

**COVID-19 and Homelessness: Response of South
African Municipalities during First Wave
of the Pandemic**

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Abstract

The coronavirus is a quintessentially urban pandemic that wreaked havoc in all social settings, from villages to cities. Homelessness can create an ideal environment for the rapid spread of the SARS-CoV-2 within this vulnerable group. The current pandemic has exposed the inaccessibility of healthcare services by those experiencing homelessness. As such, this paper uses an event methodology to examine how (1) local municipalities have responded to homelessness during the COVID-19 pandemic and (2) the extent of the involvement of civil society groups across Cape Town, Durban and

Johannesburg. It also compares each city's policy frameworks and strategies to identify the challenges and successes experienced. Findings suggest that although a cookie-cutter technique does not exist for addressing homelessness during the current pandemic, there are valuable lessons to be learnt such as the use of public-private partnerships with shared responsibility. It is hoped that through the findings of this research, future local, provincial and national homelessness housing policy could avoid the barriers that will arise in addressing homelessness.

Keywords: *Homelessness, COVID-19, Cape Town, Durban, Johannesburg*

1.0 Introduction

The novel coronavirus disease 2019 (hereafter referred to as COVID-19) resulted in a viral phenomenon across China after the local outbreak of pneumonia of originally unknown cause was detected in Wuhan, December 2019 (Dong *et al.*, 2020). As explained in detail elsewhere (Corburn, 2020), the transmission of the virus is by large respiratory droplets that are produced during a conversation, direct contact or by sneezing and coughing. The virus can also be transmitted from person-to-person inhalation of aerosols produced during aerosol-generating procedures (ECDC, 2020). The most common symptoms of the virus include headache, cough, shortness of breath, fever and muscle soreness (Sultan *et al.*, 2020). However, transmission can be greatly reduced through maintaining physical distancing, hand washing with soap and clean water for at least 30 seconds, self-quarantine for 14 days due to exposure, and self-isolation for those showing symptoms.

By March 2020, COVID-19 developed into a global pandemic, with only a few countries having no confirmed cases. More than half of the world's population has experienced severe mobility restrictions, such as the closing of universities and schools from Spring 2020. The first week of July 2020 witnessed over 10 million people affected by the virus and half a million confirmed deaths (The New York Times, 2020). As such, numerous countries have adopted the World Health Organisation (WHO) policy asking their citizens to stay at home to stop the spread of the virus. The global mantra of maintaining social distancing has triggered an economic tragedy due to the global travel bans, lower demand for imported goods and services, and a standstill in economic activities negatively affecting socio-economic conditions (Ma *et al.*, 2020; Cantore *et al.*, 2020, OCED, 2020).

Of note, South Africa's National Institute for Communicable Diseases reported its first confirmed COVID-19 case on the 5th of March, a patient who had earlier travelled to Italy with his partner (SABC News, 2020). Ten days later, the National State of Disaster in terms of the Disaster Management Act 57 of 2002 was declared by the Minister of Cooperative Governance and Traditional Affairs, Dr Nkosazana Dlamini Zuma. On the 23rd of March 2020, with the number of confirmed cases being 402, South African President Cyril Ramaphosa announced the 21-day national lockdown that was initially from midnight, March 26 until midnight April 16¹. To avoid the sharp trajectory that has been witnessed in North America, Europe and Asia, South Africa enforced stringent lockdown restrictions that encourage residents to remain at home. These measures are enforced by the South African Police Service (SAPS) and the South African National Defence Force (SANDF) to prevent citizens from their homes except to seek medical care, grocery shopping or collect social grants. These restrictions imposed by the South African government make housing the number one defence against the pandemic. However, as Farha (2020) insists, the "global housing crisis that pre-dates the Covid-19 outbreak means that staying home is a privilege".

The coronavirus has brought to light the difficulties experienced by people living in informal dwellings or homelessness situations in maintaining the tenets of the virus precautions. In a country with approximately 5,5 million people living in informal settlements, social distancing is almost unattainable (Zamparini *et al.*, 2020). Furthermore, people experiencing homelessness often have pre-existing mental issues such as tri-morbidity. Due to poor sleeping arrangements, lack of nutritious meals, and compromised immune systems, their chances of contracting contagious diseases are quite high. The shared living spaces, with difficulty maintaining physical distancing and over-crowding, are a favourable environment for the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Local municipalities have been tasked with providing safe accommodation to those living in homelessness during the current pandemic. South African published work concerning the COVID-19 has focused on the medical (Schellack *et al.*, 2020) and economic (Bhorat *et al.*, 2020), and although these studies provide valuable research on the

¹ The National Coronavirus Command Council extended the national lockdown by two further weeks i.e. until 30 April.

impacts of COVID-19 on the different fields, research on the responses of the key stakeholders has instead been scarce. As such, this paper aims to analyse the emergency measures taken to protect the people experiencing homelessness in three major municipalities in South Africa. The paper will also explore the extent to which these measures have had intended or unintended discriminatory consequences. Two research questions are asked:

- i. What initiatives have local municipalities implemented to cushion the impact of COVID-19 on those experiencing homelessness?
- ii. What role did key stakeholders play in these initiatives?

2.0 Theoretical Perspective

According to Ornstein (2017), the concept of social justice is based on the Christian doctrine where Jesus cared for the weak, sickly and overly less fortunate. And so, since the early 1920s, social democratic governments in Western Europe have been promoting the view that citizens should all be treated equally with no one 'special' category in the population, especially regarding race, economic and social status. This type of government discouraged inequality, promoted opportunities for poor and working people, argued that the government should regulate the free-market system and that the rich pay higher taxes. In summary, this government reinforced the view that wealth should be redistributed to achieve greater equality among the populace.

Social justice has different meanings to different people primarily due to the historically dependent value system. Therefore, it is essential first to understand the rights people should or currently enjoy and how society could assist the less fortunate. Nevertheless, for this text, social justice is defined as a concept referring to the fair relations between the individual and society so that equal opportunities allow people to participate in a sustainable social market economy. Individuals can participate in this economy if they are genuinely given equal opportunities for self-realisation and be empowered to pursue a self-determined course of life. However, as John Rawls argues, social justice cannot be achieved if justice for one person is allowed to be overridden by the greater good of others.

Several scholars have investigated homelessness through the theoretical lens of social justice. For instance, Ghosh (2020) explored how thousands of people were left homeless in India after a large-scale demolition project implemented by a governing institution. In another

study, Watson and Cuervo (2017) analysed the association between subjectivity, stigma and neoliberalism from the perspective of young homeless women in Australia. A similar study was conducted in South Africa by Mahlangu and Kgadima (2021) with the addition of the theoretical framework of *ubuntu*. A publication by Sadiki and Steyn (2021) focused on the victimisation of those experiencing homelessness in rural and urban regions of South Africa, imposed by those with strong bargaining power.

In this sense, homelessness is understood as the product of neoliberal policies (see O'Farrell, 2019). In essence, neoliberalism is a form of liberalism associated with laissez-faire economic liberalism and free-market capitalism. This ideology views competition whereby it redefines people as consumers whose democratic choices are best seen in the form of buying and selling. This policy form argues that tax and regulation laws should be minimised, promoting the privatisation of public services and individual responsibility. The increase in homelessness and rough sleeping has seen an increase in the marginalisation and denial of basic human rights to those in these circumstances for the sole purpose of capitalist gain. This is because homeless people are often seen as a threat to the invigorating of the urban space, thus, sidelining the several calls to the 'right to the city' and social justice.

3.0 Methodology

This paper uses the event methodology to answer the main research questions raised. Due to the research questions raised at the beginning of the current study, event methodology was found to be suitable due to its ability to examine the positive and negative impacts of the event over a specific period. Three metropolitan municipalities were chosen for this study due to being the country's three largest and most populated municipalities: Cape Town, Durban and Johannesburg. Secondary sources such as published articles, newspaper articles, and YouTube videos were used to track the Covid-19 and the municipalities' responses (or lack thereof) regarding those living in situations of homelessness. Data is drawn from the following media publications from the beginning of South Africa's stringent lockdown measures in March until September 2020 to answer the research questions. Official reports, academic papers, documents and attending webinars were used to supplement the media publications.

4.0 Results

4.1 Cape Town

As Africa's first epicentre of the coronavirus and leading global tourist destination, Cape Town accounted for 60% of South African cases by the end of May. The strict yet necessary regulations assisted in slowing down the spread of the virus; however, Cape Town has been accused of continuously ignoring the needs of the low income and minority groups such as those living in homeless conditions.

The city chose the Strandfontein Sports Ground to temporarily house 1500 people (with an unidentified number of women on site) experiencing homelessness during the lockdown. Eight large tents were built in the open fields and managed by NPO Service Providers; however, the place is heavily guarded, with people only allowed to leave the camp if they can prove they have a home to live in. Cape Town Mayor Dan Plato argued that some of the campers were previously using substance drugs and are experiencing withdrawal syndromes that make them violent. Little to no support for drug-dependent people has been a great concern for health officials; however, partnerships with different NGOs have meant these people have been somewhat provided with the symptomatic medication. The media interviewed several homeless people, and all agree on one thing: they would instead take their chances on the street than be in the shelters.

The Democratic Alliance-run city has been criticised by the public, questioning why the homeless cannot be placed in existing buildings that the Municipality owns. However, according to the city, these buildings have been identified as emergency venues for medical, isolation and quarantines emergencies (Kiewit, 2020). After the ward councillor of the area publicly stated that he was unhappy due to not being informed of the operational plan, the city argued that there was no time for public participation as it only had three days to come up with shelters to accommodate its 6000 homeless people. Opposition parties critiqued the city for having one area as temporary shelter as unsustainable and 'wrong' as localised areas would have been beneficial. However, city argues that the area was chosen due to existing infrastructure such as water, fences and electricity. This temporary shelter was closed down in May due to various complaints, such as several violations of international humanitarian standards. As such, the homeless were displaced into other areas across the city, such as the Muizenberg District. The city continued

to get the heat as the district argued that the city dumped a small group of homeless people in the park with no water, ablution and proper shelter services available to them. The city responded by arguing that they returned the homeless to the communities they came from. Certain groups have chosen to be relocated to existing, prefabricated shelters by the city.

According to the draft court order by the Western Cape High Court on 21 May, the city was authorised to house 96 (instead of the 178 the city ‘dropped’) homeless to the expanded Culemborg Expansion Site no later than 31 May; however, due to connection utilities taking longer than anticipated, the site opened at the beginning of July. Thus, people were provided with domed tents and mattresses to camp outside this site. The homeless people in this site claimed that whilst in Strandfontein, they contacted a COVID-19 positive person in a 178-shared tent, but the city only had space to quarantine 33 people. This facility is amongst the third safe spaces opened, offering multiple programmes such as substance abuse intervention, employment skills and strengthening family ties. What sets these spaces from traditional shelters is that they act as a transitional facility for people willing to change and better their lives. Currently, the site can only house 96 homeless but without the social distancing measures, can accommodate more than 200 with blankets, vitality packs, three meals a day and mattresses are provided to the homeless (Hyman, 2020).

Although the city of Cape Town eventually decentralised the camp into smaller shelters, the repatriation process could have been better integrated and collaborated with civil society organisations with appropriate knowledge and experience in the different fields. The utopian Strandfontein camp sold to the vulnerable people by the state was wrapped in deceit and lies with promises of meals, social distancing, sleeping areas and especially safety. The dystopian reality was harsher with the street-based people continually issued with veiled threats by law enforcement, relocation from familiar environments to an unsafe campsite and continued exposure to the risk of contracting the virus compared to living on the streets. The poor decision-making and lack of planning to house the vulnerable groups by the city of Cape Town spoke volumes (Jenkins, 2020).

4.2 Durban

On 27 March, 1200 homeless people were processed at the Durban Exhibition Centre by the Municipality in collaboration with the various NGOs in the city when only 800 were expected. This number increased to 1704 by the end of April. Health screening and testing were conducted before the people were allocated by gender and state of health. Durban has currently 12 buildings, temporary shelters and camps to house those experiencing homelessness, including Albert Park, YMCA, Moses Mabhida Stadium, Denis Hurley Centre and Durban Jewish Club outer fields. The location of these sites was carefully selected to not, firstly, displace people to the unknown territory of the city, and secondly, it had to be open, outdoor areas where people did not feel contained.

By mid-May, the eThekweni Municipality was starting to see the benefits of their programs, with City Mayor Councillor Mxolisi Kaunda providing an account of some of the successes of the programs, which included reuniting 30 people with their families during the interprovincial period, continual use of strollers building to house approximately 200 women, those women with great talent in beadwork and sewing were identified and planned to establish the skills development program to assist those with grade 12 and post grade 12 qualifications. Furthermore, the emergency shelters in the city has managed to run the most extensive and successful drug withdrawal program in South Africa, termed the Withdrawal Management Programme, which is run by a private psychiatrist, Durban University of Technology professor and public health specialist from Advance Access and Delivery (Hansen, 2020). Out of the 260 recovering from whoonga, 80 have joined the recovery program that offers them methadone with the remaining receiving symptom packs to assist in their withdrawal symptoms. Moreover, those who had defaulted on ARVs, TB medication and chronic medication have been re-initiated. This program has been supported by various NGOs that also support in providing group therapy and psycho-social counselling.

According to NGOs in Durban, it took just three days for the city to achieve what the NGOs attempted to achieve for over three years. Limited resources are the main challenge that civil society groups in Durban are facing, and while 'red tape' and slow response rate are the main limitations of the city; however, after realising that their mandates were similar, both parties started working together to deliver service at a much faster pace. What made the partnership that much smoother was

the eThekweni Multi-Sectoral task team that was established in early 2019. It comprises of 13 representatives from academia, private sectors, NGOs, the homeless community itself, and municipal officials whose main objective is to provide relevant recommendations to the Municipality regarding the issue of homelessness. So, when the lockdown started, the city did not seem to scatter around for shelters, food hampers, etc.

However, Durban was also not without any issues. In the beginning, some problems arose in some shelters due to the late arrival of items such as blankets and food, which frustrated the people. As Raymond Perrier from the Denis Hurley Centre explains, when people's freedoms and liberties are taken away, retaining a form of routine reassures them and reduces the chances of them wanting to leave the camp. An example of violence breaking out was in Albert Park, where whoonga addicts destroyed tents and refused to co-operate, but the retaining of a feeding scheme meant a reduction in such issues. Also, informal leadership and site management usually deal with problems before they could escalate. It is important to note that those entering the camps did so at their own will and could leave as they deemed fit. However, security in the different camps was increased to prevent those who had signed out from returning to the camps as they posed a risk to those still in the camps. The main challenge experienced by the homeless people was applying for the R350 grant (available by the state to assist those unemployed) as most of them did not have identity documents.

With the nation on level three (01 June to 17 August), the city had closed down majority of their shelters, with 1800 homeless being moved to three permanent shelters. The residents are allowed to leave during the day and return before the curfew (22:00 to 04:00) with a harm-reduction centre already set up by the city as part of its post-pandemic plans for those experiencing homelessness. Amongst the initiatives implemented by several NGOs and faith-based organisations was the Basic Computer Skills Development training course operated by NPO Sakhisizwe Community Project. The program saw 55 homeless people completing the training that could land them a typing job or work in an internet café. Despite these success stories, the maladministration of COVID-19 funds by 'covid-preneurs' by the Municipality has since been exposed, with calculations showing that the city spent approximately R45 000 per homeless person sleeping in a tent in 100 days. An average of R67 million has allegedly been spent on providing the homeless with marquees, blankets, health units and temporary staff. Due to the

pandemic, normal tender processes were bypassed, which meant several items were purchased under Section 36 supply management protocols (Rondganger, 2020). Ironically, NGOs who have mostly provided the food, majority of the health care and specialist accommodation did so from the R1,6 million raised through private donors (Pillay, 2020).

4.3 Johannesburg

The evening of the first day of the lockdown saw 13 Metrobus leave the city of Joburg for the two YMCA shelters (3 Kotze Overnight shelter and Governors House Assessment Centre) after the NGO contacted the City offering shelter to house the homeless. However, as news spread of the newly opened sites, the number of the homeless drastically increased, causing a shortage of food (amongst other items) and the security on site. Proving this, unlike the large scale, high-occupancy strategy that the city of Cape Town had initially adopted, the Johannesburg Metropolitan Municipality opened several smaller recreational camps that proved to be easily managed. Some of these sites were schools with hostel facilities. Some shelters have also been opened during this pandemic that non-profit organisations run. According to NPO Mould Empower Serve (MES), there are over 15 000 homeless people in Johannesburg who, under normal circumstances, have limited shelters to sleep in, especially in metropolitan cities. Since the lockdown, the city claimed that approximately 1800 homeless people had been accommodated.

Doctors with Borders (MSF) have investigated several temporary homeless shelters in Cape Town, Tshwane and Johannesburg and found that many of these shelters are in destitute conditions with poor infection and prevention control. Initially, acting Gauteng Social Development MEC Panyaza Lesufi had argued that the homeless would not be forced into shelters; this later changed when regulations mandated that anyone refusing to be evacuated from any place during the lockdown may be evacuated by a law enforcement official. Despite alleged police brutality and colder winter, many homeless people in the city still chose to return to the streets than stay in the government shelters. One of the main reasons for this is drug withdrawal symptoms which often manifest themselves into violence. Secondly, the homeless complained that the shelters were overcrowded with little to no hygienic care and not enough food for all (Green, 2020). The city admitted the shortcomings of the shelters at the beginning of the lockdown but has since worked with

several civil society groups in the city to deliver services faster while adhering to the social distancing measures.

One of the sites used was the Windsor West Assessment Centre, and through the tremendous support from the immediate and adjacent wards- the centre could accommodate 60 homeless men who were reduced to 40 after the opening of other sites. Warm blankets, non-perishable food and toiletries were the main items donated by shopping centres community and residents association groups. The homeless were actively involved in domestic duties such as cleaning, cooking and gardening (Blignault, 2020). Some of the temporary camps had closed down due to the homeless returning to recycling work when the country eased down the restrictions.

5.0 Discussion

Compared to the other two cities, Durban has been praised for having a higher collaboration with the civil organisations, faith-based organisations and Municipality from the beginning of the lockdown. Before the lockdown restrictions, the city used to ask the NGOs not to feed the homeless, but in a statement released after the lockdown announcement, the city pleaded for donation in the form of non-perishable goods, amongst other items. In Cape Town, poor hygiene and social care, human rights violations and various complaints from civil society groups, opposition political parties and residents in the Strandfontein shelter had caused weeks-long controversy, which eventually led to the decommissioning of the shelter. Civil society groups in Cape Town ran multiple safe spaces and shelters to assist the homeless.

The South African National Homeless Network submitted a letter to the President requesting a ban on evictions during the pandemic lockdown (Evans, 2020). As such, one of the lockdown regulations prohibited the executions of attachment orders and all evictions during alert levels 4 and 3 as evictions may put vulnerable people at risk of contracting and then transmitting the coronavirus. After the lockdown restrictions, South Africans left unemployed and homeless had resorted to building informal homes in new settlements with strikingly apposite names, such as Corona Village and Covid (Reinders, 2020). Although homelessness results from numerous reasons, for this paper, it was only those who have been living in temporary shelters or makeshift shelters that were investigated. Various municipalities across the country,

including the three chosen case studies, have continued to evict residents despite the stringent lockdown regulations. In South Africa, land invasion is illegal. However, once someone builds a house on that land, law enforcement agencies are required to get a court order to remove them. In Johannesburg, evictions were conducted in informal settlements without court orders and, after that, the City was found to have acted unlawfully by the South Gauteng High Court in Johannesburg (Manyane, 2020).

Similarly, the City of Cape Town has been found to have violated the lockdown eviction moratorium by the Western Cape High Court with videos circulating where law enforcement beat a naked man and destroyed his shack (Serebrin, 2020). The parties involved, including the national government, agreed that evicting people with their dignity intact should be upheld not to reminisce the apartheid ruthless evictions. In a spin of events, despite Durban being a best practice for providing and including the homeless, the City has violated the moratorium on evictions. Led by the Anti-land invasion unit, approximately 900 shack dwellers in three settlements have been affected within some instances, live ammunition shot at the community member (Draper, 2020). The Durban High Court dismissed the shack dwellers movement (Abahlali baseMjondolo) application to interdict the City to continue demolitions. Although COVID-19 knows no status, income or class, it is the most vulnerable groups in society that are the most affected. South Africa was the first country in the continent to move the homeless into stadia and later to recreational parks to reduce the spread of the virus. Municipalities have been largely criticised for the treatment of these minority groups, and although there is always room for improvement, South Africa has been relatively proactive in providing shelter and testing and screening to the homeless as compared to the rest of the African continent. Despite the slow pace of service delivery in the temporary camps by the municipalities, it may not be denied that thanks to the coronavirus, a measure of dignity have been instilled in those who have been waiting for an opportunity to finally clean their lives. The positive interventions to curb the spread of the virus by different stakeholders have been welcome; however, it is a shame that it took a deadly virus for governments to remember the less fortunate and minority groups such as those experiencing homelessness. Currently, South Africa does not have national and provincial policies that aim to tackle homelessness. South African Municipalities require a comprehensive approach to addressing homelessness in cities. Access to clean water, toilets, safe spaces and

continual substance abuse programs are just some of the plans that should be incorporated into municipal strategies.

If there is one positive lesson South Africans have learnt during this pandemic, it is the spirit of *Ubuntu* (loosely translated into compassion) has not died. The *umuntu ngumuntu ngabantu*, translated to a person is a person through other people, played a vital role in decreasing stigma, depression and self-blame in South Africa as patients are less likely to avoid health care centres for fear of discrimination by medical staff and community members. The civic-mindedness and generosity of local and international people have meant that more people are on the ground and providing food to those less fortunate. Although initially civil society organisations, faith-based groups, 3-tiers of government and individual donors were working in silos, the realisation that they all had a similar target and goals meant resources were pooled, and much great impact was made. Despite religion, race and class differences, the role, spread and scale of these groups showed that a remarkable change is possible with tolerance and cooperation. Some of these initiatives have declined due to a reduction in funding even though the need still exists.

5.1 Recommendations

The current study had two important implications for municipalities in South Africa. First, a glaring policy gap exists where the municipalities do not protect those experiencing homelessness. Thus, priority needs to be given to these people, especially during the current pandemic, as they are more likely to be at a greater risk of contracting the virus due to the unsafe living conditions that increase the possibility of outbreaks (Banerjee and Bhattacharya, 2020). And finally, it is essential to note that municipalities do not put themselves in power but rather are democratically elected by South African citizens. This means that people often vote for political parties after reviewing the different policies they would like to implement once elected. Thus, to solve the issue of homelessness on a massive scale, NGOs, faith-based organisations, and bottom-up changemakers have to start raising awareness about homelessness in the municipalities so to build the empathy of the community members (i.e. reduces public opposition), which would then put pressure on the governments to address this matter.

6.0 Conclusions

South Africa remains the most affected African country by COVID-19 with 3 695 175 confirmed cases and 99 725 related deaths as of 14 March 2022. The limiting but essential regulations instituted by the South African government were in a bid to ‘flatten the curve’. Of particular importance to this paper was Regulation Section 11D (Republic of South Africa, 2020), which mandated the state to create and identify temporary shelters for those experiencing homelessness and to provide temporary sites for quarantine and self-isolation to those without the means. This study did not look at all the municipalities' responses towards homelessness during the COVID-19 pandemic. It was, however, to look at the reaction of three local municipalities on homelessness: Cape Town, Durban and Johannesburg. Both good and bad lessons exist that each Municipality can learn from each other, although it is important to note that no one-fits-all approach exists. However, only by starting at the root causes of homelessness, such as the lack of a concrete policy plan, can South Africa begin to address social injustices of the contested space.

7.0 References

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