

POLICY BRIEF

CATHERINE CROSS & CATHERINE NDINDA

GOVERNMENT RESPONSE TO SOUTH AFRICA'S HOMELESSNESS CRISIS DURING THE COVID-19 PANDEMIC: Lessons for policy & practice

Executive summary

When the COVID-19 epidemic spread to South Africa, the government declared a national lockdown, which put a stop to all economic activities. Regulations were drafted to allow only essential services such as healthcare and retail to continue with operations. Everyone in the country was required to stay home, and for the homeless that presented a paradox. The government's attempt to task the municipalities with rounding up all of the street homeless to quarantine them in emergency shelters yielded mixed results. The largest initiatives, in Cape Town and Tshwane, were unsuccessful and had to be discarded within weeks. As a result, the street population fled the central cities and expanded outward into new public spaces on the city fringes, in the suburbs, nature reserves, recreation parks, and along highways and rail tracks.

The earliest government response on the housing demand-side attempted both 1) a rent guarantee programme aimed at holding back evictions of retrenched workers from social housing, and 2) de-densifying households to reduce overcrowding. Both initiatives were crash programmes but suffered from the lack of adequate planning.

For future pandemics, a national policy response that is both fast and accurately conceptualised is key. The government needs a homeless policy to ensure that in disaster or emergency situations, the homeless population is adequately accommodated.

Preparation work needs to be done in advance regarding identifying and planning practical interventions, including attention to the housing sector, and in cutting down response time in respect of new viruses so as to inform new policy configurations with efficiency.

Introduction

When COVID-19 broke out, single new cases were turning into thousands within a month, and the concern both locally and globally was that these cases would soon overwhelm the public health systems (Sayeed & Hossain, 2020:4). From the start of the COVID-19 epidemic to 2023 (August), South Africa lost about 102,595 lives to COVID-19 (WHO, 2023). The WHO (2020) reported that COVID-19 transmission occurred through aerosols and droplets from infected individuals. The droplets were transmitted when individuals coughed, sneezed, talked, or sang. Major avenues for transmission were cited as restaurants, fitness centres, and crowded indoor places without or with insufficient ventilation (WHO, 2020). Prevention and control focused on curbing the spread of COVID-19 through wearing masks in public, keeping social distance, and hand hygiene by washing with soap or sanitizing with sanitizers that had a 70% alcohol concentration.

At the beginning of the epidemic, the unknown characteristics of the virus itself and the lack of adequate research made it difficult for governments world-wide to frame sound policy responses. In terms of policy response, the Lancet Commission (2021) report noted that when a highly infectious disease breaks out in a vulnerable population, rapid response is essential. At the beginning, it was not globally recognised that COVID-19 primarily spreads indoors in congregate settings, between people who are breathing the same air. The outgoing medical supervisor of the World Health Organization's COVID response (CNN, 28 November 2022) noted that, in hindsight, aerosol viral transmission should have been internationally acknowledged sooner. The strategy of the Japanese government was similar to raise public awareness to curb the spread of the virus without requiring a full shutdown of the economy. Japan urged its citizens to avoid large gatherings, unnecessary trips, and the 3 Cs, i.e., "closed spaces, crowded spaces, and close-contact settings" (Sayeed & Hossain, 2020:4). Japan also encouraged

teleworking for those who could work from home. The immediate response of the South African government was to intervene with the total lockdown between March and June 2020 to control the spread of the epidemic (Ndinda et al, 2023).

This policy brief examines the government's response to street-homelessness that pre-dated the pandemic, and what occurred in the aftermath of the coronavirus outbreak. The findings are based on in-depth key informant interviews with high-level government officials, civil society organizations, and academic experts, as reviewed by members of the housing sector expert team, tasked to consider experiences, successes, challenges, and failures in implementing various interventions (Ndinda et al, 2021). The key problem that this policy brief tackles is: how effective were the interventions for housing the homeless during the COVID-19 pandemic? Questions emerge around the effectiveness of the human settlements policies for the crisis of homelessness (Altman 2023, Stats SA 2022), and specifically in what emerged as a gap in effective policy options for housing the homeless.

Homelessness crisis

The prevalence of street homelessness is arguably a housing issue in the most fundamental sense (Cross et al, 2020; De Beer & Vally, 2021). While the homeless in South African are theoretically eligible for subsidy housing, in practice the street homeless are reluctant and unequipped to interact with government bureaucracy, and rarely apply for subsidy housing (StepSA 2021). As a result, they do not seem to occupy a bracket visible to the national housing department. Subsidy applicants are required to provide details such as age, citizenship, and a national identity card, among others. Given the mobility of the homeless, keeping important documents is a challenge and most do not possess these documents. Although the homeless can apply for vital documents from the Department of Home Affairs, the stigma the homeless face remains a constraint to access. The homeless have often faced stigma due to their unkempt appearance (Gwabe, 2022). The stigma prevents them from accessing local government offices to seek requisite documents and apply grants and subsidies. Early national responses world-wide were whipsawed between the need for fast public response and the need for sound evidence-based policy approaches.

Internationally, the street homeless were caught in the middle, as policies were being pulled into place. In the United States, China and elsewhere, from 2020 governmental pandemic policy for the expanding homeless population was turning toward leasing single rooms for quarantine isolation and building 'tiny houses' as individual-occupancy micro-units. These options do not appear to have been considered for the South African homeless population.

Interventions

The three key housing-related pandemic initiatives that are relevant include de-densification, eviction prevention, and bringing the homeless off the streets and into municipal shelters (interview, senior official DHS, 2022). These measures were reinforced by the actual eviction ban. The third initiative was intended to remove the homeless population from the streets and public spaces and locate them in shelters, a public-health lockdown priority of national government under the national command council (NCC) inter-departmental coordination system. The homeless in South Africa were accommodated in shelters set up by metropolitan cities such as Cape Town, Durban, Johannesburg, and Tshwane (Ndinda et al, 2023 in press). The emergency shelters were established as spaces for the containment of the COVID-19 epidemic during the total lockdown period between April and June 2020. However, rounding up the homeless to place them in large numbers in congregate emergency shelters probably raised risk by laying down a dense-occupation model for temporary housing, instead of prioritizing individual quarantine in leased rooms as was becoming the international standard practice. Based on available shelter occupancy figures, the municipal large shelters probably never accommodated most of the street homeless; indications suggest that up to 80 percent may have evaded municipal enforcement and instead spread out into public spaces outside the city centres.

Individual quarantine housing units were never used in South Africa to help reduce the number of newly homeless people on the metro streets. However, the DHS temporary residential units programme would have been ideally suited to single-room accommodation meeting the new international standards. These factors, around mistaken perceptions of transmission and the effectiveness of public health approaches to COVID-19 appear to have combined to divert policy attention from the actual dynamics of the pandemic homelessness emergency.

Gaps in South Africa's overall pandemic response were underlain by the assumptions in the international discourse around SARS-CoV-2 viral transmission (WHO, 2020). COVID-19 virus is now known to rely on indoor spread, then indoor living conditions – and the role of existing housing – need to be recognised as fundamental to limiting viral transmission.

Recommendations

Room-occupation Density

As of 2023, better ventilation and lowering room-occupation densities were critical factors in curbing the spread of COVID-19 and other communicable diseases. For future COVID waves, policy decisions probably need to consider viral transmission in the housing environment. Lowering occupation densities in available dwellings is critical to curbing the spread of COVID-19 and other communicable diseases such as tuberculosis (TB). Emergency accommodation for the homeless needs to be well-ventilated to lower indoor transmission of viruses. Single-occupancy emergency units, rather than the large congregate tents, will need to be considered for purposes of curbing transmission and quarantine. The focus on existing housing performance factors was insufficient. Interventions in the existing low-income and subsidised dwellings should centre on low-cost interventions for better ventilation and lowering room occupation densities. Measures might first include voucher support for making available window fans and floor fans, as well as for materials to construct more windows in existing houses and the addition of extra rooms. To develop better response models, the government should consider promoting and supporting continuing local and national dialog processes for the social partners around relations between street homelessness and the future risk of epidemics.

Workable pandemic policies: Artificial intelligence models

The underlying cause of the policy response to COVID-19 – which faced South Africa no less than the rest of the world – is rooted in the task of producing public policy within a timeframe of days or weeks that can halt or restrict an unknown viral transmission at its starting point. What is required is to develop evidence from the virus research available, and from there to pre-position the production of accurate policy before the next pandemic arrives in South Africa.

AI for planning

The Department of Science and Innovation (DSI) should consider sponsoring a colloquium of the capable organizations in academia, civil society, and the government research sector to develop artificial intelligence models that could model the likely pandemic scenarios for all known families of viruses. Such an initiative could perhaps be jointly led by Department of Health (DOH), Department of Human Settlements (DHS) and Department of Planning, Monitoring and Evaluation (DPME). Existing AI processing capabilities can indicate the kinds of public-sector response models with the best chance of success to foresee, identify and interrupt the spread of the most dangerous potential forms of new viral pandemics. This kind of approach through massive machine processing could offer what is now the missing opportunity for South Africa's national policy process to prepare effective options ahead of the contagion crunch points, developing an adequate response programme well before any of the high-risk disease scenarios take place in real time.



References

City of Tshwane. 2019. Tshwane Homelessness Policy. City of Tshwane: City of Tshwane Metropolitan Municipality.

Cross C & J Seager J, guest eds. (2010) DEVELOPMENT SOUTHERN AFRICA: SPECIAL EDITION ON STREET HOMELESSNESS, 27: 1.

Cross, C; Ndinda, C; Makola, JS; Sello, N. (2020). How labour migration works in the space economy: Labour markets, migration tracks and homelessness as an indicator of failure in Marikana. In L. Bank; Posel, D; Wilson F (eds). Migrant Labour after Apartheid: The Inside Story. Cape Town: HSRC Press.

De Beer, S & R Vally, eds. 2021. FACING HOMELESSNESS: FINDING INCLUSIONARY, COLLABORATIVE SOLUTIONS. Aosis Books, Cape Town.

De Beer, S & R Vally. 2021. 'The visibility of street homelessness during COVID-19: how South African cities responded to homelessness during COVID-19'. In S De Beer & R Vally, eds. FACING HOMELESSNESS: FINDING INCLUSIONARY, COLLABORATIVE SOLUTIONS. Aosis Books, Cape Town.

De Beer, S, and J Hugo. 2021. Homelessness and Covid-19 in the city of Tshwane: research report. University of Pretoria: Pretoria.

De Beer, S. 2020. 'Homelessness IS a housing issue: responding to different faces of homelessness, a City of Tshwane case study'. SOUTH AFRICAN REVIEW OF SOCIOLOGY 54: 56-76.

<https://covid19.who.int/region/afro/country/za> Accessed, 04 August 2023

Ndinda, C., Moolman, B., Adebayo, P., Chimbwete, C., Ngungu, M., Maree, G., Parker, A., Lynch, I. & Shozi, M., (2021). Chapter 5.4. Gender equality. South Africa Covid-19 Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria: June.

Sayeed, U.B. and Hossain, A., 2020. How Japan managed to curb the pandemic early on: Lessons learned from the first eight months of COVID-19. Journal of global health, 10(2).

WHO, 2023. South Africa: Corona Virus Disease.

WHO. 2020. Modes of transmission of causing COVID-19: implications for infection prevention and control (IPC) precaution recommendations. Geneva: World Health Organization. <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

Acknowledgements

The authors are grateful for the contributions and inputs from other members of the research team not listed as authors of this brief. The views expressed herein are those of the authors and do not necessarily reflect those of any other party.

This brief is part of the COVID-19 study on gender and human settlements funded by the HSRC surplus funds.

Authors

Catherine Cross

Independent Consultant

Email: ccross.hsrb@gmail.com

Catherine Ndinda

Research Director

Human Sciences Research Council

Email: CNdinda@hsrb.ac.za