



BRIEFING NOTE

IMPACT OF COVID-19 AND ITS PREVENTION MEASURES ON HOMELESS PEOPLE IN UKRAINE

16 June 2020

Summary

People living in homelessness face a high risk of contracting COVID-19, and are disproportionately affected by COVID-19 response measures. OHCHR/HRMMU's monitoring of the human rights situation of homeless men and women indicates that their access to healthcare services has been further limited due to the pandemic. Often, they do not have access to COVID-19 testing and treatment and are not provided with face masks and sanitiser. Because of the quarantine, persons living in homelessness have lost their already limited access to shelter, food, water, hygiene and sources of income. In many cases, the closure of railway and bus stations have left persons living in homelessness without shelter and access to water for drinking and hygiene purposes, essential during a pandemic. The closure of waste recycling facilities that served as a source of income for many homeless people across the country, and the closure of markets and the suspension of construction and the work of many small businesses removed one of the rare opportunities homeless people had to make a living or ask for food. OHCHR/HRMMU is further concerned that social services for homeless people are unevenly spread across Ukraine because they depend on the good will and funding of local authorities. In six regions of Ukraine, there are no municipal shelters for homeless people. In one region, the shelter opens only in winter. In four regions, municipal shelters for homeless people do not accept new people due to the quarantine and, in three regions, homeless people have delayed and restricted access healthcare services for the mandatory medical examination required by the shelters to be admitted. In one region, the municipal shelter accepts only homeless men, excluding the women from receiving shelter. Although the shelters have taken measures to prevent the spread of COVID-19 through frequent disinfection, the provision of personal protection equipment for staff and residents and limits on movement outside the shelter, often they do not have sufficient space within the premises to allow for self-isolation of newly arrived persons.

OHCHR/HRMMU calls for the Government to guarantee effective access of homeless women and men to medical testing and adequate medical assistance, as well as information on the pandemic and prevention measures; to ensure that homeless women and men in all regions of Ukraine have access to shelter, clean water and hygiene, food and livelihood opportunities, and are free from violence and abuse, in accordance with the recommendations of international bodies.

Introduction

1. OHCHR/the UN Human Rights Monitoring Mission in Ukraine (HRMMU) has been monitoring the human rights situation in Ukraine since its deployment in 2014,¹ in line with the realization of the 2030 Agenda for Sustainable Development and UN commitment to leave no one behind. Amidst the global COVID-19 crisis, HRMMU has been assessing the human rights impact of the pandemic as well as the authorities' response, specifically on the rights of individuals and groups in marginalized and vulnerable situations.
2. Persons living in homelessness are particularly vulnerable to the pandemic because they cannot self-isolate and ensure their hygiene, the key mechanism of prevention, due to lack of housing and sanitation facilities. Homeless people face additional risks due to health conditions that are often caused by a life of deprivation, lacking shelter and sufficient nutrition. Their situation is exacerbated as they frequently face discrimination in accessing healthcare services. People living in homelessness are also disproportionately affected by COVID-19 prevention and mitigation measures because they are often informally employed and cannot access social security which requires a valid identity document and residence registration. As a social group, homeless people often suffer from discriminatory and biased treatment by authorities and society and face extreme forms of violence, hate crimes and vilification. Homeless women and LGBTI persons are often at increased risk of different forms of discrimination and lack of safety, including sexual and gender-based violence (SGBV). During the pandemic, these forms of discrimination may be further aggravated.
3. This note aims to highlight concerns that have emerged or are exacerbated as a result of the pandemic, and to make recommendations for addressing these concerns and mitigating risks related to the pandemic.² This note exclusively covers the Government-controlled territory of Ukraine.³
4. Between 1 April and 14 May 2020, HRMMU conducted 53 interviews with representatives (25 men, 28 women)⁴ of municipal centres and non-governmental actors (including religious charities, civil society organisations (CSOs) and volunteers) providing social services to homeless persons, including food, shelter, hygiene, healthcare, restoration of identity documents and reintegration into social life, in all regions of Ukraine.

¹ HRMMU was deployed on 14 March 2014 to monitor and report on the human rights situation throughout Ukraine and to propose recommendations to the Government and other actors to address human rights concerns.

² The note focuses on the human rights situation of homeless men and women. HRMMU recognises that there are also boys and girls living in homelessness, however, their situation is beyond the scope of this note.

According to Government data, 19,636 children were identified as living or working on the street. See Consolidated V and VI Periodic National Report on Ukraine's Implementation of the Convention on the Rights of the Child (2011-2017), Kyiv 2018, para. 291,

https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/UKR/INT_CRC_INR_UKR_6748_E.docx.

The UN Committee on the Rights of the Child in its Concluding Observations on Ukraine from 2011 raised concerns about 'the high number of children in street situations' and 'the limited availability and accessibility with respect to social services for the protection and social reintegration of children in street situations, including to clothing, accommodation, health care and education', and the lack of rehabilitation centres for children abusing drugs. See UN Committee on the Rights of the Child, Concluding Observations: Ukraine, 3 February 2011, para. 75-76,

http://www.un.org.ua/images/stories/docs/2012/UN_CRC_ConcludingObservations_Engl.pdf.

³ Territory of the Autonomous Republic of Crimea, and the city of Sevastopol, Ukraine, temporarily occupied by the Russian Federation, as well as territory controlled by self-proclaimed 'Donetsk people's republic' and 'Luhansk people's republic' are not covered in this note.

⁴ Due to COVID-19 quarantine measures, interviews were conducted via phone or online.

Background

5. There are no reliable statistics on the overall number of men and women living in homelessness in Ukraine due to the difficulty of registering and counting. The data collected by the government counts only the number of people who receive services for homeless people.⁵ The data is not disaggregated on the basis of gender, age, disability, ethnicity and other characteristics. Policy responses, especially during a crisis, should take into account those who are not covered by government statistics. CSOs estimate that the numbers in Kyiv vary between 5000 and 40,000⁶ and about 200,000 in Ukraine.⁷
6. According to the Ministry of Social Policy of Ukraine, social protection facilities in Ukraine have the capacity to provide shelter to 1600 persons. This figure is well below the 21,700 homeless persons counted by the local authorities in 2019.⁸ The real demand for shelter may be many times higher given that not all homeless persons apply for services and that there are cities, towns and regions in Ukraine which do not offer services that register and count homeless people.
7. At the same time, as a result of COVID-19 related amendments to the 2020 State Budget, state funding for different housing programmes has decreased and co-funding for the affordable housing programme was terminated.⁹
8. Homelessness is an extreme violation of the rights to adequate housing and non-discrimination and often also a violation of the rights to life, security of person, health, protection of the home and family and freedom from cruel and inhuman treatment.¹⁰ According to the United Nations Special Rapporteur on adequate housing, homelessness is

⁵ According to the Law of Ukraine ‘On the basics of social protection of homeless people and children without shelter’ adopted in 2005 to ensure reintegration of homeless people into society as equal members, such services include restoration and issuance of identity documents (Art. 8), temporary shelter, social, healthcare, legal, education and rehabilitation services (Art. 17). Закон України ‘Про основи соціального захисту бездомних осіб і безпритульних дітей’ (Відомості Верховної Ради України (ВВР), 2005, № 26, ст.354), <https://zakon.rada.gov.ua/laws/show/2623-15>. According to the Ministry of Social Policy of Ukraine, in 2019, 33-000 homeless persons were provided social services in Ukraine. See <https://www.msp.gov.ua/news/18677.html>.

⁶ Тамара Балаева, ‘Сука жизнь. Во время карантина тысячи разнорабочих в Киеве стали бездомными [Suka Zhizn. During the quarantine thousands of handy persons in Kyiv became homeless]’, *Liga.net*, 23 May 2020,

https://project.liga.net/projects/homeless_quarantine/?fbclid=IwAR09tXVub8WUO6Xwf_7qspIFkUeUcyMGNrUCG7B6Woe7wv-8Uj0QDzk8u8; Ирина Стасюк, ‘У Києві нараховують більш як 20 тисяч бездомних людей [There are estimated over 20,000 homeless people in Kyiv]’, *Hmarochos*, 26 February 2020, <https://hmarochos.kiev.ua/2020/02/26/u-kyievi-narahovuyut-bilsh-yak-20-tysyach-bezdomnyh-lyudej/>.

⁷ ‘Минсоцполитики насчитало 16 тысяч бездомных. Активисты - вдесятеро больше [Ministry of Social Policy counted 16,000 homeless people. Activists counted ten times more]’, *Ukrinform*, 21 January 2016, <https://www.ukrinform.ru/rubric-society/1949185-minsocpolitiki-nascitalo-16-tysac-bezdomnyh-aktivisty-vdesatero-bolse.html>.

⁸ Ministry of Social Policy of Ukraine, *Інформація про результати роботи у 2019 році. Реінтеграція бездомних осіб, соціальних патронаж осіб, які відбули покарання у виді обмеження волі або позбавлення волі на певний строк [Information about the results of work in 2019. Reintegration of homeless persons, social patronage of persons who served punishment in the form of limitation or deprivation of freedom for a certain period]*, 20 May 2020, <https://www.msp.gov.ua/news/18677.html>.

⁹ See UNHCR, Legislative Update, April 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2020_04_legislative_update_eng.pdf.

¹⁰ Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, 30 December 2015, para.4, http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/31/54.

defined by three dimensions.¹¹ First, homelessness is the absence of home that includes ‘both the absence of the material aspect of minimally adequate housing and of the social aspect of a secure place to establish a family or social relationships and participate in community life’. Second, homelessness is ‘a form of systemic discrimination and social exclusion’ because the lack of a home leads to “a social identity through which “the homeless” is constituted as a social group subject to discrimination and stigmatization’. Third, homeless people are also rights holders who are resilient in the struggle for survival and dignity.

9. Homelessness affects children, women, men, older persons, persons with disabilities and displaced populations for different reasons.¹² They may include the loss of caregivers, poverty, isolation, domestic violence, different forms of discrimination, including based on sexual orientation and gender identity, lack of work and livelihoods, conflict provoked displacement or economic migration.¹³ Homelessness is ‘caused by the interplay between individual circumstances and broader systemic factors’. On the one hand, homelessness may be caused by ‘psychosocial disabilities, unexpected job loss, addictions or complex choices to become street-connected’. On the other, homelessness results from the failure of governments to ensure greater economic equality, including access to affordable housing, gender equality, and social protection that takes into account individual circumstances.¹⁴
10. States have a duty to adopt and implement strategies to eliminate homelessness.¹⁵ These strategies must contain clear goals and timelines and must set out the responsibilities of all levels of government and of other actors for the implementation of specific, gender-sensitive, and time-bound measures, in consultation with homeless people, ensuring a gender-balanced representation, and with their participation. This will require the adoption of a national housing strategy which, as stated in paragraph 32 of the Global Strategy for Shelter, “defines the objectives for the development of shelter conditions, identifies the resources available to meet these goals and the most cost-effective way of using them and sets out the responsibilities and time frame for the implementation of the necessary

¹¹ Ibidem, par.17.

¹² According to the study ‘The Social Portrait of Homeless People’ conducted by the Centre for Prospective Social Studies upon the commission of the Ministry of Social Policy of Ukraine in 2012, 65 per cent of surveyed homeless adults were men and half of the male respondents were over 46 years old. The women were represented in all age groups. The interviews conducted for this study also confirm that an overwhelming majority of homeless people are men, while the interviewees also mention that they witness a growing number of young persons falling into homelessness. Among the respondents, 14 per cent reported having a disability, over 12 per cent suffering from alcohol addiction and nearly four per cent reported having a psychiatric illness. In 2012, homeless people were mostly persons with secondary education and employed as manual labor workers or handymen. See Олена Давидюк, ‘Бездомність в Україні: причини та тенденції’, *Політичний менеджмент* 1-2, 2013 [Olena Davydiuk, ‘Homelessness in Ukraine: causes and trends’, *Political Management* 1-2, 2013], http://ipiend.gov.ua/wp-content/uploads/2018/08/davyduk_bezdomnist.pdf; Scientific research Institute of Labour and Employment of Population of the Ministry of Social Policy of Ukraine and the National Academy of Sciences of Ukraine, *Соціальний портрет бездомного в Україні (Звіт НДР за 2012 р.)* [*The Social Portrait of a Homeless Person in Ukraine*], <http://ipzn.org.ua/wp-content/uploads/2015/06/Sotsialnyj-portret-bezdomnogo-v-Ukrayini-Zvit-NDR-za-2012-r.pdf>.

¹³ According to the survey of homeless people conducted in 2012, family reasons such conflicts in the family (24.5 per cent) and divorce (14.5 per cent) stood behind homelessness in Ukraine in 2012. The second reason was imprisonment (18.3 per cent) followed by loss of property due to unlawful operations with housing (10.4 per cent), addiction and being an orphan (each 4.5 per cent), sale of one’s housing after a job loss (3.7 per cent), migration (3.1) and catastrophes and disasters (2.9). See Давидюк, 2013 [Davydiuk, 2013].

¹⁴ Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, 30 December 2015, par. 28.

¹⁵ Ibidem, par.49.

measures”.¹⁶ States must combat discrimination, stigma and stereotyping of homeless people as a matter of urgency and provide legal protection from discrimination because of social and economic situations, which includes homelessness.¹⁷ States should prohibit evictions that render individuals homeless and should increase measures to prevent domestic violence and have adequate protection measures for victims in place, including measures to remove perpetrators from the house and issue restraining orders, sufficient domestic violence shelters and, where necessary, measures for economic support. Every decision or policy should be consistent with the goal of the elimination of homelessness.¹⁸ States have a firm legal obligation to regulate and engage with non-State actors, including business entities and CSOs, so as to ensure that all of their actions and policies are in accordance with the right to adequate housing and the prevention of homelessness and amelioration of the situation of homeless people.¹⁹ States should also ensure access to effective remedies against homelessness.

11. The International Covenant on Economic, Social and Cultural Rights (ICESCR), establishes obligations of the State parties to take appropriate steps to ensure the realization of the right to an adequate standard of living, including the right to housing (Art. 11). In its Concluding observation on the seventh periodic report on Ukraine issued in April 2020, the Committee on Economic, Social and Cultural Rights (CESCR) recommended the Government of Ukraine to develop and effectively implement a human-rights based national strategy on housing, and, to this end, collect disaggregated statistics, especially on the housing situation of groups and individuals in vulnerable situations.²⁰ It also recommended to take targeted measures to address the gender-specific challenges faced by internally displaced women, such as by improving the provision of affordable social housing.
12. In addition to its obligations under international human rights law to create conditions for the realisation of an adequate standard of living, including access to adequate housing, Ukraine is committed to the implementation of the Sustainable Development Goals (SDGs), such as SDG 1 on eradicating poverty, which includes access to social protection and basic services; SDG 2 on ending hunger, which includes access by all people, in particular the poor and people in vulnerable situations to safe, nutritious and sufficient food; SDG 3 on access to healthcare; SDG 5 on elimination of all forms of violence against women and girls, on equal access to economic resources and on the promotion of gender equality; SDG 6 on access to water and sanitation; SDG 10 on reducing inequalities, which includes social and economic inclusion and adequate social protection; and SDG 11 on sustainable cities and communities, which includes access to adequate, safe and affordable housing.²¹
13. The Law of Ukraine ‘On the basics of social protection of homeless people and children without shelter’ adopted in 2005 defines homelessness as ‘a person’s social status due to

¹⁶ See Committee on Economic, Social and Cultural Rights, General Comment No. 4 (1991) on the right to adequate housing, para 12; Concluding observations of the Committee on Economic, Social and Cultural Rights on Canada (E/C.12/CAN/CO/4 and E/C.12/CAN/CO/5).

¹⁷ See Committee on Economic, Social and Cultural Rights, General Comment No. 20 (2009) on non-discrimination in economic, social and cultural rights, para. 35.

¹⁸ Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, 30 December 2015, par.49.

¹⁹ Ibidem, para.49. See also Committee on Economic, Social and Cultural Rights, General Comment No. 24 (2017) on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities.

²⁰ Concluding observations on the seventh periodic report of Ukraine, CESCR, E/C.12/UKR/CO/7, 2 April 2020.

²¹ See Ministry of Economic Development, Trade and Agriculture, Sustainable Development Goals: Ukraine – 2017 Baseline Study, http://www.un.org.ua/images/SDGs_NationalReportEN_Web.pdf.

the lack of any housing intended and suitable for living’ and a homeless person as ‘a person who is in a social situation of homelessness’.²² Homeless persons include persons with and without shelter. A person without shelter is an adult who lives on the street, in parks, basements, common premises of residential buildings, attics, unfinished construction sites and in other places, not intended and suitable for living, including residential premises in emergency condition’.²³

14. The law also stipulates that central and local executive bodies and local self-government bodies within their powers shall organise work on prevention of homelessness, social protection and reintegration into the society of homeless persons and oversee the activities of entities providing services to homeless persons (Art. 18). Local self-government bodies and local bodies of the executive are also responsible for the registration of homeless persons at their place of residence or stay (Art. 7). Social protection institutions for homeless people are established by local executive bodies and local government bodies, citizens associations, religious organisations, enterprises, institutions, organizations regardless of ownership, and individuals, in accordance with the needs of the region (Art. 19). In parallel, the Law on Local Self-Government delegates to the executive bodies of villages, settlements, city councils the powers of the government to organise the provision of social services to homeless persons and to implement measures aimed at preventing homelessness in accordance with the law (Art. 34).²⁴ This implies that local governance bodies may receive state payments for the exercises of these delegated powers.
15. The Law of Ukraine ‘On Social Housing’ establishes the responsibility of local self-government bodies to form a social housing fund, including construction of new housing, and creating social dormitories (Art. 3 and 9). The law also stipulates that temporary shelters for adults are established and maintained at the expense of local budgets as a public property belonging to the community (Art.15).²⁵
16. The Law of Ukraine ‘On Social Services’ that entered into force in January 2020 envisages the provision of basic social services by local executive bodies and local self-government bodies, including by united territorial communities established in the course of decentralization reform. Social services are to be provided to persons and families who belong to vulnerable groups and/or who are in a difficult life situation with homelessness being one of the criteria. There are 17 basic social services, including the provision of shelter, social integration and reintegration, consultation, in-kind assistance, social accompanying and interest representation (Art 16.6). Funding for social services comes from state budget and local budget funds, special funds, funds of enterprises, entities and organisations, payment for social services, charities and other sources not forbidden by law (Art. 27).²⁶ The Government of Ukraine still has to adopt a number of regulatory acts to enable the implementation of the law.

²² Закон України ‘Про основи соціального захисту бездомних осіб і безпритульних дітей’ [Law of Ukraine on the Basics of Social Protection of Homeless Peoples and Children Without Shelter] (Відомості Верховної Ради України (ВВР), 2005, No. 26, ст.354), <https://zakon.rada.gov.ua/laws/show/2623-15>, Art. 2.

²³ Ibidem.

²⁴ Закон України ‘Про місцеве самоврядування в Україні’ [Law of Ukraine on Local Self-Government] (Відомості Верховної Ради України (ВВР), 1997, No. 24, ст.170), <https://zakon.rada.gov.ua/laws/show/280/97-вр>.

²⁵ Закон України ‘Про житловий фонд соціального призначення’ [Law of Ukraine on Social Housing] (Відомості Верховної Ради України (ВВР), 2006, No. 19-20, ст.159), <https://zakon.rada.gov.ua/laws/show/3334-15>.

²⁶ Закон України ‘Про соціальні послуги’ [Law of Ukraine on Social Services], 2671-VIII, від 17.01.2019, <https://zakon.rada.gov.ua/laws/show/2671-19>.

Issues of concern

1. Right to health

“Eighty per cent of homeless people do not have identity documents. The healthcare reform process does not envisage access to a family doctor without an ID. This needs to be solved. There should be a mechanism for homeless people [to access medical care] and it should be clear who pays for them.” – Director of a municipal centre for homeless people in Western Ukraine

17. The right to health is enshrined in article 25(1) of the Universal Declaration of Human Rights and article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which Ukraine ratified in 1973. Article 2(2) of the Covenant specifies as an overarching principle that State parties must guarantee that all the rights established therein will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
18. The COVID-19 crisis exposed the discrimination faced by homeless people in access to healthcare. Given that a majority of homeless people do not have a valid identity document, according to HRMMU’s interviewees, they cannot sign a formal agreement with a family doctor²⁷ and as a result, they cannot access medical examinations and tests, including COVID-19 testing, and access specialists.²⁸ Even when homeless people reside in municipal shelters there is no mechanism for the payment of healthcare services for them, and their treatment depends on the good will of medical staff or the personal connections that social protection staff have with doctors at local clinics. Homeless people can only count on emergency medical aid if they call an ambulance. Ambulances bring patients to hospitals only when they have severe symptoms of COVID-19. However, unlike other people, homeless people cannot receive treatment outside medical establishments. Even if they stay in shelters, shelters cannot treat them because they do not have a doctor and medicine.
19. Out of 28 shelters whose representatives were interviewed by HRMMU, only three municipal shelters in Ivano-Frankivsk, Kherson and Lviv and one CSO-run shelter in the Lviv region reported having rapid COVID-19 tests. Several interlocutors complained that homeless people diagnosed with pneumonia were not tested for COVID-19. In Zhytomyr, a resident of the shelter for homeless people was hospitalised with a confirmed case of COVID-19, however, neither other residents nor staff were tested because there were not enough tests in the city. The shelters also risk the health of their staff and other residents as few have space to isolate a person who is suspected of having COVID-19.
20. Hospital staff also often refuse to admit homeless people due to existing bias towards them in society, including among healthcare workers. Some interlocutors recounted cases when medical staff in the admission halls of hospitals persuaded or deceived homeless people into

²⁷ Since 2018, as a part of healthcare reform in Ukraine, the newly established institution of family doctors is the entry point to receive basic healthcare services. Each individual wishing to receive healthcare services must sign a formal agreement (‘declaration’) with a family doctor of their choice. This agreement remains in force until the individual decides to change his or her family doctor.

²⁸ According to the survey of stateless persons and undocumented persons conducted by the non-governmental organisation (NGO) Right to Protection, 92 per cent of them did not have a family doctor, of which 43 per cent said that they had been denied the signing a declaration with a family doctor due to lack of an identity document. See Right to Protection, *Access of Stateless Persons to Medical Care during COVID-19 and Assessment of the Economic and Social Impact of the Lockdown Measures*, May 2020, https://r2p.org.ua/wp-content/uploads/2020/05/covid-19_report_eng.pdf?fb.

signing a voluntary refusal from hospitalisation. The *de facto* absence of free universal healthcare is another factor that effectively bars homeless people access to health care due to their lack of sufficient financial resources. Homeless people, as all other patients in Ukraine, need to pay for medicines, medical exams and their own meals in hospitals. Only very basic medicines and aid are sometimes provided for free. A shelter staff member in the Donetsk region complained that their client was hospitalized only after the director of the centre personally intervened with the management of the hospital. In Poltava, a resident of a shelter for homeless people with a confirmed diagnosis of pneumonia and high fever was not hospitalised. The ambulance refused to take him because he was intoxicated.

21. Homeless people also have difficulties in accessing identity documents, impacting their ability to access healthcare. While many centres for homeless people help them to obtain identity documents, they are still liable to pay 400 UAH (\$15) to issue the identity card. There is no mechanism for exempting homeless people from the fee, or for local authorities or charities to pay for an ID directly. Unless homeless people can earn this money or private individuals are ready to pay for their identity card, homeless people are not able to access healthcare, except for emergency care.
22. Homeless people accommodated in shelters receive reliable information about COVID-19 prevention. However, many more are living on the street and have more precarious access to reliable information, including on quarantine measures that affect their lives. In several regions, local authorities and organisations have distributed leaflets about COVID-19 through social patrols of municipal social workers or volunteers to address this issue.
23. Homeless people cannot afford personal protection equipment (PPE). While shelters provide face masks to their residents, HRMMU's interviews showed that municipal shelters lacked PPE for their staff and residents and contactless thermometers. Many shelters reported insufficient stock of disinfectant. Shelters fully rely on donations from volunteers and charities for these supplies.
24. Although as a rule, shelters have a nurse who can provide temperature screening and basic medical examinations during the pandemic, there is no medicine available for homeless people. In Rivne, for example, according to a staff member, the municipal centre for homeless people has a monthly budget of 1.3 UAH (\$0.04) per person for medication. Thus, the shelter relies on sponsors to help them obtain medication.
25. Due to the strain placed on the healthcare sector due to the pandemic, hospitals have been releasing people before they have fully recovered to continue their treatment and recovery at home. For people living in homelessness, this means that they cannot continue treatment. The reduced availability of healthcare services have particularly affected homeless people with other medical conditions, such as tuberculosis (TB), HIV, sexually-transmitted infections and skin diseases. Several interlocutors complained that due to the closure of TB treatment centres, homeless people with TB were not able to continue their treatment. In Rivne, police brought a person with an open form of TB staying in a tent where homeless people can warm themselves up to a TB treatment centre, but the centre refused to admit the person due to the quarantine. Interlocutors in three regions (Rivne, Ivano-Frankivsk and Odesa) reported that homeless people have delayed or restricted access to medical examinations that are necessary before their admission to shelters due to the lack of available doctors and services or significant cuts in reception hours.

2. Access to shelter and emergency housing

“Homeless people are on the edge of survival during the pandemic because the only places where so many homeless people could stay, at least for a night, were the railway stations. In addition, they could earn money for food by collecting cardboard or glass. The waste reception points are now closed. Public premises are closed, hostels and shelters either do not accept people or accept only a limited number. The night temperature sometimes drops to -4°C.” – Volunteer helping homeless people in Kyiv

26. The Universal Declaration of Human Rights, article 25 (1), states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and 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.” The ICESCR also recognises the right of everyone to social security (Article 9), and to an adequate standard of living, including adequate food, clothing and housing (Article 11(1)). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also recognizes the obligation to eliminate discrimination against women in access to social security (Article 11(1)(e) and other areas of economic and social life (Article 13). The right to social security includes social assistance schemes, such as non-contributory targeted schemes where benefits are received by those in a situation of need.²⁹ Social protection for homeless people constitutes a part of social assistance measures.
27. Social services for homeless people that include shelter, food, assistance in obtaining identity documents and seeking employment are unevenly spread across Ukraine because their availability depends on funding from local authorities. In six regions (Luhansk, Kyiv region, Ternopil, Vinnytsia, Zakarpattia and Zaporizhzhia), local authorities have neither established shelters for homeless people, nor provided any funding to shelters run by citizens’ associations or religious organisations. In Lutsk, the shelter financed from the city budget operates only during the winter months. In Mykolaiv, the municipal shelter only accepts men. In four regions (Kharkiv, Khmelnytskyi, Kirovohrad and Sumy), municipal shelters for homeless people did not accept new people during the quarantine.³⁰ Some shelters run by charities and religious communities available in several regions have also stopped accepting newcomers due to the risk of COVID-19 infection (for example, in Dnipro, Zaporizhzhia, Kyiv city).
28. Due to a lack of space in most centres, only a few centres were able to designate premises for newcomers to self-isolate. The majority introduced COVID-19 prevention measures such as temperature screening, increased disinfection, use of face masks and requesting their clients not to go out without a need. In a positive development, many municipal shelters that previously hosted homeless people only over night (so called ‘night stay centres’) have allowed their clients to stay during the day and cooperated with local

²⁹ Committee on Economic, Social and Cultural Rights, General Comment No. 19 (2008) on the right to social security, E/C.12/GC/19.

³⁰ In Kharkiv, for example, the municipal centre for homeless people had 60 persons during the quarantine with the capacity to host 110. About 30-40 persons asked for shelter during the quarantine but were refused due to the lock-down. Similarly, in Sumy, the municipal shelter can accommodate 60 persons, however, hosted only 21 persons and had to reject about 20-30 applicants requesting shelter.

charities, businesses and citizens to provide additional meals to their clients given that they have fewer opportunities to earn an income during the quarantine.

29. In the cities with shelters for homeless people, there has been a notable gap between the supply and demand of shelter and food during the quarantine. For example, an estimated 5000 to 40,000 homeless people live in Kyiv, while the city can only accommodate 150 persons in the municipal shelter and feed 300 people on the street.
30. In several regions, local authorities and CSOs cooperate closely in providing shelter to homeless people. In Cherkasy, Chernihiv, Chernivtsi, Poltava and Zhytomyr, for example, social protection facilities are run by CSOs and funded by local authorities. In some regions, CSOs, religious organisations and informal volunteer groups provide assistance to homeless people, including shelter, without support from the local authorities.
31. A good example was noted in Sumy and Lviv, where the local authorities, in response to COVID-19, increased funding for municipal shelters to provide meals for their residents. In Kyiv city, the authorities covered the cost of stays (10 UAH – approx. \$0.40) in the municipal homeless shelter. However, in Kherson, the planned funding for the shelter was reduced as a result of the COVID-19 response. In Chernihiv, expected funding for the expansion of the shelter was suspended as part of COVID-19 response measures.
32. HRMMU interlocutors estimate that the number of homeless people who continue living on the streets is much higher than that of those accommodated in shelters, either due to the unavailability of shelters, or due to their alcohol addiction, which prevents them from staying in a shelter given that there is a rule of non-consumption. With the closure of railway and bus stations, especially in big cities such as Kyiv, they have lost access to places where they could temporary sleep overnight. Several interviewees also stated that many homeless people, especially in Kyiv, lost access to cheap accommodation such as hostels due to the loss of income during the quarantine.
33. HRMMU interviews also showed that as a rule, local authorities offered homeless people with disabilities or older homeless persons accommodation in long-term care institutions only once all the documents necessary to prove their disability status or eligibility for a pension had been issued. However, during the quarantine, transfers to long-term care facilities have been suspended. The interviewees also pointed out that there are insufficient rehabilitation centres where homeless people with alcohol and drug addiction can be accommodated and treated for free.
34. Numerous interlocutors around Ukraine reported that many persons have become homeless due to the social and economic consequences of the quarantine.³¹ Being informally employed outside their home regions, they lost their jobs, could no longer pay rent and could not get back to their homes due to the suspension of intercity transport and other restrictions on freedom of movement. In addition, there were cases where prisoners released during the quarantine could not return to their homes due to the suspension of public transport.

³¹ The interviewees could not give the estimates. One CSO estimated there were thousands in Kyiv only. See Тамара Балаева, 'Сука жизнь. Во время карантина тысячи разнорабочих в Киеве стали бездомными [Suka Zhizn. During the quarantine thousands of handy persons in Kyiv became homeless]', *Liga.net*, 23 May 2020, https://project.liga.net/projects/homeless_quarantine/?fbclid=IwAR09tXVvB8WUO6Xwf_7qspIFkUeUcyMGNrUCG7B6Woe7wv-8Uj0QDzk8u8.

3. Right to water and hygiene

“Many homeless people do not have access to water, necessary for drinking, not even speaking about water for hygiene purposes...They have started asking for water in huge quantities. I don’t remember that before they asked for ordinary water. There are very few fountains with drinking water iin the streets.” – Volunteer providing help to homeless people

35. While the ICESCR does not expressly refer to the right to water, the Committee on Economic, Social and Cultural Rights clarified that the right to drinking water and sanitation is part of the right to an adequate standard of living.³²
36. HRMMU is concerned about the critical situation of access to water and personal hygiene for homeless people that are not in shelters throughout Ukraine. Since the closure of railway and bus stations, public canteens, and other public places, they have lost their already limited access to water, necessary for drinking and hygiene purposes. For example, in Kyiv where the estimated number of homeless people vary from 5000 to 40,000, several hundred homeless people are staying near the central railway station with no access to running water and toilets due to its closure. Homeless women who menstruate are in an even more difficult and distressing position than homeless men in the absence of accessible sanitary facilities and menstrual hygiene products, which may also increase infection risks for women.³³
37. The situation is especially aggravated in the cities and regions that do not have public water pumps. While homeless people who stay in the residential areas of Kyiv may have access to the public water pumps for drinking water, they still lack access to public toilets and shower facilities.
38. The absence of access to clean water and sanitation results in the deterioration of the health of homeless people and significantly increases the risk of catching an infectious disease. In Kyiv, interlocutors reported that the lack of access to water facilities during the COVID-19 crisis led to an increase in cases of lice, scabies and infections of small wounds among homeless people.

4. Access to food and livelihood opportunities

“Many homeless people say they have already begun to feel hungry and have fears which they did not have before. These phenomena cause panic in most homeless people, confusion or aggression.” – Charity DePaul Ukraine in Kharkiv

39. The right to an adequate standard of living that includes the right to adequate food is guaranteed by Article 11.1 of ICESCR. This right was also specified as indivisibly linked

³² Committee on Economic, Social and Cultural Rights, General Comment No. 15 (2002) on the right to water, para. 3.

³³ OHCHR, COVID-19 and Women’s Human Rights: Guidance, 15 April 2020, https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf.

to the inherent dignity of the human person and is indispensable for the fulfilment of other human rights.³⁴

40. According to many interlocutors, the COVID-19 pandemic and related quarantine restrictions have had a dramatic impact both on the work opportunities of homeless people and their access to food as well as food aid provided by charities and volunteers. Before the pandemic, homeless people had some livelihood opportunities such as collection of waste for recycling, unofficial and temporary jobs or by asking for help on the streets. Homeless men are often hired as handymen on construction sites, at markets and in farms. Homeless women work as cleaners, kitchen assistants in cafes, and agricultural workers. When many businesses, including recycled waste collection centres and markets, suspended their activities in March 2020, many homeless men and women lost their income.³⁵ In addition, homeless people are unable to reach those businesses which are still operating, due to the suspension of public transport.
41. According to HRMMU interlocutors, the majority of homeless people lack valid identity documents and residence registration, which impedes their access to official employment and social security, including age and disability pensions and unemployment benefits. As a consequence they have not been able to rely on this source of income during the pandemic.
42. Therefore homeless people have found themselves critically dependant on food aid provided by municipal centres for homeless people, CSOs and volunteers. In some cities, volunteers and CSOs continue providing food and hygiene products for homeless people on the streets, however, a number of homeless people were not able to access this help due to the public transport restrictions.³⁶
43. The COVID-19 crisis also negatively affected some charities and CSOs providing support to homeless people. Many public canteens where homeless people received free meals, including those run by religious communities and charities, were closed to meet the quarantine rules, or due to decreased funding.³⁷ On a positive note, many organisations providing aid to homeless people also praised the charity of ordinary citizens, businesses and temporary support from local authorities.³⁸ With few exceptions, municipal centres for homeless people do not receive state or local funding to provide meals to homeless people who stay in them, or provide them only once per day.
44. Even before the quarantine, it was more difficult for homeless women to find employment compared to homeless men. According to interlocutors from Kyiv, homeless women also become victims of violence by homeless men who take their food and warm clothes.

³⁴ See Committee on Economic, Social and Cultural Rights, General Comment No. 12 (1999) on the right to adequate food, E/C.12/1999/5.

³⁵ The suspension of the construction works where homeless people worked previously was mentioned by interlocutors from Kyiv and Donetsk region. An interlocutor from Kharkiv spoke about the closure of cafes and restaurants where homeless women worked previously. In Mykolaiv, homeless people used to work at local farms and were unable to travel to reach them because of the suspension of public transport.

³⁶ For instance, in Kyiv homeless people, who are located in different areas of the city, are not able to reach places where food is distributed due to limitations on public transport.

³⁷ A charity in Lviv, for example, reported decreased revenue from a charity shop. As a result, they became more dependent on donations. In other regions, due to the closure of businesses, corporate donations have decreased.

³⁸ In Kyiv, social patrols consisting of social workers of the municipal shelter for homeless people and volunteers provide meals to about 300 homeless people near railway stations on a daily basis. In Ivano-Frankivsk, the city authorities gave funding to the NGO *Caritas* to provide meals to people on the street. In Vinnytsia, the City Department of Social Services and the NGO *Flame of Hope* provide meals to homeless people.

5. Acts of violence and hate speech

“Homeless people are expelled from places where they gather without being given an alternative. They are threatened they’ll be taken to the forest and left there if they refuse to comply with self-isolation rules. Warm clothes brought by volunteers is taken away from them, physical force is applied. And all this is done by the authorities (local police).” – Volunteer from Kyiv

45. The prohibition of discrimination in exercising human rights is guaranteed in several international documents, including Article 26 of ICCPR and Article 2 of ICESCR. Individuals and groups of individuals must not be arbitrarily treated on account of belonging to a certain economic or social group within society.³⁹
46. In the majority of regions, interlocutors reported that police tends to cooperate with shelters and CSOs and refers homeless people on the streets to them. However, HRMMU is concerned about alleged police violence towards homeless people in Kyiv. Numerous interviewees in Kyiv reported that police expelled homeless people gathering near public places such as railway stations, subway passages, churches and monasteries. One interviewee also mentioned that Kyiv Municipal Guard⁴⁰ expels and beats homeless people calling them criminals. HRMMU interlocutors also raised concerns that the requirement to carry an identity document when outside puts homeless people at risk of being subjected to administrative liability.
47. HRMMU is also concerned about hate speech directed towards homeless people or organisations supporting them during the pandemic. In an article prepared by an online media outlet on the issue of homelessness in Kyiv published on 4 May, the Director of the Department of Social Policy of the Kyiv City State Administration presented homeless people as social parasites and blamed civil society organisations for ‘overfeeding’ them during the quarantine. In one region, the leader of a CSO providing support to homeless people and representatives of other vulnerable groups faced a smear campaign from other CSOs when her COVID-19 diagnosis became public. The interlocutor believes that the fact that her organisation works with homeless people, people living with HIV and TB and people using drugs may have led to a bias against her and the organisation during pandemic. Because of this smear campaign, in mid-April the organisation decided to stop delivering antiviral medication to their clients with HIV and TB living in the region due to the fear of attacks against their social workers. HRMMU reiterates that any degrading or hate speech is unacceptable, as it may lead to further stigmatization and discrimination against groups in vulnerable situations, and calls the public authorities to abstain from such speech and condemn its use.

³⁹ Committee on Economic, Social and Cultural Rights, General Comment No. 20 (2009) on non-discrimination in economic, social and cultural rights, para. 35.

⁴⁰ The Kyiv Municipal Guard is a non-governmental entity founded in February 2017 to “ensure public order and protect the state border of Ukraine”. With the outbreak of the pandemic in 2020, it was tasked by a commission under the Kyiv city authorities to assist in enforcing public order during the quarantine in Kyiv.

Conclusions and recommendations

“I think that the authorities should start telling the truth about why these people are on the street and who they are. They are orphans who are not provided with housing after their graduation from boarding schools. They are people whose apartments have been taken illegally. They are lonely older persons. They are people in need of psychological help and rehabilitation. But the media portray these people as alcoholics and parasites.” – Volunteer from Kyiv

48. Persons living in homelessness have faced disproportionate health risks and have been negatively affected by measures taken to contain the COVID-19 pandemic in Ukraine. OHCHR/HRMMU’s monitoring of the human rights situation of homeless people indicates that their previously-restricted access to healthcare services has been further restricted due to the pandemic. They rarely have access to COVID-19 testing and treatment or face masks and hygiene items. During the quarantine, many persons living in homelessness have lost their already limited access to shelter, food, water, hygiene and sources of income. OHCHR/HRMMU is further concerned that social services for homeless people are still lacking in many regions, cities and towns, where there is a demand. In six regions of Ukraine, there are no municipal shelters for homeless people. In four regions, municipal shelters for homeless people did not accept new people during the quarantine. In three regions, admissions to shelters were impeded because homeless people could not access mandatory medical examination needed to be permitted into the shelter. Homeless women and homeless LGBTI persons are at risk of facing additional gender-related discrimination, including SGBV.
49. In order to address the negative impact of the pandemic and mitigate relevant threats, HRMMU calls the Government of Ukraine, regional and local authorities to:
- Declare municipal and charitable organisations that provide support to homeless people as well as to victims of domestic violence as essential services, and remove obstacles for their work, so they may continue their operations during the quarantine, and increase funding to them.
 - Conduct regular and comprehensive collection of data disaggregated by age, gender, disability status and other characteristics, to identify the main root causes of homelessness and needs of homeless people that would help design better policy responses. Such data should also include surveys of the number of homeless people who are not covered by the providers of social services.
 - Design policy responses in consultation with homeless people and groups and individuals who provide services to them.
 - Include specific objectives and outcomes related to prevention and elimination of homelessness in the National Human Rights Strategy and devise specific activities and indicators, including those aimed at expanding housing programmes and social services for homeless people in the respective Action Plan.

On the right to health

- Provide homeless people with access to adequate medical treatment and testing for COVID-19.

- Ensure that homeless people have access to non-COVID-19 related healthcare, including to sexual and reproductive health services.
- Ensure that persons without a valid identity document have full access to healthcare during and after the pandemic. Quickly react to suspected COVID-19 cases by testing staff and residents of shelters for homeless people and introduce regular testing for social workers who provide support to homeless people.
- Increase social patrolling by appropriately-trained personnel on the streets to provide homeless people with up-to-date and reliable information on COVID-19 prevention and quarantine measures and direct them to places where they can access shelter, water, sanitation and health services.

On access to shelter and housing

- Provide clear guidance on the operation of shelters for homeless people during the pandemic in line with World Health Organisation (WHO) norms and recommendations and ensure that no one is left behind during the quarantine.
- Establish social protection facilities for homeless people in those regions where there are none, to provide shelter and other social services, taking into account the particular gender-based needs of women, men and LGBTI people. Extend the work of shelters open in the winter to the entire year. Provide additional funding to existing shelters to meet the increased demand for their services. Provide social protection facilities for homeless people with capacities to provide assistance to people with disabilities.
- Ensure that women, children and youth who may need to leave a household due to domestic violence do not fall into homelessness and are provided with adequate alternative accommodation that ensures their safety and provides access to water and sanitation, food, social support, psychological, legal and health services, including sexual and reproductive health, and testing for COVID-19. Specific measures should be established for women and girls who cannot be admitted to shelters based on possible infection to ensure that they can be quarantined safely.
- Prevent individuals from becoming homeless due the loss of their accommodation during the pandemic and for a reasonable period thereafter (e.g. through prohibition of evictions, including from dormitories and other temporary housing, rent freezes, social security and employment protection measures).
- Adopt a national housing programme that aims to address the issue of housing for homeless people and prevent persons in vulnerable situations from falling into homelessness.
- Allocate funding for housing programmes, including co-funding schemes for construction of social housing.

On the right to water and hygiene

- Establish points with access to water, soap, hygiene items and information on available social services in different neighbourhoods of urban centres. Increase the number of free hygiene facilities.

- Provide shelters with sanitary facilities which comply with WHO norms and recommendations and ensure they are regularly disinfected and stocked with PPE, hygiene items, including menstrual hygiene products, soap and sanitiser.

On the access to food and livelihood opportunities

- Undertake all possible efforts to restore access to sources of income and jobs for homeless people, including assistance in seeking employment and at a work place and relevant training.
- Remove administrative barriers to speed up the process of restoring identity documents for homeless people, in particular, by repealing the requirement to apply for an identity document with the State Migration Service department in the area of the residence registration of the applicant; and ensure that they receive new identity cards free of charge.
- Facilitate access to pensions and social security payments to homeless people without residence registration.

On prevention of violence and hate speech

- Take measures to prevent cases of violence and discrimination against homeless people by the police, other state or local authorities and individuals.
- Investigate allegations of police violence against homeless people and, if confirmed, bring perpetrators to account.
- Condemn acts of hate speech towards homeless people and individuals and organisations supporting them.

Annex. Best practices of COVID-19 responses protecting homeless people⁴¹

1. COVID-19 voluntary testing and treatment:

- a. In Slovakia, the Government introduced nation-wide testing of clients of social services facilities and homeless people in mid-April. In the city of Trnava, the Fire and Rescue Service and the Regional Public Health Office conducted COVID-19 tests for homeless people. In the city of Košice, a comprehensive screening of the health condition of homeless people and testing for COVID-19 took place in May. In cooperation with the Ministry of Defence, businesses and NGOs, the Bratislava city authorities built a quarantine space with container houses for homeless people waiting for the results of testing and for homeless people with confirmed infections who did not need hospitalisation.
- b. In Portugal, the municipalities of Porto and Oeiras announced testing of all homeless people, while in the island of Madeira testing for COVID-19 took place in temporary shelters and in new accommodation premises designated for homeless people.
- c. In Budapest, Hungary, city authorities introduced and financed COVID-19 testing of all service users and workers providing care for homeless people starting from mid-April.
- d. In Denmark, testing of homeless people for COVID-19 took place in hostels and day centres and through mobile teams. Care centres and hostels were designated for homeless people who had tested positive for COVID-19. The Capital Region of Denmark deployed a bus that usually tests people for TB to test people living on the streets for COVID-19.
- e. In Brussels, Belgium, homeless people accommodated in hotels and shelters have been given access to medical care provided by the regional homelessness agency and over 2000 persons have been tested for COVID-19.
- f. In the United Kingdom, the National Health Service and the NGO *Médecins Sans Frontières* transformed a budget hotel in east London into COVID-CARE, a treatment centre for homeless people with suspected or confirmed cases of COVID-19.

2. Access to shelter and emergency housing:

- a. In Belgium, the regional government of Brussels released some €7 million to strengthen day and night care services for homeless people, accommodate homeless people diagnosed with COVID-19 and ensure health monitoring for them. Agreements were reached with ten hotels to accommodate homeless people, including one hotel designated for women surviving gender-based violence. Overall, over seven hundred beds were made available to ensure emergency housing for homeless people in the Brussels region. Three places with 260 beds were established to accommodate homeless people diagnosed with COVID-19, with nursing and medical support, and possible referral to a

⁴¹ OHCHR/HRMMU is grateful to FEANSTA, the European Federation of National Organisations Working with the Homeless, for sharing information used in this annex. The annex also draws on relevant information gathered from open sources.

hospital if their symptoms worsened. The European Parliament together with the NGO *Samu-social* accommodated 100 homeless women, many of them survivors of gender-based violence, in one of its buildings in Brussels.

- b. In the Czech Republic, the Prague City Council paid hotels to accommodate homeless people in empty rooms, and provided them with food and hygiene items. This pilot programme has been extended until 2021 to give time to prepare a post-pandemic plan to provide housing and other social services for homeless people.
- c. In Budapest, Hungary, city authorities created new emergency accommodation for 221 people, including in a newly-opened emergency night shelter in a former youth hostel building. In addition, 20 container houses were also established next to a day centre for homeless people. The city authorities also provided a public entity dealing with homeless people 71 apartments for one year to provide accommodation. Due to the opening of these new accommodation facilities, the number of homeless people sleeping in shared rooms was reduced, allowing for greater distancing and the relocation of older persons and persons belonging to high risk groups to safer accommodation. In large dormitories, mobile walls were placed in rooms between the beds to allow for greater isolation. Additional rooms for people with COVID-19 symptoms were organised and extra beds will be made available in unused buildings in case of an increase of COVID-19 infections among homeless people.
- d. In France, the Government allocated an additional €50 million to accommodate homeless people during the COVID-19 crisis. As a result, over 150,000 beds became available for homeless people, including over ten thousand in various hotels. Ninety-five accommodation centres with a potential capacity of 3500 beds were established for the isolation of homeless persons infected with COVID-19. The Cannes city authorities turned the pavilion of its world-famous film festival into an emergency shelter for homeless people with access to meals and showers.
- e. In Austria, Italy and Denmark, winter emergency shelters remained opened in the spring.
- f. In Copenhagen, Denmark, new emergency shelters and a care centre for homeless people who test positive and need to isolate were established. The Copenhagen city authorities also provided funding to civil society organisations working with homeless people to accommodate homeless people sleeping on the streets, in particular those with social and mental health problems, in regular hotel rooms.
- g. In Barcelona, Spain, the city authorities created additional accommodation for homeless people by concluding agreements with the providers of short-term rental holiday apartments, and transforming a major conference centre into an emergency shelter, increasing the total bed capacity to 2100 places. Similar measures were taken in Madrid. The Madrid city authorities also plan for a post-COVID-19 response, paying particular attention to permanent housing solutions and homeless women. The winter programme for homeless people will be turned into a full-year programme in 2020.

- h. In Athens, Greece, during the pandemic the city authorities opened two accommodation centres, one for homeless people, and another one for those using drugs, with an intention of keeping them operational in the post-pandemic period.
- i. In Canada, Ireland, the Netherlands, Portugal, the United Kingdom and the United States, the authorities allocated funds to create emergency housing and shelters for homeless people during the COVID-19 crisis.

3. Access to food:

- a. In Bratislava, Slovakia, the city authorities through social workers and NGOs distributed cooked food and packages containing water, alcohol-based sanitiser, soap and face masks to homeless people.
- b. Similarly, in Spain, social service mobile units distributed food, drinks and hygiene kits containing soap, paper tissues and alcohol-based sanitiser to homeless people on a daily basis. These units also provided information on prevention measures, measured body temperature and offered additional guidance/orientation when necessary.

4. Water and hygiene:

- a. In Bratislava, Slovakia, the city authorities gave social care providers for homeless people disinfectant and face masks, while police distributed face masks among homeless people on the streets.
- b. In Helsinki, Finland, day centre services remained open to enable access to showers and laundry for homeless people.
- c. In Brussels, Belgium, the showers of a public swimming pool were made accessible for homeless men and women on different days twice a week. In the Belgian city of Mons, homeless people were accommodated at a football stadium, where they also had access to showers.