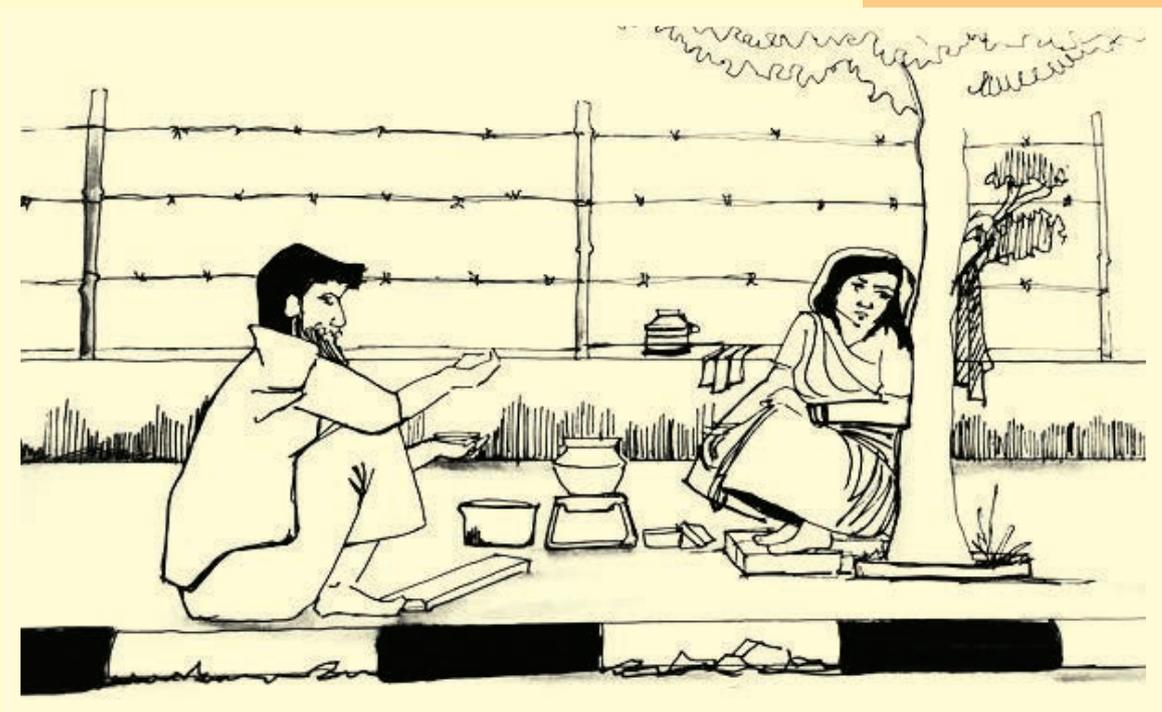


Enabling Inclusive Cities for the Homeless

Training Module on
Urban Homelessness for CSOs and
Homeless Community Leaders



Credits

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Acronyms

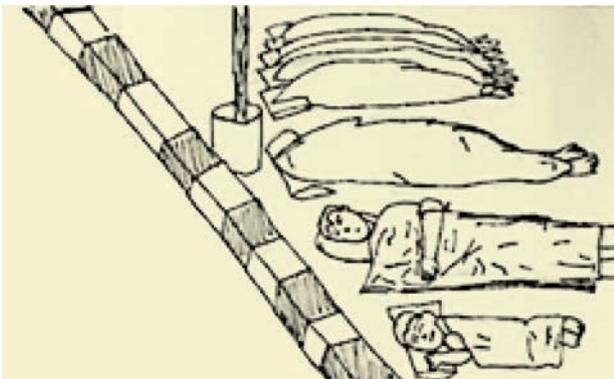
ABC	- Attitude Behaviour & Change
DUSB	- Delhi Urban Shelter Board
IGSSS	- Indo-Global Social Service Society
NGO	- Non-Government Organisation
NULM	- National Urban Livelihood Mission
PLA	- Participatory Learning & Action
PUCL	- People's Union for Civil Liberties
SAM	- Sahari Adhikar Manch
SC	- Supreme Court
SDG	- Sustainable Development Board

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1. Whom this module meant for

This module is designed to guide the NGO partners or organisational staff or anybody who are working with and for homeless people in the city.



2. How this module will benefit

This module gives an understanding on –

- Various issues of homelessness
- Issues specifically related to women and children
- Essential human rights and legal aspects of urban homelessness
- Enable to make connection of homelessness with SDG
- A set of Participatory tools to understand community and their issues
- Participatory Learning & Action
- Application of theory in the ground
- Analysis and reflection on community level information and policy & legal aspects

3. Objective of the module

This module aims to improve the skills, efficiency and sensitivity on the subject of homelessness and use the module as a ready reckoner. Some of the specific objectives are –

- To provide applicable information on human rights, governance, issues for better knowledge, policy and legal aspects, SDG and interactive tools with the community
- To understand application of participatory tools with the community
- To help the trainer and participants to use it as a ready reckoner to refer on various aspects of urban homelessness, and
- To use it as a training module to provide any further training

4. Outline of five days module

Day 1 :

Introduction; Expectation Mapping; Setting up ground rules; Case Study Analysis; Identification of issues – women/children/mentally challenged, aged, etc.;

Rights of homeless people - Rights framework; Favouring Acts for women and children;

Day 2 :

Identification of problems; Root Cause Analysis, Safe Space Mapping, Stakeholder Mapping (Participatory Tools)

Day 3

Planning session for field visit; Field visit (exercising participatory tools with homeless in

five groups)

Day 4

Reflection from the field visit, Relating with Rights Framework; Supreme Court's intervention; Urban Governance, SDG 16 and policies for the homeless

Day 5

Preparing Action Plan; Overall reflection; Closing

Detail of the session plan is attached in annexure 7

5. Approaches and methodology of training

Participatory approach will be used to allow participants interact, work together and learn from each other's experiences. Some of the methods will be -

- Case study approach to understand various issues of homelessness
- Group work – to brainstorm and gather collective experiences
- Participatory tools – Problem tree analysis, mobility mapping and pair wise matrix
- Exercising classroom learning with the homeless – participants will visit homeless people in various areas and interact with them with using of selected participatory tools
- Energisers/ Games on ABC with a reflective session

6. Content of the module

6.1 Participatory Learning and Action, Facilitators' role and Attitude & Behaviour Change

Participatory Learning and Action

Participatory Learning and Action (PLA) in a

nutshell: a way to help people participate in learning together, and then act on that learning.

Using a set of tools to keep the community focused on a specific issue, PLA helps facilitator to get a community together to analyse, plan, act, evaluate and reflect together. PLA provides a very effective means of mobilising communities to address any community based issues.

A checklist for ensuring quality in participatory interactions:

- Ensuring participation of all community sections
- Ensuring that efforts lead to concrete outcomes and decisions
- Taking the community in confidence
- Providing space for reflections and learning
- Sharing responsibilities

Facilitators' role and Attitude & Behaviour Change

In order to facilitate a participatory learning and action process, facilitator need:

- Active listening skills – show interest and reflect on what is being said; listen to how things are being said, the tone of the speakers, observe their body language, who participates and who does not. Encourage the silent ones to speak and try to minimise those who dominate.
- Effective questioning skills – Effective questioning increases people's participation in group discussions. Ask open-ended questions: Why? What? When? Where? How?
- Be together with the community on one

platform, preferably on the floor together with the community

- Be flexible rather than rigid in terms of time and place

People's trust is extremely important for any participatory process to unfold. Listen to and guide the community gently. Pay attention to how community members narrate their problems or any incidences.

Do's and Dont's for the facilitator

A reminder for facilitators to adhere during training or facilitating any community process

Do's

- Trust people so that they can analyse, plan, act, monitor, evaluate and reflect
- Listen to people
- Learn from people and share your own knowledge as appropriate
- Respect people and be friendly
- Embrace error and learn from mistakes
- Relax with people
- Have fun!

Dont's

- Don't judge people, but do challenge harmful ideas to help people see things in a new way
- Don't lecture and dominate people
- Don't rush. Let things evolve at their own pace
- Don't work for people, work with them

6.2 Introduction; Expectation Mapping; Setting up ground rules; Case Study Analysis

Introduction session:

Objective: to know each other with an

understanding of importance of each one in the training

Material: Jute rope

Process: Participants and facilitator will stand in a circle. One of the facilitators with holding top of the rope will start introducing him/herself on three things – name, where is s/he from, what does s/he like in life.

While holding the rope s/he will throw the rope ball to other participant and ask him/her to introduce on the same three things and this way rope ball will be passed on to others until all of them get a chance to introduce.

This will create a web which defines the complexity of the team in terms of issues, geography, situations, importance of each participants or individual in the team to work on the issue and so on. Facilitator will sum up with this note and ask participants to roll it again the way it was.

Expectation Mapping and sharing the session plan

Objective: to map out individual expectations of participants and exploring possibilities to cover in the training

Materials: index cards or adhesive papers, chart paper, markers or sketch pens

Process:

- facilitator will ask each participant to take three cards and write down their individual expectations from this training. Each point should be written down on separate cards
- With the help of two or three volunteers categorise these cards and put them on a chart paper.

- Volunteers can present categorised expectations to the participants.

Now, the day wise session plan can be shared with everyone and see if there are any different expectations have been emerged from the exercise and how that can be captured.

Ground Rules

Volunteer could be sought from the participants to brainstorm basic ground rules and write them on a chart paper and put it at a visible space in the classroom.

Case Study Analysis

Objective: participants will get to know problems and situations of homeless people in different situation; they will learn from each other’s experiences

Materials: Chart paper, index card, adhesive tape, markers

Process: Participants will be divided in to five groups^{1 2} and will be given separate theme-based case studies (Case studies are attached in annexure 1). Within stipulated time

each group need to go through the case study



1 Expecting to have 25 participants, hence, five groups are made.
 2 While forming group, facilitator should make sure that members should be mixed

and identify issues and possible reasons and put them down on a chart paper or index cards. This case studies are related to various issues of women, children, government institution, police brutality, eviction, etc.

Each group will make presentation of their findings.



After this presentation, all the thematic based group will be asked to expand the list of issues and reasons (using of same chart paper/index cards, in which they were already working) based on their working experience .

An open discussion on issues, reasons and possible way out will be followed after groups’ presentation.

Tips for the facilitator: Facilitator should keep in mind that discussion should not go beyond the control and this session is the beginning to open up on issues and reasons. Because following session will further deal



with detailing of problem analysis. Critical reflection on way out will be discussed on 4th day.

6.3 Participatory Tools to conduct community-based analysis:

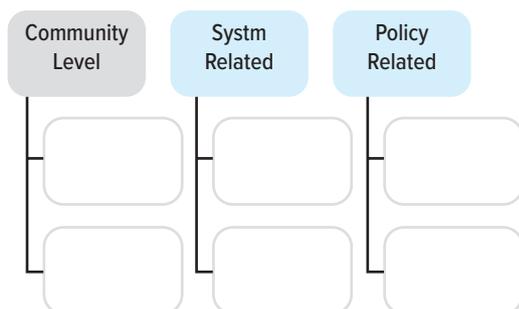
Objective: this will enhance their understanding in building rapport and interact with community;enhance their skill to conduct community-based analysis.

Materials: Chart papers, markers, index cards, adhesive tapes

Process: Facilitator will introduce three participatory tools with the participants and ask them to do a mock exercise in their respective groups (same group will be followed) based on their case studies and experiences of working with homeless people. Each group will choose any of the two tools for their mock exercise.

Participatory tools will be –

1. **Problem Tree Analysis** – this tool will analyse the problem to identify its root causes and intervention could be planned out based on them.
2. **Mobility Mapping** – this will be done in the context of safe spaces for women and children.
3. **Pairwise ranking** – to identify important and influential stakeholders, this tool will



be used.

Details of each participatory tool has been attached in the annexure 2.

Participants will further analyse causes to see at which level intervention needed to be planned. Following matrix could be used for this analysis–

6.4 Theoretical understanding of Homelessness through rights framework

- a. **Definition of homeless**
- b. **Fundamental rights**
- c. **International Human Rights**
- d. **Rights and legal framework for women**

Objective: participants will get to know a broader framework of human rights and legal aspects of homelessness.

Materials: Printouts of literature, chart papers, markers

Process: participants will form four groups and each group will go through the handouts of each aspects (enclosed as annexure 3) and share with others. Group will choose any mode of presentation, but should make sure that none of the points are missed out.

Open session on clarification on rights & legal framework.

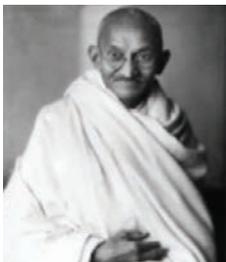
Details of each aspects of rights and legal framework has been attached in annexure 3.

6.5 Leadership

Objective: To develop a theory of leadership along with the participants

Process:

- Show the participants photographs of around 10-15 leaders
- Ask participants to list the one leader that they like
- Ask participants which leader they do not want to be like? And why?
- Ask participants which leader they want to be like? Why? What are their characteristics?
- Ask what all they need to do to become such a leader?

**Outcome:**

Participants will list out different things that they need to do in order to become

the leaders that they want to be. This will also help identify the expectations of the participants from this leadership course.

- Discuss the characteristics of a leader

Defining and Exploring Decision making

- Ask youth to name a decision you made or were part of recently.
- Divide the group into three smaller groups. Have each group appoint a note taker and a reporter. Ask youth to recall different times in their lives when they have had to make decisions and the processes they used to make these decisions. Offer scenarios such as:
 - Think back to a time recently when you needed to make a decision with your friends (like what to do after school, what movie to see, or where to sit at lunch). How was it decided what you would do?
 - Now think about a time in one of your classes when there was a decision about what activity you would do. How was it decided what you would do
 - When the city needs to decide whether or not to build a new park, how is it decided what will happen?
 - What about in your family: Who decides what you eat for dinner or whether or not you go to church?

4(c) In the full group, explain the general categories of decisions:

- Autocratic: Made by one person
- Representative: Made by one person with input from others
- Democratic: Made by group together, majority rules

- Consensus: Made by group together, all must come to agreement

Discuss the pros and cons of each category. (Annexure IV)

4(d) Back in their small groups:

- Ask participants to again discuss the examples they came up with and decide which category best fits with each of their examples.
- Ask them to identify the most common forms of decision making they experience and to identify some ways they would change the decision-making structures in their lives.

4(e) Have a representative share out from each of the groups.

Bring the entire group back together, explain the importance of having a procedure for making decisions together, and ask each group’s reporter to state which model they think would be best for this group or program and why. Review the procedure that has merited the most support. Be certain to ask if there are any objections, questions, or revisions given their earlier discussions.



6.6 Planning for field visit and Community visit

Objective: to have hands on experience of using participatory tools and understanding

its application

Planning for field visitm Based on community’s availability, number of groups will be formed. Ideally five groups will be fine to make as there will be 25 participants.

Each group will plan among themselves what they are going to understand with community, andaccordingly participatory tools will be selected.

If required facilitator will guide them to plan their purpose.

Each group will decide on – facilitator, co-facilitator, documenter, observer, logistics, outputs, presentation of outputs and learning.

Each team will carry required stationary with them.

Field Visit – exercising planned activity with homeless with keeping in mind do’s and don’ts of PLA.



6.7 Synthesising community-based information with reflecting on rights & legal framework

Objective: participants will make analysis of findings from the community and to understand the relation with rights framework

Process: Each field visit group will make their presentation and reflect on their interaction with homeless.

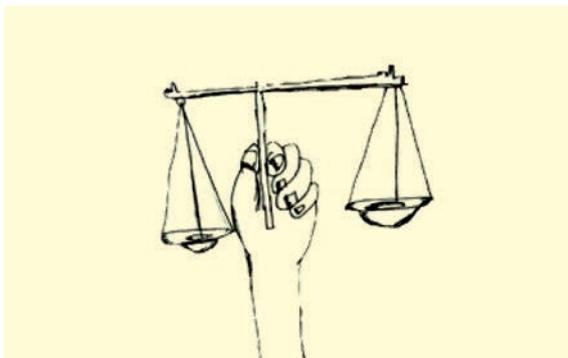
Facilitator will bring here the connection of human rights violation and legislation that ensure their rights.

The discussion could be carried on how organisations can intervene and seek legal support or which institution to contact and defend for homeless' rights.

Some of the success stories on making some milestone judgements could be shared

To sum up facilitator will quickly ask participants about the discussed points

6.8 High Court and Supreme Court's



interventions

Objective: orienting participants on some landmark judgements for homeless

Materials: Printouts of judgements

Process: To provoke participants, facilitator will ask some of the questions –

- When to approach court?
- Why should we approach court?
- When we could bring in law?
- When is the right time to sought legal support?
- How to file PIL?
- Related important factors of PIL- time,

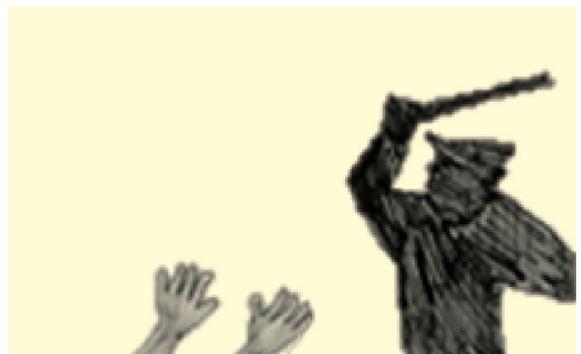
risk, political environment, civil society engagement, monitoring, etc.

- Other than petition what else could be done?
- Interaction process between high court and Supreme Court?
- Importance of high court and Supreme Court's intervention

Some of the landmark judgements will be discussed with the participants.

1. PUCL v. Union of India and Others (W. P. (C) 196/2001)
2. Justice Gambhir Committee report
3. SC takes state govts. To task, says they are bound to give dignified treatment to urban homeless - Date: 05/05/2010

Important judgements are attached in annexure 5.



6.9 Urban Governance

Objective: Orientation of participants on various schemes and important aspects of NULM

Materials: Printouts of NULM schemes and important notes on shelter home's functionality

Process: Through an open discussion,

important aspects of urban governance will be taken up— elements of governance, functionality, difficulties & challenges usually been faced, overcoming challenges, etc.

Discussion will also cover about departments, committees and important bodies and how do they function and are their accountability to address homeless issues.

How the urban civil society coalition like SahariAdhikarManch (SAM)- Begharonkeliye have worked on homelessness and succeeded will be reflected upon.

Some of the relevant aspects of NULM, DUSIB, SAM is attached in annexure 6.

6.10 SDG 16 -Important aspects

Objective: Orientation on SDG 16 and bringing clarity on how it is linked with homelessness.

Materials: Printouts of SDG 16 targets, chart paper, markers

Process: Five groups will be formed and some of the relevant

SDG 16 targets (16.6, 16.7,16.9, 16.1 and 16.b) will be distributed among the group to brainstorm linkages with homelessness. Group will make presentation followed to an open discussion. Following points will be taken up across group process and open discussion.



- a) Linkages of targets with homelessness
- b) Limitation of partners
- c) How IGSSS/OFFER is addressing?
- d) How Partners can collaborate and

address along with IGSSS/OFFER or separately

- e) Prepare an action Plan along with monitoring aspects and limitations (Could be addressed in the final action plan)

Detailed SDG 16 is attached in annexure 7.

6.11 Plan of Action

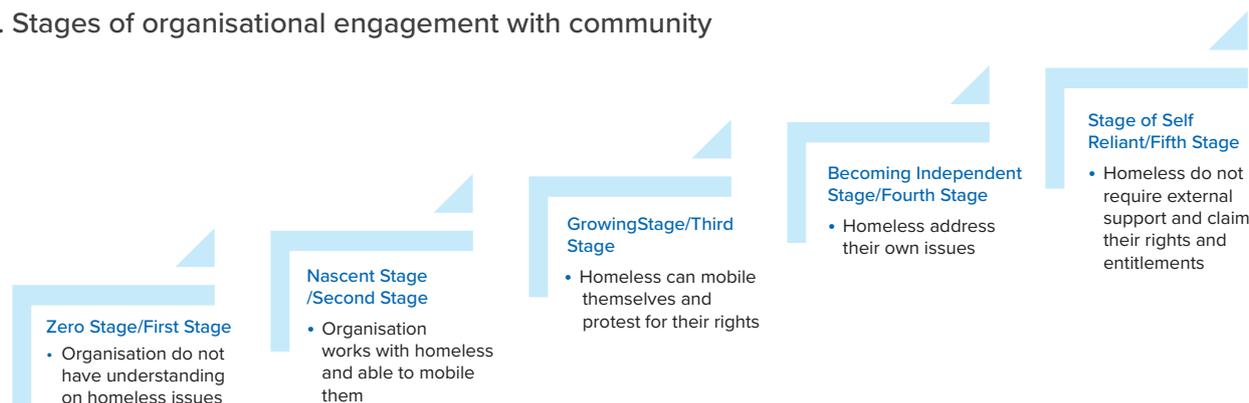
Objective: participants will plan out their actions for next six months considering the Change Mapping Stages

Stages of Change Mapping

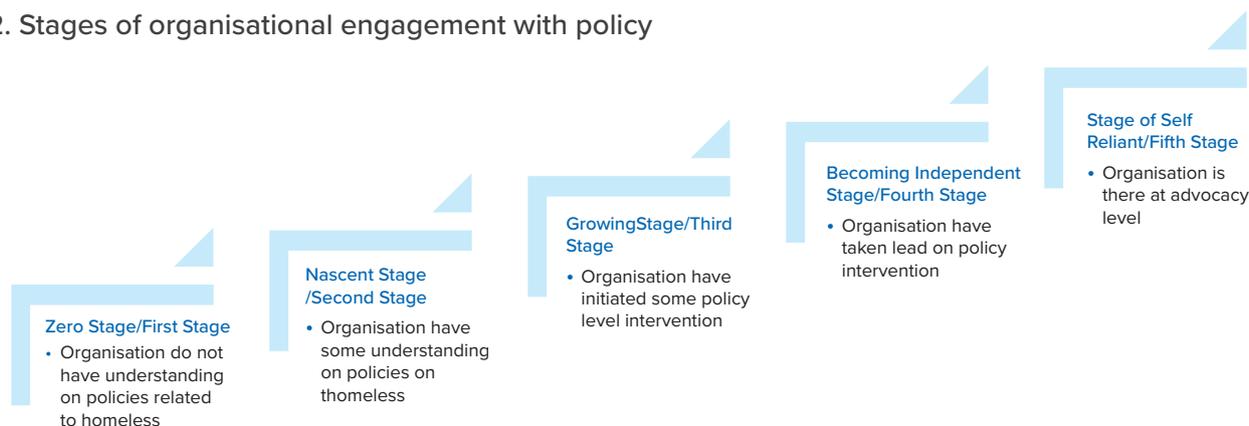
Participants will map out their organisation based on following stages.



1. Stages of organisational engagement with community



2. Stages of organisational engagement with policy



Each organisation or state wise organisation will prepare their action plan based on above stage screeing.

1. Action plan on community engagement

Organisation name	Which stage organisation is in community engagement	Activities to be carried out	Time frame	Support required	Limitations to carry out the activity

2. Action plan on policy engagement

Organisation name	Which stage organisation is in policy engagement	Activities to be carried out	Time frame	Support required	Limitations to carry out the activity

Prepared action plan should be submitted to IGSSS staff.

Closing

Participants will share their reflection on –

1. Take away from the training
2. How difficult or easy will be to succeed

Annexure I: Case Studies

Case Study 1: On Women

The only material possession her heart wants is .³

Bina sits facing the winter sun, her face almost as bright when she sees somebody there to sit with her, and just listen to her story. Not much distinguishes one day from another, “I sit, sleep, and take my medicines,” she says. “Sometimes I chop vegetables, if they let me,” she adds, speaking of the women she lives with at a homeless shelter in Regarpura (run by IGSSS), where she has been for the past three years.

Bina’s journey to the shelter she now calls home has been traumatic to say the least. She’s now at peace, but her mind rarely drifts from the thoughts of a family she never had. “I had five children -- two sons and three daughters,” she says, her eyes welling up. Since about 25 years - she’s unsure of dates and numbers -- her life has been a mother’s worst nightmare: she outlived all her children.

Her youngest son passed away when he was just one month old; one week later her five-year-old son succumbed to an illness she’s not aware of. The death of two daughters followed. Each time, she couldn’t count on her husband’s support or care, “*wohnaamkishaadithi*,” she says.

Bina spent her childhood in Dehradun, but her family shifted to Kanpur when her father, an army man, got a transfer. That’s where she married a man whose womanising tendencies were the least of the problems. She developed a condition

that made her hands stiff, and she couldn’t even walk properly with her left leg. Treatments that included visiting a doctor in Lucknow, the Balaji temple, and 15 electric shocks at a clinic in Kanpur, made no difference. Her husband offered ‘babhut’ to her, but it only made her head spin. That’s when she decided to leave, with her only surviving child, Mamta.

“I went to my father’s house, but didn’t stay for long. He remarried after my mother died, and had a big family of six kids. His second wife was also severely burnt,” she says. She came to Delhi with Mamta, who was 14 at the time, and rented a room in Sector 40 Noida for Rs 50 a month. The first year in the city went by with little water or food, but there was no going back. “Mamta wouldn’t let us go back; she said her father would beat us up,” she says.

Bina joined a factory in Noida where she cut thread, a job she got after she cut 75 pieces in three hours during the test. She worked there for Rs 800 a month for three years, till the factory closed down. Then, she worked at another unit in Noida. She pushed herself for her daughter’s sake, but in 1998 she lost the only thing that kept her going. Mamta passed away.

Reminiscing about her daughter, she says, “If I managed to bring two chapattis for dinner, I’d give both to her. But she always insisted that we split. She loved television, and would always help me with cooking.”

Her one regret is that there was nobody to take Mamta’s picture before she died, leaving her with just memories of her beloved daughter. Mamta’s

³ Written by Esha Mahajan

death sent her into a shock from which it was hard to recover. She lost the will and energy to work, and relied on temples for meals. At the Hanuman Mandir, Adrian spotted her (in 2000) and listened to her story. For Rs. 1500 a month, she worked in their office (AAA), making tea or packing medicines, and lived there until a shelter at Bangla Sahib Gurudwara, named Anugriha; was made.

“I was in charge at the Anugriha shelter, and did a 15 day course from Institute of Human Behaviour and Allied Sciences (IHBAS) also,” she says. Her job included bringing women to the shelter, taking care of them, changing their clothes and bathing them, cooking, and going to the field for surveys.

She remembers one such woman, Poonam Das; who had broken her hand in an accident and was taken to Lady Harding Hospital. “She treated me like her mother. I took care of her, sent her home (in Asansol, West Bengal), and also visited her once to see if everything was fine there,” she says.

She’s stopped working now; her health doesn’t permit her to. Bina takes medicines for heart, mental issues, and blood pressure, which she keeps in a plastic bag on her bed. Her possessions are few - an Amritvani book, some plastic bottles, steel utensils, and a white plastic bag of clothes.

She’s lost touch with her family and relatives, but spends her days with children she considers her own. She eats little and admits that, she likes aloo badi and kadi.

A housemate yells out at her that a cat was drinking her milk, but that doesn’t bother Bina, “let her, she’ll feel full,” she says. The only material possession her heart wants is one picture of Mamta.

Case Study 2: Mentally Challenged

Ranjan’s Case⁴

AshrayAdhikarAbhiyan (AAA) night out begins the usual way at 9.30pm on Friday night, 16th August 2002, but it ends not quite the same way and at least not something expected.

In the dead of the night, 2.30am, AAA van enters ChandniChowk (Fountain Chowk) area and comes across one young man standing in the middle of the road. Ranjan, (21years of age) stands with a handkerchief tied on his face (covering his eyes), exhibiting martial art poses. The AAA team succeeds in getting Ranjan to the side of the road in spite of his (obvious) mental instability. Thereafter, the AAA team approaches the nearby police station so that Ranjan could be admitted to a hospital. The police officers refuse to accompany the AAA team to a hospital. After a lot of insisting, the police finally agrees to give a written statement on Ranjan being found in an unsound state. By 4am the ‘drama’ in the police chowki ends and AAA team along with Ranjan heads for LNJP hospital.

At LNJP the doctor asks the AAA team to take Ranjan to LHMC/ S.K. Hospital as LNJP has no psychiatric ward. Hence Ranjan is taken to LHMC where a doctor examines him and refers him to IHBAS. Meanwhile, Ranjan is administered sedatives to calm him (as he becomes a little violent). By 5.30 am AAA team brings Ranjan to IHBAS. The doctor in-charge refuses to admit Ranjan without the Metropolitan Magistrate’s (MM) order. He asks the AAA team to call Police Control Room (PCR)/ No. 100 so that the police would arrive and handle the case. So AAA members call 100 and wait for the police van. An hour passes and no policeman appears, so they call again. In spite of repeated calls and assurances given

⁴ Written by Zaved

by the PCR, no police van arrives till 9 am. As they wait, they also feed Ranjan with bread and butter. When the wait turns futile, at 9.20am AAA team takes Ranjan to the Dilshad Garden police station. The Investigating Officer (IO) tells the AAA team to take Ranjan to ChandniChowk police station as he was found there. This time AAA team calls up Mr.AmodKanth, Jt. Commissioner of Police, seeking his help. Mr.Kanth asks the IO to help the AAA team in admitting Ranjan in a hospital while doing the needful. Therefore, the IO and the AAA team along with Ranjan leave for Karkardooma Court for the MM order.

By 10 O'clock they reach the court. The IO already enters the concerned MM chamber while AAA team struggles to bring Ranjan to MM's court. On returning the IO tells the AAA team that the MM had directed them to take Ranjan to the ChandniChowk police station. Feeling that justice had not been done, AAA team decides to challenge the 'unheard' decision and represent Ranjan in the court immediately. Hence, they take Ranjan to MM court room and Mr. Adrian places the case, giving details of Ranjan's precarious conditions and the 'torture' he had to undergo all through the night. The MM decides in favour of Ranjan, instructing the IO to get Ranjan admitted in IHBAS after writing an application to him for the same. By the time the IO completes his application, the MM moves to the BSES (Bombay Suburban Electricity Supply) office nearby. So, 2 members of the AAA team and the IO go to the BSES office and get the application signed from the MM. In the event, the MM asks the AAA team to first visit GTB hospital to get the opinion of 2 psychiatrists before admitting Ranjan in IHBAS.

At around 12 noon, Ranjan is brought to GTB hospital. By the time the papers are readied, the psychiatric ward closes at 12.30pm. The case is therefore referred to Medicine ward, room no. 259 on 2nd floor. Ranjan finally finds a bed and

AAA team assigns John as his attendant. Then the rest of the team members go to IHBAS for their breakfast! Here they meet Dr.Nimesh Desai, the Medical Superintendent of IHBAS, and tell him about Ranjan's case. He tells that in case there is any problem, they should call him.

At 3.15pm the AAA team, except John, leave for home. But, the story does not end here. At 4pm John makes a call to Mr. Adrian, informing him that Ranjan has been discharged from GTB hospital. Mr. Adrian calls up Dr.Nimesh Desai and tells him about Ranjan.

Dr.Nimesh suggests that the Chief Medical Officer (CMO) of the Medicine ward, GTB hospital should make a referral in order to facilitate Ranjan's admission in IHBAS. By 6pm, the formalities are completed and Ranjan is taken to IHBAS. At 7.30pm Ranjan is finally admitted in the Emergency ward of IHBAS. And he is again administered sedatives to calm him and that he may get some rest.

But, will Ranjan's soul ever rest, although he may get a physical calm. He may be quiet, not speaking of the 'ordeal' he underwent through the hands of his fellow men and systems of his motherland. But, his soul will cry out in pain! and it will pain the hearts of all who are human. And how long will it cry...only time will tell.

AAA's night out was stressed but it did come to an end. Ranjan remained in IHBAS for one and half months and for about a fortnight in our office, and then in Delhi House for a month. After that he came back to us in November 2002 and told us that he wanted to leave and work.

Ranjan came back again in January 2003. He is working for marriage parties nowadays. We have told him that in case of any problem he can come back to us, anytime, he wanted to come.

Case Study 3: Harassment by government departments

AAA Night Out turns into Nightmare!⁵

It was the 174th Night Out of AAA on the streets of Delhi. The AAA team started the Night Out as usual at 10pm on Friday when the members gathered at Hanuman Mandir, Connaught Place. They interacted with the homeless children and other people of the area. Thereafter, the team headed for New Delhi Railway Station (NDRS). It was about 1am when they reached the station. The children who stay at platform 1 could not be located that night and so the Night Out team decided to leave to other destinations. Just when the team was about to leave, Mr. Zaved spotted a woman at the ticket counter area. This woman was to become the centre figure of the story that followed. She was sitting on the floor, ill-clad & dirty, and screaming or passing comments on the passers-by. On closer observation, Zaved found that she had her clothes wet and dirty with her urine, which smeared the floor area around her. She also had a plaster on her right hand indicating that it was fractured. Zaved brought the matter to the notice of his Director, Mr. Adrian, and other AAA members.

Mr. Adrian approached the woman with soft words and she responded by giving her name, i.e. Poonam Das. She showed the dog bite injury on her left leg because of which she was unable to stand and walk, so she dragged herself. Poonam spoke in a manner which suggested that she was mentally disturbed. Seeing the dirty state that she was in, AAA members gave her fresh clothes to change. Then, judging the circumstances and willing to help this destitute woman, the AAA team approached the NDRS Police. A couple of policemen made an observation of the woman and one of them, Mr. Sunil Kumar, agreed to

accompany the AAA team which decided to take her to a Government hospital.

It was 2.25 am when the AAA team along with the policeman brought Poonam to Lady Hardinge Medical College (LHMC). She had to be carried to the emergency ward because she could not walk. The CMO there told the AAA team that they had no free medicines for dog bite/ rabies and advised the team to take Poonam to Ram Mohan Lohia (RML) hospital. As suggested by the doctor, AAA team took Poonam to RML. There she was given TT and a dose of Anti Rabies Serum. But the RML staff asked the AAA team to take Poonam back to LHMC as it had 24 hours Psychiatric Dept. which RML did not. On returning to LHMC, Psychiatrist Dr. Anjali Verma examined Poonam and referred her to Institute of Human Behaviour and Allied Sciences (IHBAS).

At 6.40 am, Saturday, when the AAA team with the patient Poonam reached IHBAS. The doctor in-charge examined her and she was given two shots of sedatives to relieve her from the pain that she was expressing through moans and screams. The doctor told the AAA members that he had to seek approval of the Medical Superintendent (MS) before admitting the patient. So, he asked the AAA members to wait till 9.30 am when the MS would come by. In the meantime, the policeman took left the place. At 8.30 am, the doctor told the AAA members that he had called up his senior in-charge and that Poonam could not be admitted as she had physical injuries, which needed to be taken care of first. In spite of assurances given by the AAA members for getting the treatment done for the physical injuries of Poonam, the doctor refused to relent and asked the team to take her to any general hospital.

It was 9 am in the morning and the AAA team was to take Poonam again to LHMC. By then, the AAA members were getting a taste of the

⁵ Written by Zaved N Rahman

game that the Govt. hospitals were playing with the destitute woman. It was quite clear that one hospital was trying to “pass the buck to another”. Each one was trying to do away with what they termed as “complicated case”. At about 9.30 am Poonam was brought to LHMC for the third time.

The AAA team was directed to take Poonam to the Psychiatric O.P.D. Mr. Adrian and Zaved met with Dr.Minmay Das, who said that admitting Poonam was not in his hands. He asked them to get the registration of the patient done and seek advice of the Consultant Dr. (Ms.) ArunLataAggarwal regarding admission matters. The Consultant discussed the case with the AAA members and prescribed for evaluation of the patient through Dr. Malik and Dr.Unnati, after which she could be admitted. So, till 3pm Poonam underwent a detailed psychiatric examination. In the meantime, the other members of AAA joined the Night Out team. After the examination, the Consultant agreed to admit Poonam in the Psychiatric ward but only after a general medical examination and ‘Gynae’ examination. A female attendant was also required and AAA agreed to provide for the same. Hence, she was taken for the general examination and then for the Gynaec tests. But, the CMO of Maternity 4, Dr. Swati, refused to examine Poonam, until a letter from the Police for MLC was provided. Therefore, a couple of AAA members visited NDRS Police Station for the required letter. By 7.45pm the AAA members returned with the letter accompanied by a police constable. But Dr. Swati refused to make the MLC and Gynaec examination saying that her duty was to get over at 8.pm and that she could not extend her working hours. So, she referred the case to the next in-charge, who arrived shortly. But she too refused to make the MLC saying that it was the prerogative of the Psychiatric ward which had admitted Poonam, and not hers. In the meantime, Poonam had wet

her pants while suffering from the pains sitting on the wheelchair. The AAA members therefore brought new clothes for her and they also fed her biscuits and bananas. Ms.Paramjit also arranged for two homeless women (working as community workers in AAA) for becoming the attendants for Poonam in shifts.

Just when the AAA members were feeling the brunt of the repeated refusals, Dr.Satyendra Kumar, Senior Resident, Psychiatry, comes to the rescue. He gets the MLC done through the CMO emergencies. Then an Orthopaedic examines her and finds through X-rays that Poonam’s fractured arm was plastered wrongly. A surgery has been recommended. Thereafter, she is sent for the Gynaecexamination which lasts till about 11pm. At 11.20 pm, Poonam is finally admitted in the Psychiatric Dept.

Case Study 4: Food Insecurity

Problem of hunger among homeless⁶

I too live on pavement in old Delhi area. And I know how people live on pavements. If one meal is available then for other times in a day one has to sleep without food. I mean to say that food insecurity on the street is always there. No one sleeps empty stomach willingly and happily. What can one do? We go to find some work; we are asked a series of questions like

“From where have you come? What do you do? Do you indulge in any thefts? Since when have you left your home? For all these days where were you and what were you doing? Since when are you here? During that period what were you doing? Is there anyone who knows you? Who can stand for your guarantee? You wont, get work like this.

⁶ Written by Hashim

Now you tell me, what will one do to fill one's stomach? What are the options except resorting to theft and extortion?

Hunger is the first and foremost problem of the street life. If one gets work, no one would live on street. Only in extreme distress and helplessness one lives on pavement. When it becomes intolerable to bear hunger then one goes to the hotels in the area where rich people give free food to the hungry and poor. Sitting in a queue waiting for food is also not a pleasant proposition. One has to listen all sorts of accusations. I used to hate myself in that situation. It is very degrading and dehumanizing situation. Everyday one can't go to Gurudwaras to eat Langar (Community kitchen food).

I ran away from home because I wanted to do something for my family. But I did not know that I was naïve. I took this step without thinking and for that I repent till day.

At home, I have parents and siblings. Father's income was not sufficient to meet both ends. Many time we all had no food for days together. My mother used to scold my little brothers and sisters who cry because they were hungry. They had to sleep hungry as my mother would scold them for crying. For me this everyday sight was a very painful to bear with. I also used to be without food for many days together.

Then my elder sister's marriage got fixed. I was very much worried. I knew that in such a household where one meal for the family is not sure how can a marriage happen? This thought kept me haunting and one day before the marriage ceremony; I left home and ran away. I thought I will make lots of money after reaching a city. First, I reached Lucknow, stayed there then I reached Delhi. I did not know that life was so difficult here. Here I did the job of rag picking,

pulled rickshaw, went to jail also. Even then I did not attain any thing in life. Hunger was still a part and parcel of my life. At times thought of committing suicide. I believe that such parents who can't feed their children should not have children at all...

Case Study 5: Struggle to face with the government hospitals

And the night never seemed to end⁷

It was a gruelling 22½ hours, unending ordeal. To get a destitute mentally ill woman, Poonam Das admitted in a government hospital. That too in the prestigious NDMC area (NDMC care area).

We were on our regular Night Out – of 2nd/3rd August, 2002 (which we undertake on every Tuesday and Friday, from 9:00 pm to 5:30 am). We reached the New Delhi Railway Station at 1:30 am. We interact with a group of street children and youth, besides homeless women and girls there.

What we share below is really shocking. That it can happen even now, without any one feeling responsible for the apathy, is what we are shocked about.

The Case of Poonam Das

In brief, it is an unforgettable event. The unfolding of it lies in our meeting Poonam Das. A 32 year-old woman who is mentally ill. Her right arm was fractured and she had a dog bite on her left leg. We definitely couldn't have left her in such a condition. But all that we faced after taking her for admission in a government hospital, is a rude reminder why people in our society do not want to help any person in distress. It seemed

as though we had committed a crime by taking her. Nobody was on our side (this is not to forget exemplary support provided by Dr. Unnati Kumar of the psychiatry department of SKH / LHMC). It seemed as though we had to wage a non-violent struggle against the medical fraternity/sorority.

We first reached Sucheta Kriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC), they directed us to Ram Manohar Lohia Hospital (RML). After providing ARS, they directed us back to LHMC. LHMC directed us further to Institute of Human Behaviour and Allied Sciences (IHBAS). IHBAS directed us to: “any general hospital for 1) dog bite and 2) # rt fore arm.” We reached back to LHMC, from where we started. The patient Poonam Das finally got admitted in LHMC, 19 hours after she had first reported. And that too because we insisted for admission to be provided in LHMC. For LHMC, RML had dog bite clinic. For RML, LHMC had 24-hours Psychiatric services. For LHMC now IHBAS was better equipped in handling Psychiatric patients. IHBAS felt the physical problems of Poonam needed priority attention than her mental illness. So IHBAS directed us to take the patient to any general hospital. Back at LHMC, the doctor didn't know what to do: if Poonam could be admitted in the hospital or taken to orthopaedic department or for the dog bite treatment. He rather told us that we should be knowing where to take Poonam, rather than asking him. He nearly rattled us into thinking whether it was right on our part to have brought Poonam to the Psychiatry department. Or still, should we take her for the dog bite treatment. Our grit came in handy. We resolutely made single pronged effort to get her into LHMC through psychiatry department. And as it was also a general hospital, all the problems afflicting Poonam could be handled safely. And that we had not got to leave this hospital and start chasing a new one.

What came in handy was the rapport that we had established with Poonam. She took us as her family members. When one of the Psychiatrists asked her pointing to me if she knew who was I. She said she knew. He further asked about me from her as to who is he, she retorted, he is my elder brother. In fact she would get abusive to the doctors, but never even once she did that to us. While she would never listen to the doctors, she would instantly do what we asked her to do. We did feel that what we strongly believe in is true for all situations. Love for all (subsumes peace and non-violence) and care for the challenged people (with uncompromising commitment to equality and rights of the challenged), mentally or physically and faith in everyone (profound trust in inherent goodness) are the basic ingredients for any process of social engagement and social change. And this held us in good stead

Matrix depicting events on 3rd August, 2002

Time	Venue: Hospital/ Police station/ Railway station	Went for	What happened
1:40 am	New Delhi Railway Station	As our regular Night Out programme	Found Poonam Das in disheveled condition, in a pool of her urine spread on the floor. She was mellifluously singing at the general ticket counter of the New Delhi Railway Station. Her right arm was fractured.
1:45 am	Police station , New Delhi Railway Station	Asking the Duty Officer to depute police personnel to accompany us while taking her to the hospital	They came and quickly disappeared
1:45 am – 2:15 am	New Delhi Railway Station	-----	We spoke to Poonam, got her background. We also got to know that she had been bit by a dog. Got a dress, from our van, for her to change. Me and my other 4 male staff members/ community workers formed a ring around her (looking outwards), so that she could change her clothes.
2:20 am	Police station, New Delhi Railway Station	Asking the police again to accompany us while taking her to the hospital	Constable Sunil Kumar joined us.
2:25 am	New Delhi Railway Station		Picked Poonam (as she could not walk) from the station to take her to SuchetaKriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC)
2:35 am – 2:55 am	Sucheta Kriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC)	To get Poonam admitted in the hospital	Told by the CMO emergencies to go Ram ManoharLohia Hospital as Anti-Rabies serum (ARS) is available for free. And also there is psychiatric ward. So she can be admitted there.

<p>3:05 am – 4:15 am</p>	<p>Ram ManoharLohia Hospital (RML)</p>	<p>To get Poonam admitted in the hospital</p>	<p>She was given TT and ARS. As far as admission was concerned they told us that RML hasn't got 24 hours Psychiatric services and we will have to wait until 9:30 am. We were told to get Poonam admitted at SKH/ LHMC.</p>
<p>4:25 am – 6 am</p>	<p>Sucheta Kriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC)</p>	<p>To get Poonam admitted in the hospital</p>	<p>We were asked to bring her at 9 am for psychiatric OPD for examination. We asked if this hospital wasn't 24 hours psychiatric services hospital. The CMO told if we insisted then she would call the psychiatrist on the call. We did. The psychiatrist, Dr. Anjali Verma came around 5:15 am. She referred Poonamto the Institute of Human Behaviour and Allied Sciences (IHBAS) for patient's behavioural observation and management.</p>
<p>6:05 am – 6:40 am</p>	<p>Travel in Van to IHBAS</p>		
<p>6:40 am – 8:30 am</p>	<p>Institute of Human Behaviour and Allied Sciences (IHBAS)</p>	<p>To get Poonam admitted in the hospital</p>	<p>Poonam was sedated by giving two injections, as she had enormous pain, because of the ARS. We were told that we will have to get her dog bite care and the fracture treated at the Guru TegBahadur hospital. We agreed to do so, as we had done in an earlier case. We also assured that once Poonam is alright we will take care of her rehab etc. through the support of other voluntary organisations. The case history was made and we were asked to wait until 9:30 am for the opinion of the medical superintendent (MS). At 8:30 am we were told by the doctor on duty that Poonam could</p>

			<p>not be admitted.</p> <p>She first needed to be treated for the dog bite injury and her fracture, after that she could be admitted. She needed to be physically fine to be admitted for her mental illness.</p>
8:30 am – 9:15 am	Travel in Van back from IHBAS to LHMC		
9:20 am – 4:30 pm	Sucheta Kriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC	To get Poonam admitted in the hospital	<p>Right from the emergencies, we had to carry Poonam, precariously placed in our arms, till the psychiatry OPD – extreme end of the hospital. Poonam is under sedation but at times writhes in pain:</p> <p>(9:30 am -- 9:45 am)We had to argue with Dr.Minmay Das, as he too said he could do nothing with regard to Poonam’s admission. He told we could meet the consultant in room no 5, after we got Poonam registered in the Psychiatry OPD</p> <p>(9:45 am –10:15 am) waiting in Q at the OPD.</p> <p>(10-45 –10:50) met the Consultant Dr. (Mrs.) ArunLataAggarwal. We were told to take Poonam to the psychiatry department for psychiatric examination</p> <p>(11:30 – 12:15) Poonam is examined first by a Junior then by a Senior resident, Dr.Unnati Kumar. We were asked if there would be an attendant. We promised we would take care of that. We told them that all the attendants that we would be sending would be homeless</p>

<p>(2:30 pm) Dr.Aggarwal examines her</p>			<p>women. (2:30 pm) Dr.Aggarwal examines her. (3:00 pm) We are informed that Poonam will be admitted after completing the formalities (3:10 – 4:25) We take Poonam for Medical and Gynaec examination, to rule out sexual assault etc. {(3:20 pm) Dr.Unnati writes for Poonam’s admission. (3:30 pm) We got Poonam’s admission papers, but still she could not be taken to the wards} (4:25 pm) The CMO of Maternity 4, Dr. Swati, refuses to examine Poonam, until there is a letter from the Police for MLC. Tired of sitting on the wheel chair all this while, Poonam asks us to make her sit on the floor of the courtyard of the hospital. She lies down in the sedated condition there, by now she has wetted her pants. We had to remove it. We try to cover her private parts with the dry part of the pant. She remains so until we get her new clothes, by 6:30 pm.</p>
<p>4:30 pm – 5:30pm</p>	<p>Police station , New Delhi Railway Station</p>	<p>To get letter for MLC</p>	<p>One constable joins us without the letter. He then disappears.</p>
<p>5:40 pm – 7:45 pm</p>	<p>Police station , New Delhi Railway Station</p>	<p>To get letter for MLC</p>	<p>We tell the Sub-inspector Mr.Kitab Singh about the content of the letter. He then writes it and gives it to us and asks the same constable to joins us and deliver it.</p>
<p>7:55 pm – 11: 15 pm</p>	<p>SuchetaKriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC)</p>	<p>To get Poonam admitted in the hospital</p>	<p>It is 8 pm by now and the shift of the CMO comes to an end. The new CMO takes over. And she refuses to do the MLC report. For Poonam had already been given</p>

			<p>the admission papers facilitated by the psychiatry deptt at 3:30. She reasoned the deptt which gets the admission done has to do the MLC.</p> <p>She would do the gynaec examination but the MLC report has to be prepared by the psychiatry deptt.</p> <p>The letter that we had got from the police, now was of no use. The original copy of this letter is with us.</p> <p>By 9 pm Poonam’s examination starts (Dr.Satyendra Kumar, Senior Resident, psychiatry, helps in speeding the process), first orthopaedic (which found through X-ray both the bones of her right arm to be fractured), then MLC is drafted by the CMO, emergencies. Gynaec examination is done at 10: 30 pm after the MLC reaches.</p>
11:20 pm	SuchetaKriplani Hos- pital/ Lady Hardinge Medical College (SKH/ LHMC)	To get Poonam admit- ted in the hospital	<p>Poonam finally reaches the ward in psychiatry deptt at 11:20 pm</p> <p>The time in the admission form is changed accordingly to 11:20 pm.</p>

Despite being in SKH/LHMC at 2:35 am and then again at 9:20 am, Poonam Das could be admitted only at 11:20 pm, in the psychiatry ward. Over 19 hours later from the first referral and 12 hours from the fifth referral.

The Sucheta Kriplani Hospital/ Lady Hardinge Medical College (SKH/ LHMC) citizen’s charter (2--2 LHMC/ND/2000, on page 3) states: “In serious cases, treatment / management gets priority over paper work like registration and medico legal [sic] requirements. The decision rests with the treating Doctor.” It seems the patients who are destitute /poor can never be considered

serious, whatever be the case. For, how else, do we reason out this utter neglect and contempt for Poonam by the White Robed professionals. In their own premises. Unfortunately, for the majority of these professionals, quite like our society, the exteriors have still not impacted on the insides of the persons. One fails to understand how long will we take to reclaim our inherent humane-ness, goodness...

Case Study 6: PulMithai Eviction⁸

The Pul Mithai community is located in the area of Old Delhi, in close proximity to the Old Delhi Railway Station. Residents were sleeping with only thin plastic sheets as shelter with limited or no access to clean water and proper sanitation facilities. Residents use water for drinking, bathing and washing clothes next to the overflowing drain.

Most of the community of Pul Mithai residents are natives of Bhagalpur and Munger districts of Bihar. Some of the old women recalls that approximately 35 families migrated to Delhi from Bihar before the assassination of Indira Gandhi. Some of the elderly remembers that they began living in Jhuggis at Mori Gate near St. Stephen's hospital when they arrived in the city. Elderly women recalls that the first forced eviction occurred at Mori Gate close to 26 years ago, "after the death of Indira Gandhi", hence, families were relocated at Mori gate. They were on the footpath on the flyover at Pili Kothi. After sometime, most of the families resettled beneath the flyover near the railway line. And, again police demolished 150 jhuggis on January 9, 2010 and the entire settlement was forcibly evicted. Due to eviction 65 families permanently left the area, either returning to their native place of Bihar or migrating to Punjab in search of livelihood opportunities.

After eviction people find very limited options for livelihood because most of their belongings were either burnt or vandalised. MCD committee officials remove and confiscate wares when they set up as street vendors on the footpath. In particular, on Saturdays these authorities usually destroy such property so residents are constantly fearful when they try to continue with

such work. Currently, only a small percentage of residents sell spices, pulses, and rice, or work as daily wage labourers.

Earlier average families used to earn 4000 to 5000 per month from their livelihood and after eviction it has come down a lot and it's been difficult for the remaining families to survive.

Forced eviction brought many disruption to their lives. Local police only allow residents to cook at night, and it is not sufficient for them to work throughout the day. If they try to prepare food during the day, police throw away their utensils and food. As a result, families are only able to eat one meal at night daily.

People recalls that a 23-24 year old rickshaw puller suffering from tuberculosis, was severely beaten by police since he was not able to stand up at their directions. As a result of the serious injuries sustained, Ravi permanently left Delhi to return to his native village. On that day, the property and belongings of residents were also destroyed. Police also set on fire people's belongings and their raw materials which they sell at market.

Case Study 7: Police brutality⁹

Mamta Devi recounts that in 2010, on 31st December, policemen from the Prasad Nagar police station (Pusa Road) snatched and burned hundreds of balloons that the homeless women were going to sell that evening. It was New Year's Eve and community members were expecting very high sales. Apart from the balloons, the policemen also burned a whole bundle of children's clothes and two shawls. The incident took place at around 6 pm.

⁸ Source: Understanding CityMakers: A compilation of Participatory Reflection Exercises facilitated by IGSSS

⁹ Source: Understanding CityMakers: A compilation of Participatory Reflection Exercises facilitated by IGSSS

Mamta Devi's life has been hellish this past year. On September 9, 2010, her seven-year-old daughter, Pinki*, was raped at a spot near Rachna Golchakkar (she was 6 then). She was later found naked in the park where the family stays, with her vaginal area bleeding profusely. Community members say that Pinki must have come back walking via the same route that the rapist took.

Mamta Devi told the IGSSS team that the child's vaginal orifice and urethra were completely lacerated when they found her. She was taken to Lady Harding Hospital, where doctors treated her for more than a month. She was then shifted to Ganga Ram hospital, where she was again admitted for over a month. Her treatment cost the family Rs. 77,000. Pinki is still alive and normal is a miracle, according to her mother. The man who raped the child has still not been found by the police.

Pinki's life is slowly getting back to normal. She has never gone to school, and does not want to go unless accompanied by her friends. Mamta Devi, like her sister-in-law, wants her children to go to a residential school. Mamta Devi's came to Delhi from Karnataka with her parents when she was very small. She grew up in abject poverty, and has never had a better life to look forward to. Two of her daughters died of undiagnosed illnesses, because the family never had access to affordable healthcare. Police harassment is an everyday phenomenon. No stable livelihood, lack of education, and the complete absence of even the most basic civic facilities are only a few of the community members' other problems.

Case Study 8: Shankar's case

On the eve of 24th September, 2001, Lala Ram a volunteer came to me and told that an acutely sick patient had been lying near the health

outreach clinic. We immediately rushed to the site and found a bearded, thin, pale famished looking man lying on one side of the pavement. He was in no position to sit and even utter a word. Whatever he communicated he used gesture to convey that he had acute pain on one side of the chest and had come there to take medical help. Later he told us that he was already aware of this clinic.

Considering his serious condition Dr. Deep suggested that the patient needs to be referred to the hospital for in-house treatment after he gets the emergency treatment at the clinic. Dr. Deep properly checked him up. Now the patient told his name as 'Shankar' and told, how he was beaten by a policeman of the area, a day before when he was sitting in the Urdu Park. Because of the blow of policeman's lathi, he acquired an acute pain in the upper part of the stomach. Dr. Deep told me that Shankar's liver had got injured within and there was a swelling too around that area.

Dr. Deep prescribed some medicines from the clinic and made his referral card mentioning it to be a case of police brutality.

The same night around 10 p.m., Shankar was taken to L.N.J.P hospital by a volunteer carrying the referral card. There one of the attendants in the emergency gave him a pain killer injection and asked that the patient should be brought in the morning. Next day morning, Shankar was immediately admitted in the emergency ward. Aamir Khan, a volunteer stayed with him in the hospital.

Immediately, after admission, Shankar was put on the drip and series of tests, X-ray and other routine tests, followed.

Seeing his referral card, same day hospital informed the police station of Jama Masjid about

this patient. Soon after, a team consisting of local SHO, Sub Inspector and constables were by the bedside of Shankar. They recorded statements of both the volunteer and Shankar separately. Despite all pressure tactics, Shankar remained sticking to his decision of getting the concerned policeman punished. Thus the F.I.R got lodged and the case became the medico legal case.

Now the real tussle between police and AAA began. From the same day, two constables were put onto duty on the patient.

Next day I went to see the patient. As I entered the ward, I saw Shankar lying on the bed with one saline drip on one arm and one big plastic tube (chest tube) inserted on one side of the chest close to diaphragm. The jar connected to this tube was half filled with dark pinkish colored secretion. Altogether five such jars got filled with the pus. The sample of this pus had been sent to the AIIMS laboratory. Shankar looked better than his previous condition but still was unable to sit. From then I kept visiting Shankar almost everyday and also meet constables on duty. Also Aamir khan would give daily update through phone calls about the patient's condition as well as about other developments. He told that two police men had been there on 24 hours duty to take care of Shankar's need especially fruits and the medicine costs, if any. As long as Shankar remained in this hospital his medicine costs, some special tests cost, and fruits etc. were borne by the police. One instrument for exercising his lungs cost Rs. 600/ to the police. On hospital visit meeting with these constables became a routine for us. During such meetings they would try to justify police stand.

Shankar stayed in this hospital for more than a month's time. During this time his condition improved a lot. Now he could sit on the bed, by month's end he could move from the bed but

with the chest tube still on. Number of important tests was conducted on him, included Elisa test, AFB etc. AFB test was reported to be +ve.

On 5-10-2003 Shankar got shifted from L.N.J.P to RajanBabuT.B(RBTB) hospital located in Kingsway camp. All arrangements for his shift to another hospital including ambulance were made by the hospital. AAA's contribution in the hospital was only in the form of providing an attendant on the patient and keep a watch on the police to check any baffling with the case. Since now Shankar's condition was under control, I went to the police station along with a colleague. I gave an application on behalf of Shankar asking for the copy of the F.I.R. S.H.O first offered us cold drinks asked us not to worry and reiterated that a copy of the FIR would be given to the patient directly, which he never did. He showed us the daily diary and gave us the case number, enquiry officer's name and told that this case has been sent for the departmental enquiry. He showed his file containing credentials of all sorts. He tried to convince us that how efficient and public friendly that police station was.

In the meanwhile we talked to an organization dealing with human rights violation cases (HRLN) to take up this case and they agreed. Their advocate got the FIR copy. Other medical papers too from the hospital were collected to file the case. In the meanwhile Shankar's health was improving and was willing to take this case forward.

In RBTB hospital he stayed for another two months. This Shankar looked to be far different from the earlier Shankar- healthier, happy and young looking. After his discharge from the hospital; he came to stay with Aamir khan in his jhuggi.

From here Shankar's new journey began.

He started attending literacy classes as a good student learnt basic writing skills in Hindi. By now a strong bond between Shankar and Aamir Khan had developed. Aamir Khan was still supporting him but Shankar didn't want to be dependent on him or any one for long. He wanted some work but his health still did not permit him. He did some odd jobs in some hotels but for few days. Considering his qualities suitable to be a community worker we decided to take him in as a paid volunteer. Before that he was sent to Bihar for PRA training along with other community workers. From there he went to his village. Wherever he is we pray he is healthy and happy!!!!!!!!!!!!!!

This case brought us in bitter relations with the local police station staff especially the SHO. After few days of this case anti - encroachment drive began in Jama Masjid area. We were told by the police station to move out of that area as we had no permission from DDA on whose land we hold clinic. I again met this SHO in the police station as our clinic was being setup. The SHO refused taking the plea of DDA's involvement and that we didn't have any formal permission from DDA but allowed for that day. After discussing in the office, I met DCP, central, Mr.Krishnya. He expressed his helplessness and suggested to meet DDA officials. Next day the basis that along with Adrian met Commissioner, DDA and took up this matter with him.

DDA referred this matter to police. We, both, Adrian and myself went to meet DCP, Central again. This time again, DCP clarified that police has no control over this decision. Now again visits to DDA began. Now the matter was clearly between DDA and AAA. Police shirked away saying police is a law enforcing agency not a decision making authority in this matter.

The next clinic we held near Sulabh outside the Jama Masjid boundary. Dussehra festival was

also approaching. Tents were pitched in that area for Ram Lila stalls. People around co-operated with us, made space for us and we held our few clinics there. It is here only on one of the clinic's day, a constable who was probably a suspect in this case (as Shankar did not name the constable but could identify) came to me. He suggested me to compromise with the police pleading for the constable's family and suggested not to go against the police in court.

We again went to meet DDA, commissioner. He assured us to wait for 10 days till the High Court date of hearing. DDA was under pressure to show to the court that area clear of any encroachment. This clinic, too, technically was being treated by them as an encroachment. Everyday we could see ourselves Bulldozers clearing up the debris of demolished shops and jhuggies. It was a big chaos, lot of hue and cry among the poor. The poor homeless living on the passages and some with their families were forced to move out from there. Some who could afford jhuggies took on rent. Rest which was a majority among them, used to vanish during daytime but again come back at night for sleeping. Police was constantly chasing them away.

Dussehra also approached. We had to move out from that area to some other area. So we moved the clinic to the main road, near the police chowki. When nothing seemed to move from the DDA front and the police side, we contacted LG's office but of not much use. We approached some senior police official who was quite familiar with the AAA's credibility in the field, but he, too, couldn't help.

Whole month of October passed like this, HIG clinic continued running outside Meena Bazar. Urdu Bazar and Meena bazaar was closed for all the homeless and of other immovable encroachments. Jama Masjid was silent on this

whole affair.

Considering the state of affair, AAA planned to organize a KhulaManch of the Homeless people. Urdu Park again was an ideal place for that. Getting it opened for the event was a problem. We approached a homeless friendly senior police official for help but he could not succeed. The matter was referred to Commissioner, police, special branch, whose verbal request parse orders proved to be sufficient to allow us to conduct this KhulaManch, on November4, 2002 inside Urdu Park.

Senior officials from police, ministry of home affairs, Municipal Corporation, Delhi, renowned social activists, and senior journalists were the panelists. It was a gathering of about 500 homeless people. The same police station which was not allowing us to hold clinic for the homeless in the area was busy making suitable arrangements for the event. Some important announcements supporting the homeless people were made. There, only, we shared our problem of HIG clinic to the Joint commissioner, central. He was one of the panelists. He talked to the local SHO and asked him to allow this clinic to be conducted again on the same place i.e. near the Urdu park.

Since then, HIG clinic is being conducted at the same place viz: near Urdu Park, Meena Bazar, Jama Masjid.

Annexure II: Participatory Tools

1. Mobility Mapping in the context of Safe Space

A mobility map gives an understanding of movements of a person or a community. This shows of places where and how far do people go within or outside of a community or locality. In the context of safe spaces, it can be mapped to enquire which spaces are safe and unsafe and in which context and why do they feel safe or unsafe. Relationship of importance and hardships faced in accessing a particular space can be highlighted in the map.

For various purposes this tool can be used.

Process –

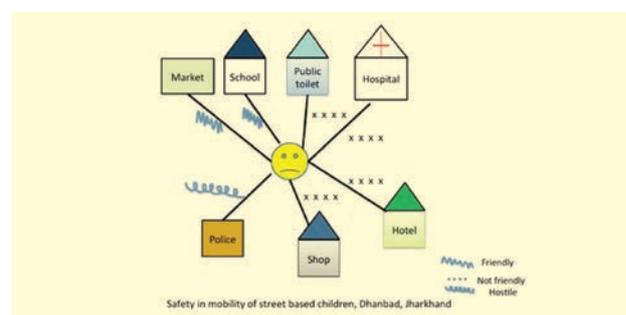
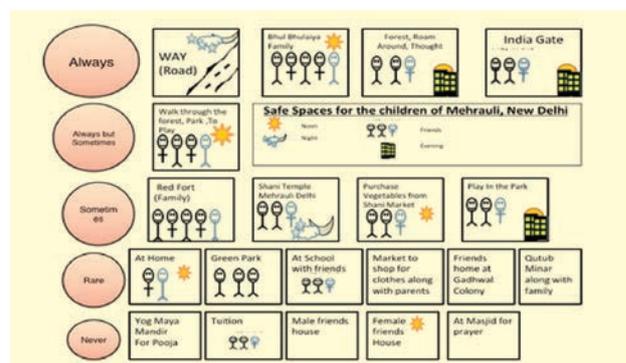
- Before starting the process, you need to very clear about what exactly you would like to understand with this tool
- Focusing on the objective, participants could be asked where do they visit, frequent and not frequent, feel safe and unsafe, hardship and easy, etc.
- Encourage the participant(s) to use signs or diagrams to represent the indicators
- How to place each spot can be decided by the participant(s) based on their own feasibility, here you may have to ask them why they have put one specific spot at distant or closer.
- The other possible ways to see each spot's significance is through different colours or types of lines (for example, dotted lines) can

be used to indicate the different reasons people travel to a place (for example, for drinking water, for seeking medical attention and so on). Lines of varying thicknesses can represent the frequency with which they travel there (for example, a thick line can mean regularly; a thin line can mean infrequently or vis-a-vis).

- Reasons of variations in indicators should be written separately as notes or on a separate chart paper.
- Once the exercise is done, summarise the whole process and what has come out from this tool.

Materials required: Chart papers, sketch pens/ markers, index cards, colour chinks, locally available materials

Example



2. Problem Tree Analysis

This tool aims to analyse a problem to identify its layer of causes (such as primary, secondary and so on) and effects of the problem. For example, the cause and effects of lack of women shelter or not sleeping inside the shelter could have several localised causes and effects. It brings out layers of causes and its inter-linkages just as it brings out effects that unfold wider ranges of causes and effects of the problems in their society. Ultimately, this tool helps to understand of a particular problem in an analytical frame, thus helps to make a subsequent intervention plan.

Some of the triggering points which would help understand the uses of this tool are:

- It provides a visual and uncomplicated way to look closely at problems, for example, if lack of proper sanitation is analysed, the causes leading to the sanitation problem and its effects can be found out.
- Identify the linkages between causes and effects of any issue/problem.
- Helps in addressing the causes and reduce the effects.

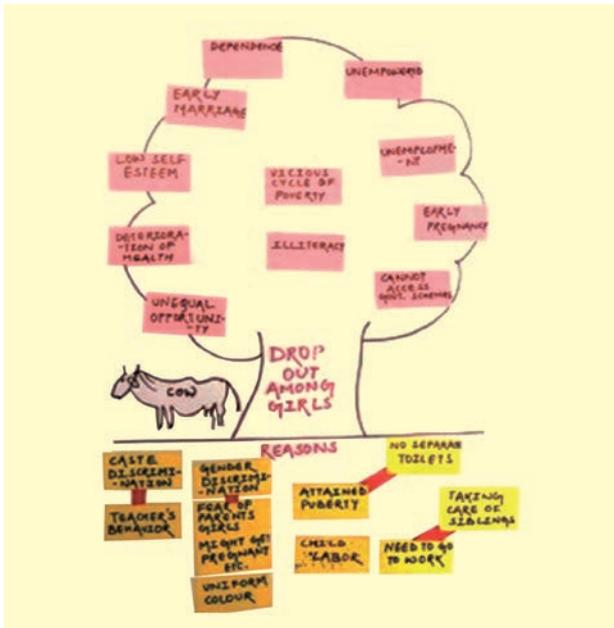
Process –

- Explain the purpose of the exercise and ask the participants to discuss first focusing on the causes of whatever issue has been decided.
- Draw a tree with trunk, branches and root. Problem should be written on the trunk which you are analysing with participants.
- As they come out with causes, should be written/drawn on a separate index card.
- Each cause (card) should be put up on the root as first layer of causes.

- First layer of causes should be further analysed to see if there are any associated causes are there, if it is then those should be written and placed as second layer of causes. Similar process should be repeated if it is required. Irrelevant causes should not be allowed to put there.
- Linkages between causes should be discussed and depicted with some sign.
- Once it appears that not more causes are coming out, start discussing the effects.
- Again read out the list of causes and effects. Ask them if they would like any modifications i.e. dropping or adding.
- Its better if participants can write or draw causes and effects on cards and place it. Facilitator should assist them.
- Repeat the same process for the effects.
- All effects related cards should be placed as branches and causes as roots.
- Ask the participants to rank or score the causes and the effects using the seeds or any available materials.
- Ask the participants to link the cards on one side to the other to show linkages and connectivity.
- Once the diagram is ready, ask the participants to have a look and make alterations if required.

Materials required: Colour chalks, markers/sketch pens, index cards, chart paper, locally available material like leaves, seeds, stones, etc.

Example



3. Pairwise Ranking

In pair ranking method two items, attributes, factors etc. are compared at a time. This process of comparing two at a time is carried on till the time all the items have been compared with the other. You then count how many times of each of the items has been preferred. This frequency gives you an idea of preferences of the people. More the frequency, higher the preference for that item.

As you ask people to tell their preference of the various pairs, people engage in discussion to arrive at their preferences or priorities. This provides valuable insight into their decision-making processes. This tool is also useful as exploratory exercises. When there is little understanding of a particular area, pair wise ranking, can prove helpful in enumerating dimensions that need to be further explored. Pair wise ranking method is also used as precursor to detailed matrix scoring or ranking method.

Here, we can use this tool for stakeholder preference mapping.

Process –

- Explain the purpose of the exercise
- Listing the stakeholders name on index cards
- Prepare matrix of x and y axis
- Selecting the criteria/variables for comparison and understanding what the participants meant from the criteria (could be decided based on the purpose of engagement).
- Comparing cards in pairs
- Completing comparisons in pairs for all the kindred on the criteria and recording the same in the relevant cell
- Analyzing the information generated criteria wise, means, counting the frequency of various kindred on it.
- Discussion on the reasons and implications

	Stakeholder 1	Stakeholder 2	Stakeholder 3
Stakeholder 1			
Stakeholder 2			
Stakeholder 3			
Frequency (No. of times it has appeared)			

Materials required -

index cards, chart paper, colour chalk, sketch pens or locally available materials Example

Annexure III: Understanding of Homelessness Through Rights & legal Framework

1. Definition of homeless
2. Fundamental rights
3. International Human Rights
4. Rights & legal framework for women

1. Definition of homeless

Definition of Homelessness^{10 11}

The Census of India defines ‘houseless people’ – as persons who are not living in ‘census houses.’ The latter refers to ‘a structure with roof.’ Homelessness thus refers to those who are inadequately housed – without even basic shelter over their head, not even a “kuccha” (unfinished) slum or shanty house.

The United Nations in 1999 interpreted homeless as including “those sleeping without shelter, in constructions not meant for habitation and in welfare institutions.”

Further explanation of homelessness¹² defines as persons who do not have a house, either self-owned or rented, but instead –

- Live and sleep at pavements, parks, railway stations, bus stations, places of worship, outside shops and factories, at constructions sites, under bridges, in Hume pipes and

other places under the open sky or places unfit for human habitation

- Spend their nights and/or days at shelters, transit homes, short stay homes, beggars’ homes and children’s homes
- Live in temporary structures with or without walls under plastic sheets or thatch roofs on pavements, parks, nallah beds and other common spaces.

Estimated Number of Homeless People in Different Cities across India¹³

- Delhi: 150,000 - 200,000
- Chennai: 40,000 - 50,000
- Mumbai: 200,000 (including Navi Mumbai)
- Indore: 10,000 - 12,000
- Vishakhapatnam: 18,000
- Bangalore: 40,000 - 50,000
- Hyderabad: 60,000
- Ahmedabad: 100,000
- Patna: 25,000
- Kolkata: 150,000
- Lucknow: 19,000

2. Fundamental Rights

The Constitution of India¹⁴

Article 21, the right to life, has also been interpreted to recognize the right to shelter

¹⁰ http://censusindia.gov.in/Data_Products/Data_Highlights/Data_Highlights_link/concepts_def_hh.pdf

¹¹ Homeless Women and Violence, working paper by Shivani, Amita, Indu, HLRN publication

¹² <https://igsss.org/wp-content/uploads/2019/02/Homeless-in-Delhi-14.01.2019.pdf>

¹³ <https://www.hlrn.org.in/homelessness>

¹⁴ <http://www.constitution.org/cons/india/p03.html>

Article 14 guarantees equality before the law.

Article 15 prohibits discrimination;

Article 19 guarantees the right of all citizens to freedom of movement and freedom to reside and settle in any part of the territory of India.

For children

The Convention on the Rights of the Child - article 27, para 3 - States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing

Right to Education Act 2010 – homeless children are able to access their fundamental Rights to Education

ICDS Schemes for Children, women(Pregnant & Lactating) and adolescent girls - Supplementary nutrition for 3 to 6 years children, pregnant & lactating women; informal education for 3 to 6 years children; immunisation for pregnant women & children; health & nutrition awareness for women and adolescent girls.

3. International Human Rights

The **Universal Declaration of Human Rights (UDHR-1948)** states¹⁵ under Article 25 (1) that, “Everyone has the right to a standard of living adequate for the health and well being of himself and his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment,

sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

International Covenant on Economic, Social and Cultural Rights (ICESR)

On the basis of the provisions established in the UDHR, the right to adequate housing was elaborated and reaffirmed in 1996 by the International Covenant on Economic, Social and Cultural Rights (ICESR), which in Article 11.1 declares that, “The State Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.”

International Convention on the Elimination of All Forms of Racial Discrimination - article 5 (e).

The UN Special Rapporteur on adequate housing

“The right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity.”

The United Nations Convention on the Rights of the Child – guarantees children’s human rights to protection, education, secure housing and participation.

The Istanbul Declaration and the Habitat Agenda (A/CONF.147/18) – adopted at the second UN Conference on Human Settlements in 1996, commits Governments to providing legal security of tenure and equal access to land to all people, including women and those living in poverty (para. 40 (b)).

The Convention on the Rights of the Child - article 27, para 3 - States Parties, in accordance

¹⁵ <https://www.ohchr.org/EN/UDHR/Pages/Language.aspx?LangID=eng>
https://www.hlrn.org.in/documents/Press_Release_Evictions_in_2018.pdf

with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. Rights & legal framework for women

Rights of Women

CEDAW

The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is an international treaty adopted in 1979 by the United Nations General Assembly. Described as an international bill of rights for women to ensure elimination of all acts of discrimination against women by persons, organisations or enterprises. It has been ratified by 189 states.

Constitutional Rights to Women^{16 17}

Apart from the article 14, 19 and 21 other rights and safeguards enshrined in the constitution for women in India are listed below:

1. The state shall not discriminate against any citizen of India on the ground of sex [Article 15(1)].
2. The state is empowered to make any special provision for women. In other words, this provision enables the state to make affirmative discrimination in favour of women [Article 15(3)].
3. No citizen shall be discriminated against or be ineligible for any employment or office under the state on the ground of sex [Article 16(2)].
4. Traffic in human beings and forced labour are prohibited [Article 23(1)].
5. The state to secure for men and women equally the right to an adequate means of livelihood [Article 39(a)].
6. The state to secure equal pay for equal work for both Indian men and women [Article 39(d)].
7. The state is required to ensure that the health and strength of women workers are not abused and that they are not forced by economic necessity to enter avocations unsuited to their strength [Article 39(e)].
8. The state shall make provision for securing just and humane conditions of work and maternity relief [Article 42].
9. It shall be the duty of every citizen of India to renounce practices derogatory to the dignity of women [Article 51-A(e)].
10. One-third of the total number of seats to be filled by direct election in every Panchayat shall be reserved for women [Article 243-D(3)].
11. One-third of the total number of offices of chairpersons in the Panchayats at each level shall be reserved for women [Article 243-D(4)].
12. One-third of the total number of seats to be filled by direct election in every Municipality shall be reserved for women [Article 243-T(3)].
13. The offices of chairpersons in the Municipalities shall be reserved for women in such manner as the State Legislature may provide [Article 243-T(4)].
14. The Article 32 states as follows: This Article gives the right to us to seek constitutional remedies through the Supreme Court of

¹⁶ <https://sheroes.com/articles/women-rights-india/NzExNg==>

¹⁷ <https://edugeneral.org/blog/polity/women-rights-in-india/>

India for violation of Fundamental Rights mainly.

Legal Framework For Women^{18 19 20}

Protection of Women from Domestic Violence Act (2005) - is a comprehensive legislation to protect women in India from all forms of domestic violence. It also covers women who have been/ are in a relationship with the abuser and are subjected

to violence of any kind—physical, sexual, mental, verbal or emotional.

Immoral Traffic (Prevention) Act (1956) - is the premier legislation for prevention of trafficking for commercial sexual exploitation. In other words, it prevents trafficking in women and girls for the purpose of prostitution as an organised means of living.

Commission of Sati (Prevention) Act (1987) - provides for the more effective prevention of the commission of sati and its glorification on women.

Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (1994) - prohibits sex selection before or after conception and prevents the misuse of pre-natal diagnostic techniques for sex determination leading to female foeticide.

Equal Remuneration Act (1976) - provides for payment of equal remuneration to both men and women workers for same work or work of a similar nature. It also prevents discrimination on the ground of sex, against women in recruitment and service conditions.

Dissolution of Muslim Marriages Act (1939) grants a Muslim wife the right to seek the

dissolution of her marriage.

Muslim Women (Protection of Rights on Divorce) Act (1986) - protects the rights of Muslim women who have been divorced by or have obtained divorce from their husbands.

Family Courts Act (1984)- provides for the establishment of Family Courts for speedy settlement of family disputes.

Indian Penal Code (1860) - contains provisions to protect Indian women from dowry death, rape, kidnapping, cruelty and other offences.

Code of Criminal Procedure (1973) - has certain safeguards for women like obligation of a person to maintain his wife, arrest of woman by female police and so on.

Indian Christian Marriage Act (1872) - contain provisions relating to marriage and divorce among the Christian community.

Legal Services Authorities Act (1987)- provides for free legal services to Indian women.

Hindu Marriage Act (1955) - introduced monogamy and allowed divorce on certain specified grounds. It provided equal rights to Indian man and woman in respect of marriage and divorce.

Hindu Succession Act (1956)- recognises the right of women to inherit parental property equally with men.

Minimum Wages Act (1948)- does not allow discrimination between male and female workers or different minimum wages for them.

Mines Act (1952) and Factories Act (1948) - prohibits the employment of women between 7 P.M. to 6 A.M. in mines and factories and provides for their safety and welfare.

¹⁸ <https://sheroes.com/articles/women-rights-india/NzExNg==>

¹⁹ <https://yourstory.com/2016/06/laws-that-protect-women-rights>

²⁰ <https://edugeneral.org/blog/polity/women-rights-in-india/>

The Prohibition of Child Marriage Act, 2006 -

According to the International Research Centre for Women, almost 47 percent of girls are married before the age of 18. Currently, India ranks 13 in the world when it comes to child marriages. Since child marriage has been steeped into the Indian culture and tradition since centuries, it has been tough eliminating it. The Prohibition of Child Marriage Act was made effective in 2007. This act defines child marriage as a marriage where the groom or the bride are underage, that is, the bride is under 18 years of age or the boy is younger than 21 years. Parents trying to marry underage girls are subject to action under this law. Since the law makes these marriages illegal, it acts as a major deterrent.

Special Marriage Act, 1954- The objectives of this act is to provide – a special form of marriage in certain cases, provide for registration of certain marriages and, to provide for divorce. In a country like India and with the diverse religions and cast, when people from different faiths and caste chose to get married they do it under the Special Marriage Act. It is not applicable to the state of Jammu and Kashmir and also extends to intending spouses who are Indian nationals and living abroad.

Dowry Prohibition Act, 1961- According to this act, taking or giving of dowry at the time of the marriage to the bride or the bridegroom and their family is to be penalised. Dowry system, giving and taking of dowry, is a norm in India. Dowry is often asked of the bride and her family by the groom and his family. The system has taken strong roots because women after marriage move in with their spouse and in-laws. Also, over the centuries, the lack for economic independence of women and the taboo towards divorce has resulted in bride burning. When demands for dowry even after marriage are not met by the girl's families, many women are tortured, beaten and even burnt. It

is one of the major challenges that our society is grappling with. Women openly complaining about it has helped to spread the word and encourage other women to take a stand.

Indian Divorce Act, 1969 - The Indian Divorce Act allows the dissolution of marriage, mutual consent, nullity of marriage, judicial separation and restitution of conjugal rights. Family Courts are established to file, hear, and dispose of such cases.

Maternity Benefit Act, 1861- This act regulates the employment of women and maternity benefits mandated by law. It states that a woman employee who has worked in an organisation for a period of at least 80 days during the 12 months preceding the date of her expected delivery is entitled to receive maternity benefits, which includes maternity leave, nursing breaks, medical allowance, etc.

Medical Termination of Pregnancy Act, 1971-

The Act came into effect into 1972, was amended in 1975 and 2002. The aim of the Act is to reduce the occurrence of illegal abortion and consequent maternal mortality and morbidity. It clearly states the conditions under which a pregnancy can be ended or aborted and specifies the persons qualified to conduct the same.

Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 -

To ensure women's safety at workplace, this Act seeks to protect them from sexual harassment at their place of work. Thirty-six percent of Indian companies and 25 percent among MNC's are not complaint with the Sexual Harassment Act according to a FICCI-EY November 2015 report. Sexual harassment at workplace also includes – the use of language with sexual overtones, invasion of private space with a male colleague hovering too close for comfort, subtle touches

and innuendoes.

Indecent Representation of Women (Prevention) Act, 1986-

This Act prohibits indecent representation of women through advertisement or in publications, writings, paintings, figures or in any other manner.

National Commission for Women Act, 1990

- The National Commission for Women (NCW) is a statutory body of the Government of India, established in January 1992. Lalitha Kumaramangalam was appointed its Chairperson in 2014. The NCW represents the rights of women in India and provides a voice for their issues and concerns. The National Commission for Women Act aims to improve the status of women and worked for their economic empowerment.

Equal Remuneration Act, 1976 - This Act prevents discrimination in terms of remuneration. It provides for payment of equal recompense to men and women workers.

Section 354D of the Indian Penal Court - Women have a right against being stalked.

Section 354D of the IPC and legal action can be taken against an offender. It has been considered as a legal offense. Stalking has been defined by the law as, "To follow a woman and contact, or attempt to contact such woman to foster personal interaction repeatedly despite a clear indication of disinterest by such woman; or monitor the use by a woman of the internet, email or any other form of electronic communication."

Some more legislations also contain certain rights and safeguards for women:

1. Employees' State Insurance Act (1948)
2. Plantation Labour Act (1951)

3. Bonded Labour System (Abolition) Act (1976)
4. Legal Practitioners (Women) Act (1923)
5. Indian Succession Act (1925)
6. Indian Divorce Act (1869)
7. Parsi Marriage and Divorce Act (1936)
8. Special Marriage Act (1954)
9. Foreign Marriage Act (1969)
10. Indian Evidence Act (1872)
11. Hindu Adoptions and Maintenance Act (1956).

Annexure IV: Leadership

DECISION STYLE	PROS	CONS
<p>Individual (Autocratic) One person decides</p>	<p>Decision are swift. Requires no consultation. Everyone knows who is responsible for the decision.</p>	<p>Might not be the best decision. Might arise only from what the individual knows or is most comfortable with. Action might not be agreeable to most or even any. Most will not feel deeply committed to the decision unless they are deeply committed to the individual.</p>
<p>Representative One person (or a small group) receives advice from others and makes decisions that impact everyone.</p>	<p>Decisions are swift. More Ideas expand possibilities</p>	<p>Those consulted might feel pressure from the decision maker(s). Might not be the wisest decision. Action might not be agreeable to most or even any. Some points of view are not heard. Most will not feel deeply committed to the decision unless they are deeply committed to the individual or group.</p>
<p>Majority (Democratic) An Issue is widely discussed, but the majority rules the decision-making process; voting.</p>	<p>Can be used with small and large groups. Most people are familiar and comfortable with this process. Everyone has a voice initially, if they use it; many points of view are heard. Individuals feel a sense of equality.</p>	<p>A win-or-lose mentality can develop. There may be a lack of commitment by those who fought for a different position. Issues become personal, based on who has supported whom, rather than who believes in what. People tend to look at traditional alternatives when using traditional method</p>
<p>Consensus An issue is widely discussed and everyone agrees that the decision is acceptable..</p>	<p>More opinions and perspectives are aired. Individuals feel a sense of equality. Promotes synthesis of ideas. Elicits broader commitment. Can prompt further education about a topic.</p>	<p>Can take a lot of time. Requires members to be mature about carrying out ideas that didn't rank first on their list. Progress can be blocked by one person. Difficult in large groups. When new members join they must learn to trust the group and the process.</p>

Annexure V: Important Judgements

The Honourable Supreme Court of India passed landmark orders related to the Homeless citizens in Delhi, leading to a host of progressive schemes and guidelines being formulated in 2013 under the Shelter for Urban Homeless program in NULM.

The number of shelters and related infrastructure in Delhi has remarkably improved since, and the city state is one of the better performing states in the recent assessment carried out by the Supreme Court appointed Justice Gambhir Committee.²¹

The Hon'ble Supreme Court's directives on shelter homes are as follows:

- All cities covered under the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and with a population above 5 lacs to have one 24-hour, 365 days a year homeless shelter with a capacity of 100 persons for every one lac population. Now, the mission document of National Urban Livelihoods Mission (NULM) says that all cities having population of 1 lac or more to have shelter for urban homeless with a capacity of 100 persons for every one lac.
- Basic amenities to include mattresses, bed-rolls, blankets, portable drinking water, functional latrines, first-aid, primary health facilities, de-addiction and recreation facilities etc.
- 30% of these to be special shelters (for women, old and infirm, and recovery shelters)

- In its order dated September 20, 2011, the Supreme Court directed all state governments and Union Territories to inform the public about the availability of night shelters through print media and electronic media so that the poor and needy people may avail the benefits of night shelters
- The Supreme Court reiterated on January 9, 2012, that the right to dignified shelters was a necessary component of the Right to Life under Article 21 of the Constitution of India.²²

Some of the judgements and orders by the Honourable Supreme Court and High Court –

1) PUCL v. Union of India and Others (W. P. (C) 196/2001)

Through the intervention of special commissioners in 2010, the issue of homelessness was brought into the purview of the 'right to food' case in the Supreme Court of India. The Court ordered that shelters must be sufficient to meet the need of the homeless, in the ratio of at least one shelter per lakh (100,000) population, in every major urban centre. It also stated that shelters should be functional throughout the year and not as a seasonal facility only during the winters. Despite strong orders from the Supreme Court, the situation in most cities across India is abysmal with regard to provisions for the homeless.

Two reports submitted by the Commissioners

²¹ <http://www.ihrn.org.in/files/editor/Gambhir%20Committee%20National%20Urban%20Livelihood%20Mission%20Shelter%20Inspection%20Report%20.pdf>

²² Homelessness in Delhi, Publication of IGSSS

pertain to the issue of homelessness. The eighth national report on homelessness presents a comprehensive update regarding compliance by state governments in implementing orders of the Supreme Court to establish sufficient numbers of permanent homeless shelters, with essential services, in all major cities.

2. **E.R. Kumar & ANR vs ORS. & Union of India (W.P. (C) 55/2003)**

Deepan Bora vs Union of India (W.P.(C) 572/2003)

A PIL petition on homelessness filed in 2003 was finally taken up for hearing by the Supreme Court in 2015 with stating that Union of India should produce a status report with regard to setting up of the executive committee in all states and union territories and a gist of the progress made in the implementation of NULM.²³

3) **SC takes state govts. To task, says they are bound to give dignified treatment to urban homeless.** ²⁴**Date: 05/05/2010.**

The Supreme Court of India has passed an order-dated 05.05.10 in the historic PUCL V. Union of India, directing various State Governments for making massive scale arrangements for homeless people in this country.

This order is in consequence of a report, the commissioners in this case which had highlighted the urgent need of night shelters in urban areas, which will be open for 24 hours in all seasons, and will have basic amenities to enable a life with dignity. Commissioners

insisted appropriate directions by the Supreme Court in this regard for effective redressal of problems and sufferings of homeless people in urban India. Additional Solicitor General appearing for the Union of India has assured that all major cities, having population of more than five lakhs, will be provided with night shelters in the ratio of at least one per lakh of population.

Various state governments have file their affidavits detailing the steps they intend to take for homeless people. The facilities which have to be provided to the homeless people in such shelters include sufficient arrangements for food, medical facilities, privacy, child care, education of children, protection from winters, lockers, drinking water, toilets and electricity, etc.

Supreme Court has directed such state governments to file progress reports regarding the schemes suggested by them for homeless people. This Initiative of Hon'ble Supreme Court stands in recognition of the fact that the homeless people of all categories in urban places have to be given their rights of dignified life by the State. This order is set to bring relief to millions of homeless people in big cities of India.

4. **Delhi HC orders relocation of slum dwellers with guarantee to quality of life**²⁵

on 11.02.10 Hon'ble Delhi High Court (Division Bench consisting of Chief Justice A. P. Shah and Justice S. Murlidhar) pronounced the judgment (57 pages long) directing that with in a period of four months, each of those eligible among the petitioners, in terms of the relocation policy, will be granted an

²³ https://www.hlrn.org.in/documents/NULM_SUH_SC_order.pdf

²⁴ <https://hrln.org/govts-bound-to-give-dignified-treatment-to-urban-homeless-supreme-court-takes-state-govts-to-task-asks-for-time-bound-compliance/>

²⁵ <https://hrln.org/in-a-historic-judgment-delhi-hc-brings-relocation-to-slum-dwellers-with-guarantee-to-quality-of-life/>

alternative site. Court also directed that such relocation will happen in consultation with each of them in a “meaningful manner” and that State agencies will ensure that basic civic amenities, consistent with the right to life and dignity of each of the citizens in the jhuggis, are available at the site of relocation. Court further directed the Delhi Legal Services Authority (DLSA) to ensure wide publicity to the operative portion and directions in judgment in the local language among the residents of jhuggi cluster in the city as well as in the relocated sites. DLSA was further directed to hold periodical camps in jhuggi clusters and in relocated sites to make the residents aware of their rights.

5. Notice against Delhi government by the High Court of Delhi

In January 2010, following the demolition of a temporary shelter by the Municipal Corporation of Delhi (MCD), the Chief Justice of the High Court of Delhi issued a suo moto notice against the Delhi government demanding an explanation for the demolition in the peak of winter, which resulted in the death of two homeless persons. SAM:BKS played an active role in providing support and information to the Court for the case, which was disposed in April 2015, after 100 hearings and several progressive orders.²⁶

6) Begging in the national capital no longer to be a crime: Delhi HC declares anti-begging provisions unconstitutional²⁷

The Delhi high court on August 8, 2018, decriminalised begging in the state, striking down several provisions of the Bombay

Prevention of Begging Act (1959) as unconstitutional. The decision was made by a Bench comprising Acting Chief Justice Gita Mittal and Justice C Hari Shankar.

In 2009, HRLN had filed a PIL in the Delhi High Court, challenging the constitutional validity of the Act as applicable in state of Delhi. One of the primary contentions of the petition was that the anti-begging law discriminated against the poor in India and thus, violated the Constitution of India. The court had said in July, 2009, that, “We are satisfied that the case requires deeper examination,” and admitted the petition.

The case went on for several years before reaching its conclusion. In its final order of August, 2018, the court observed, “The question is simple. In our constitutional framework that promises every person the right to live with dignity, can the State criminalize begging? The social contract between the citizen and the State is a contract by which, in exchange for the citizen ceding her autonomy partially, the State promises her security over her person and a life with dignity.” (emphasis added)

Addressing the Delhi government, the court also remarked on the situation in the state, with starvation deaths being reported in the media, and said that it had not been able to ensure the bare essentials of life to its citizens. The court said, “People beg on the streets not because they wish to, but because they need to (emphasis added) ... Begging is a symptom of a disease, of the fact that the person has fallen through the socially created net. The government has the mandate to provide social security for everyone, to ensure that all citizens have basic facilities, and the presence of beggars

²⁶ http://delhihighcourt.nic.in/dhc_case_status_oj_list.asp?pno=528490

²⁷ <https://hrln.org/begging-in-the-national-capital-no-longer-to-be-a-crime-delhi-hc-declares-anti-begging-provisions-unconstitutional/>

is evidence that the state has not managed to provide these to all its citizens.”

The court agreed with the petitioners in that ‘artificial means to make beggars invisible’ would not suffice begging had to be eradicated. “A move to criminalize them will make them invisible without addressing the root cause of the problem,” it added.

Observing that “Criminalizing begging violates the most fundamental rights of some of the most vulnerable people in our society,” the court declared as unconstitutional and struck down the provisions that treated beggary/begging as an offence for the state.

7. Judgement by Delhi High Court: Sudama Singh and Others vs. Government of Delhi and Anr.(W.P.(C) 8904/2009, 7735/2007, 7317/2009 and 9246/2009)

This case involved four writ petitions filed under Article 226 of the Constitution of India seeking intervention of the High Court to relocate and rehabilitate the petitioners residing at various slum clusters in Delhi. The petition sought relocation to a suitable place and provision of alternative land with ownership rights pursuant to demolition of their “jhuggies”. The writ petitions dealt with the issue of the right to housing and the ‘right to way’, and were collectively addressed by the High Court. A detailed analysis (Reaffirming Justiciability: Judgements on the Human Right to Adequate Housing from the High Court of Delhi) of the order has been published by HLRN (Housing and Land Rights Network), which has been given in the link.²⁸

²⁸ http://hlrn.org.in/documents/Reaffirming_Justiciability_Judgements_on_HRAH_from_High_Court_of_Delhi.pdf

Annexure VI: Relevant aspects of urban governance

Sahari Adhikar Manch

To promote and protect the human rights of the homeless, and its multi-dimensional nature of problem, a need was perceived to form a stronger and larger coalition including groups of the homeless to deal with the severity of the crisis in Delhi. Thus, several organisations came together in September 2008 to work collaboratively on the issue, thus the creation of SahariAdhikarManch: BegharonkeSaath (Urban Rights Forum: With the Homeless). The main purpose of SAM:BKS is to develop a platform to work with and for the homeless people, and ultimately to enable them to lead their own movement and advocate for their own human rights. SAM:BKS is expected to be a facilitator, a network that would support the process of developing an adequate response to the issue of homelessness.²⁹

DUSIB (Delhi Urban Shelter Improvement Board)

Delhi Urban Shelter Improvement Board (DUSIB) has come in existence under Delhi Urban Shelter Improvement Board Act, 2010 which has been passed by the Legislative Assembly of the National Capital Territory of Delhi on the 01st April, 2010. The main mission of DUSIB is to improve the quality of life of Slum & JJ Dwellers by implementing number of approved plan Schemes on behalf of Delhi Govt. DUSIB is primarily responsible for improving the quality of the life of Slum & JJ Dwellers in the capital city of Delhi.

²⁹ Reference: http://www.hic-sarp.org/documents/SAM-BKS_The_Trajectory_of_a_Struggle.pdf

NULM-SUH (National Urban Livelihoods Mission – Scheme of Shelters for Urban Homeless) Guidelines

NORMS AND TYPES OF SHELTERS³⁰

1. The shelters should be permanent all-weather shelters for the urban homeless. For every one lakh urban population, provisions should be made for permanent community shelters for a minimum of one hundred persons. Depending upon local conditions, each shelter should preferably cater to 50 or more persons. In exceptional situations, shelters with lesser capacity could also be approved.
2. The Scheme will be implemented in all district headquarter towns and other towns with population of one lakh or more as per the Census of 2011. However, priority may be given to cities with population above one million and cities/towns of special social, historical or tourist importance identified by Government of India/State Government. In addition, taking into account the requirement of shelters, other towns may be allowed in exceptional cases on the request of the State.
3. Some of these shelters may cater to the most vulnerable groups within the homeless populations such as (a) single women and their dependent minor children, (b) aged, (c) infirm, (d) disabled, (e) mentally challenged etc. Actual break-up would depend on local particularities, and size of the city and total numbers of shelters. States/ULBs may

³⁰ NULM-SUH-Guidelines

consider setting up separate shelters to cater the special needs such as:

- a) Men shelters: Since the proportion of men among homeless is higher separate shelters for men could be built to primarily cater to single working men.
- b) Women shelters: Shelters for the exclusive use of women in terms of its location, design, services and support systems, could be designed to cater to the needs of women and their dependent children. In every ULB, no matter how small the populace, at least one such shelter for women would be constructed.
- c) Family Shelters: For families living on the streets, family shelters may be provided with a special design for privacy, with shared common spaces.
- d) Special Shelters³¹: Taking into account special needs for segments of homeless persons, such as old persons without care, mentally or physically challenged, recovering patients and their families, attendants of the patients admitted in hospitals etc. special shelters may be provided.

FACILITIES AT THE SHELTERS³¹

The shelters will be permanent, running throughout the year; and open round the clock, because many homeless persons find work in the nights. Following facilities/amenities may be provided at the shelters for dignified living:

- Well ventilated rooms.
- Water arrangements (Potable drinking water and other needs) and sanitation.
- Adequate bathing & toilet facilities.
- Standard lighting for shelter.

- Adequate fire protection measures, as per the norms.
- First aid kit.
- Pest and vector (mosquito) control.
- Regular cleaning of blankets, mattresses and sheets, and maintenance of other services.
- Common kitchen/cooking space, necessary utensils for cooking and serving, cooking gas connections etc.
- Child care facilities for children by linking the shelter to the nearest AnganwadiCenters.
- Facilitation for convergence with other services/entitlements.
- Personal lockers for personal storage space.
- Common recreation space.

WOMEN SHELTER³²

- Protection, Security and Privacy for Women: Special care should be taken to ensure the safety, security and privacy of the residents of women's shelters in view of the violence, abuse and exploitation they face on the streets. Such shelters must be separate from men's shelters with security services where the ratio of women staff to male staff must be high, and women staff must be available to aid residents round the clock.
- Food production units: The women could be involved in the production of food for the residents of the shelter and could also be considered as a livelihood option for the women.
- Psycho-social counselling arrangements must be made available since most of the homeless women are victims of domestic violence, sexual abuse and experiences which may require special care. Counselling facilities should also be made available

³¹ NULM-SUH-Guidelines

³² Manual on Homelessness, IGSSS publication

for children.

- Training and Livelihood Support should be provided at all women's shelters. Livelihood counselling could be arranged so that they become self-dependent in course of time. Training and short-term courses can be started for women for which they should also receive a stipend from the government.
- Legal support should be provided to the women in need through linking them with CSOs working on legal aid, and through State legal Aid agency for referral of cases.
- Linkage with Protection of Women from Domestic Violence Act (PWDVA): There should be facilities of linkages of women victims of domestic violence, living in shelters, with the existing Protection Officer of PWDVA, for speedy follow up and immediate relief.
- Linkage with de-addiction centres: There should be one de-addiction centre for every 10 shelters and at least one de-addiction centre exclusively linked with women shelters in every city. The de-addiction services will have to be provided free of cost as most people who will be using them will either not want to pay for these services or/ and will not be in a position to pay for them.

SPECIAL PROVISIONS FOR CHILDREN³³

- There should be provision for crèches and nurseries within the shelter premises for the children.
- Children up to 10 years of age should stay with their mothers in the same shelter.
- Residential schools to be set up for Children of 10-18 years to ensure their access to the Right to Education.
- Residential schools should evolve and implement a comprehensive child

protection policy.

IDENTIFICATION AND RESCUE³⁴

- Mandate of the scheme is not just to build a shelter but also to ensure that no one is deprived of a safe and secure roof over his/her head. Hence, it must be ensured by the ULBs and the agencies running the shelters that there are no homeless persons in the area sleeping in the open. Agency running the shelter shall have the responsibility of identifying the homeless persons and also persuading them to come to the shelter.
- CBOs, NGOs, and any other organisation working for the cause of the urban homeless should be sensitised, trained and motivated to bring the homeless to the shelter.
- Infirm, sick, victims of crime, destitute, minor children and other vulnerable groups should be handled with extreme sensitivity. They should be rescued from the streets and brought into the shelter
- The agency should take the rescued sick person to the nearby hospital for medical treatment, if required.
- During the process of rescue, local police should be informed. Simultaneously, social welfare department; women and child welfare department; or any other concerned department should be contacted to facilitate their stay and recovery in their specific homes which are equipped to deal with their specific needs.

LINKAGES WITH ENTITLEMENTS³⁵

Shelters will be a space for convergence and provisions of various entitlements of social security, food, education and health care systems. All homeless persons, in shelters should be given

³⁴ NULM-SUH Guidelines

³⁵ NULM-SUH-Guidelines

priority under various schemes, and government programmes. The Shelter Management Agencies and Committees would be responsible to ensure the availability of various entitlements and benefits to the homeless. An illustrative list of schemes/benefits where such convergence is desirable is given below:

- Identity Proof & Postal Address
- Elector's Photo Identity Card (EPIC), Aadhaar Card etc.
- Old age, widows and disability pensions
- BPL cards, PDS ration cards etc.
- Bank, Post Office, Jan DhanYojana Accounts
- ICDS services
- Admission to government schools
- Admission to public hospitals for health care
- Free Legal Aid
- RashtriyaSwasthyaBimaYojana
- PradhanMantriSurakshaBimaYojana
- PradhanMantriJeevanJyotiBimaYojana
- PradhanMantriAwasYojana-Housing for All
- Skill Training under DAY-NULM & Prime Minister's KaushalVikasYojana
- PradhanMandhri Mudra Yojana, SEP component of DAY-NULM
- Identity card/vending certificates to homeless street vendors
- Rehabilitation of disabled schemes of Ministry of Social Justice and Empowerment
- Referral services for women & children in distress with SWADHAR, UJJAWALA, SABL, One Stop Centre, Women Helpline Scheme, Schemes of MoW&CD
- Subsidy under PDS
- Direct Benefit Transfer under various

Govt. schemes

- Linkage to and other schemes/services/entitlements of the Ministry

For further details please refer – Manual on homelessness, published by IGSSS, and Handbook on Institutionalising basic services for the urban homeless through the shelter for homeless (SUH) scheme, published by IGSSS.

Annexure VII: Sustainable Development Goal (SDG) 16

In the context of homelessness SDG 16 firstly needed to understand in Indian context. Partners may need to look at it with the lens of regional level. How goal is relevant to their work and then it should be unfolded.

Some of the steps could be followed in the context of India and homelessness (only in relevance to SDG 16) –

Before embarking to address SDG 16, IGSSS/OFFER and partners may need to do some reflection on following points.

1. Defining evolution of SDGs from MDGs
2. Key characteristics of SDGs – primary participants, key participation, approaches, associated stakeholders, partnership, monitoring & accountability and so on
3. Targets and its linkages with homelessness

What could be done by IGSSS/OFFER and partners (Will be part of the open discussion)

4. Linkages of targets with homelessness
5. Which target does not come under IGSSS/OFFER' purview of work
6. Limitation of partners
7. How IGSSS/OFFER is addressing?
8. How Partners can collaborate and address along with IGSSS/OFFER or separately
9. Prepare an action Plan along with monitoring aspects and limitations

About SDG 16

Context

The SDGs identify development priorities and set measurable targets for progress that are to be met by 2030. Among the 17, goal 16 is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building accountable institutions at all levels. This includes (among other governance-related targets) significant reductions in illicit financial flows, progress on the recovery and return of stolen assets, and substantial reductions in corruption and bribery.³⁶ National and global institutions have to be more transparent and effective, including local governance and judicial systems which are critical to the guarantee of human rights, law and order, and security.³⁷

Goal 16

Peace, justice and strong institutions. Without peace, stability, human rights, and effective governance based on the rule of law we cannot hope for sustainable development. We live in a world that is increasingly divided.

Targets

It has 10 targets and 2 guiding points as means of implementation executing goal 16.

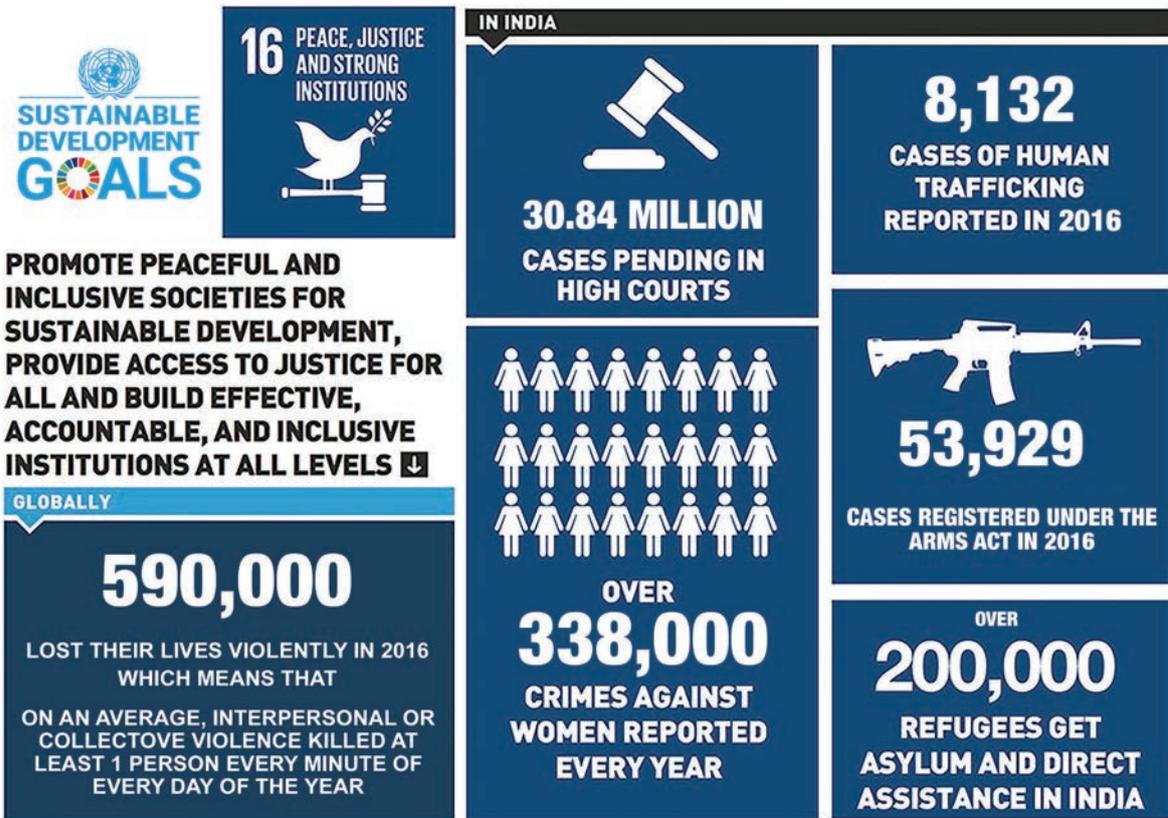
- | | |
|------|--|
| 16.1 | Significantly reduce all forms of violence and related death rates |
|------|--|

³⁶ Why We Should Be Excited About SDG 16, Mathew Stephenson (Prof. of Law, Harvard University)

³⁷ <http://in.one.un.org/page/sustainable-development-goals/sdg-16/>

- everywhere.
- 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.
- 16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all.
- 16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organised crime.
- 16.5 Substantially reduce corruption and bribery in all its forms
- 16.6 Develop effective, accountable and transparent institutions at all levels.
- 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.
- 16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance
- 16.9 By 2030, provide legal identity for all, including birth registration.
- 16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements.
- 16.a Strengthen relevant national institutions, including through international co-operation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.
- 16.b Promote and enforce non - discriminatory laws and policies for sustainable development.

Glance at numbers



38

Situation in India

In India, the judiciary is overburdened due to the large number of pending cases, with the backlog touching 33 million in 2018 – 28.4 million cases pending in subordinate courts, 4.3 million in High Courts and 57,987 cases in the Supreme Court. India has prioritised the strengthening of justice through government initiatives Pragati Platform, a public grievance redressal system, and the Development of Infrastructure Facilities for the Judiciary including Gram Nyayalays for villages.

Goal 16: As seen through the eyes of children



38 Source of the diagram- <http://in.one.un.org/page/sustainable-development-goals/sdg-16/>

Highlight of Targets that contains key issues

- 16.1 Significantly reduce all forms of violence and related death rates everywhere
- This target calls on governments to ensure that all people are afforded protection by the state, as well as for the development of cultures that do not rely on violence as a method of conflict resolution.
 - this target recognizes many forms of deaths and violence, including homicide and conflict-related deaths, as well as physical, psychological, and sexual violence.
- 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
- Implementing effective child-protection laws and systems to ensure that children are protected from a range of harms
 - Wide range of problems are covered including child sex trafficking, child labour, corporal punishment by caregivers
 - This target is underpinned by the United Nations Convention on the Rights of the Child (CRC), as well as other global and regional treaties such as the United Nations Convention against Transnational Organised Crime and the Optional Protocol on Trafficking in Persons (UNTOC)
 - This requires a joined-up approach that strengthens domestic laws, improves the policing of those laws and increases cross-jurisdiction collaboration across law-enforcement agencies to address global violations of child rights.
- 16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all.
- This target is focused on ensuring that countries have effective, fair and accessible laws and justice systems that ensure security and protection for all people, and enable meaningful avenues of redress for criminal and civil wrongdoing.
 - Strengthening the rule of law requires both the passage of just laws that respect people's human rights and the enforcement of those laws by justice institutions capable of effectively investigating, prosecuting and adjudicating upon alleged crimes.
 - This target is heavily underpinned by MOI (Means of Implementation) Targets 16.a and 16.b, which focus on strengthening law-and-justice institutions and addressing discrimination.
- 16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organised crime
- This target reflects the priorities of the UN Convention against Transnational Organized Crime (UNTOC) and its three Protocols on the Trafficking in Persons, the Smuggling of Migrants and the Manufacturing of and Trafficking in Firearms.
 - To the extent that it relates to illicit financial flows and asset recovery,
- 16.5 Substantially reduce corruption and bribery in all its forms
- To address corruption and bribery

through a range of prevention and enforcement activities.

- This target requires national-level efforts to address both petty and mega corruption at all levels and across all institutions, as well as cross-jurisdictional efforts to stamp out cross-border corruption in extractive industries and the like.
- This target overlaps with Target 16.4 in relation to stamping out illicit financial flows and facilitating asset recovery related to corruption cases.

16.6 Develop effective, accountable and transparent institutions at all levels

- strengthening of institutions to ensure that they can effectively discharge their mandates in service of the public.
- It complements and strengthens Targets 16.7 and 16.8, as well as MOI Target 16.a, and vice versa.
- this target has high transformative potential, as addressing these issues will help ensure that governments are honouring their commitments to the entire 2030 Agenda by delivering basic goods and services and fostering good governance.
- Ensuring that data and indicators for measuring effective, accountable and transparent institutions

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

- governments to be more inclusive of people in all aspects of their decision-making processes.

- This target embodies the ‘people-centred’ nature of the 2030 Agenda, as well as the agenda’s commitment that ‘no one will be left behind’.
- indicators and data to measure progress towards this target will need to reflect people’s perceptions and experiences with governments and decision-makers, and priorities for action should include improving government consultation processes (e.g. when drafting laws, developing policies or implementing programmes), improving parliamentary engagement (e.g. through opening up parliamentary committees, releasing more parliamentary information or encouraging more outreach by legislators) and implementing specific strategies for highly marginalized groups (e.g. quotas for women, youth or other vulnerable groups including those discriminated based on caste).

16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance

- This target requires global institutions to work with Member States and civil society to develop effective mechanisms to enable local voices and perspectives to be fed into their work.
- It also opens the door for Member States and civil society to promote the greater inclusion of representatives of developing countries in the boards of institutions such as the World Bank, International Monetary Fund (IMF) and World Trade Organisation (WTO).

16.9 By 2030, provide legal identity for all,

including birth registration

- This target recognizes that issues around official identity are often at the heart of both a person’s actual and potential capacity to engage with governments and a government’s ability to effectively plan and budget for basic services.
- Globally, 2.4 billion people are without legal identification documents. Without a birth certificate, it is almost impossible for a person to effectively engage with formal government services and processes, as a lack of identity papers can inhibit access to education, employment and welfare, as well as make it difficult to uphold the protection of children under eighteen.
- Refugees, nomads and many long-term illegal-immigrant populations suffer from a lack of access to identity papers. Underpinning this target is the need for effective civil registration and vital statistics systems that effectively provide legal identity in addition to birth, marriage, and death registrations.

16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements.

- This target reflects the fact that freedom of information (FOI) is the touchstone of all other human rights and underpins the achievement of all of the SDGs.
- Access to information is crucial to ensuring transparency, which is both an end in itself and a means of empowering the public to more effectively engage in their own development.

- Already, more than one hundred countries have some form of FOI legislation in place, though implementation varies.
- UNCAC specifically calls on Member States to prioritize access to information in Article 10.

16.a Strengthen relevant national institutions, including through international co-operation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.

- This MOI target complements Target 16.6 on institution-building and crosscuts Target 16.1, which specifically seeks to address violent crime, and Target 16.4, which focuses on tackling organised crime, amongst others.
- Without effective institutions that are capable of ensuring secure, lawful interactions between people and their governments, the Goal 16 agenda of inclusive and peaceful governance cannot be achieved.

16.b Promote and enforce non-discriminatory laws and policies for sustainable development.

- This MOI target reflects that the entire Goal 16 agenda is underpinned by a human rights-based approach that requires non-discrimination in all aspects of implementation.
- This approach is also a practical strategy for promoting inclusiveness and participation.
- Official and unofficial discrimination

can severely inhibit the capacity for individuals to participate in the world around them, as their exclusion from public jobs and services, and/or the even more pernicious threat of active persecution by government, can be terribly restrictive of their rights and opportunities for development.

- Discrimination in all its forms must be addressed if inclusive and peaceful governance is to be attained.

Annexure VIII: Session Plan for the training on homelessness (Example)

Allocated time	Sessions	Methodology	Facilitators
Day 1			
	Introduction; Expectation Mapping;Setting up ground rules	Rope game Card sorting	
Tea/Coffee break			
	Case Study Analysis; Identification of issues; Rights framework; Favouring Acts for women and children;	Case Studies, Group work Energiser Open session	
Lunch break			
	Participatory tools and it's application - Root Cause Analysis, Safe Space Mapping/ mobility mapping, Stakeholder Mapping; exercising tools	Group work Energiser Open session	
Tea/Coffee break			
	Field visit planning; Reflection and clarification on day 1 sessions	Group work Energiser Open session	
Day 2			
	Recap/clarification; High Court and Supreme Court's intervention	Brainstorming Open session	
Tea/Coffee break			

	Urban Governance - it's functioning process; Unpacking SDG 16 and its relevance to homelessness	Group work Open Session	
Lunch break			
Field visit (Depends on availability of community's time, accordingly sessions will be re-planned)			
Day 3			
	Recap; Reflection from the field visit;	Group presentation	
Tea/Coffee break			
	Relating learning with Rights Framework; Action plan preparation	Open discussion Group work	
Lunch break			
	Continue with action plan; Overall reflection;	Group work Open discussion	
Closing			

Group Work Chart Paper Representation

5/6/2019 "Group NO-2- Case study No-311"

Observation point :-

- 1) 2-3 घंटे में ठिके रख लेते
- 2) चेहरे के अंदर की लकड़ा जमा
- 3) प्रेशर को कम करने की कोशिश (सुविधा सभ्य)
- 4) कपड़े धोने का काम करते हैं
- 5) हाथ धोने से बेहतर बनते हैं

Own Experience :-

- 1) पोलिस वाले MLC लेगा/बिना किलेस के लेना चाहिए
- 2) प्रेस के लिये इन्फॉर्मेटेड बॉयटैबल है
- 3) बेघरों को पहचानपत्र के साथ पर सहायता मिले

मुद्दा: 3/4 नं-1

1. **नैतिक स्तर पर** :- विभिन्न प्रावधानों का अमल करना
 - कृपा व्यवस्था
 - जवाबदेही का निर्वाह
 - अधिकार का दुरु उपयोग न हो
2. **नीति स्तर पर** :- नीति का अमल करना करने के लिए
 - लायक के हित नीति निर्माण का प्रयास करना
3. **समुदाय स्तर** :- विभिन्न प्रावधानों (अनौपचारिक) प्रोत्साहित की समझ बढ़ाना और
 - उनमें नैतिक सभ्यता प्रेरित करना

Group 2

16.6

होमलेस के साथ जुड़ाव

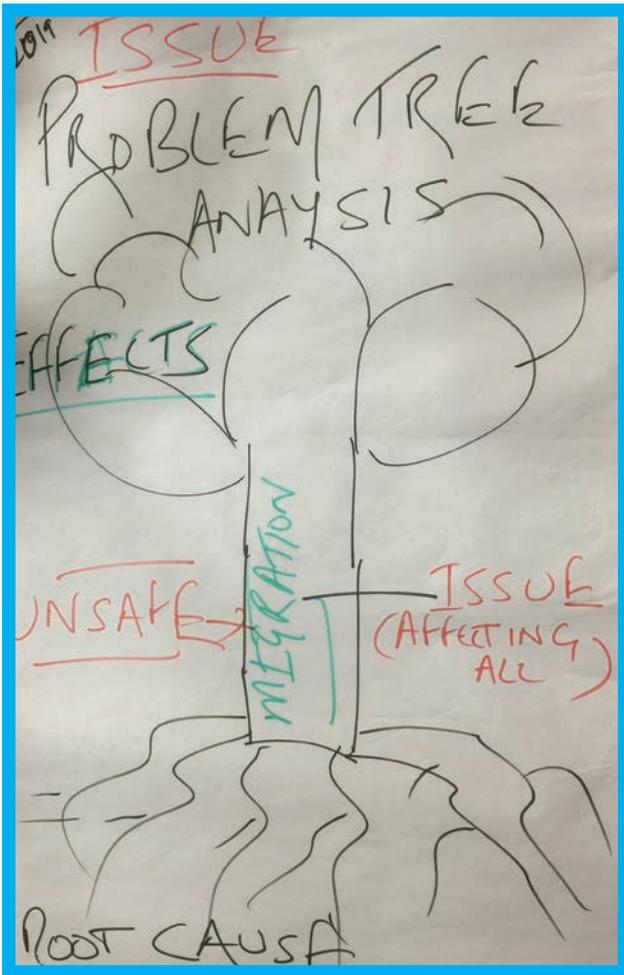
1) समावेशी समाज का प्रोत्साहन	प्रवाधानों के अनुसार 16.6 के सभी बिंदुओं से बेघरों का जुड़ाव है किंतु क्रियात्मक नहीं है।
2) सभी के लिए व्यायस सुलभ	सुप्रीम कोर्ट, टाय कोर्ट के आदेशों की अवहेलना
3) सभी स्तर पर प्रभावकारी जवाब	शिक्षा, सुरक्षा, स्वास्थ्य, समानता कुन्यादी सुविधा के व्यायस व्यवस्था समाज
4) समावेशी संस्थाओं की रचना	लोकल संस्थाओं में भागीदारी ना होना

5/6/2019 Introduction

- जानना - समाज में
- Interconnection
- एक दूसरे से बंधते हैं
- Include / Inclusion
- कोशिश - कैसे पास ला सकते
- We can go to the people
- कम संसाधनों में काम बड़ा सकते
- Unity is strength
- Every one is given a chance
- Overcome hurdles (Got opportunity)
- एक साथ मिलकर चल रहे हैं
- Exchanging ideas
- for members, for homeless - reaches - Rights
- If one person leave → lose strength
- Team
- Bonding for the training

GROUND RULES

- We should listen to each other
- Motivate others
- Provide opportunity to others
- Switch off / Silent your mobile
- Should not get up in between the session
- Keep tracking of time



2019
S 6 2019
1st Day

Time keeper

Mahendra Subha. Babita Chandra Jajdish } 7/1/19

2nd day
AMMA
RANJIT (APPA)

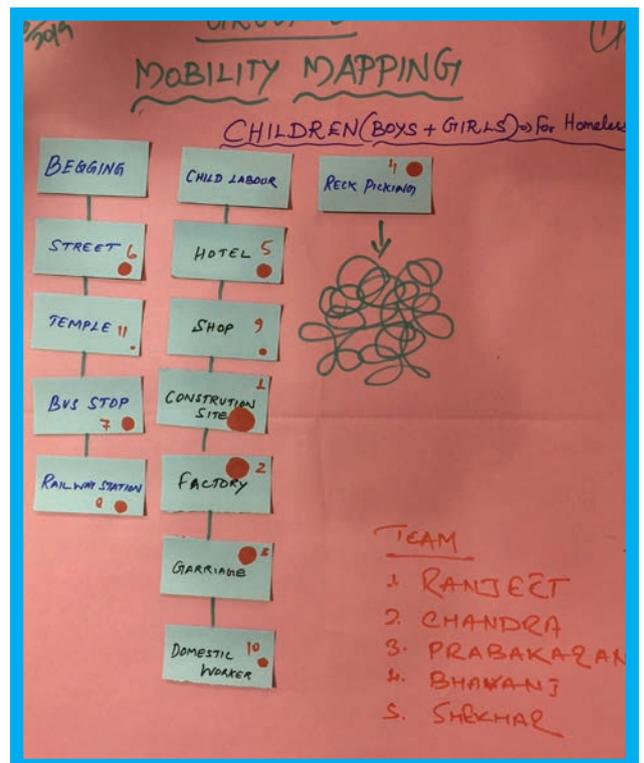
Reporting

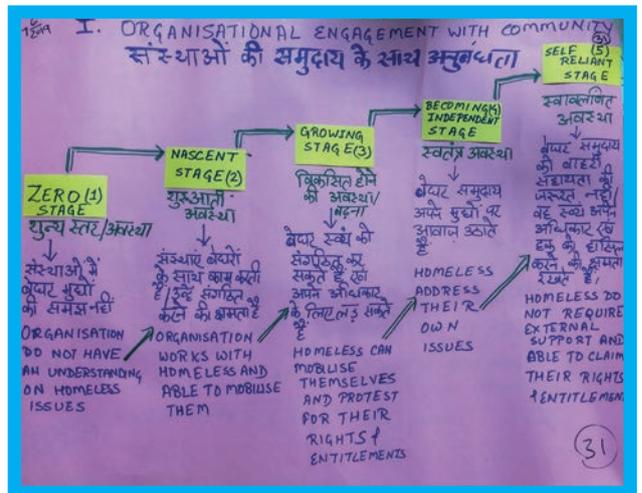
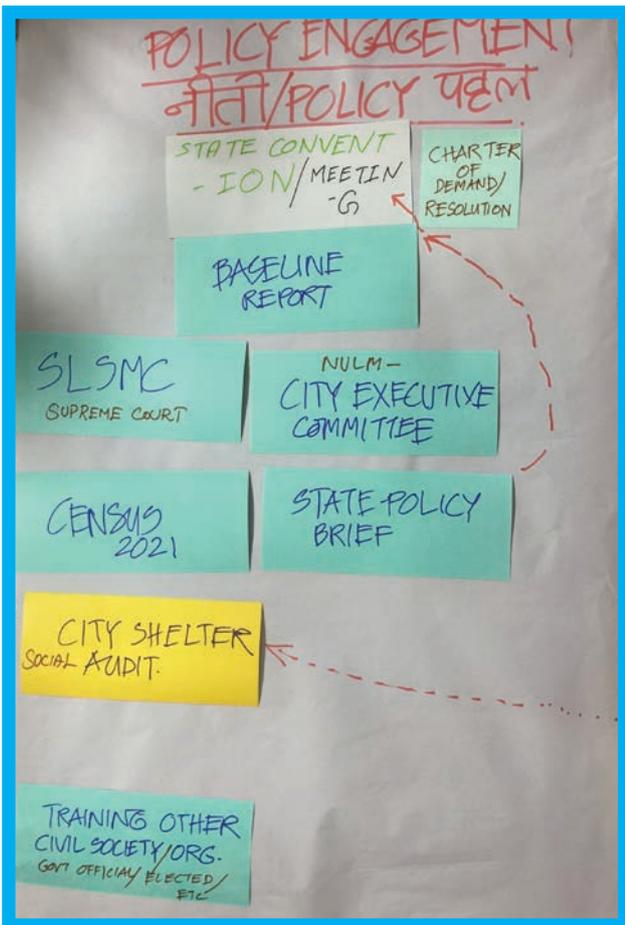
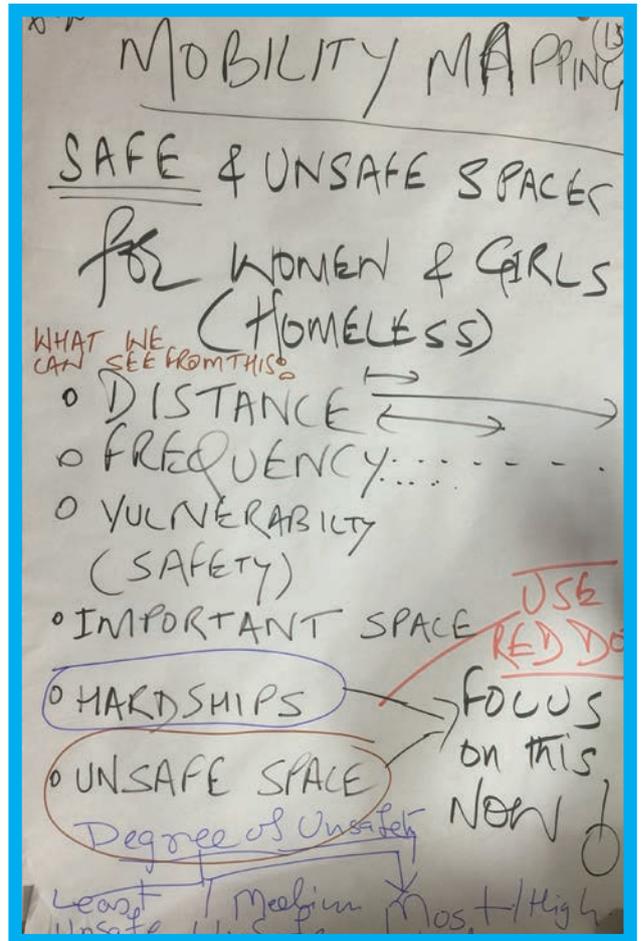
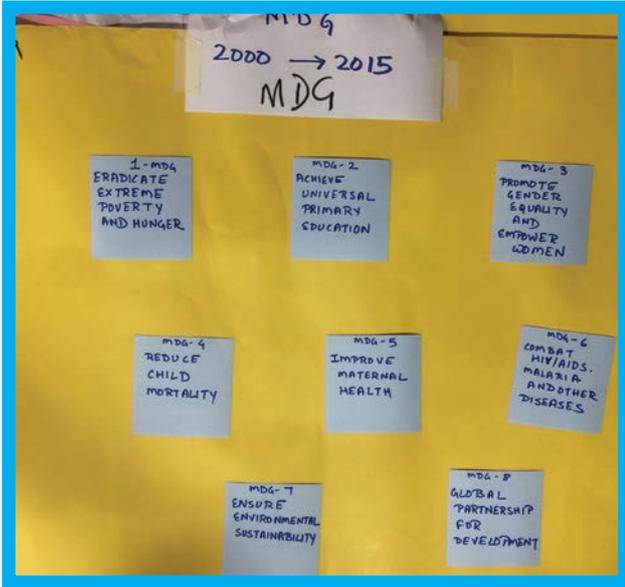
1st day Poonam Shekhar

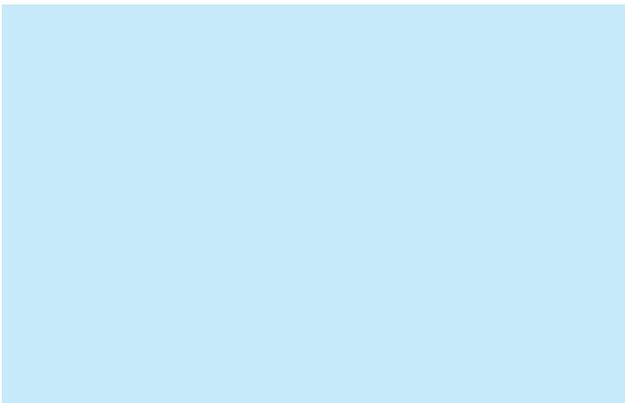
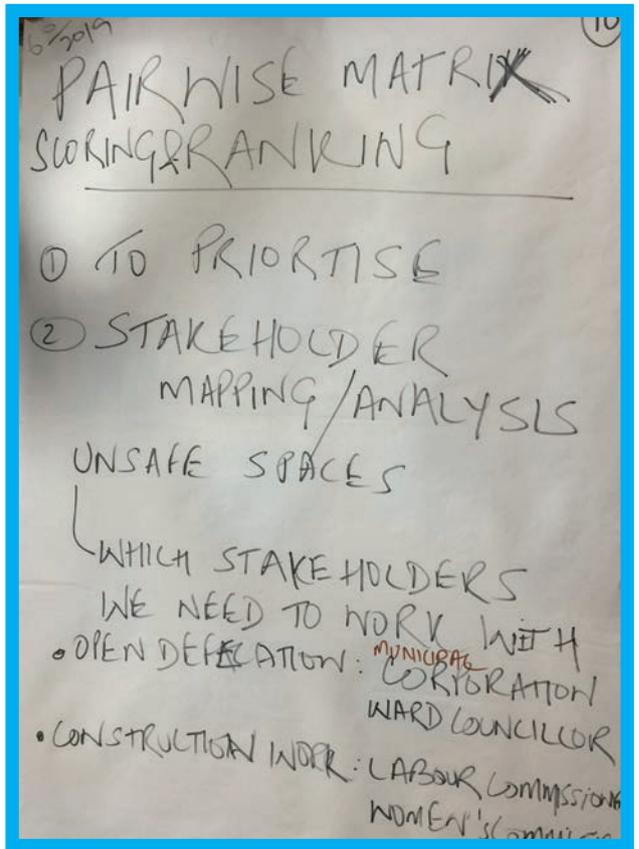
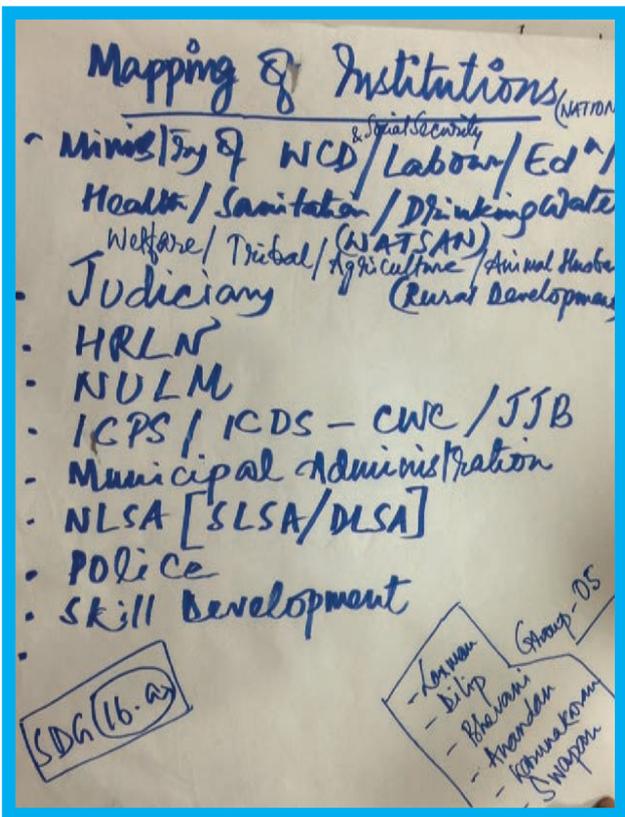
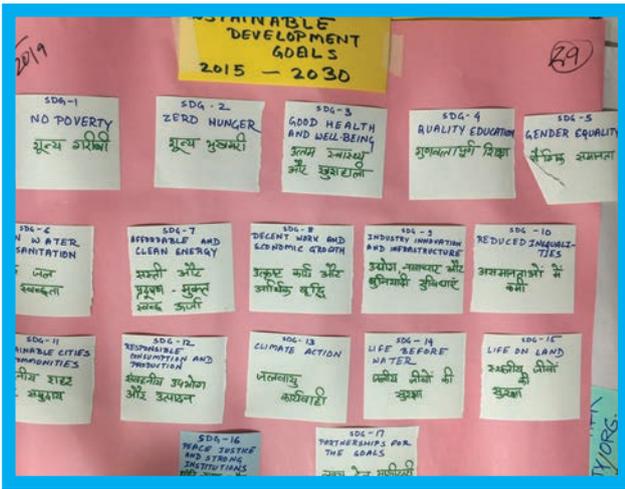
2nd day
NARESH
KARUNAKAR

PAK KING LOT

EMPATHETIC LISTENING
FCA
ARUN BIHARI



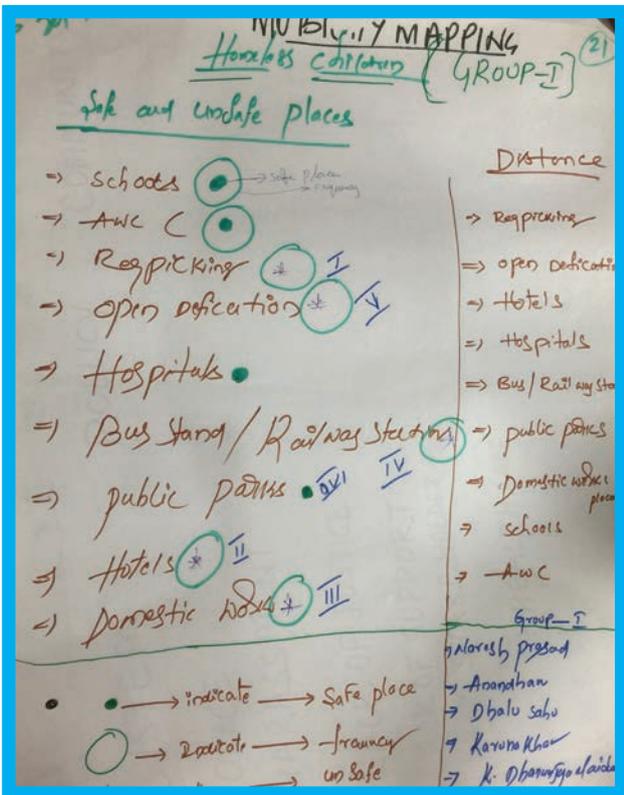
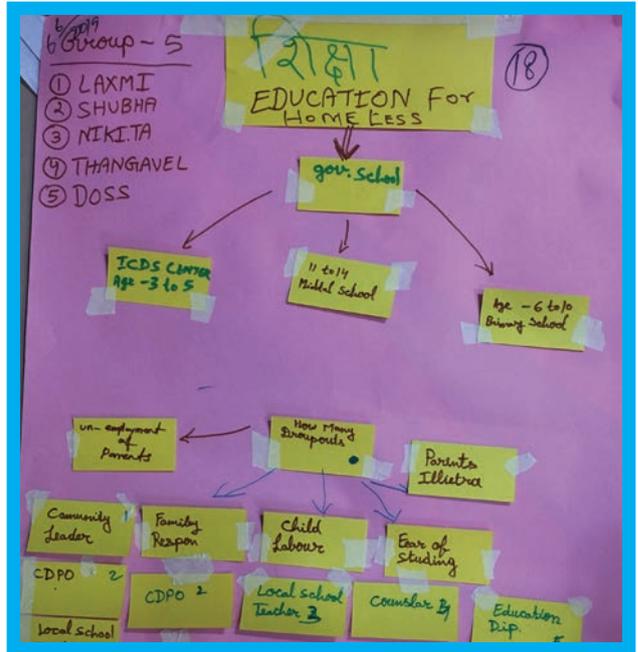




II ORGANISATIONAL ENGAGEMENT AT POLICY LEVEL

	ANDHRA PRADESH	TAMIL NADU	MAHARASHTRA	BIHAR	JHARKHAND
STAGE-1					
STAGE-2					
STAGE-3					
STAGE-4					
STAGE-5					

SYSTEM	POLICY	COMMUNITY
POLICE		
HARASSMENT		
LACK OF JUSTICE		
LACK OF SUPPORT FROM STAKEHOLDER		
LACK OF HEALTH CARE		
LACK OF		

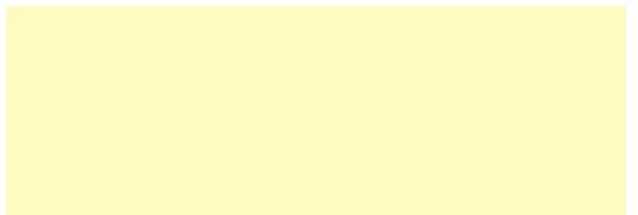


- GROUP-NO-2 (22)
- SCMUL - Harasmat
- Community leader / Local leaders CL
 - 1A. Anty / Mahatma
 - Ward Counselor WC
 - Women & child Department WCD
 - Child line
 - Police Department
 - Lawyers
 - Child Commission
 - GRP
 -

	1 CL	2 WC	3 WCD	4 CL (23)
1 CL	x	x	x	x
2 WC	①	x	x	x
3 WCD	①	②	x	x
4 Childline	①	②	③	x
Summary	3	2	1	0
Rating	①	②	③	

Group-M (24)

- M. K. Rausha
- G. L. Meinf
- Rama Krishna
- Barkh Raja
- Chandrababu Prasad



7/6/2019 SDG-16

16.1 REDUCE VIOLENCE & DEATH RATES

16.6 EFFECTIVE, ACCOUNTABLE TRANSPARENT INSTITUTIONS

16.7 ENSURE RESPONSIVE, INCLUSIVE, PARTICIPATORY REPRESENTATIVE DECISION MAKING.

16.9 PROVIDE LEGAL IDENTITY FOR ALL / BIRTH REGISTRATION

16.a. STRENGTHEN RELEVANT NATIONAL INSTITUTIONS



2019

CASE 01 SHANKAR (Harassment)

- ✓ Proper FIR Lodging need to be done
- ✓ Medico legal case
- ✓ Role of agency to lodge HR against Police (if not is received) → approval of Police changed
- ✓ All legal processes/advances should be provided to the VICTIM
- Link with HRLN (HR violation)
- Support to victim to take the Skill training / exposure on justice & existing processes

CASE 02 ENERDACHMENT (Harassment due to land title case)

- ✓ Role of DDA & Police Contradicting (Land use approval)
- ✓ Other Stakeholders Silence
- ✓ Organized KHULA MARCH (500+ people) - invited by Govt (Central) - meet / Municipality / BWS officials / Social Workers / other renowned person to be
- ✓ Succeeded to recover again the 'HIGHWAY' in the previous place i.e. Urban face

Other Issue

- Eviction of Slum / Sluggish
- Better Community Participation from revenue dept.
- Govt education / welfare

आठवाँ अध्ययन : पुलिस का व्यवहार
CASE STUDY : POLICE BRUTALITY
GROUP - 03

TEAM

Mr. V KARUNAKAR
 Mrs. B. BHABANI
 Mr. NARESH PRASAD
 Mr. SANJEET KUMAR
 RANJEET KUMAR

समय :- 6 अगस्त 2010
 दिनांक :- 9. Sep. 2010, 31. Dec 2010

work experience

Mobility Mapping
= Homeless Men

1* Open defeciation
2* Bath at swash Shavehalaya/Rty str/BUS S
3* Work place- construction site/Hotel work
cutting/Auto pulling/Carp pulling
Street Vending
4* Night stay- Rail/BUS str/Pavement/closed
Shop/under fly over/under const
Parks

PROBLEM/RISK

- Police Harassment
- Not proper wages
- Thefting
- Eviction

Risk Analysis

- Snake Bite
Train Accident
- हर रिट काम नहीं मिले
No proper wages
Exploited by contractor
- Police Harassment
Thefting
Losing money



GROUP-04

LEGAL IDENTITY	EFFECTS	Institutions
* Birth Certificate	⇒ Lack of identity ⇒ No voting rights ⇒ No link with other welfare schemes - Life-PDS system, agushman, education, Pension, scholarship and other schemes also.	ICDS, PHC, Health
* Voter ID		Election Commission (ECo)
* Aadhar Card		Post office, Aadhar center.
* Ration Card		SDO office
* Pan Card		IT Department
* Marriage Certificate		Sub Registrar
* MCP Card	PHC & ICDS	

TRU-1-17
CASE STUDY_05
ISSUES

SYSTEM	POLICY	COMMUNITY

कला रात्रि
CULTURAL NIGHT
सांस्कृतिक रात्रि

11/10/2019

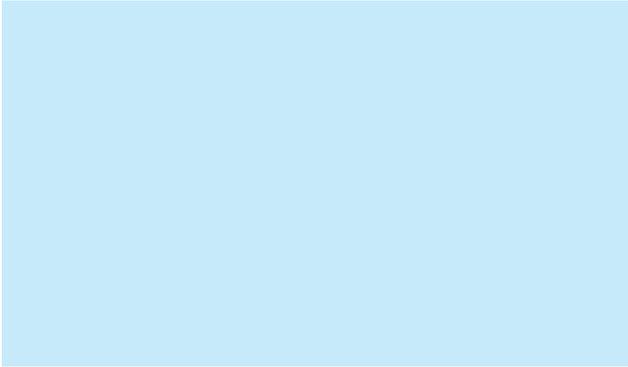
सांस्कृतिक रात्रि

साक्षय सांस्कृतिक काम

Case Study Analysis

Counselling

- Linkages with relevant institutions & agency
- Organising community / unity among the community
- Gathering of various stakeholders to build up pressure
- Schemes & provisions.
- Victim → Interventions → Support → Change Agent
- Engagement with influential stakeholder → larger ESOs
- Go beyond law — have a lens of Human Right
- USE Constitutional rights
- Night Vigil.
- Making continuous effort
- Ready to take challenges
- Fight till we succeed.
- Be prepared → to face challenges
- Be patient
- Create awareness



2019
valuing
DEAL
MOTIVATED

Johari Window framework	
We Know	We Don't
They Don't	They Don't
We Don't	We Know
They Know	They Know



Situation Active Listening (10)

- सुनने की कोशिश • Had to repeat
- Couldn't see each other
- मजाक कर रहे थे
- Got diverted
- इधर-उधर देख रहे थे
- बात करने में कठिनाई
- Eye-contact • No discussion
- समझ नहीं पा रहे थे • Was not comfortable
- ज्यादा ही ध्यान दे चुके थे • Wasn't sure if other is listening
- फोकस नहीं कर पा रहे • Wasn't motivated
- दोनों के बीच में अंतर था • Wanted to see his face

Situation

- बोलने का मन नहीं
- कुछ और कर रहे थे (सुन नहीं रहे थे)
- Could able to talk freely
- Ignored.
- not effected

Active Listening
What should we do -

- ~~3~~ सामने In front,
- Eye Contact.
- Should feel - talking to him/her
- Patience
- focusing on what's been talked
- Attentive
- Should not interrupt
- Should not speak/look at phone
- Wait for the other person till s/he finishes
- Shouldn't think about consequences about what's been talked
- Enable the communication more effective
- Be truthful to the person
- Should be observant
- ^{Consider} Appropriate time & space
- Don't repeat if person is not comfortable



Case - No - 3

<p><u>System</u></p> <ol style="list-style-type: none"> 1) पुलिस विभाग वेधारे के सभान पर सर्वेक्षण से सहयोग करे। 2) चिकित्सा विभाग: हॉस्पिटल में प्ररीति से निष्पन्न के आधार पर अधिकार के अनुसार काम हो। 3) हॉस्पिटल के डॉक्टर और कर्मचारी को से तुरन्त बताना प्राप्त हो। 4) ट्रेन सर्विस का लाभा सभी प्ररीति से अक्स-समय प्राप्त हो। 5) निर्वाचन आयोग/आरपातिका के प्राधिकार से वेधारे को परिचय प्राप्त हो। 	<p>Group - 2</p> <p><u>ISSUES/ISSUES</u></p> <p><u>Policy</u></p> <ol style="list-style-type: none"> 1) तम्रपालिका NULM के तहत डेनबसेरा का प्रावधान करे। 2) निर्वाचन आयोग सभी वेधारे को जांच करवा कर वहापाल कर लिये। 3) सभी वेधारे अधिकारियों को अवगत करे गिये। 4) 	<p><u>Comenity</u></p>
--	--	------------------------

CASE STUDY ANALYSIS

6/2019 GROUP 4
 CASE STUDY-5
STRUGGLE TO FACE WITH GOVT HOSPITALS
 ISSUES: NAME: POONAM DASS

- Govt Hospitals should not Respect to Homeless People.
- They keep distance with them.
- They keep partiality.
- First Aid treatment has not provided well.
- They keep discrimination.
- They/staffs/Nurses neglect to them.
- Too late to provide the treatment.
- No caring in govt hospitals.
- Lack of "Humanity" in Hospital Administration.
- Govt System is very poor.

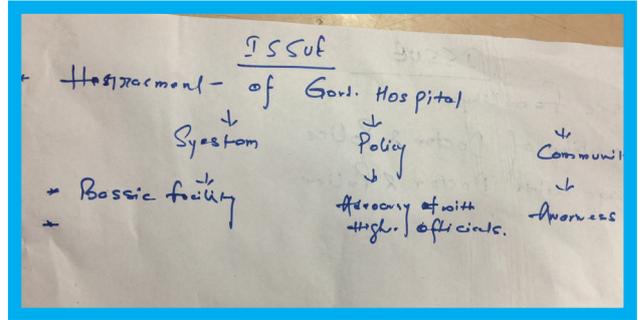
RECOMMENDATIONS:-

- Treat equally for all people.
- Doctors/Medicians/systems available in reach to them.
- Need to Protect them.

Moral: LOVE FOR ALL

Names:-

- D.S. Azad
- V. Ramakrishna
- Prabhat Kumar
- K. Chandras
- Gurmandar



- 24
- WE SHOULD COLLECT DATA BEFORE DISCUSSING & STAKEHOLDERS
 - SUBMIT MEMORANDUM TO THE DC/DUM
 - TRANSLATE ALL DOCS IN TAMIL & SHARE
 - INTERFACE MEETING
 - STATE BASE STUDY ON HOMELESSNESS
 ↳ WHY IT DOESN'T REACH OUT TO THE HOMELESS
 - POCKET MANUAL ON NULM
 - BUDGET ANALYSIS - GDP / on HOMELESSNESS
 - PROVIDE FEEDBACK ON NEW EDO POLICY. (30TH JUNE)
 ↳ NOT MENTIONED ABOUT STREET CHILDREN
 - SHOULD CREATE NATIONAL ALLIANCE
 - SENSITISE MLA.
 - HOMELESS MANIFESTO FOR ADVOCACY (POLICY)
 - WILL CONDUCT GROUP EXERCISE IN OUR AREA STAKEHOLDER MAPPING
 - ASK LAND RIGHT FOR THE HOMELESS

(SDG) ग्रुप नं. 1

16.1

मृत्यु दर कम करना

हिंसा के प्रकार

- मातृत्व मृत्यु दर
- बोमाशे से
- उपघात
- दंभक दुंगा
- मारपीट
- कुयोक्षण
- नशाघात
-

- मानसिक हिंसा
- धाराशैलिक हिंसा
- मौखिक हिंसा
- आर्थिक हिंसा
- सांसाध्यिक हिंसा
- निष्कारण (गोडमोड)
- भौतिक हिंसा

- नरेश प्रसाद - खर
- नाथु - A.P.
- प्रमोद - रांजी
- राधा - नाथिक
- संकेत -
- जगदीश -

ISSUE

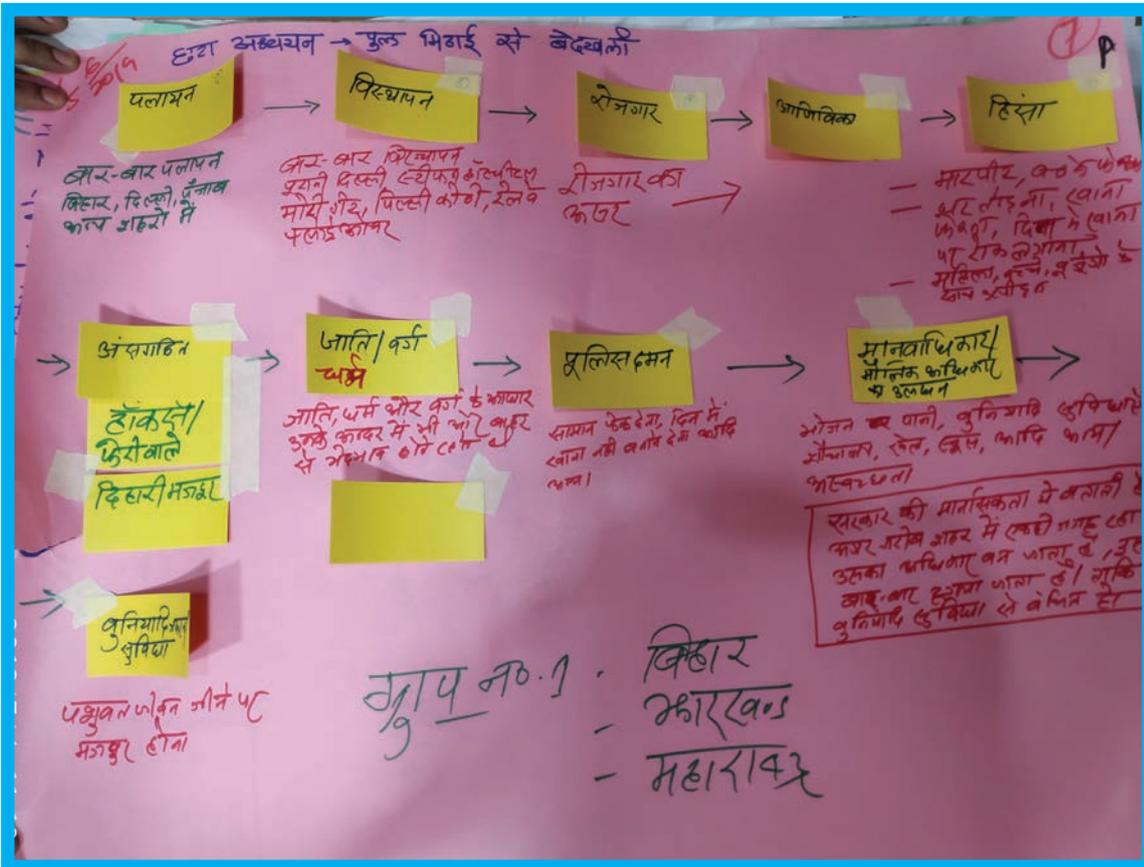
1. Basic facility
 2. Responsibility of Doctor & Police
 3. Linkage with Doctor & Police



POLICE TORTURE & EVICTION of masses.

<u>System</u>	<u>Policy</u>	<u>Community</u>
Responsive Hospital Mgt SOP for Police Programs/schemes for the homeless & Survivors, children - Creating Enabling Spaces for the needy.	- Effective Medico legal Policy - FIR mechanism - Eviction Policy - Victim Support - Legal Support System (victim)	- Khula Mandi - CSD hand-holding - Community Support System - Rain Basera for Homeless

2019/7/4 11:11

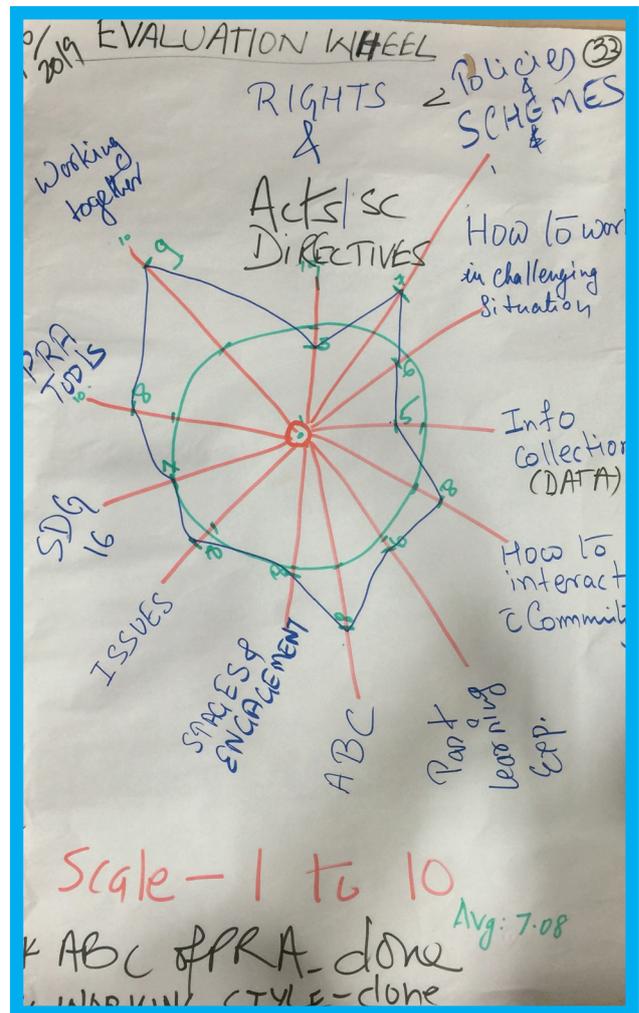
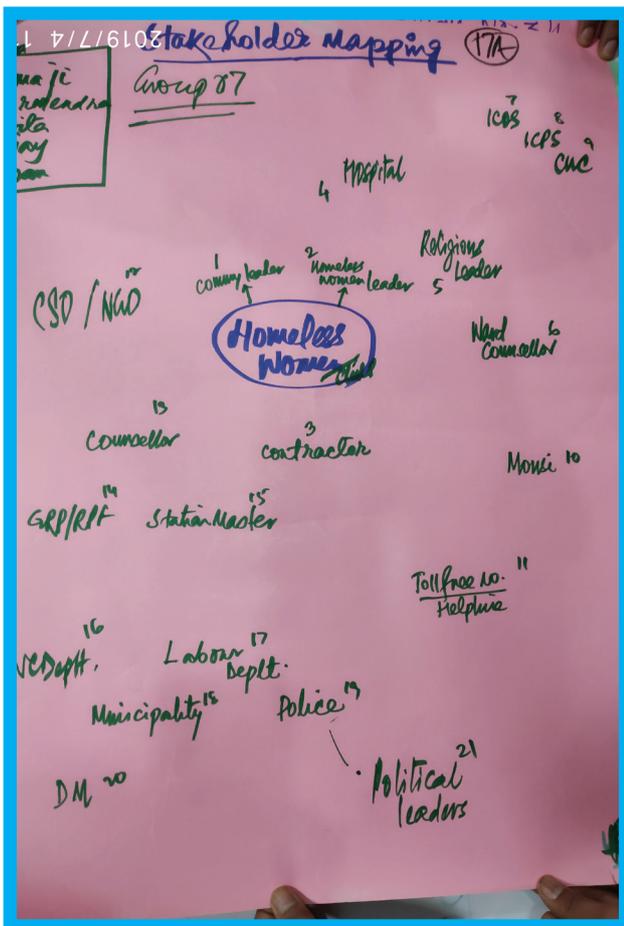


Group 07

	Community leader	A. waves leader	CSO NAO	Religion leader	Hospital	Municipality
1	X	X	X	X	X	X
2	2	X	X	X	X	X
3	3	2	X	X	X	X
4	1	2	4	X	X	X
5	1	2	3	4	X	X
6	1	2	3	4	5	X

Rank	Community leader	A. waves leader	CSO NAO	Religion leader	Hospital	Municipality
2	5	2	3	1	0	

2019/7/4 11:11





About IGSSS

Indo Global Social Service Society (IGSSS) is a non-profit development organization, established in 1961 to support development programmes across India, especially to empower the vulnerable communities and grassroots community based organizations. Currently, we are present in 20 states and one Union Territory of India.

Through the years, IGSSS has evolved as a major player in the development sector in India, working on the themes of Sustainable Livelihood, Climate Change Adaptation, Disaster Risk Reduction, Urban Poverty Reduction, Gender Equity and Youth Development.

Vision

Help establish a humane social order based on equity, freedom and justice in which human rights and the dignity of every individual is upheld.

Mission

To implement and support quality development programmes across India to empower individuals and communities belonging to the poor, marginalised and vulnerable sections of society with special focus on women and children.

Indo Global Social Service Society

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Twitter - www.twitter.com/@igsss



About OFFER

Organisation Functioning for Eytham's Respect (OFFER) is a non-political and non-religious charitable trust. It has been implementing projects in India since 1998. OFFER has the mandate to serve poor irrespective of their colour, religion, ethnicity, gender and social background. OFFER works for the upliftment and betterment of the underprivileged, particularly orphan children and their caregivers. Its programs include emergency relief and rehabilitation and development support.

However, looking at the spread of abject poverty, OFFER started to support the most poor and vulnerable people through: Sustainable Livelihood and Food Security; Social Protection and Entitlements; Disaster Response; Disaster Risk Reduction and Climate Change Adaption; Inclusive Quality Education; Urban Poverty-working with homeless communities; Water, Sanitation and Hygiene (WASH) and Orphan Children Sponsorship.