

## **The Initiative of Sheltering Homeless Male Children During COVID 19:A Paradigm of Social Accountability of Gezira University, Sudan**

Mohamed Taha Yousif El Amin<sup>1</sup>, Mohamed Elimam Mohamed<sup>2</sup>, Sami Mahjoub Taha<sup>2</sup>, Alaa Mohamed<sup>3</sup>, Inshirah Mustafa<sup>2</sup>, Baderldin Elsonni Abdalla<sup>2</sup>.

1. University of Gezira ,Faculty of Agricultural Sciences
2. University of Gezira , Faculty of Medicine
3. University of Gezira, Faculty of Applied Medical Sciences

**Correspondence:** Sami Mahjoub Taha –. Email [samimahj@gmail.com](mailto:samimahj@gmail.com)

### **Abstract:**

Due to the rapid outbreak of COVID-19 pandemic and the resultant economic constrains, different social and health services in low income and low-middle income countries have witnessed a decline in the health delivery standards, and increase in the costs. Social distancing has become the frontline defense against the corona virus spread. In the combat for this pandemic, a lack of access to adequate housing is a potential hazard for people living a homelessness for having the disease and puts the broader population at continuous risk. The homeless children in Sudan have always been overlooked, because of the strenuous economic crises; the authorities assigned to bear this problem are exhausted not only because of devaluation of Sudanese currency but also the inherited wrecked system of all social welfare program. In this context, the University of Gezira addressed the housing needs of homeless children on an urgent and priority basis by procurement of an emergency accommodations for the homeless children to ensure the practicality of physical distancing, self-isolation, quarantine and other health recommendations issued by the World Health Organization including water/sanitation, food, social and psychological supports, health services and testing for COVID-19 (according to the national policy). By doing such good initiative we can ensure their equal protection against the virus and the protection of the broader population. The result was 100% of the homeless children

accommodated by the University of Gezira with no clinical suspicion for COVID-19 throughout the first three months pandemic period. The partnership in health delivery during health crises would rather provide more opportunity for optimal management of this crises.

**Key words:** homeless children, COVID19, Gezira, initiative

## **Background:**

Our definition of the homeless youth included people younger than 25 years of age who are “living in extreme poverty, and whose lives are characterized by the inadequacy of housing, income, health care supports and importantly, social supports that we typically deem necessary for the successful transition from childhood to adulthood”.<sup>(1)</sup> The street youth population based on shelter use is likely underestimated.<sup>(2)</sup>

Homeless people experience a wide range of illnesses and injuries to an extent that is much greater than that experienced by the population as a whole. First of all, health problems themselves, directly or indirectly, may cause or contribute to a person becoming or remaining homeless. Homeless youth face incredible challenges in maintaining their health and well-being. The WHO’s Social Determinants of Health stresses that economic and social conditions shape the health of individuals and communities.<sup>(3)</sup>

According to Sudanese Juvenile Law (1983), a vagrant is boy or girl under 18 years who is vulnerable to delinquency, homeless or unable to show himself/herself. They are considered vagrants if they spend the night on the street, abandon their parents, guardians, engage in begging, prostitution or immorality, or if they associate with suspected criminals<sup>(4)</sup>

The street child population has also been categorized into two overlapping groups: i) off-the-street children, who are children having no contact with family and hardly ever return home and ii) on-the-street children, who often sleep at home but are based on the street during the day.<sup>(5,6)</sup> This is a concern because they also bear a greater disease burden.<sup>(7)</sup> Their vulnerability on the streets places them at high risk of experiencing health problems. Many factors have been identified to contribute to their vulnerability to poor health. However, engaging this population in health research has been shown to present unique challenges such as participant enrolment and ethical issues.<sup>(8,9)</sup>

People experiencing homelessness are at risk for infection during community spread of COVID-19. This interim guidance is intended to support response planning by emergency management officials, public health authorities, and homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

COVID-19 is caused by a new coronavirus. We are learning about how it spreads, how severe it is, and other features of the disease. Transmission of COVID-19 in the community could cause illness among people experiencing homelessness, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among homeless service provider staff.<sup>(10)</sup>

The University of Gezira is socially responsible and responsive and is on the way to becoming fully socially accountable in certain aspects. The faculty of medicine educational program was found to be well-planned and well-implemented, demonstrating an impact on the community and active participation in health-system development in the local area.<sup>(11)</sup>

### **Methodology:**

The University Vice Chancellor assigned a highly specialized committee to assemble a safe protected environment for the homeless children during the pandemic.

The terms of reference for this committee were:-

Defining, enumeration of the homeless children groups, propose locations of sheltering available in town and arranging the methods of gathering them.

Doing a pilot dash quick survey as an estimation method for the magnitude of the problem including the census, age and sex.

Estimation of the legislation for hosting and the prerequisites in terms of money, administration, supervision, education and accommodations.

Longevity, continuity and patronage procedures.

Proposed family gathering and rehabilitation.

Management of suspected cases and concurrent illnesses.

**Sheltering process:**

The children were localized and contacted by a shared team formed by the University and non-governmental organization (NGO) called Streets heroes which is a charitable initiative that helps the streets children. The committee donated one large new added premise to the homeless children in the best settlement area in the best location . stretch over a thousand meters square in the vicinity to the all services and the downtown. The steps of the process were as follows:

The team illustrated to the children the difficulties of the time period and the necessity for being accommodated in a safe place as a measure of protection.

A number of 37 children agreed initially to be sheltered by the University.

The committee addressed the University administration to donate one of its newly added facilities ( Ibrahim Alkashif's Hall) to accommodate the children which was suitable enough to facilitate health services, social distancing, rooms capacities, sanitation and personal spacing.

A complete medical examination was performed for all the candidates including history taking, physical examination, laboratory investigations, COVID-19 testing if needed (according to Sudan national policy) and psychosocial assessment.

Food, sanitation, cloth and other daily needs were provided to the children by some local NGOs and initiatives through the University.

A specialized team was assigned by the committee to assess the children with a history of substance abuse namely (Silisione) which is an affordable bike tires adhesive substance used commonly by the homeless people in Sudan as an addictive sedative. This substance as per recommendation of the team is being distributed in small increments by the supervisors to the addicted children for two reasons, the first is to ensure their continuing stay and avoidance of leaving the shelter looking for it and the second reason as a measure of monitored gradual withdrawal. The social counseling and treatment are run by several specialists.

A rehabilitation program was initiated by specialized psychologists and social therapist for the children as a method of re-union them with their families.

The result a high degree of settlement and satisfaction among the children were recorded by the committee after a series of interviews and group discussions. The children invited their peers and 13 more children are now accommodated by the University initiative.

Several clinical conditions were treated and the hygienic stratum is supervised

regularly. Silisone tapering is accomplished successfully in the majority of children. No COVID-19 infection was recorded throughout their stay. Now there is a collateral social care for education, family gathering and skills training to get them back to the community. The very good coordination with both ministry of health and the social affairs to maximize the outcome of this initiative.

### **Discussion:**

COVID-19 pandemic hit Sudan early March 2020 with the first cases reported in Wad Medani, Gezira state in mid-April. An emergency platform consisting of University of Gezira, State Ministry of Health, doctors committee and many other different authorities was formed to control the spread of the novel pandemic.

The partnership between the University of Gezira and the Ministry of Health – Gezira State extends for several decades , it projects the best model of effective collation for health, as the partnership in health care should addresse acceptable and appropriate resident’s needs. In common practice, the partnership is a degree of integration which depends on the nature and the purposed aim .the key features are;-

- 1) Communication;-each involved entity should be well informed about the action.
- 2) Co-ordination;-the partner can work separate but each other’s action should always be coordinated.
- 3) Collaboration;-the partners should cohesively work together.
- 4) Integreation;-though they are the partners but they still should work together as one agency.

Emerging from its social responsibility mission and abiding to the partnership with the health system, the University of Gezira stated the necessity to ensure the provision of adequate housing for homelessness children. By acknowledging this medically high-risk population which faces disproportionate health challenges and high rates of respiratory illness, increasing their susceptibility to disease, including the novel virus. Meanwhile the homeless children during the pandemic are at higher risk of both getting infected and transmitting the infection to their peers and the community, they are also more vulnerable to suffer from hunger and malnutrition because of the generalized lockdown of the stores, restaurants and marketplaces where they usually get their daily meals. Putting all together the

University of Gezira devoted one of its facilities and other resources to accommodate the homeless children during the pandemic to ensure safety and provide access to water/sanitation, food, social, psychological supports, health services and testing for COVID-19.

**Future of this initiative;**

There is a joint committee between the stakeholders to address the continuity of help for those children and the thinking of broad project to be led by the involved bodies in the Gezira State Government to fund and to shoulder this initiative.

**References:**

1. Gaetz S. Backgrounder: Who are Street Youth? Toronto: York University; 2009. [Google Scholar]
2. Canada Mortgage and Housing Corporation . Environmental Scan on Youth Homelessness. Ottawa: Canada Mortgage and Housing Corporation; 2001. [Google Scholar]
3. The World Health Organization . The Social Determinants of Health. Denmark: World Health Organization; 2003. [Google Scholar]
4. RAPID operational Care and Scientific Services Survey – 2001 – Street girls in Khartoum State.
5. Kaime-Atterhög W, Ahlberg BM. Are street children beyond rehabilitation? Understanding the life situation of street boys through ethnographic methods in Nakuru, Kenya. *Child Youth Serv Rev* 2008;30:1345-54. [Google Scholar]
6. Glauser B. Street children: deconstructing a construct. In: James A, Prout A, eds. *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood*. Oxford: Routledge Falmer; 1990. pp 138-56. [Google Scholar]
7. UNICEF. The state of the world’s children, 2012: Excluded and invisible: United Nations Publications Report No. 9280639161. [Google Scholar]
8. Boakye-Boaten A. An examination of the phenomenon of street children in selected communities in Accra-Ghana. Degree Diss., Ohio, University, USA; 2006. [Google Scholar]
9. UNICEF. The state of the world’s children, 2011: Adolescence, an age of opportunity. Available from: [http://www.unicef.org/publications/index\\_57468.html](http://www.unicef.org/publications/index_57468.html).
10. Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People.
11. Elsanousi M, Khalafalla O, Ali habour. Assessment of the social accountability of the faculty of medicine at University of Gezira, Sudan. *East Mediterr Health J*. 2016 Jul 10; 22(4):258-66.