



SHELTER FOR URBAN HOMELESS, A STUDY: IMPACTS, INFLUENCE AND EFFECTS UNDER DEENDAYAL ANTYODAYA YOJANA - NATIONAL URBAN LIVELIHOOD MISSION (DAY-NULM) WITH A SPECIAL FOCUS ON COIMBATORE CITY, TAMIL NADU, INDIA.

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ABSTRACT

A major cause of this huge homeless population is due to the ever increasing trend of urbanization, a process wherein people move in from rural areas to urban ones for various factors. According to 2011 Indian census currently 31.16% of Indian population resides in urban areas up from 11.4% in 1901. Therefore there is a need to address the problem of urban homelessness immediately. As Tamilnadu has the highest population of urban dweller in proportion to population, it has a significant issue of urban infrastructure especially urban housing. This study focuses on the implementation of the Deendayal Antyodaya Yojana- National Urban Livelihood Mission (DAY-NULM) in the Municipal Corporation of Coimbatore with a special focus on the shelter for urban homeless. This study aims to find out the effects of four such shelters on the individual, the community, the economy and various other dynamics. Fifty members were randomly chosen and surveyed. The questionnaire was used for collecting data from the residents of the shelter so as to quantify various aspects of life in the shelter were primarily aimed at analyzing three parameters concerning the individual, namely basic characteristics, comfortability in the shelter and emotional comfort after joining the shelter.

KEYWORDS : Shelter, Urban Homeless, DAY-NULM, Physical and Emotional Comfort

1. INTRODUCTION:

India's share of world economy shrunk from 24.4% in 1700 to just 4.2% in 1950(1). This was due to rapid Colonization and lower levels of Urbanization. Since independence the Indian economy has constantly grown and so have Urbanization and income inequality. Credit Sussie reports that today the richest one percent of Indians own fifty three percent of the country's wealth. While 1.77 million Indians or 0.15% of Indian population lives homeless. Of these 9, 38, 384 homeless are located in the urban areas. A major cause of this huge homeless population is due to the ever increasing trend of urbanization, a process wherein people move in from rural areas to urban ones for various factors. According to 2011 Indian census currently 31.16% of Indian population resides in urban areas up from 11.4% in 1901. Each country has a seemingly unique set of factors which have played a role in history and development of urban housing and related problems (2). Homeless people are put in risk of abuse, maltreatment and lack of access to school and healthcare (3). While the homeless population includes people of all demographics, women, children and the elderly are at the most risk. Studies show that lack of proper access to education and other individual building institutions, which may arise due to homelessness, can cause stunted development of faculties and holds risks to intrapersonal and interpersonal relationships (4). It is relevant to state this since homelessness is a broad term which not only implies physical infrastructure for residence but includes security, access to basic services, affordability and cultural adequacy (5). The pace of urbanization in India is only expected to grow since the population of India is projected to reach 1.7 billion in 2050 and replace china as the country with highest population in the world. Change in the sectorial divide of the Indian economy, as the service sector is projected to contribute more than manufacturing and agricultural sector in the country's total GDP, will only encourage more people to migrate to urban areas.

2. Significance of the study:

Squatters and slum dwellers subsidies urban formal sector economy by not requiring large capital and use up scrape material for housing and related services and thus large inflow of people is necessary for or was necessary for urban growth(6). Therefore there is a need to address the problem of urban homelessness immediately. UN lauds India as having the most progressive poverty alleviation programs in the world

but yet there is a mismatch between policy and implementation. Housing the homeless is not only about providing physical infrastructure for residence but must also consider various other factors. For instance within the metro centers socioeconomic aspects outweigh other aspects in location; Employment centers attract and act as a catalyst for slum dwellers and homeless; in Calcutta, a study conducted by Calcutta Metropolitan Development Authority shows that almost fifty percent of pavement dwellers are located in the central business district (CBD). Previous schemes like Urban Basic Services (UBS) and Jawaharlal Nehru National Urban Renewal Mission (JNNURM) were a failure because they were not considered other factors in the issue (7). Still, the presence of slums and squatter settlements in a society is a clear indication of the failure of the government to provide adequate housing / habitat for human development. As Tamilnadu has the highest population of urban dweller in proportion to population, it has a significant issue of urban infrastructure especially urban housing (8). It has the highest number of urban homeless in the country having almost 7.3% of the total homeless in the country (9). This study focuses on the implementation of the Deendayal Antyodaya Yojana- National Urban Livelihood Mission (DAY-NULM) in the Municipal Corporation of Coimbatore with a special focus on the shelter for urban homeless.

3. Scope of the study:

The Deendayal Antyodaya Yojana- National Urban Livelihood Mission (DAY-NULM) is an ambitious project by the government of India aimed at creating sustainable livelihood practices for the urban poor. It plans to do so by providing skill training, employment and operation of shelter for homeless. Therefore the government recognizes the contribution of the homeless to the urban informal sector and thus has taken an initiative to provide housing for the urban homeless. This study has been conducted on four such shelters run by the Coimbatore Corporation in partnership with various NGOs. This study aims to find out the effects of such shelters on the individual, the community, the economy and various other dynamics.

4. METHODS AND MATERIALS:

Two methods of data collection were used; they are survey and direct observation.

I. Survey:

The members surveyed for the study were selected randomly from within the shelter. The shelters house a total of one hundred and fifty members in total. Out of these, fifty members were randomly chosen and surveyed. The members were belonging to various demographic backgrounds. The questionnaire was used for collecting data from the residents of the shelter so as to quantify various aspects of life in the shelter. The questions used were primarily aimed at analyzing three parameters concerning the individual, namely:

i. Basic characteristics:

the data regarding the individual's demographic details so as to analyze it with other parameters.

ii. Comfortability in the shelter:

to know about and analyze physical infrastructure and other oriented services created for the individual's well being.

iii. Emotional comfort after joining the shelter:

to find out the emotional support provided by the shelter management and to measure the emotional well being of the individuals in the shelter.

II. Observation:

Apart from the survey methodology, unstructured observation was used to find out more about the four different shelters. The following qualitative information was derived from it:

Helping hearts old age home:

The shelter has around thirty five members of which nineteen are men and seventeen are women. The shelter is run on the Corporation 'samudhaya koodam' on free of rent. The shelter is run on a partnership with an NGO called Helping Hearts which is jointly managed by three trustees. The shelter receives a funding of rupees 36/- per day, which is said to be insufficient to run the shelter. The lack of funds is compensated by charities provided by trusts, private companies and other individual. The shelter is managed by a MSW graduate. There are four paid full time workers. There is a tie-up between government hospital, medical dispensary and the shelter. A doctor from the government hospital regularly visits the shelter for check up and prescriptions. There is no water or electricity bill charged. There is one schizophrenic patient residing in the shelter. There is no special rescue missions carried out by the shelter but it includes people identified by police personals, former alcoholics and elders deserted by their families.

Helping hearts hospice:

The shelter houses twenty members of which eight are men and twelve are women. The shelter is provided a rent free space from the corporation and is located in a suburb. The shelter is given rupees thirty two per day per person which is claimed every three months by the shelter. There is no water and electricity bill charged by the Corporation. A doctor visits every two weeks once for health check-ups. There is resident suffering from mood swings and another from delusion. All the members of the shelter have ID proof and are only admitted after full body check up and old age insurance coverage plan. There are rescued members residing identified by the police and by the shelter itself. The lack in financial support provided by the governments is subsidized through the charities of private companies, trusts and individuals. However no donation in the form of food is accepted. The Indian bank has provided funds through its CSR activity.

Eeranenjam (old age home):

The shelter is run in association with an NGO called Eeranenjam. There are around forty members in the shelter. Shelter receives Rupees thirty two per person per day. The funds are stated to be insufficient and the insufficiency in the funds is met by funding from volunteers and friends. There is

no CSR support as such. There are around eight paid workers working in the shelter. The shelter is run in a building provided by the Corporation at free of rent. There is no mentally ill person residing in the shelter. There is a tie up between the government hospitals.

Malarum Vizhigal:

There are around sixty members in the shelter. The expenses of medical treatment for the people in the shelter are borne by the shelter itself. The shelter management states though the government funding is insufficient it raises enough money through sponsorships and individuals. There are four full time workers and other shelter members who volunteer in the management of the shelter. There are people suffering from various ailments residing in the shelter including but not only accidents, diabetics, arthritis, neural problems, organ failure, psychological trauma and such. The shelter provides basic psychological counseling for the inmates but couldn't afford professional help. The shelter is separated into two halves separately for both men and women accordingly. Some women are given shared rooms while a majority resides in a common roofed area. The shelter has done commendable work in rescue and restoration operations, where homeless people are rescued from the streets, their kin identified and finally restored with them. The majority of the people rescued are from Tamil Nadu, while a lot of them are other state people, who seek refuge in the city in search of jobs, to escape domestic violence and who had lost their way. There is no CSR funding received by the shelter.

4. Analysis and Interpretations:

4.1 Age profile of participants

As can be observed the majority of the residents are above the age of forty and a lot of them are above sixty years of age.

Age Profile of Members (in years)

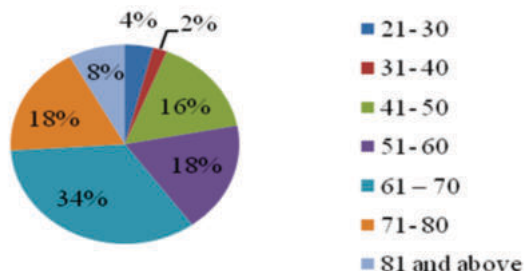


Figure No. 1: Age profile of Participants

4.2 Gender wise distribution of participants

There is almost an equal split between the shares of two genders in the shelter

Gender of Members

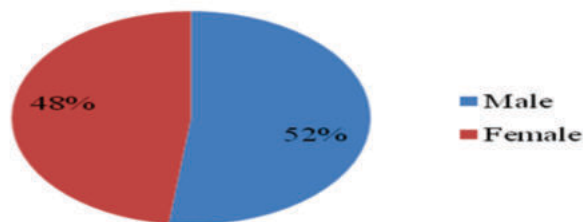


Figure No.2: Gender of Participants

4.3 Years of stay in home:

The majority of the residents have stayed for less than two years. After which most of them are either reunited with their family or are moved to other shelters or put in clinics if they suffer from chronic ailments.

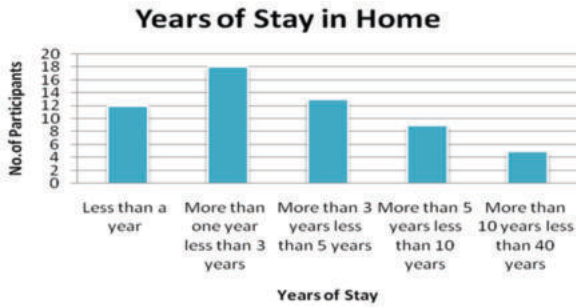


Figure No.3: Years of stay in home

4.4 Marital status of the participants:

Most of the residents of the shelter are either unmarried or have been separated.

Marital Status

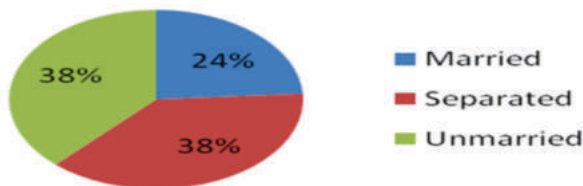


Figure No.4: Marital status of the participants

4.5 Number of Children:

As can be seen the majority of the members of the shelter do not have children. It is to be noted that many join the shelter after the death of their spouse or have been abandoned in the shelter by their family.

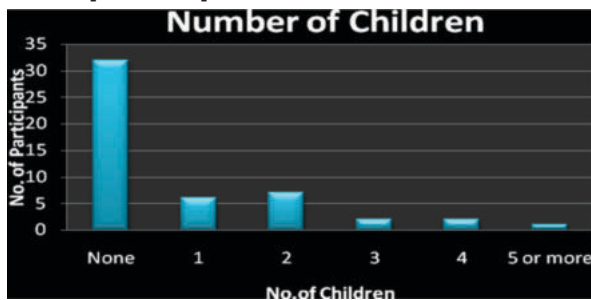


Figure No.5: Number of Children

4.6 Person who rescued to the shelter:

Most of the members were joined in the shelter by their family. Also a significant number were rescued by the police.

Rescued by

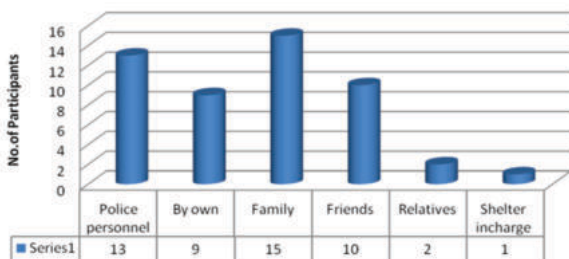


Figure No.6: Person who rescued to the shelter

4.7 Physical Comfortability in the Shelter:

Highly unsatisfied = 1; Unsatisfied = 2; Neutral = 3; Satisfied = 4; highly satisfied = 5;

Table No.1: Physical Comfortability in the Shelter

S.No.	Statements	1	2	3	4	5
1.	Living space provided	0	1	0	4	45
2.	Adequate ventilation	0	0	1	5	44
3.	Adequate lighting	0	0	0	10	40
4.	Kitchen facilities	0	0	3	14	32
5.	Availability of drinking water	0	0	3	5	42
6.	Hygiene level of food preparation	0	0	3	7	40
7.	Sufficiency of food	0	0	1	6	43
8.	Restroom facilities for men and women	0	1	0	7	42
9.	Cleanliness and hygiene of Shelter	0	0	1	5	44
10.	Washing space	0	0	2	11	37
11.	Recreational facilities	0	4	6	13	27
12.	Medical care provided by the shelter	1	3	3	5	36

Physical Infrastructure is very much a necessity for the well being of geriatrics. A plenty of research supports the fact that good environment positively affects the health and mental well being of the homeless and elderly. The quantitative research done on the homeless shelters in Coimbatore points out that the residents of the shelter are generally well satisfied with the infrastructure, yet there is plenty of scope to improve in terms of quality of these services. The lack of enough financial funding is a major reason for physical infrastructure falling short of quality.

4.8 Emotional Comfort after joining the shelter:

Highly unsatisfied = 1; unsatisfied = 2; neutral = 3; satisfied = 4; highly satisfied = 5;

Table No.2: Emotional Comfort after joining the shelter

S.No.	Statements	1	2	3	4	5
1.	Feeling of security	0	1	2	4	43
2.	Sense of owning	0	1	2	12	35
3.	Happiness and peacefulness	0	2	2	10	36
4.	Confidence level	0	2	3	20	35
5.	Harmony among the members of the shelter	0	4	7	6	33
6.	Shelter members' concern for me	0	3	4	1	42
7.	Shelter provides me a peaceful atmosphere to live	0	1	5	4	40

It is estimated that 20% of people aged 55 years or older especially those who are homeless experience some type of mental health issue. The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder). Therefore it becomes a high priority to provide good mental health care for the homeless and elderly. The quantitative data collected from the shelters in the city of Coimbatore point out that an average level of mental well being is provided and taken care of in the shelters. Though there are other manageable mental healths.

5. CONCLUSIONS AND SUGGESTIONS:

The study concludes that the most of the residents are happy with their lives in the shelter. The shelter members do not have any source of livelihood and are dependent on the shelter for basic amenities. A majority is physically incapable and is rescued by the Police members. The practice of running the shelter in partnership with a NGO has increased the efficiency of management while reducing the cost. The shelter members in general, are happy with the facilities provided by the shelter. However there is scope for improvement in providing psychological and mental support to the shelter members.

- Ensure regularity of supplies and support from the other governmental institutions (example, make sure a doctor visits the shelter regularly for health checkups.)
- Provide skill training for able members of the shelter so as to make the shelter self sustaining.
- Increase fund allocation for the shelters since they face

acute shortage of funds.

- Train the shelter managers for better management practices and sustainability in partnership with reputed colleges.
- Provide psychological support from a professional for needy individuals.

6. REFERENCES:

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