Most eat at hotels at Rs. 25 per meal (4 rotis + <i>salan</i> ). Most feel that hotels maintain their standard and therefore less likely to fall sick with this food.  Alternately, few families (about 60 people) have makeshift stoves on which they cook.
<b>Mehrauli Dargah</b>	Dalia	a) In the dargah, food is distributed at 11 a.m. and 5 p.m. At 11 a.m., a salty thick dalia is distributed. At 5 p.m. after <i>asardiya</i> (half day namaz), sabji roti is served. At times, if more money is donated,	Old and disabled Beggars (Earn Rs. 60 – 70 per day)	The food quality is very good as also healthy (e.g. <i>daliya</i> ). Only 50% or lesser of those availing of charity are homeless
	Sabji and rotis			<b>Alternate food sources:</b>

		then nan gosht is served.	Construction labourers	<ul style="list-style-type: none"> <li>• Ashiqallah dargah nearby (serves langar once a week)</li> <li>• Adhchini dargah* (once a week)</li> </ul>
Nan gosht				
		b) Food coupons of Rs. 15 (2 rotis and dal), and Rs. 20 (3 rotis and Korma /Chicken Biryani) are available from four nearby hotels, which devotees can purchase and give to the homeless	Rickshaw pullers	<ul style="list-style-type: none"> <li>• Nearby hotels</li> </ul>
Dal				
3-4 Rotis			Handcart pullers	
			Apart from homeless:	
Chicken Korma			<ul style="list-style-type: none"> <li>• Families from nearby localities</li> </ul>	
Biryani			<ul style="list-style-type: none"> <li>• Pilgrims</li> </ul>	

**Adhchini dargah**

Korma	Food is distributed here only on Wednesdays and Fridays. While Fridays it is open to all, on Wednesdays only the homeless populations are fed.	Beggars (although few stay here permanently)	The food here is good, but few people depend on it consistently since it is not daily. Only five to six homeless persons were found living permanently in this dargah campus.
Roti			
Zarda	People are seated in a line and korma-roti,		

		zarda, chicken biryani is served.		
	Chicken biryani	On Friday, a chicken biryani vendor stands outside the dargah and devotees pay him to feed the homeless.		
<b>Peer baba ki dargah, Mangolpuri</b>	Dal chawal	a) A dhaba near the dargah caters to the homeless. Patrons pay the dhabawallah to feed the homeless (Rs. 15 for a thali comprising of dal chawal, roti sabji, zarda, pickle and biscuits).	Beggars (Old people, women and children) (Earn about Rs. 40 per day)	Mostly, only homeless and needy populations avail of food charity here.
	Roti			The homeless long for the homemade charity food since they find the dhaba food unhealthy. This food is however never sufficient for an entire family.
	Sabji		Ragpickers	Therefore, some of the women work as domestic servants in nearby localities and earn food along with salary. Others arrange for makeshift stoves to cook on, however many stopped this as well due to increase in prices of raw materials. Many sleep hungry at times.
	Zarda	At a time, the dhabawallah only feeds a maximum of 20 people.		
	Pickle	b) Some devotees prepare food from home and feed the homeless. This is mostly on Thursdays and frequently during Ramzan.		<b>Alternate food sources:</b>
	Biscuits			<ul style="list-style-type: none"> <li>• Kali Mandir (nearby), free langar on Saturdays</li> </ul>
<b>Nanak Pyau Gurudwara, Rana Pratap Bagh</b>	Dal chawal	Langar is distributed from 1 -6 p.m. and 7 p.m. – 12 a.m.	Rickshaw pullers	Food quality is the same as in other gurudwaras (non oily, non spicy, simple veg food). The gurudwara serves about 4 lakh people daily. However, it caters to very few homeless populations.
	Roti	The daily menu consists of dal chawal roti.	Handcart pullers	<b>Alternate food sources:</b>

Sabji

Construction workers

- Many of the homeless prefer to eat at street vendors ( Roti sabji and salad for Rs. 20)

On Sundays, along with the above, sabji and kheer is also served.

Kheer

(very less women and beggars)

Apart from homeless:

- Students
- Devotees

### **Annexure 3: Destitute Feeding Programme in Tamil Nadu and Orissa**

**By Natasha Koshy and Sameet Panda**

*In the villages in our area as soon as you enter any home, of any caste, poor or rich, especially around mealtimes, they would invariably say, without any reservation,*

*“come and eat.” If the guest accepted the offer and sat down to eat, whatever food was there would be shared. Some extra food, enough for one or two persons, was always cooked. In case food was not already available, some food was immediately prepared and served. No beggar or worker was ever turned away without some rice or cooked food. Very soon I realised that I too should do the same. For one thing, there are no hotels nearby, where visitors can go and eat; secondly, people often come from far off places and have to travel a few hours by buses, before they reach their destinations, by which time it is time for the next meal! Both my father-in-law and Naren had a constant stream of visitors and sometimes it was vexing for me and our cook to keep on cooking and feeding the workers and the guests, but I realized it just had to be that way! But increasingly this kind of hospitality is becoming a thing of the past, because joint families have broken up, workers prefer cash payments; many food crops like pulses and millets are not grown at all, they have to be bought; with food prices being so high, extra food is not cooked at all!”*

- Excerpted from *Dilemmas in Agriculture: A Personal Story*

## **Need and Context**

The recent past has witnessed increased levels of poverty in various parts of the country and world, a phenomenon attributed to various causes, including but not limited to liberalization, reduced social sector expenditure, structural deficiencies, etc. In this context, the adoption of social security measures to mitigate the effects of rising poverty levels is crucial to enable affected populations cope. This is especially so in the case of the most vulnerable sections within this affected population, which include, but is not limited to, the disabled, the elderly, widows, etc. It must be noted however, that vulnerability is not limited to economic vulnerability, but that vulnerabilities faced by affected populations may be multiple, and may be of a social nature, or deriving from the specific situations that persons find themselves in. A culture of feeding, as depicted in the excerpt above, is fading away in modern day India.

Elderly men for example, are culturally unaccustomed to cooking for themselves, and in the absence of a spouse or family member to cook for them, may even forego meals. A study ‘Living with Hunger’ notes that men who become widowers at an old age do not know the nuances of stretching small quantities of food to be used multiple times. The infirm and severely ill face similar situations, wherein access to food grain is not sufficient protection against hunger. For others who are poor and disenfranchised, asking for charity is not an option. Pride, and the fear of straining relations inhibits them from asking neighbours for help, even when age and infirmity prevent them from working, either within their village or elsewhere. Government assistance too, is hard to come by, and slow in coming when it does. It is these multiple vulnerabilities of these various categories of persons, who live on the fringes of society, the old, the widowed, the disabled, who need most the extra support so far denied them, both by society, and the state. Thus for many, the existing social security schemes do not adequately address their nutritional requirements. There is a need for the introduction of additional measures, which will bridge this gap between need and existing provisions.

In this report, we present the findings of a report Destitute Feeding Programmes in Orissa and Tamil Nadu. There are two examples of destitute feedings schemes running in the country, in Tamil Nadu and Orissa. This report attempts to evaluate and compare two schemes introduced to supplement existing social security schemes for old persons, widows, and disabled persons in the KBK region of Orissa and Tamil Nadu, the Emergency Feeding Programme and the Direct Feeding Programme respectively, in order to formulate a similar nation-wide scheme. Both the schemes have similar objectives, and seek to provide one meal a day to identified categories of people by utilizing the existing infrastructure of the Integrated Child Development Services (ICDS). The focus of this report is the rationale and objectives of the schemes, what the schemes offer the selected categories of beneficiaries, how these beneficiaries are themselves selected, and the role of the scheme in addressing its intended outcomes, both in design and practice.

The report is based on field studies conducted in both states in two stages. In the first stage of the study field researchers visited 8 districts in Orissa and 2 districts in Tamil Nadu respectively to evaluate the schemes. The researchers adopted a qualitative methodology, using semi-structured interview schedules to assess the functioning of the scheme. In the second stage, field researchers additionally revisited both states to fill in data gaps. The study also draws on secondary literature, macro data and evaluation reports.

## Objectives and Rationale of the Schemes

### Tamil Nadu

On 15<sup>th</sup> January, 1983, the Government of Tamil Nadu extended the Noon Meal Programme, then providing noon meals to children, to cover all the 1,99,158 pension beneficiaries in the state, and provide them a cooked noon meal free of cost. The Direct Feeding Programme was introduced to complement the existing social security schemes for old age pensioners in the state i.e., cash pension, provision of free rice (2 kilograms per month), and a saree/dhoti once every year. In 1986, the scheme was also extended to deserted wives/deserted women scheme beneficiaries. The scheme now includes widows, physically disabled persons and destitute agricultural labourers.

### Orissa

The Emergency Feeding Programme launched during 1995-96 in 5 KBK districts of Orissa, has similar objectives. The stated aim of the programme is to “*provide one square meal a day to old, infirm and indigent persons on a sustained basis which will help the poorest and most vulnerable section of the rural population to cope with food insecurity and food distress periods*” (GoO, 2007: 30)<sup>49</sup>. Other stated objectives of the scheme include the “*provision of basic nutrition to improve their health and nutrition status*”, seeking in the long run to “*impact the average life expectancy of the region*”.

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While both schemes have similar objectives, the feeding programme in Tamil Nadu has been conceptualized in terms of a complementary scheme, whereas Orissa's scheme was intended at addressing hunger and starvation in the KBK region.

## Scheme Entitlements

### Tamil Nadu

According to the scheme guidelines, in Tamil Nadu beneficiaries are entitled one of two options.

- Beneficiaries are entitled to 2 kilograms of rice supplied once a month through the ration shop, as well as a cooked meal (khichadi) for 365 days of the year. The components of the meal are elaborated in Table No. below.
- Or 4 kilograms of rice at zero cost from the Fair Price Shop on a monthly basis.

**Table No. Cooked Meal Composition (per beneficiary per day)**

<b>Item</b>	<b>Quantity (in grams)</b>	<b>Cost (in Rs.)</b>
Rice	200	N.A.
Dal	15	N.A.
Oil	1	N.A.
Salt	1.9	
Vegetables, condiments and fuel	50	0.44*

\*Vegetables – Rs. 0.20, condiments – Rs. 0.09, fuel – Rs. 0.15. In places where gas is supplied to the anganwadi centre, the Rs. 0.15 is not provided.

The monetary value of this meal has been estimated to be Rs. 3.25. The nutritive value of this meal has been estimated to be 895 Kcal and 21.5 grams of protein

### Orissa

In Orissa, beneficiaries are entitled to “*food on each day throughout the year*”<sup>50</sup>. Each beneficiary is given rice, dal, vegetables, oil and condiments daily in cooked form<sup>51</sup>.

The components of the meal are illustrated below in Table No.

**Table No. Composition of the Noon Meal Per Beneficiary Per Day**

<sup>50</sup> GoO (2007), *Annual activity report 2006-07*, Department of Women and Child development, Government of Orissa.

<sup>51</sup> Guidelines for the implementation of the Emergency Feeding Programme (EFP) Government of Orissa.

Item	Quantity (in grams)	Calorific Value (in K.Cal)	Cost (in Rs.)
Rice	250	865	1.58*
Dal	30	105	2.25**
Vegetables	100	40	1
Iodized oil, salt, condiments and fuel		50	0.51
Transport cost	-	-	0.16
<b>Total</b>		<b>1060</b>	<b>5.5</b>

\* Supplied at the BPL rate.

\*\* Must be procured at a rate of Rs. 75 per kg (Arhar dal)

*In terms of calorie and protein content, Orissa's scheme entitlement is more generous than that offered by Tamil Nadu. Furthermore, per beneficiary allocations in terms of vegetables is also more generous in the case of Orissa (Re. 1 as opposed to 20p in Tamil Nadu).*

## Mode of Delivery

### Tamil Nadu

In Tamil Nadu, cooked meals are accessed at the anganwadi. The meal for beneficiaries is served in the anganwadi centre prior to the feeding of children, between 11.45 am and 12 pm, a time our study revealed to be in keeping with beneficiary requirements. The scheme guidelines state that beneficiaries may consume the meal within the anganwadi centre (but are required to finish the meal and leave immediately). However in practice, beneficiaries are not encouraged to consume the meal at the anganwadi itself, but are usually required to pack their food and take it elsewhere for consumption. Beneficiaries are expected to bring their own utensils. The food is served by the anganwadi helpers. They do not receive any remuneration over and above their regular remuneration for participation in this scheme. Dry rations are distributed at the nearest fair price shop.

### Orissa

The meal is usually served around 11 am, after the children have finished their meal and left the AWC. Our study revealed that while beneficiaries are allowed to consume the meal within the AWC premises, most beneficiaries preferred to eat the meal elsewhere. Some of the beneficiaries we spoke to in Orissa raised concerns about the time at which the food is served since for many beneficiaries, the meal provided is their first meal of the day. In Orissa too, anganwadi helpers are charged with implementing the scheme. The helper distributes the food but does not receive any separate payment for this scheme.

*Both states have similar provisions with respect to the mode of delivery, and distribution appears to be a smooth process in both states. However given beneficiary feedback it may be useful for the meal to be served earlier than it currently is, given that this meal often is the first meal of the day for most beneficiaries.*

## **Raw Material Procurement Process**

### **Tamil Nadu**

The rice, dal and oil are supplied directly to the anganwadi centres by the Tamil Nadu Civil Supplies Corporation (TNCSC). Anganwadi helpers/workers are expected to procure vegetables locally. No complaints were raised by anganwadi workers with respect to supply of raw materials from the TNSCS, and functionaries stated that they received the materials on time, every month.

### **Orissa**

The raw materials are delivered at the anganwadi doorstep. The District Collector sanctions the issue of rice from the district FCI godown. Arrangements are then made to deliver the grain to each centre. Dal is procured by inviting tenders at the district level. The procured dal is sent to the Project Offices, from where it is further distributed to anganwadi centres. The rest of the food items such as vegetables and condiments are procured locally.

*The supply of free food grain to the doorstep of the anganwadi simplifies the raw material procurement process. Furthermore, the supply of rice through the TNCSC/PDS implies that inflation will not influence the quantum of rice being provided under the scheme. Even so, irregularities in terms of the quantity of grain supplied and the frequency at which it is supplied have been noticed in Orissa, highlighting the need for stricter monitoring of food grain supply.*

## **The Eligible Beneficiaries**

### **Tamil Nadu**

In Tamil Nadu, persons selected as beneficiaries under the old age pension scheme, widow pensions scheme, physically disabled persons pension scheme, destitute agricultural labourers, and women covered under the deserted wives/women scheme are deemed to be eligible to access benefits under the DFP.

### **Orissa**

The target population for the Orissa EFP programme include “*old, infirm and indigent persons belonging to BPL households*”<sup>52</sup> in the eight KBK districts. The scheme guidelines read that “*the beneficiary must be a destitute in the sense of having little or*

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ibid

*no regular means of subsistence from his/her own sources of income or through financial support from family members”<sup>53</sup>.*

*Tamil Nadu’s scheme guidelines in comparison to Orissa is wider in scope in terms of envisioned coverage of beneficiaries, and less nebulous in its categorization of eligible beneficiaries.*

## **Selection of Beneficiaries**

### **Tamil Nadu**

Eligible persons must apply to the Village Administrative Officer for the scheme application form. The Village Administrative Officer certifies the eligibility of the applicants and then forwards the forms of eligible persons to the Special Tehsildar. Applicants themselves take the form to the Special Tehsildar. The Special Tehsildar then asks applicants whether they wish to receive 4 kilograms of rice or 2 kilograms of rice and food. Based on beneficiary responses, the Special Tehsildar makes a note on the card distributed to scheme beneficiaries. The Revenue Inspector also signs on the card. The names of newly introduced beneficiaries are notified to anganwadi workers who enter these names into their official records.

### **Orissa**

The scheme guidelines state that the beneficiaries are to be selected by the Gram Sabha and the BDO. However, all the beneficiaries interviewed stated that selection was carried out by the AWW.

While the professed aim of the EFP is to feed *old, infirm and indigent persons*, it does not appear that the scheme is being implemented in the spirit of universal coverage. While the guidelines do not indicate otherwise, in practice the implementation of the scheme appears to be based on inclusion of only those persons not covered by the Pension and Annapurna schemes. Rather than supplementing the Annapurna and Pension schemes, the EFP serves as a de facto complementary scheme.

*While both states have clearly laid out selection procedures, in Orissa interpretations of the scheme guidelines deviate from stated norms, meaning that a large section of the eligible population are being left out.*

## **Population Coverage and Coverage of Beneficiaries**

### **Tamil Nadu**

In Tamil Nadu, the number of beneficiaries availing of cooked meals runs counter intuitive to what we could expect would be the turnout, given the categories of persons eligible for assistance under the scheme. For example, 24,595 beneficiaries received

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Guidelines for implementation of The Emergency Feeding Programme (EFP), Government of Orissa.

cooked food in May 2010. The number of beneficiaries receiving benefits in the form of cooked meals under the scheme is gradually reducing, and the total number has halved between 1998 and 2008. Official sources state that no cap has been placed on the number of persons accessing the scheme. However, we were unable to determine why the numbers of persons benefitting from the scheme is so low.

## Orissa

In Orissa the total number of beneficiaries covered under the scheme has stagnated at 2 lakhs since the period 2001-02. If we consider all old persons covered by pension schemes (and their concomitant income norms), widows and disabled persons as 'destitute', by aggregating the number of persons receiving benefits under the schemes, we can estimate the number of persons eligible to receive benefits under the schemes. The number when calculated amounts to 7,83,702 beneficiaries<sup>54</sup>. Using this calculation, we estimate that only 28.2% of the eligible population are being covered by the Emergency Feeding Scheme.

*In both states, the coverage of beneficiaries is much lower than could be expected. It is likely therefore that large populations of the beneficiary population are being excluded.*

## Regularity with Which Food is Provided

### Tamil Nadu

A cooked meal is to be provided on all 7 days of the week. Our field investigations revealed that food is not being universally provided on all 7 days of the week. In some areas, respondents noted that they did not receive cooked meals on Sundays. However, there was a near universal consensus that respondents received cooked meals for at least 6 days of the week.

### Orissa

Our field investigations in Orissa revealed that while cooked meals are supplied regularly on 6 days of the week, Sundays are often excluded from the process.

*In both states the meal appears to be provided on an average for 6 days of the week, as against the norm of 7 days.*

## Access to Benefits

In both states, our survey indicated that the persons accessing benefits belonged to some of the most vulnerable categories of BPL persons, serving to highlight the role these schemes could play in alleviating their dietary needs. However, there are certain

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<sup>54</sup> Women and Child Development (WCD) Orissa.

factors that could affect access to benefits. These include caste, physical disability, diseases such as leprosy, distance of homes from the AWC, illness, etc.

### **Tamil Nadu**

In Tamil Nadu, scheme guidelines state that persons afflicted with physical disabilities or leprosy will be provided with dry rations only (4 kg). Though our field study indicated that this norm may not be strictly adhered to (during the course of the study we came across one person afflicted with leprosy who was eating at the AWC), this guideline discriminates against these groups of persons, and does not allow them of choosing the kind of entitlement they can access.

With respect to discrimination on the basis of caste, we were unable to conclusively verify whether persons of lower castes faced discrimination. Interviews during the second stage of the study indicated that persons of lower castes have access to the scheme in the areas we studied. The disaggregated survey sample revealed a high number of widows within the survey population. Furthermore, a caste wise breakup of the surveyed population also indicated that atleast half of the surveyed persons belonged to marginalized. However while beneficiaries belonging to Scheduled Caste communities interviewed during the course of our study stated that they were not denied access to the scheme, one group of beneficiaries belonging to a higher caste noted that if the food were cooked by a person belonging to a Scheduled Caste community, they would refuse to eat food cooked at the anganwadi.

In the case of a person living with disability, the question of access becomes crucial since certain disabilities may prevent the beneficiary from physically accessing the anganwadi centre. Persons who are unable to go to the anganwadi centres themselves require someone to deliver the food to them. This is also the case with persons who are ill, or too old to walk up to the anganwadi. In such instances, neighbours, children, relatives are called upon to deliver the food to the beneficiaries. In the absence of such an arrangement however, eligible beneficiaries may be excluded from the scheme.

### **Orissa**

While the issue of caste discrimination was hinted at during the FGD, discussants were reluctant to answer any questions on the topic. One respondent did however report that one reason for a preference of dry rations over cooked meals was the low caste status of the AWW. In only one village did beneficiaries strongly object to the discrimination they faced deriving from their caste status. They noted that the anganwadi functionaries were reluctant to entertain them, and often subjected them to indignities such as throwing their food towards them.

With respect to persons with disability, our sample revealed that disabled persons are not denied access to the scheme, though the number of beneficiaries we identified as being disabled was small. With some categories of disabled persons however, issues of access with respect to mobility do arise. Similarly, as in Tamil Nadu, there were some

beneficiaries who noted the difficulty they faced in going up to the anganwadi on a daily basis.

*Apart from caste considerations, physical mobility severely affects beneficiaries' access to meals. Arrangements need to be made for persons unable to access the anganwadi centres themselves. In addition, exclusionary criteria such as banning access of persons with leprosy from the AWCs should be repealed.*

## **Beneficiary Perceptions of the Quality of Food Provided**

### **Tamil Nadu**

Our study revealed that beneficiaries were largely happy with the quality of food provided. However, beneficiaries did raise some issues about the inadequacy of vegetables, salt and oil in the food, a complaint anganwadi functionaries attributed to low allocations and rising prices. The Commissioner Social Welfare noted that feedback received indicated that beneficiaries expressed a wish for rice and sambar to be provided separately, rather than in the form it is currently provided, as mixed rice, a complaint that was echoed in our first stage survey. Apart from taste considerations, this may also be attributed to the fact that mixed rice tends to spoil by evening during the hot months, whereas plain rice can be kept aside and consumed in the evening.

### **Orissa**

Our study revealed mixed findings with respect to quality of the food provided. Some beneficiaries in Orissa were unhappy with the quality of food provided, a phenomenon acknowledged by AWWs and CDPOs as well. This stemmed in part from the low allocation and consequent usage of dal and vegetables in the meal. Dissatisfaction with respect to the quantity of food provided derived from the perceived insufficiency of vegetables and dal used in the meal, echoing complaints voiced in Tamil Nadu. Others interviewed during the second stage of the survey were however largely satisfied with the quality of the food provided, though concerns were raised with respect to the repetitive nature of the food, since the same food is provided on a daily basis.

*In both states beneficiaries stated a desire for better quality food, in terms of content, as well as taste.*

## **Monitoring Mechanism**

### **Tamil Nadu**

Monitoring of the cooked meal component of the scheme is integrated into the regular ICDS monitoring structure. Anganwadi workers record attendance of beneficiaries along with attendance of children in the same register. Records are submitted on a monthly basis to the Programme Officer for verification.

## **Orissa**

The monitoring procedure in Orissa is the same as that in Tamil Nadu, though Anganwadi workers maintain separate stock and attendance registers in Orissa. In addition, a mid/term appraisal is expected to be held at the end of two years by an independent evaluation agency. At the end of the project period, a detailed evaluation is to be held, preferably by an academic agency.

*Apart from reliance on the ICDS monitoring structure, the adoption of external evaluation models as well as in Orissa would serve to cross monitor the scheme.*

## **Grievance Redressal Mechanism**

### **Tamil Nadu**

A specific grievance redressal procedure has not been included in the scheme guidelines. Discussions with officials and beneficiaries indicated that there is no clarity with respect to complaint/grievance redressal procedures. It was however commonly accepted that complaints if any, would be directed to the anganwadi worker/helper.

### **Orissa**

Grievances must be put forward to the palli/gram sabha which must be attended by the Block Development Officer. Our field study indicated however, that beneficiaries were unaware of the official grievance redressal mechanism. Complaints, if any, were directed to the anganwadi functionaries.

*In both states there is a clear need for stronger grievance redressal systems to be adopted and more awareness to be created with respect to the procedure to be adopted to lodge complaints.*

## **Dry Rations Versus Cooked Food**

We received mixed responses with respect to preferences between dry rations and cooked food. The main arguments for dry rations and cooked food are summarized below.

### **For Dry Rations**

- Distance of anganwadi from house.
- Quality of food.
- Allows beneficiaries to eat with family members.
- For beneficiaries who go out in search of work during the day, the cooked meal at the AWC is inaccessible.

### *For cooked meals*

- Persons living on their own with no one to provide any sort of support to them.
- Inability to cook for oneself, either due to old age or infirmity.
- Extra costs involved in cooking.

## **Conclusion**

Our study indicated that the feeding schemes, even in their present forms, have contributed substantially towards meeting some of the dietary needs of their intended beneficiaries. However, some issues still remain which need to be addressed.

- The inadequacy of the meal provided to meet nutritional requirements. Many of the beneficiaries interviewed noted that the one meal provided under the scheme was their only source of food intake apart from the 2 kilograms grain received under the scheme. Even if the meal is expected to cover only half the daily calorie requirements, current entitlements under the two schemes fall short of the desirable norms.
- Quality of the meal in terms of variety and composition. The meal needs to be altered to suit beneficiary requirements.
- Failure to provide food on Sundays. Stricter monitoring is required to ensure that the meal is provided on all seven days of the week.
- Limited scope of the scheme in terms of eligibility criteria, population coverage, as well as limited coverage of eligible beneficiaries. In both states the coverage of the schemes are patently inadequate. Coverage needs to be expanded to include the entire vulnerable population.
- Low allocation towards cooking costs, especially with reference to vegetables in the case of Tamil Nadu, and non-allocation of fuel costs in the case of Orissa. Allocations need to be enhanced according to need.
- Non payment of enhanced honorariums to anganwadi workers. Given the extra burden this scheme places on workers over and above their normal duties, the honorarium of anganwadi workers must be enhanced in keeping with their extra duties.
- Inability of some eligible beneficiaries to access the scheme if they are unable to go to the anganwadi to pick up the food. Arrangements will need to be made in this context for someone to deliver the food to beneficiaries.
- Absence of a clearly outlined grievance redressal system. A well defined grievance redressal system must be set up to handle complaints with respect to entitlements as well as selection/exclusion from the scheme.
- Exclusion of certain categories of persons from the scheme. Scheme guidelines which prohibit certain categories of persons from accessing the scheme, such as in Tamil Nadu, need to be altered.

## **Annexure 4: Implementation of Aap ki Rasoi by service providers**

**By Smita Jacob**

While corporate houses such as Taj, Hindustan Times, DLF, ITC etc. expressed interest to fund the programme, they did not possess the professional expertise required for food production and distribution at this scale. Therefore, NGOs such as Akshay Patra Foundation and ISKCON were requested to step in as service providers and undertake the responsibility of implementing the programme. An exception is Hindustan Times (HT) which undertakes its own food production and distribution at the S P Mukherjee centre, which it also sponsors. The food is prepared at the Hindustan Times canteen and distributed with the HT vans. The current study has examined the food production and distribution of APF and ISKCON. Both the models are different in the sense that while the APF kitchen has been specifically set up for food production of the Aap ki Rasoi programme, ISKCON prepares the Aap ki Rasoi food as part of its larger food production for the Mid day Meal scheme.

- **Akshay Patra Foundation (APF)**

The Akshay Patra Foundation, a Bangalore based organization, is currently the largest service provider for the Mid day Meal programme in India. Based largely in the South and Vrindavan in Uttar Pradesh, the Aap ki Rasoi programme is first initiative of the organization in the city of Delhi. The APF kitchen for the Aap Ki Rasoi programme is located at a Multipurpose Community Centre at Rewlakhnpuri village, Najafgarh, Delhi, a space allotted by the Delhi government. The kitchen has been functioning since June 2008.

- a) **Scale:** APF is responsible for food distribution at five points – Yamuna Bazaar, Shahdara, Raghbir Nagar, Karol Bagh and Mangolpuri. For the same, about 1300 meals of 290 gms each are produced at this kitchen everyday. While the Bhagidari cell report had outlined an average of 350 meals at each distribution point, APF reported distributing only an average of 250 meals per distribution centre. The manager informed that the number of meals distributed at one centre is determined by the identification of the

location by the government and the funding issued by the corporate. The programme functions throughout the year, excepting for Holi, due to problems faced in transportation and food distribution on the festival.

- b) **Cooking:** The meal consists of 70 g rice, 35 g dal/ kadi, 3 rotis (25 g each) and 100 g sabji (seasonal vegetable). Every Wednesday, jeera rice is served, and every Sunday, kheer is served. Cooking is completed from 5-9 a.m. every morning. From 9 a.m. – 1 p.m., preparations required for next day such as cleaning of grains and pulses is undertaken
- c) **Staff:** Nine female helpers (for preparing chapattis, cleaning and cutting vegetables), one male cook (for cooking dal, rice, sabji), one housekeeping staff, eight distribution boys (driving vehicle plus distributing food). In addition to the above, an armed security guard manned the entrance. The manager explained that this was necessary to guard the expensive equipment and vehicles from the local people of the village. All the staff are local from the same village. Initially, labour was brought in from the Vrindavan APF centre<sup>55</sup>, who in turn trained the local staff here. The manager refused to divulge the exact salaries, but informed that they were paid as per minimum wages, along with a provident fund. On being asked whether the food prepared was also provided to the workers, the manager vehemently convinced us that they could not access this food since they did not belong to the same ‘category’ of homeless destitute persons.
- d) **Procurement of raw materials:** Since the kitchen is located outside the city, it is difficult to access cheap raw materials. However, vegetables continue to be purchased from the wholesale market at Azadpur Mandi, while provisions are purchased from approved vendors at Najafgarh itself.
- e) **Food distribution:** The APF has two vehicles for distribution sponsored by Adobe Inc. The vehicles leave Najafgarh at 9.30 a.m. and between 12 and 1 p.m. completes food distribution at five centres. Food is distributed in aluminum foil plates. The manager informed that very often fights and scuffles break out amongst the homeless as also between the homeless and the distribution boys. In one such incident, the distribution boys came back with blade bruises all over their body. He has to therefore carefully employ the distribution boys to ensure they are patient and systematic while distributing

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55 So far the largest kitchen of the APF which has the capacity for producing 1 lakh meals every day

food. While APF has requested the government to provide security at the time of distribution, it has yet not been received. It is mandatory for a police constable on duty to be in vicinity at the time of distribution, but APF sources said that usually this is not the case.

- f) **Cleanliness and hygiene:** A housekeeping staff cleans the kitchen every twenty minutes during food preparation. A separate set of slippers is to be used by every person entering the kitchen. All the staff wear aprons and headscarves. At the distribution point, it is primarily the responsibility of the MCD to maintain cleanliness. Yet, APF noted that due to lapses on the part of MCD, they get local people to clean the spot at least on a weekly basis.
- g) **Funding and subsidies:** Initially five corporates were funding the food production and distribution. Corporates select the distribution centre on the basis of their interests in the particular area. However, today only Taj and ITC Maurya are left, the other three corporates gradually stopped funding the programme. No specific reasons were given for this gradual exit. In absence of funds for three centres, Akshay Patra started investing its own funds to ensure smooth functioning of the programme. Along with the free space allotted by the government, water and electricity is also provided free. In addition, like service providers in MDM, gas is provided at domestic rates.
- h) **Cost:** The initial capital costs required for setting up of the kitchen was approximately 9.5 lakhs, which APF bore on its own. Initially, using the MDM cost per meal, it was estimated that the cost per meal would be Rs. 6. However, then, the larger number of food items on the menu and distribution costs were not accounted for. APF noted that distribution costs were a major proportion of the current cost of Rs. 13.50.
- i) **Cooking of Prasad not food:** The food cooked by APF for Aap ki Rasoi was cooked in the manner of 'prasad'. The vegetarian food, cooked without onions or garlic, is daily first offered to Hindu gods during a puja. The food from the thali offered to god is then sprinkled into every container to 'purify' every container with gods' blessings. The APF proudly noted that this was indeed 'prasad' that they cooked, not food, due to which none of the staff is allowed to even taste the food during preparation.

The ISKCON Food Relief Foundation Delhi, an initiative of the ISCKON temple trust, is the largest service provider for Mid day Meals to MCD (Municipal Corporation OF Delhi) primary schools, providing food for approximately 1,60,000 children. The ISKCON base kitchen is located in Aaligaon, near Badarpur, Delhi. In 2008, when the Aap ki Rasoi programme was initiated in Delhi, ISCKON stepped forward to not only implement it, but also fund the operations. Excepting one distribution point funded by DLF, ISKCON undertakes the funding along with food production and distribution of 7 Aapki Rasoi centres across the city. Apart from MDM and Aap ki Rasoi, the base kitchen also provides food for Tihar Jail on Saturdays.

a) **Scale:** Since food for MDM and Aap ki Rasoi is cooked together, there was no exact estimate of how many meals were exactly cooked for Aap ki Rasoi. Among the 1, 60, 000 meals cooked for 362 primary schools, the ISKCON management estimated that roughly 2800 – 3000 meals were sent for Aap ki Rasoi. However, this data did not seem reliable, and the food cooked for Aap ki Rasoi seemed much more like a surplus of what was cooked for MDM.

b) **Cooking:** The ISKCON base kitchen is a two storeyed electronic kitchen spanning an area of about 12000 sq feet in total. The round the clock kitchen which functions in three shifts has the capacity for production of 1,00,000 meals at the same time. In June 2009 a village community centre had been allotted by the government across the ISKCON kitchen. Being used as a space for preparation of halwa, in March 2010, the space was to become an independent kitchen for Aap ki Rasoi. Due to the joint preparation of meals of MDM and Aap Ki Rasoi, ISKCON started facing problems with respect to accounting.

c) **Staff:** 200 labourers are currently working at the ISKCON base kitchen. All are employed through contractors. The management refused to divulge the salaries, but informed that they were being paid as per minimum wages. No extra benefits such as provident fund etc. were included.

d) **Distribution:** Food cooked at Aaligaon is transported to the ISKCON temple at East of Kailash, Delhi. From here onward, temple vehicles are used for distribution to the seven distribution points. At times, it was noted that any excess food from the temples was also taken for distribution for Aap ki Rasoi.

e) **Costing:** The MDM is currently priced at Rs. 5, including the grains provided by the government. For Aap ki Rasoi, the measurement used is exactly double the quantity of food sent

for MDM. Based on this, the management estimated that the cost per meal per day would be between Rs. 8 – 10.

## **Annexure 5: Jan Aahar Yojana - A rapid evaluation July 2010**

By Smita Jacob

### **Background, Objectives and Guidelines**

The Supreme Court orders dated xx/xx/xx instructed the Delhi government to set up 500 community kitchens which would provide affordable nutritious food specifically for homeless populations. In this context, the Chief Ministers Secretariat along with the Social Welfare Department, St. Stephens Hospital - MNGO for homeless - and the Nutrition Council of India, planned out a scheme which aimed at providing a nutritious cooked meal targeted at the poor and low income group of Delhi. It was decided that two meals shall be served each day and each meal shall have atleast 1000 kcal nutrition value and shall be sold at Rs. 15 per plate. The programme is to be implemented by women organizations and NGOs having experience at cooking and providing healthy food to a large number of people.

The scheme was finally launched amidst much fanfare and media attention on July 2, 2010. The scheme was inaugurated by the Chief Minister, Ms. Sheila Dikshit, herself along with other Cabinet colleagues.

### Scope

The programme has so far been launched in seven assembly constituencies of Delhi namely Asaf Ali Road, Lal Park (Dev Nagar), Chabi Ganj (Kashmere Gate), Azadpur Fruits Mandi, Azadpur Subzi Mandi, SP Mukerjee Marg and Priyadarshini Colony Yamuna Bazar. All the locations were identified by the Delhi government. Each centre feeds about 200-400 people each day. The Delhi government has expressed interest to soon start the programme in all 70 constituencies.

Food is served twice a day. In the morning, the food is to be distributed from 8 a.m. onwards and in the evening 7 p.m. onwards. The distribution continues until the food supply at the centre lasts. However, at one of the centres visited, the staff informed us that during the day, they were allowed to request the production kitchen to send a second supply if the food got over very early.

### Quantity and quality of food served

A weekly as well as day wise menu was prepared by the Nutrition Council of India and an expert from the St. Stephen hospital, aimed to meet the 1000 kcal nutritional value per meal. The meal menu includes puri, chapatis, potato, seasonal vegetables, dal/sambhar, rajma, rice and sweets.

The following is the menu as decided upon by the Nutrition Council:

S. No.	Weekdays	1 <sup>st</sup> meal	2 <sup>nd</sup> Meal
1.	Monday	Atta Puri with Aaloo curry	Rice with Sambhar Dal (with vegetables added to the gravy)
2.	Tuesday	Atta Puri with Seasonal Vegetable curry	Rice with Kadi (with vegetables added to the gravy)
3.	Wednesday	Rice with Rajma	Atta Puri with Aaloo curry
4.	Thursday	Rice with Chhole (with mashed vegetables added to the gravy)	Roti with seasonal vegetable + halwa
5.	Friday	Kala chana Pulao + Halwa	Roti with Aaloo Nutrella curry
6.	Saturday	Atta Puri with Chhole (with mashed vegetables added to the	Rice with Kadi

gravy)

7. Sunday Rice with Rajma Roti with seasonal vegetable curry +halwa

Quantity per serving:

No of puris – 6

No of Rotis – 4

Aaloo Curry/ Seasonal Vegetable/ Sambhar/ Dal/ Rajma/ Kadi/ Chhole curry – 200 gms

Rice – 400 gms

Halwa – 100 gms

The following is the menu board on display:



However, whether the service providers are rigorously following the day wise menu as prescribed by the Nutrition Council remains to be seen. According to a Times of India report, dated 7<sup>th</sup> July 2010<sup>56</sup>, on one single day different meal structures were being followed at the disbursal points. The same was confirmed by this research team. Thus, one found sitaphal sabji, puris, chhole and rice being served together. Furthermore, while chhole was served, as per the menu, mashed vegetables were to be part of the curry, which was not found.

The TOI report stated that many people who chose to try out the meal felt it was inadequate, low in quality and not as tasty and hygienic. Some even said the nearby dhabas offered a more sumptuous meal. People pointed toward poor quality rice and half cooked whole gram being inedible.

<sup>56</sup> Times News Network (7<sup>th</sup> July 2010) *CM concerned over meals served to poor* (Times of India City: New Delhi)

On the day of the visit of the research team, people said that while initially the food was not good, following their feedback, the food was now much more tasty and they also vouched that it was a healthier option than dhaba food. People asking for a second helping were given the same.

### **Production**

The Delhi government had called for a meeting of MDM and ICDS providers in March 2010, and briefly described the programme, scope and objectives, following which it asked for providers interested in taking up implementation of this scheme to come forward. Seven providers came forth, of which all were MDM providers, while 3 took up service provision for both MDM and ICDS. The following are the list of ‘NGOs’ who are service providers for this scheme:

- Bharat Ratna Dr. Bhimrao Ambedkar Dalit Uthan Shiksha Samiti
- Waruda
- Rewards
- Stri Shakti
- Bal Vikas Evam Paryavaran Sanrakshan Sanstha
- Jan Chetna Jagriti Evam Shaikshanik Vikas Manch

The government clearly stated that it shall provide for no assistance other than identification of location for distribution centres. Thus, except for Stri Shakti, which distributes to two locations, all other service providers cook and distribute to one distribution centre each.

The service provider interviewed informed us that food for this programme is prepared completely separately from that cooked for MDM/ ICDS. In fact, the day the team visited, the provider showed us utensils and other infrastructure that had been specifically ordered for the production of JanAahar. Samples of different rice quality were being examined by the service provider to check which could be used for JanAahar. This may be a direct consequence of the TOI report a few days ago which stated that the rice served was of bad quality.

The service provider was operating out of the same kitchen he had for MDM and ICDS. This organization was already providing MDM to 56 schools and ICDS to 127 Anganwadi centres.

For JanAahar, the service provider planned to operate the distribution centre out of a custom-built van, like the ones used by commercial street food providers. Once this takes place, he claimed that a lot of issues of cleanliness and hygiene will be taken care of. He also claimed that in the long run, his organization would be interested in training homeless user groups to run these centres.

### **Food Distribution**

Two distribution centres were visited by the research team – Hamdard Chowk and Chabi Ganj. Both used different distribution models.

*Mobile van*



The Hamdard Chowk distribution centre was essentially a mobile van parked on a busy junction outside the LIC building. Initially, local vendors opposed the van being parked everyday, following which, the initial location allocated to the service provider, under a tree, was changed to one on a sidewalk.

All the food containers, plates, spoons and water along with the cash box are placed inside the van. Food was served in thermocol plates and plastic spoons. The provider later informed us that disposable plates were being used since there were almost no water arrangements at the distribution point. Water (apparently RO water) is served from a water dispenser placed on one side of the van.

Near the van, two standing level tables were placed on the road along with a board displaying the menu. About 8 people could eat at these two tables comfortably at the same time. When asked about how people who don't get table space eat, the staff informed that most of them take parcels or just stand and eat. Parcels are given in polythene bags or lunchboxes if the beneficiary brings one.

Three staff were seen managing the distribution centre when the research team arrived. One serves food from the van, another collects cash while a third continually cleans the tables and disposes the plates. The first two are contract staff employed by the NGO just a month ago. Along with food distribution, they take care of transport (since they also drive the van to and from the kitchen), purchasing raw supplies and plates and spoons. They earned about Rs. 6000 per month. The third cleaning staff was a local sub contracted by these two staff who was paid on a daily basis (Rs. 50/ day).

The hygiene at the location left a lot to be desired. Due to lack of water arrangements at distribution centre, it was not possible to achieve a desired level of cleanliness at an eating spot. Flies were swarming over the van, even though the staff in charge consistently dumped the garbage in a separate corner.

### *Rain Basera*

The distribution centre at Chabi Ganj is located inside shelter for the homeless tucked in an alleyway in Kashmere Gate. The distribution centre is located inside the compound of the shelter, right outside the shelter building.



Near the gate of the compound sits the cash collector, who gives coupons in return of the money paid. Food is served on a long table with all the four items placed, and one staff, donning an apron and a cap, serving the food. Food is served in steel plates with steel spoons. There are 90 plates and spoons in stock.

Behind the serving table are gas stoves where puri and rice is cooked on the spot, so that it is served hot. On the other end of the compound, long benches and tables are placed so that clients can sit and eat. At the back of the building, is the cleaning area, where plates and spoons are washed.

There in total 9 staff employed at this centre. 4 staff work in 2 shifts of 2 each to make the puris and rice. 2 staff are involved in serving the food and 1 for cash collection. 2 staff are employed for cleaning utensils. Apart from these, there was a manager who overlooking the entire functioning at the centre.

The hygiene levels here were definitely better. All the cooking and serving staff were donning aprons and caps. Since the centre itself was inside the compound of the shelter and due to availability of water, the service provider found it easier to maintain basic cleanliness. Also, the clients had a separate eating area, with a dustbin placed far apart from the cooking and serving area where the waste was dumped.

The staff informed us that they carry all their materials daily back to the kitchen, including tables and gas stoves as well since they don't trust the shelter inmates or caretakers to be responsible for their materials.

### **Competition from other food providers**

The research team questioned a nearby dhabawallah asking whether the programme had affected his business. He claimed that it made no difference since he worked at different timings i.e. 11-3 p.m. due to which his clientele remains unaffected. The service provider at the kitchen however informed us that his and many other dhabawallahs' business had actually been affected, which was partly the reason for the initial opposition to the van being parked. At Rs. 15, the dhabawallah provided a full meal of 3 nans, 2 sabjis, raita and salad and a plate of Pulao at Rs. 10. The Janaahar provider stated that people had begun to identify Janaahar with healthy food and would therefore prefer it irrespective of price and quantity difference. E.g. a dhabawallah can never afford to give atta rotis.

### **Challenges at Distribution Centres**

At the Hamdard Centre, the staff initially faced a lot of trouble trying to occupy the space the government had allotted. Ironically, this was the inaugural centre, and the van was inaugurated under a tree. However, the very next day, local vendors opposed the van being parked under the tree everyday, claiming that they had been conducting their business there for years. Finally, the staff resolved the problem by finding a nearby parking space. The staff now claim that it was better to have shifted from under the tree since bird droppings would have bothered their clients! The staff at this centre maintained that it was important that the MCD also helped them in maintaining cleanliness at the distribution point. It was difficult to take up this task alone.

The TOI report quoted staff at distribution centres saying that it was difficult to serve fresh food as the surroundings may not be as hygienic. It quoted a staff at the Dev Nagar centre stating that although centres were supposed to function as per standards specified by the city government, they were not able to maintain the nutritional value because of the unhygienic environment they served in. Another staff was quoted as stating that centralized kitchens and the transport required from the far located kitchens was leading the food to go bad in the hot weather.

### **Beneficiaries: Homeless?**

At the Hamdard Chowk, there were clearly more than just homeless persons availing the programme. In fact, the research team found that many of the clients were regular office goers. The staff at the centre also confirmed with pride that of late, many LIC employees chose to eat from here. The Hamdard Chowk claimed to serve nearly 200 persons during each shift, i.e. 400 per day. However, they also mentioned that a number of rickshaw pullers and auto rickshaw drivers also formed a major chunk of their clients.

At Chabiganj, possibly due to the more secluded and specific spot assigned, its client scale is much lesser – 200 per day – and seemed to be more specifically urban poor groups – both homeless and people from nearby slums. Apart from the men who availed of the shelter facilities, the staff claimed that a number of women and children also had started coming from outside. While the team was at the spot, an old woman, nearly 70, was spotted paying the fifteen rupees, to carry food home. She repeatedly insisted to the staff that considering her age at least, she should be given more food and therefore demanded that she be given some helping of all the four items, rather than the usual two items served at fifteen rupees. Going by the quantity she was demanding, it seemed like she was stocking up another meal either for herself or for her family. On the other hand, one also found the serving and cleaning staff eating the Janahar food.

### **Funding and Costing**

The service provider interviewed by the research team (Dr. Bhimrao Ambedkar Dalit Uthan Shiksha Samiti) shared the following unit cost production for the programme:

<i>Sl.</i>	<i>Items</i>	<i>Cost (in Rs.)</i>
1.	Plate	1.25
2.	Spoons	.05
3.	Vegitable (Two types)	6.00
4.	Poori ( 6 )	4.00
5.	Transportation	3.33

6.	Gas	1.15
7.	Labour	1.05
8.	Water <sup>57</sup> & Electricity	.50
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Total = 17.33

This essentially means that he is running a loss of Rs. 2.33 per unit cost. Yet, he claimed that he was interested in continuing this initiative since he believed in the ‘cause’. Apart from recurring costs, the service provider claimed that he has also had to bear 1.5 lakhs of capital costs including utensils, vehicles etc.

### **Branding**

In response to the initial poor response of people to the programme, the CM directed the department of social welfare, MNGO, St Stephen's Hospital, and the NGOs incharge of supplying the meals to work towards making Jan Ahaar a brand with a distinct colour code and logo.

### **Monitoring and Supervision**

The service provider claimed that the Social Welfare Department was taking samples daily to check for nutritional requirement. Officials both from the CM Secretariat and the Social Welfare Department frequently take rounds to supervise the functioning of the programme.

The CM has directed the meal must be regularly monitored by the mother NGO and Nutrition Council of India. Expressing concern over hygiene and sanitation issues, Dikshit sought to know how waste was being disposed of at the meal distribution centres. She directed the department to ensure that proper dustbins are placed and steel plates are used. Dikshit also emphasized the need to do away with cut salad and suggested whole substitutes like a cucumber, tomato or banana (TOI, 7<sup>th</sup> July 2010).

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<sup>57</sup> Drinking water for customer and cooking the food

## **Annexure 6**

### **Building Community Kitchens on the Infrastructure of ICDS and Mid-Day Meals**

By Sajjad Hassan

Governments will have to take a call on how centralised should be their food production models. To illustrate the kinds of considerations and choices, we requested Dr Sajjad Hassan, an IAS officer who is volunteering for a year in the Supreme Court Commissioners ' Office (and Aman Biradari) to undertake a quick survey of how the MDM - centralised model - and the ICDS - decentralised model - programmes have worked in Delhi. Hassan's findings and recommendations described here may be instructive to other governments as well.

The first and probably the most important consideration when making investment decisions for a social enterprise of community kitchens when the issue at hand is a chain of service provision points is the issue of whether the food will be produced in centralised or decentralised kitchens. Costs involved are in investment in premises, machinery, including transport arrangements, and in human resources. This is large investment and can take up much of the project fund available.

I looked in detail at existing arrangements for cooked food supply in ICDS and MDM in Delhi. These are my findings:

MDM

Stri Shakti is the designated contractor for the MDM project in the Shahdara zone. This is a large service provider, who began similar nutritional operations in Mumbai first. They have now expanded their MDM operations to other states besides Delhi - Punjab, Chandigarh, Bihar and Maharashtra. In Delhi, they run three centralised kitchens, serving a total of 3.5 lakh children. Their central facility for the Shahdara zone is located at Gokulpur village in Loni, from where they serve 236 schools, feeding a total of 1.10 lakh children. At this facility, Stri Shakti has 80 women and 60 men employees, and 600 distributors located in the schools. This staff is not employed directly by the organisation, but the work is contracted out to 'self help groups' of local men and women.<sup>58</sup> According to the chief operations manager, preference in employment is given to mothers with children in the schools served. The facility has a transport fleet of 40 cars to conduct the two runs to the schools everyday. There are ten such large service providers engaged in MDM delivery in the state, serving a child population of almost a lakh each.

According to the chief operations manager of the group<sup>59</sup>, who have experience running both centralised MDM facilities and acting as an NPO (please see below) for the decentralised ICDS operations, there are various advantages with this model: firstly quality can be enforced. So also can cleanliness and nutritional value of the food is assured. It is also cheaper due to economies of scale. According to him the cost works out roughly 10-20% lower than with decentralised systems. And SHGs that are the basis of the decentralised model might not have the financial strength to run operations smoothly. They are forced to depend on loans and other agencies to weather low revenue phases - that are common in Delhi with delays in payments by government departments. Centralised systems and large contractors means there is financial strength. Further large providers also have the organisational capacity and experience to run operations on large scale, thus enabling that service provision is not compromised. According to the manager, the sole advantage of the decentralised system - empowerment of clients and local communities - is offset by the many weaknesses of the model.

## ICDS

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<sup>58</sup> Presumably, this has been done to circumvent labour laws under the Factories Act.

<sup>59</sup> Jaspreet Singh

ICDS food production and supply is managed in Delhi very differently. There are a total of 50 ICDS projects in Delhi, each with about 100 Anganwadi centres (AWC), totalling 6106 in all. 60 The network caters to nutritional requirement of 6 lakh children and mothers, through the provision of one time cooked food and now morning snacks too. Since 2004, as a result of directives by the Supreme Court and Commissioners, the procurement and production of meals under ICDS has been taken up by local communities/SHGs, rather than by contractors, as was the case before. These SHGs were organised by government appointed non profit organisations (NPOs) that provide both organisational and financial support, and helped mentor, train and supervise the operations. Each ICDS project has on an average 7 SHGs, with each made up of 10-15 women members, from the local community, led by a manager, a treasurer and a secretary. Each SHG has its own kitchen (there are 95 today) where food is cooked and then transported to AWCs using cycles or auto rickshaws.<sup>61</sup> Kitchens are in rented building, and have all cooking appliances, and utensils. Government pays SHGs Rs. 4/- per child per meal for the provision of the service. This is meant to cover all costs. For a particular SHG in Geeta colony that we visited, this works out to Rs. 1,36,000 (16 AWC x 85 children each).

According to the Joint Director in charge of the ICDS programme in the Delhi government, the whole idea behind the switch to the decentralised model was to go beyond providing cooked meals to empowering women and encouraging community ownership of the service. So if there are on average 12 women members of each SHG, something like 4500 (350 SHG x 12) women have been provided employment, and been empowered. This is a big spinoff of the decentralised model. Further it is expected that women cook better meals, and since many have their children in Anganwadis, they have a stake in ensuring that the food provided is clean and nutritional. According to the manager of one of the ICDS NPO, it also means that food is cooked according to local states and needs and is thus more appropriate. But there is a downside too to this model: monitoring especially becomes an issue when there are so many SHGs doing the actual work, rather than just a few providers involved. This has knock on effects on ensuring that standards are maintained.

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60 This section is based on interviews with AP Mangla, Joint Director (ICDS), Department of Women & Child Welfare, Government of Delhi, and field visits to Geeta Colony, Sangam Vihar and Nizamuddin ICDS projects.

61 List of ICDS kitchens at Annex 1.

On balance, the decentralised model is by far the better developmental model – it goes beyond efficient service delivery to achieve people’s participation. But that also means it is more difficult to get right. There are issues about organising groups, who participates in them, and most importantly about the capacity of these groups to organise themselves and deliver services. These are important issues in any developmental debate, and the experience of the ICDS project can provide clues on what might work better when applied to the provision of food for the homeless population.

On the surface, ICDS is being run in a decentralised manner through the agency of the SHGs. In reality SHGs are not wholly independent, but exist as delivery points of their mentors – the NPOs that in most case were themselves erstwhile ICDS service providers before the Supreme Court directives on involvement of local communities. In the current arrangement, NPOs are expected to provide hand holding support to SHGs to move to full ownership, and build the latter’s capacity. There is divergence in how this mandate is being implemented: in Geeta Colony project we saw the SHGs being wholly dependent on the NPO for provision of supplies and finances, with the SHG only doing the implementation. In Sangam Vihar project however we saw the SHGs having bank accounts of their own, receiving money and making choices on what to buy and how to spend it. In both projects, NPOs provide some capacity building support, the Sangam Vihar project seemingly more successful at empowerment because of the past work of the NPO with women’s groups in the area. There are signs of some urgency in the government to ensure that SHGs become more independent than they are currently – such as their being able to control their finances more directly – but not much evidence if there is any attempt to accelerate capacity development in that direction.

SHG case studies:

a. The Jyoti SHG of the Geeta Colony ICDS project serves 16 AWCs with the farthest being about 1.5 km away. Transport to centres is provided by carts/hand rickshaws. The kitchen is located in a three-room building, rented at Rs. 4500 pm. One room is used for a large burner, another for storage and a smaller burner, and a third for supplementary storage. The group has ten members, with a Pradhan, a treasurer, and a secretary. On being asked what their chief

motivator for forming the group was, members present said it was the chance to earn some money. They make around Rs. 800/pm per member currently. All members contribute Rs. 50 pm into the SHG kitty. Have a total saving of Rs. 12,000, from which members take loans for consumption purposes.

On the whole the members of the SHG were enthusiastic about the idea of expanding their operations to cooking food for homeless people in their locality. They felt they will be able to increase their earnings. Today each member devotes roughly 3 hours a day (do 3 shifts of 5 members each). So felt they have ample time at hand for additional work load. Also they felt they would be able to utilise their facilities and resources better with increased work.

While accepting of the idea of letting another group, of the homeless, share their premises, raised some logistic issues: the size of the kitchen is small, and for two groups to run at the same premises might be problematic. Then there was the issue of keeping stores and stock separately, and allocating expenditure on common use items as gas and electricity etc. and then relations between the groups would need to be very good so as to avoid conflicts. If the cost per meal under ICDS and that for the homeless was the same this could have been resolved. But that is not the case, as adults will eat substantially more than small children.

b. The Sangam Vihar Mahila Samuh SHG is part of the Sangam Vihar 1 ICDS project. Covers 16 AWCs, with roughly 70-90 children in each. The SHG is made up of ten members. Kitchen has three rooms, one where food is cooked, and two separate storage spaces. Shares kitchen space with another ICDS SHG. The Group formed in 2003 (with CASP support) for MDM work in schools. In 2006, the group began working for ICDS. Appear to be much more ready to manage its operations than the previous SHG. Buys provisions itself, on loan from grocers and with the support of bridge money provided by the NPO - CASP. Raises bills on strength of AWW report of having received meals. These are then collated by the NPO, who then submit bills to the CDPO for verification and onward submission to the W&CW department. The process is long and tortuous, both on account of delays in collecting bills and vouchers from AWWs, correcting mistakes in them and collating it all, and also at the W&WC

department end, where the bills have to be verified and payment approved. Once payment is received by the NPO, it transfers the same to the account of SHGs. Members are able to make on average Rs. 2500 a month each for themselves.

On readiness to take up extra work, members said they could accommodate another batch of work if that leads to increase in earning of the group. They already take up one off provision of food for events. But they need to be strengthened with one finance person to take care of accounts and another to run around liasoning with government, especially because payment release takes such a long time. Alternatively members could be trained in these skills.

### **The operational plan**

Some important considerations in starting soup kitchens in Delhi are that (i) it is good use of public resources - there is a strong need for this that cannot be met by another manner of investment; (ii) it is efficient investment for the government - uses existing assets built up through other public schemes; (iii) that the cost to the consumer is low - quality being comparable, the price of a meal is than market rate; (iv) that operational efficiency is maintained - delivers food at low cost; (v) and that it promotes self ownership - of the homeless who are able to participate in the management of the enterprise and can influence decisions.

If the above is an acceptable set of criteria around which nutritional yet affordable food is to be provided to the homeless in Delhi, then the mechanics of such a enterprise could be organised in the following manner:

- i. Appoint a mother-NGO with established experience of working with the homeless to provide technical assistance to establish operations, provide mentoring and capacity building support to groups of homeless and hand hold these organisations for a determined period of time to run operations. (Incidentally this has already been done by the Delhi government after the writing of the report). The agreement to spell out clear deliverables along with timeline by M-NGO, along with a M&E framework that contains means of verification of achievements.

ii. Map high concentration of homeless people in Delhi, using past data and rapid surveys that are underway, supervised by the M-NGO. Map existing night shelter facilities to this map. Identify areas of high concentration that have no night shelter / or other common use facilities for the homeless. Identify public building (or others that can be had through community support) for use by the homeless. These centres would act as food points for the homeless<sup>62</sup>. Develop basic infrastructure facility at these centres to act as food points. Later to develop as centres for providing other facilities to the homeless too such as health check up, referral and counselling centres, recreation and educational centres.

iii. Conduct pilot for a limited duration at one/two food points linked to one/two ICDS kitchens to determine pricing of meals, the menu and the scale at which operation would break even. Involve M-NGO and a caterer for this exercise. Collect data and devise appropriate pricing. Plan and budget for support to the operation until break-even scale is reached.

iv. M-NGO to organise groups of the homeless in wards/zones who will take up management of food sale/distribution points, and will also become members of soup kitchen SHGs. GoD and M-NGO to also conduct high visibility promotion campaign to spread the word on soup kitchens and their benefits.

v. Each food point to have a management committee to run its operations. Majority of members of the committee to be homeless, with the rest being NGO members, MCD/GoD representatives.

vi. Map existing ICDS SHG kitchens onto the homeless food point map. Identify linkages between kitchens and food points. The former will be production centres, the latter distribution centres. To the extent possible these should be twined one to one.

vii. M-NGO to work with ICDS SHGs to have their membership include members of local homeless too. Where none available in the locality, take from the nearest areas. Rules of

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<sup>62</sup> This would also meet the concern of GoD's Social Welfare department to have strong linkages between night shelters and soup kitchen.

engagement at the kitchen level to be worked out by W&CW department (responsible for ICDS) and Social Welfare Departments (responsible for support to the homeless) of the Delhi government along with M-NGO.

viii. Organise systems for food vouchers for those at the bottom of the heap – physically handicapped, the elderly, etc.- that can be redeemed at Food Points. Vouchers to be available at retail outlets (or a retail chain) for anyone to buy and hand out to those in need.

ix. Establish governance committee with oversight and direction powers made up of M-NGO, GoD departments, MCD, management committee of Food Points and representatives of ICDS SHGs. Hold periodic meetings to discuss operational problems and finances. The M-NGO should also be responsible to conduct quarterly quality audits, and report the findings to the Steering Committee for the Homeless.

## 6. Risks

There are obviously many risks with taking up such a large enterprise. Some of these are flagged here for consideration.

- will the project in its attempt to benefit some affect others adversely – by opening soup kitchens are we displacing the dhaba walahs who provide food to the homeless today? Answer: The interests of the homeless should be paramount. But can the small food vendors become partners in this programme?

- Is it the best use of public money? Low priced food is available in plenty. Will it be better welfare and economics if the money is used for other more emergent support for the homeless - health coverage for instance? Answer: The felt needs of the homeless rate food, shelter, and health care very high: usually in that order. Nutritious food also promote better health.

- Is direct provision of food a wise thing? Will it be better to just provide the homeless food vouchers to supplement the money they budget for food and leave them to buy food from wherever they wish? Answer: Cash is not a problem with most urban poor people. It is the capacity to convert that cash into needed services for a dignified life.

- There is going to be large investment (of time and resources) in organising the homeless, central to the soup kitchen plan. Considering that the homeless are transitory in nature, is it a doable objective? Answer: Our studies confirm that homeless people tend to remain on streets for a long period, often several years. It is not often a transitory situation. But even if it is, it is worth supporting nutrition of people until they can organise their own cooked food.

- How effective is implementation going to be? Greater client and community participation in the delivery of services has not been a win-over for all actors. ICDS field supervisors have raised the issue of implementation and results in this context. They claim that even with ten NPOs today it is difficult to be sure what is happening out there. If SHGs are empowered to conduct all operations of food (for the homeless) that challenge will multiply manifold. According to them just the number of actors to deal with will make the task a tough one for the department. They believe community involvement and transparency is no antidote for these problems, and that those involved have more their own interest in mind than the welfare of society. Answer: This is admittedly a massive management challenge but given the scale of need and deprivation, the government must rise to the challenge. It has demonstrated its capacity to implement other large decentralised programmes as well.

- There is also the scope of inter-organisational conflicts between SW department and W&CW in the above plan. Answer: It should be implemented under a common umbrella provided by Mission Convergence.

1. Also important will be questions of management: who runs the operations, to what extent are clients themselves involved in it, what governance arrangement is most

appropriate and what should be the expected returns for the provider – client groups or business provider.

ii. Menu and pricing

For soup kitchens to work as a business, they will have to be able to charge a price that enables the operations to break even. The ICDS meal is priced at 4/- a plate – the support that SHGs receive from government per child per meal. With this comes khichri and other variants of it. MDM is priced at roughly 5/- a meal. (Rs. 2.50 + 100 gms rice or wheat from FCI is what the contractor receives per meal from the government). MDM menu is a combination of rice, puri, dal and chana. With this level of pricing And with this service providers are still able to earn a profit. Hamal panchayat kitchens price their meal at Rs. 15 a meal. Lok Sewa kitchen price their basic meal at Rs.10. This is also the price of the most basic meal that the poor can buy off a vendor in Delhi.

iii. how will food be delivered?

This will probably require a special organisation to be established to take care of the operations. But actual delivery could be done in two possible ways - centralised cooking and transport to designated distribution centres, as with the HPBK kitchen or cooking and distribution of food at designated locations themselves, as with the Lok Sewa kitchens.

The aspirations of the homeless with respect to a programme to effect their food insecurity status are therefore:

- d) a subsidized meal, as opposed to a free meal
- e) A systematic consistent and reliable system of food distribution and not anybody serving anywhere.

- f) A space where at least 50 people can be seated and served food at the same time so that they can eat in a relaxed and dignified manner.

## **Annexure 7**

### **Some Technical Concerns for Establishing Viable Community Kitchens and Canteens**

By Hoonar Janu

The primary aim of this report is to present a first draft detailing the model for setting up of Community Kitchens for the urban homeless. The model has been arrived at by considering the following to be the minimum criteria to be met:

1. Balanced food providing sufficient nutrients
2. Affordable pricing
3. Dignity for the served
4. Clean and hygienic operation
5. Scaleable and replicable
6. Self-management by the homeless
7. Minimum necessary dependence on state or private subsidy

The issues related to such a service, given the above criteria, can broadly be divided into two categories i) Social and ii) Technical (Operational, Financial etc.). The basic outline of the model is developed in the following report by considering the most appropriate ways of dealing with the technical issues while always working within the constraints imposed by the minimum criteria.

#### **Technical Issues**

### *Centralized Vs. Decentralized*

At a broad implementation level, one of the important questions is that of centralized vs. decentralized kitchen systems. There are many advocates of a centralized kitchen model, because it enables hygienic food to be prepared with economies of scale. It is also much more feasible to centrally establish and maintain standards. Many state governments have therefore opted for centralized kitchens on cities to supply school meals under the government's flagship school Mid Day Meal Programme.

But a centralized kitchen system would be much more capital intensive and would need professional staff. Also, there would be a need to establish a supply and distribution networks for the meals produced. Such a system has many disadvantages, given the minimum criteria outlined earlier. First, it would not be possible to deliver hot meals to the intended customers, who tend to be dispersed in many parts of the metropolis, both for work and places they occupy to rest and sleep. Also, it would be difficult to monitor and maintain basic standards of hygiene in the supply channels and at distribution nodes. Since many intermediaries will be involved, it will be difficult to make sure that the end-customers are receiving the basic standard of service and the price fixed. Food also is often not available when it is needed by the intended customer.

Since the centralized kitchen would need a relatively more trained staff, it would make it difficult or even impossible for SHGs (self-help groups) of homeless men and women to manage such facilities. In contrast, a decentralized kitchen system is much easier to monitor by the users themselves, so as to ensure a minimum standard of service, and would also generate employment among homeless women and men. Hence it was decided to pursue a decentralized soup kitchen model.

### *Space and Capex*

The need for providing a hot meal requires the customers to be serviced in-house in the proximity of the kitchen. By consulting people in the catering industry it was concluded that an area of about 550 sq. ft. is needed to house a kitchen serving about 300 meals at a time. A basic floor-area calculation shows that a space of about 650 sq. ft. is required to seat a batch of 50 people in rows at a time for dining (Table 1). Renting such a space, particular in urban areas, will substantially drive up the operational expense of the kitchen and hence will drive up the meal prices. Hence it is proposed that the space required and the capital costs incurred be provided by the government and, if available, private funding. The approximate capital costs involved in equipping such a kitchen are shown in Appendix-A (Table 4).

**Table 1: Floor-Space requirement**

Use	Area (sq. ft.)
Kitchen & Storage	550
Dinning Hall	650
<b>Total</b>	<b>1200</b>

### *Food*

The foremost concern is that the food served should meet the basic daily nutritional requirements of the population segment using the facility. Keeping in mind the minimum nutritional requirements and operational capacity issues, it is proposed that two meals per day be provided, one at late morning and the other at dinner time. The food content of the meals would be as outlined in Table 2.

**Table 2: Food content and approx. calorific value**

Food	Amount (gm/day)	Calories Obtained (Kcal)
Rice	400	1300
Wheat	300	1000
Vegetable	300	150

Pulses	150	200
Fruit	200	100
<b>Total</b>		<b>2750</b>

### *Pricing*

To minimize dependence on government or private subsidy, it is proposed that at least the operational costs of the kitchen be covered by the revenues obtained from pricing the meals. The major operational cost (about 75% of total operational cost at AAY prices) will be that of the food, in particular of cereals, vegetables, fruit and edible oil. Hence, the price charged to the customers is most sensitive to the procurement cost of food. Thus it is proposed that all food items so available shall be procured through the government's Antyodaya Anna Yojana (AAY) scheme under the Targeted Public Distribution System (TPDS) at below poverty line (BPL) prices. An approximate operational cost schedule for the kitchen, obtained by using the AAY prices is given in Appendix-A (Table 5).

The main competition of such a service would be with the local street vendors who provide filling but unhygienic and unwholesome food at prices of Rs.10 to Rs.15 per meal. Hence, the pricing of the meals served at the soup kitchen have to at least fall in this price range.

From a social perspective, it is important to consider the expected composition of the population to be served and evolve a model of differential pricing of meals for different categories of customers. It is thus proposed that able-bodied men be charged the full price per meal, single women, accompanied children, old people and disabled people be charged half the price per meal and unaccompanied children be provided the meals free of charge. These assumptions have been taken into account while calculating the operational break-even price of a meal in Appendix-A (Table 6).

As seen from the above discussion and Appendix-A, it seems unlikely that the venture of assumed size may generate profits of a magnitude that would attract exclusive private sector ownership driven by the profit motive.

### *Gate Keeping*

Gate-keeping or in other words selecting some and restricting others from accessing the services of the Kitchens, is not desirable as it defeats the spirit of the initiative. Nor is it implementable, as segregation of people wanting to avail the service into deserving and non-deserving customers, based on their need for the service, is not practically feasible, because parameters involved in such an identification are difficult to determine objectively and transparently.

### *Staff*

To run a kitchen of the size proposed in Appendix-A, a minimum staff of 9 people shall be required, including 3 cooks, 2 helpers, 2 servers, 1 cleaner and a manager. To minimize these costs and simultaneously generate employment opportunities for the homeless, it is suggested that groups of homeless women and men be trained to run and manage such kitchens. Educational institutes and companies dealing in the hospitality business can sponsor such training as part of their CSR initiatives.

### *Scaleable and Replicable*

One of the drawbacks of a model serving customers in-house is that it is restricted in terms of scalability. Given the amount of floor-space, the maximum capacity can be increased only by increasing the total meal time. Taking into consideration the amount of set-up time required for each meal, a kitchen of proposed size (500 sq. ft.) can cook about 600 meals a day in two shifts. Scaling up further will involve increase of kitchen space at the cost of dining hall space. Simulations would need to be run to ascertain the ratio of kitchen to dining space and the total meal time that maximizes the number of people served in-house per meal. To increase capacity beyond this, more floor area will be required in the same vicinity which in most cases will be difficult to procure as a government grant.

We would have liked the Kitchens to have furniture (tables and chairs) like in any restaurant. But this is likely to occupy too much space. Therefore instead we have decided to recommend the traditional Indian system (called the *pankthi* system in parts of north India), of seating guests on the floor in lines and serving them together, in shifts.

The model is easily replicable as it is relatively less capital intensive, does not depend on local factors and is supposed to be managed by trained local homeless women and men SHGs. The important factors determining the replicability are i) availability of government granted space in close proximity to the targeted customer base and ii) access to the PDS system.

### Cost - Revenue Schedules

**Table 3: Basic Operational Assumptions**

<b>Basic Assumptions</b>	
Batch Size (people)	50
Cycle Time (min.)	20
Meal Time (hrs)	2
Meals/Day	2
Days/Month	30
Max. Capacity (People Served/Meal)	300
Expected Served/ Meal	300
Able Men	210
Women,Accomp.Child,Old,Disabled	60
Unaccomp.Child	30

**Table 4: Capital Cost Projection**

CAPEX	Qty	Price	Total (Rs.)	Cost
<i>Utensils</i>				
Al. Utensil (50 ltrs.)	3	2800	8400	
Al. Utensils (20 ltrs.)	2	1300	2600	
S.S. Utensils (20 ltrs)	3	700	2100	
Al. Deep Tray	12	700	8400	
Wooden Chopping Board	2	400	800	
Big Casseroles (50 Chapatti)	2	500	1000	
Bread Rollers	2	200	400	
Steel Plates	100	50	5000	
Steel Glasses	100	15	1500	
Water Jugs	10	50	500	
Kitchen Knives/shredder etc.	5	300	1500	
Dining Spoons	100	10	1000	
Storage Containers/Boxes	5	100	500	

Salt/Pepper Holders	10	20	200
<i>Equipment</i>			
S.S. Working Table with Sinks	2	2000	4000
Cooking Range ( 3 Burners)	1	15000	15000
Chapatti Tavaa (Buffer)	1	15000	15000
Wet Masala Grinder	1	12000	12000
Cold Storage (400 ltrs)	1	30000	30000
Water Cooler (300 ltrs)	1	25000	25000
<i>Clothes</i>			
Aprons	15	50	750
<i>Seating</i>			
Jute Mats	60	20	1200
<b>TOTAL</b>			<b>136850</b>

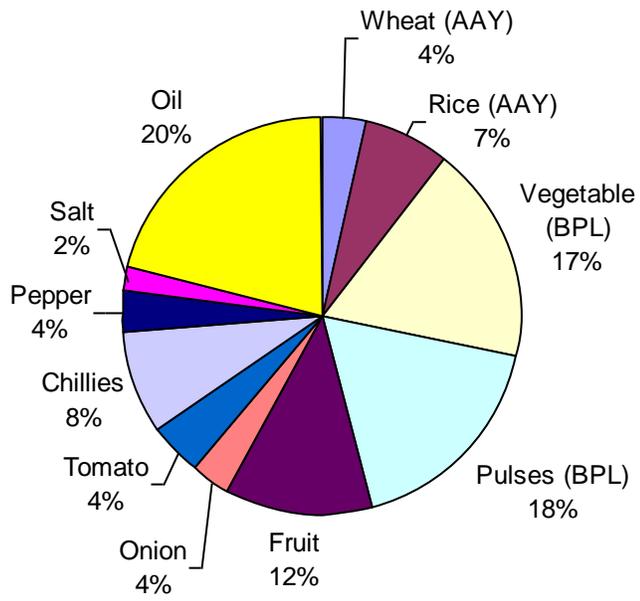
**Table 5: Operational Cost Projection**

OPEX(Monthly)	Qty	Price	Total Cost (Rs)
Food (per month)			153000
<i>Staff Salary (per month)</i>			
Cooks	4	4000	16000
Servers	2	3800	7600
Cleaners	2	3800	7600
Manager	1	10000	10000
Gas			6000
Water			500
Electricity			3000
Cleaning detergents			2000
Packaging for left over (distribution)			

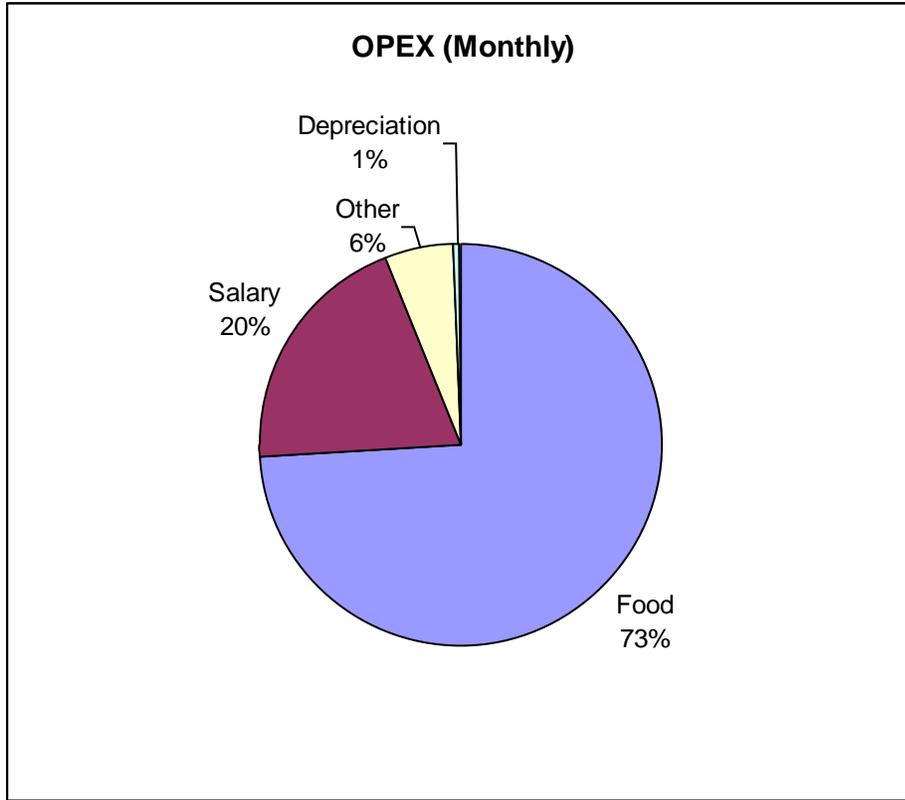
Depreciation (per month @ 10% p.a.)	1140
<b>TOTAL</b>	<b>206840</b>

**Chart 1: Share of different Food Items in total food cost per meal**

### Food (share by cost/meal)



**Chart 2: Share in OPEX of different cost components**

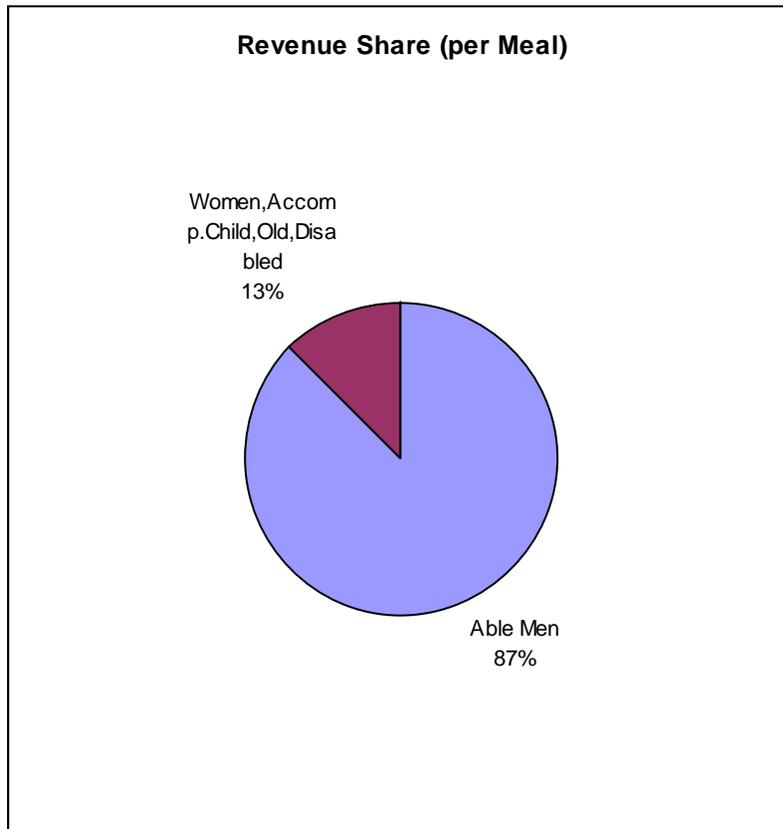


**Table 6: Meal Pricing for OPEX break even**

Revenue	Price	Total Rev.
<i>Meal</i>		
Able Men	<b>14.36</b>	180985.36
Women,Accomp.Child,Old,Disabled	<b>7.18</b>	25855.05
Unaccomp.Child	<b>0</b>	0
<i>Pvt. Funding</i>		
Charity		0
Corporate		0
Citizens		0

Govt. Funding	0
<b>TOTAL</b>	<b>206840</b>

**Chart 3 : Revenue share of customer categories at OPEX break-even**



**Table 7: Summary of Scenario Analysis obtained by varying Batch Size and Meal Time while keeping the price charged fixed at Rs. 15/able man/meal**

	Current Values:	Optimistic	Most Likely-3 hours	Most Likely-2 hours	Pessimistic
<b>Batch_Size</b>	60	80	60	60	40
<b>Meal_Time_Hrs</b>	3	3	3	2	2
<b>Full_Price</b>	15	15	15	15	15
<b>OPEX_Break_Even_Full_Price</b>	13.18	12.73	13.18	13.97	15.19

## Acknowledgements

In many years of direct work with urban homeless men, women and children, and our research and field work with these populations, one of the most urgent demands that they consistently press is for community kitchens and canteens that supply not free but low-cost nutritious and hygienic hot cooked meals. We were convinced that if well-conceived and implemented, these could become indeed a most important intervention to raise the nutrition status of urban homeless women, men and children. It would also free a lot of their current daily incomes which they are forced to invest in relatively expensive street food which is typically sadly low on nutrition and hygiene.

The Commissioners of the Supreme Court in the right to food case<sup>63</sup> have accordingly recommended to the Supreme Court of India that community kitchens and canteens be established in large numbers in all cities<sup>64</sup>. But because this has been an area of almost complete neglect by both the state and modern secular rights-based charity in India, there are few ready-made models which can be readily adopted by urban governments across India, even if such an order is passed.

It was therefore proposed to undertake a directly actionable and focussed study of a) the nutritional status of homeless people; b) the categories of people who survive partly or fully on charity for food; c) organisation of religious and large private food charities; d) government initiatives to provide meals to the destitute; and on the basis of these e) make out a case for large scale meal subsidised meal programmes in cities for urban homeless populations.

This was an ambitious and offbeat study, with far too little available previous materials for us to draw upon. But it was imperative that we did it well, because we hoped it could influence public policies which could change the health and nutritional status of some of the most vulnerable residents of our cities. We are grateful, therefore, that Nina Elinger placed her faith

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63 PUCL v. UOI & Ors. WRIT PETITION (Civil) No. 196 of 2001

64 Letter from the Commissioners of the Supreme Court, Dr N C Saxena and Harsh Mander, to the Registrar, Supreme Court, dated January 25<sup>th</sup>, 2010

in the idea, and supported us with resources, ideas, encouragement, criticism and friendship. We also warmly thank Ravi Behara, who like Nina also works with Dan Church India, who supported us with cheer and generosity, despite struggling with grave illness most of the past year.

It is hard to keep count of all those who contributed – each valuably – to this study. Dr Vandana Prasad, a paediatrician and public health activist has been a consistent friend of all our work with homeless people, and offered to design and lead a part of the study with her colleagues in the Public Health and Nutrition Network, on the nutritional status of homeless people. Anwar-ul-Haque, who runs the Aman Biradari health clinic for homeless people in Nizamuddin, Delhi also assisted valuably in this study, and also contributed to other insights in this study. Dr Sajjad Hassan, an IAS officer who has volunteered to support the work of Aman Biradari and the Supreme Court Commissioners’ Office, including around the rights of homeless people, contributed valuably to the public policy recommendations in this study. Hoonar Janu, my student from IIM Ahmedabad, where I teach a course in poverty and governance, volunteered time to work on the business aspects of a community kitchen and canteen. Asif Iqbal, Asghar Sharif and the Dil Se campaign team were field researchers for many aspects of the study.

I am grateful to my fine colleagues in the office of the Supreme Court Commissioners – Dr N C Saxena, Biraj Patnaik, Dipa Sinha, Tanveer Dar, Natasha Koshy, Leah Barbia, Ashish Soni, Nanhoo Kumar, Ravinder Rawat and Kalloo Prasad – and in Centre for Equity Studies – Sushmita Guru, Gayatri Sahgal and Ujithra Ponniah for their continuous support and ideas.

Smita Jacob, the principal researcher in this diverse and offbeat study, has done a wonderful job. She patiently set out in the many directions I requested, including grisly investigations into deaths on the streets in police stations, crematoriums and burial grounds; religious shrines all around Delhi to investigate religious food charities; homeless shelters and many other difficult locations. She did all of this and more with patience, energy and insight, and has contributed greatly to the study. The many failings that the study still retains are all mine.

Harsh Mander

Date