

HOMELESS DEATHS ON THE STREETS

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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 case¹ have accordingly recommended to the Supreme Court of India that community kitchens and canteens be established in large numbers in all cities². 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 focused 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 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

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

2 Letter from the Commissioners of the Supreme Court, Dr N C Saxena and Harsh Mander, to the Registrar, Supreme Court, dated January 25th, 2010

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.

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Harsh Mander

Date

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

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 existence of 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 available yet 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'³. 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 out to be a gross underestimate, by comparison with a headcount survey (2000) by the NGO Aashray Adhikar Abhiyan which

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

found 52, 765 homeless persons in Delhi⁴, but estimated that for every homeless person they could find, there was probably at least one who remained invisible, and therefore they estimated the homeless population 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 the figure to be 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. Also, the conditions under which they eat 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 do not have 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."

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

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

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 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 means of income.

In the case of males, homelessness is a conscious decision emerging 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 a conscious decision, but directed due to externally induced factors like abandonment, separation and forcible eviction by family (Mander, 2008). The homeless also comprises of the 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, the 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 is 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 as

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

⁵ 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

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.

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 recognized 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, 25th 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 of starvation every day on the streets of Delhi, and furthermore, in other cities. 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 researchers⁶ 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 on the prevalence and extent of homeless persons' deaths (upto the time of writing on-going investigation) due to possible starvation and under-nutrition.

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) 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

⁶ Smita Jacob and Asghar Sharif

confirmed that most UIDBs were indeed of those homeless persons who have no family in the city to conduct their last rites.

We found that the Delhi Police in collaboration with the police in the neighbouring states of Haryana, Rajasthan, Punjab, UP and Uttarakhand, maintain a detailed database of UIDBs registered with them on their Zonal Integrated Police website⁷. Details with respect to age, sex, physical features, place where the body was found 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 1st January 2005 to 30th April 2010.

Police records of UIDBs within the state of Delhi over these past five years show that between 1st January 2005 and 31st 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 1st May 2009 to 30th 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 1st May 2009 to 30th 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

⁷ http://zipnet.in/index.php?page=un_identified_dead_bodies (Last Accessed on 15th July, 2010)

board, authorities admitted that apart from the police, they also received UIDBs from local NGOs.

Table 1.1: 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
Total	3310	365	3675	3242	433
Average			306.25	270.16	

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 number of people who die on the streets of Delhi daily is 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** 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 homeless people die at least five times more each day in comparison to people with homes.*

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 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) and also because it is the police station with highest number of UIDBs being recovered in Delhi. Therefore, records on UIDBs from the period 1st May 2009 to 30th 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 1.2: 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 1st May 2009 to 30th 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.**

2.3 Age, Gender and Seasonal Trends:

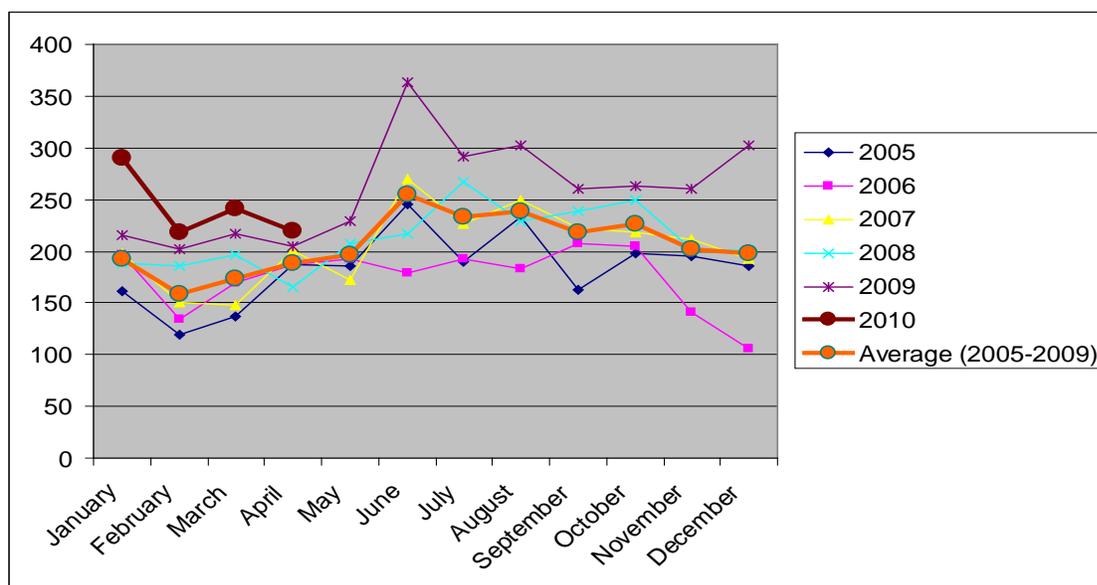
We had expected that the maximum numbers of homeless deaths would be in winter. But the data indicates that the **highest number of deaths occurs in the peak summer and monsoon months from June to August and during the winter months of December and January.** The years 2009 and 2010 especially recorded 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 1.3: 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
Total	2202	2092	2461	2546	3113	969	2482.8

Figure 1.1: 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 make a very small segment of the homeless population i.e. 4.7 per cent (IGSSS, 2009); also form 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).

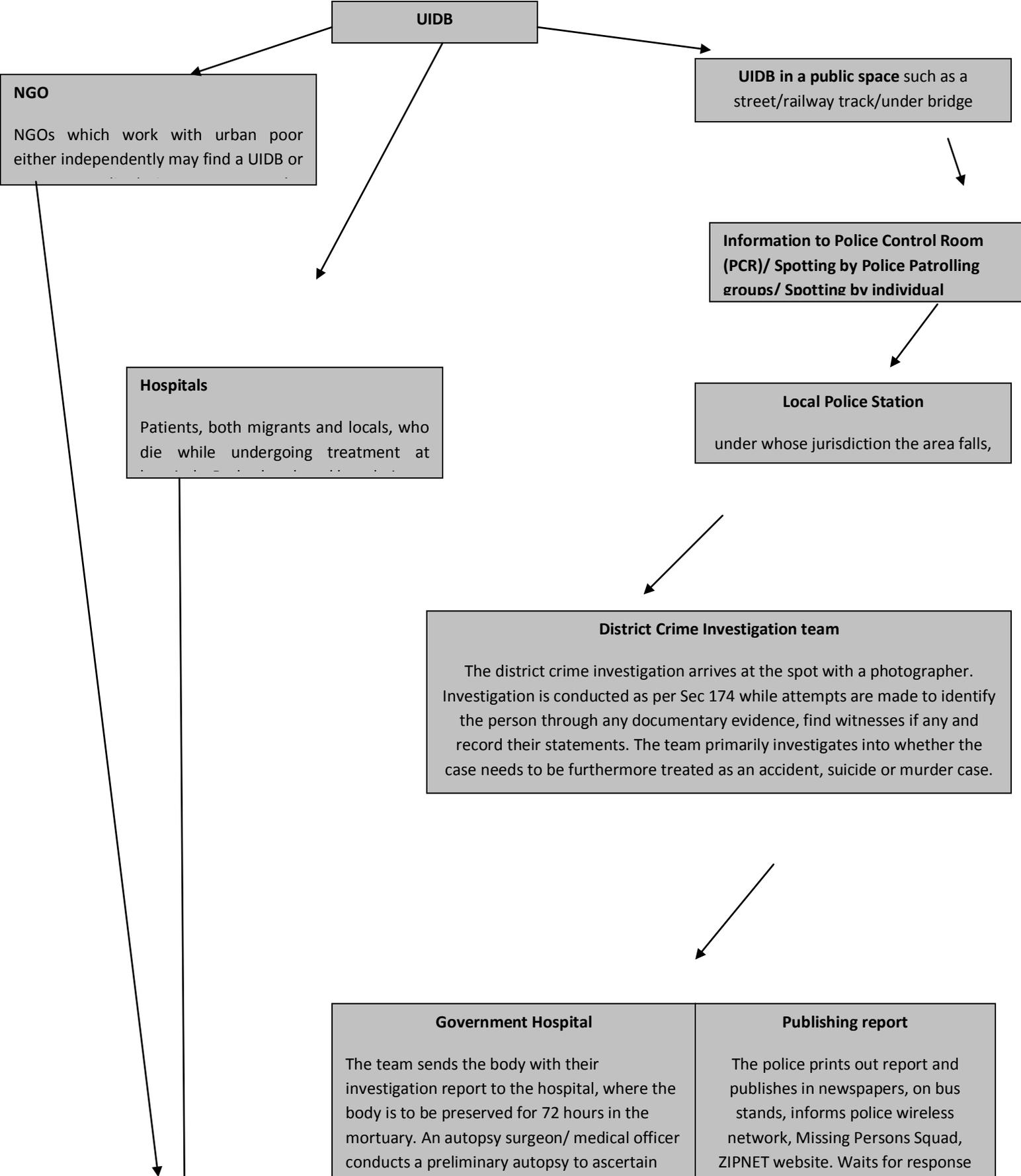
Table 1.4: Age and Gender profile among UIDBS of Delhi in June 2009, October 2009 and January 2010

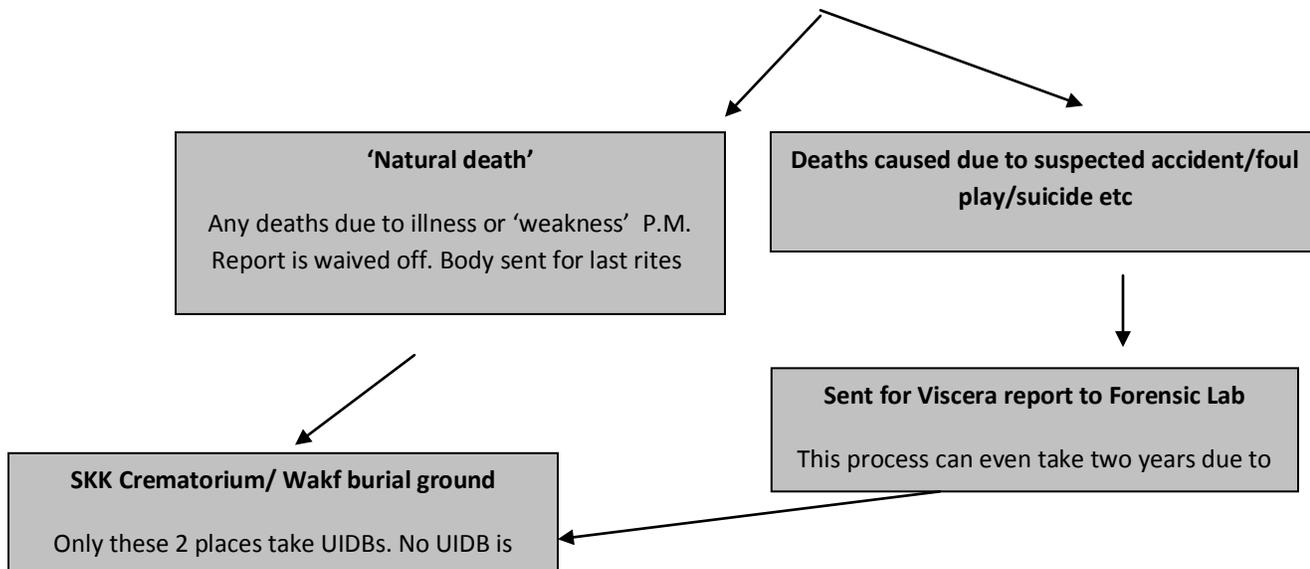
Month	Average Age	Mode Age (Most frequent score)	Female Percentage	Male Percentage
Jun-09	42.5	40	7.1	92.9
Oct-09	40.6	40	5.3	94.7
Jan-10	42.7	35	5.5	94.5
Total	42	40	6.1	93.9

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 1.2: 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.

2.5 Limitations and Questions for future research:

This rapid survey of 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 thus 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 other than the Wakf board and crematoriums

Further in-depth research needs to be conducted on 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 of bodies 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.

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 influence planning and advocacy for food and nutrition programmes which are appropriate for these 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 the 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 the 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 for 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 – be 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 per cent ate vegetables or protein food only once.
- Except the smaller numbers of homeless people with families in the streets, homeless people rarely 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 there tend to live on the same piece of pavement for generations, and the administration is tolerant towards 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 to eat their only home-cooked meal. But this is not the pattern found in Delhi and other cities).

- Even night shelters for the homeless, 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 through charity. In Delhi, only 7 out of 93 homeless respondents reported cooking their own meals (more so, 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 at 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 spent 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 are 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 the 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 conditions in the city.

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 to 70 per cent of the urban homeless population of 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 in 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 intake was poor across all age groups.
- Stunting (24.5 per cent), underweight (21 per cent), anaemia and vitamin A deficiencies 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 intake 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 using these methods 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 number among homeless populations are young men and some women, working in unorganised and unprotected urban occupations. The findings referred to in the preceding section pertaining to the high number of 'lonely deaths' on the streets of people of this age group makes such an investigation even more imperative.

A recent study conducted by the Centre for Equity Studies on distress migration⁸, 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, and other casual labourers are forced to depend on purchased cooked food due to a 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 Prasad⁹.

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

Primary data was collected through a survey of 190 homeless adults at Nizamuddin and 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 nutritionist¹¹ assisted the team 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)

The sample studied included 72 female respondents and 118 male respondents which totals up to 190 respondents. The

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

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

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 most of the female respondents were women who lived along

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

– a young man in the MCD night shelter

with their families. Of the total respondents, 29 respondents were from the ‘homeless community’ where the Aman Health clinic¹² was located, who came to the clinic for the survey¹³. There were 14 respondents from a night shelter run by an NGO (Aashray Adhikar Abhiyan) in Nizamuddin; 27 male respondents were 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 were from Okhla who live under the Modi Mill flyover¹⁴. 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.

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 as follows:

- 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

12 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.

13 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

14 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.

- 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)
- 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 recalls were not done for these respondents.

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

Table 1.5: Source of food

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

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 unable to reduce their spending on food. Of those who depended 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 from the previous day. One can, however, see that people who spend sporadically on charity food 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 female respondents it was found that the average income for male respondents 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 solely on charity were not significantly different from the rest in terms of age. It might be significant to point out that none from the respondents from the MCD shelters, 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).

3.2 Dietary Intake

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

Table 1.6: Intake of Meals per day

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

Here also, the number of people belonging to the category of those who have eaten 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”

the highest. The category of ‘2 meals + tea’ are the respondents who only drink a cup of 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 the following categories - Tea, cereal based snacks, cereals (grains), vegetables- potatoes, green leafy and others, pulses, milk, meat and eggs fruits and others.

Breakfast for most respondents consisted of tea and cereal based baked snacks- puffs without fillings and fann- a crispy oil and cereal based snack. The other meals- lunch and dinner consisted of roti or rice, a vegetable which predominantly consists 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 ensure the consistency of the dal. The intake of fruits was minimal; only 3 respondents in all reported eating 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 was however some content of meat (39 respondents) in the diet. A significant number of respondents (149) show the intake of tea.

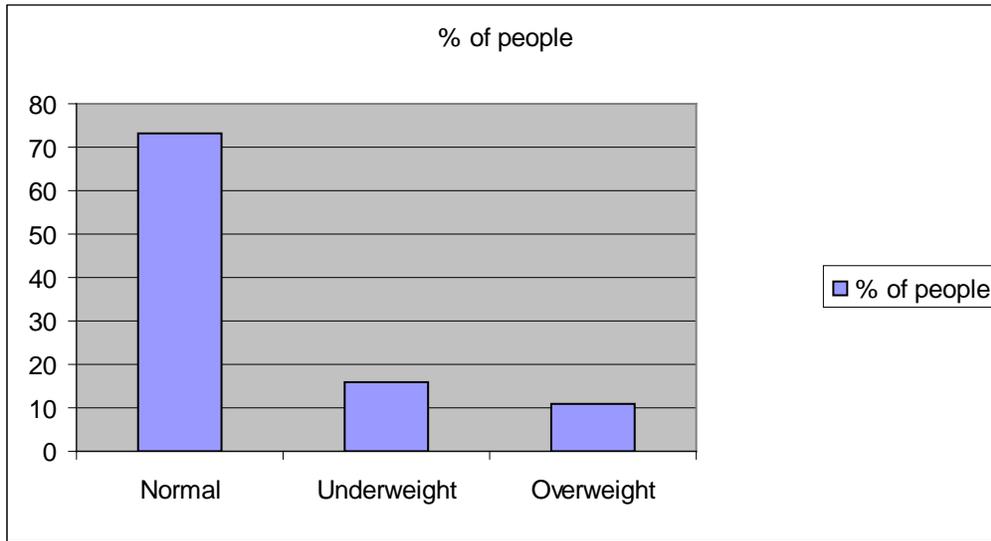
3.3 Nutrition Status

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 were conducted only at night, after their working hours, on streets and in dimly lit temporary shelters), it was difficult to observe the level of anaemia in the community. While the observation of anaemia was initially recorded, later it had to be given up since we were unable to work during the day. 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 1.7 : BMI of the respondents

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

Figure 1.3 Nutrition Status of Homeless Adults



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

Table 1.8: 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 BMI category and 78 per cent of all men i.e. 92 out of 118 were in the normal BMI 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 those of the MCD shelter (2 underweight out of 29 respondents), it was found that there were significantly more number of underweight adults present in the AAA shelter.

Main findings on food security of homeless adults in Delhi

The major findings could be listed 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 males 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.
- There was an 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 was found 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 more women than men
- There is a significantly more number of underweight respondents in AAA night shelter as compared to the MCD night shelter in Nizamuddin.

It must be pointed out that the homeless population in the 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 greater proportion of homeless persons within normal BMI range could be that the average age of the respondents was 36 years. Thus, the sample is inherently more representative of the nutritional status of homeless adults who are mostly in the young productive years of their life cycle, while simultaneously, under representing the nutritional status of more vulnerable categories such as the elderly and children, who are more susceptible to malnutrition. This younger, and predominantly 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 choice of time, 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 work 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. We can conclude that, a 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 a living 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 their means to cope and continue their lives in this battle against starvation. This is evident from the fact that the Supreme Court Commissioners have 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 consists mostly of carbohydrates (rice or roti) and the most common vegetable in their diet is potatoe which also has a high carbohydrate content. This pattern of dietary intake corresponds to an earlier study done by the National Nutrition Monitoring Bureau¹⁵ wherein the diet of the urban poor was said to be lacking in protective foods¹⁶ such as pulses, leafy and other vegetables, milk, fruits, fats (good) and oils. There seem to be a fairly good number of people (39 respondents) with intake of meat, however this needs to be further investigated to find out 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 of any sort like, drugs, alcohol etc. 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 shelters showing a particular pattern in the BMI for instance, the NGO shelter shows many more underweight men than MCD shelter.

It is to be noted after comparing the dietary intakes that the BMIs and the number of meals that people eat are related. For instance, those who fall in the normal range of BMI, eat their three meals a day and manage to work to earn their livelihood. However this needs to be juxtaposed

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

¹⁶ 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)

with the situation of homelessness and their earnings. As observed, people need to spend more than half of their income to maintain a normal range of BMI i.e. they need to eat their three meals a day to keep working. This is because a non- working day would mean a non-eating one the next day, or at most a few 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 may not have come in contact with many in more distressed situations of starving in this age group. Our findings also counter notions that the homeless do not have a commitment towards their own health and well being. Also the myth that the homeless are lazy, careless and want to eat for free remains a myth as shown by the study, which proves that only a few people access charity food and fewer still depend on it as the sole means to address their dietary requirements. Furthermore, 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's even at the cost of compromising everything else -including a home, living with their families, and accumulating savings. It could thus, be argued that their present situation of 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.

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