



# Access to medical and social services among homeless people in Kraków, Poland, during the COVID-19 pandemic

Dostęp do usług medycznych i społecznych wśród osób doświadczających bezdomności w Krakowie w Polsce w czasie pandemii COVID-19

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## Abstract

**Introduction.** Providing proper care for the homeless population in Poland requires the intensification of social and medical aid. Before the COVID19 pandemic, the situation of people experiencing homelessness in Kraków was slowly improving. The pandemic caused difficulties in the availability of assistance for people in the crisis of homelessness, especially when it comes to health care. The places offering refuge for the homeless need to take more preventive measures in order to prevent the spread of the pandemic.

**Objective.** The aim of the work was to collect data on medical and social assistance for people in the homeless crisis in Krakow, to present the assistance possibilities of these institutions and a brief description of the impact of the COVID-19 pandemic on these services.

**Materials and method.** Diagnostic survey performed between February and March 2021 in fourteen institutions offering refuge for the homeless people in Cracow. To collect data, we used the diagnostic survey method. As a research tool, we applied our own questionnaire containing original questions.

**Results.** In fourteen surveyed institutions there were together 573 places to sleep. All establishments offered daily access to showers, ten provided meals for residents and eleven – a place for self-preparation of food. Eight out of fourteen places offered access to medical care. The pandemic COVID-19 caused difficulties and delays in access to health care, which is especially dangerous for homeless people as they often suffer from many chronic illnesses.

**Conclusions.** Institutions providing help for the people in crisis of homelessness need to adjust better to working in the pandemic conditions. This is a topic worth discussing and developing further.

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## Key words

homelessness, COVID-19 pandemic, hygiene, medical help, social help, surveys and questionnaires

## Abbreviations

**COVID 19** – Coronavirus Disease 2019; **SARS-CoV 2** – severe acute respiratory syndrome coronavirus 2; **MSWC** – Municipal Social Welfare Centre; **ER** – Emergency Department; **PNFSPH** – Polish National Federation for Solving the Problem of Homelessness; **CDC** – Centres for Disease Control and Prevention

## Streszczenie

**Wprowadzenie i cel pracy.** Zapewnienie właściwej opieki osobom w kryzysie bezdomności w Polsce wymaga zintensyfikowania pomocy socjalnej i medycznej. Przed pandemią COVID-19 sytuacja osób doświadczających bezdomności w Krakowie powoli się poprawiała. Skutkiem pandemii było ograniczenie dostępu do pomocy dla takich osób, zwłaszcza jeśli chodzi o opiekę zdrowotną. Miejsca oferujące schronienie osobom bezdomnym musiały podjąć więcej działań zapobiegawczych, aby nie dopuścić do rozprzestrzeniania się pandemii. Celem pracy było zebranie danych na temat pomocy medycznej i społecznej dla osób w kryzysie bezdomności w Krakowie, przedstawienie działalności instytucji pomocowych oraz krótki opis wpływu pandemii COVID-19 na ich funkcjonowanie.

**Materiał i metody.** Badanie diagnostyczne zostało przeprowadzone w okresie luty-marzec 2021 roku w 14 placówkach udzielających schronienia osobom bezdomnym w Krakowie. Do zebrania danych wykorzystaliśmy metodę sondażu diagnostycznego. Jako narzędzie badawcze zastosowaliśmy kwestionariusz ankiety zawierający autorskie pytania.

**Wyniki.** W 14 badanych placówkach znajdowały się łącznie 573 miejsca do spania. Wszystkie placówki oferowały codzienny dostęp do pryszniców, 10 zapewniało mieszkańcom posiłki, a 11 – miejsce do samodzielnego ich przygotowania. Osiem z 14 miejsc

oferowało dostęp do opieki medycznej. Pandemia COVID-19 spowodowała utrudnienia i opóźnienia w dostępie do opieki zdrowotnej, co jest szczególnie niebezpieczne dla osób bezdomnych, które często cierpią na wiele chorób przewlekłych.

**Wnioski.** Instytucje udzielające pomocy osobom w kryzysie bezdomności powinny być lepiej dostosowane do pracy

w warunkach pandemii. Jest to temat wart dyskusji i dalszego rozwijania.

### ■ Słowa kluczowe

pomoc społeczna, bezdomność, higiena, pomoc medyczna, pandemia COVID-19, ankiety i kwestionariusze

## INTRODUCTION

In several European countries, including Poland, one of the goals of the government's social policy is reducing homelessness, mainly by accommodating their needs [1]. It seems that the physical needs of the homeless (housing, food, medical assistance) are still the main aspects that need to be met. The majority of research shows the homeless person as single, middle-aged male [1]. Unfortunately, in the homeless population the number of homeless women, families and children is growing [2–4]. This proves that the homeless population varies, and the needs of individuals differ. Nowadays, among the homeless there are also needs that require solutions, such as joint accommodation of couples and mothers with children, as well as providing shelter for intoxicated people.

The homeless population in Poland, mainly declared as chronic homelessness, is defined as remaining continuously homeless for more than one year. The European Typology of Homelessness and Housing Exclusion (ETHOS) defines a person as homeless if 'they have a deficit in at least two of the physical, legal and social domains – also described as being roofless or houseless' [1, 6, 10].

In 2019, the results of the National Survey of the Number of Homeless People in Poland designated 30,330 people as being homeless, of whom 83.6% were men (25,369) and 16.4% women (4,961). Compared to 2017, the number of homeless decreased by over 9%. In all regions, a decrease in the number of homeless people can be observed, only in Świętokrzyskie Province where are slightly more compared to the previous edition of the survey (increase by 32 people). In the Małopolskie Province, between 2017 and 2019, this number decreased by 161 people, from 2,054 to 1,893.

Regarding institutional facilities, 24,323 (80.2%) of the surveyed people stayed within and 6,007 (19.8%) outside – in public spaces and non-residential places. Among them, 11,917 stayed in shelters for the homeless and 645 in homes for mothers with minor children and pregnant women [5].

## OBJECTIVE

The aim of the study was to collect data on the medical and social assistance for people in the homeless crisis in Kraków, to present the possibilities of assistance in these institutions, and a brief description of the impact of the COVID-19 pandemic on these services.

## MATERIALS AND METHOD

The diagnostic survey method was used to collect data. As a research tool, the authors' own questionnaire containing original questions was applied. The study protocol was approved by the Bioethical Committee of the Jagiellonian University in Kraków was applied (No. KBET/1072.6120.319.2020). The facility managers and each individual were first provided

with detailed information on the purpose of the study, and then expressed written consent to participate. The surveys were collected in February – March 2021 in 14 institutions offering refuge for the homeless in Kraków. The study questionnaire was completed personally by team members during a telephone call (safety considerations related to SARS-Cov-2), and unclear questions were explained to the respondents individually. During the study, no personal or other sensitive data of the homeless staying in the facility were disclosed. All institutions participating in the study were financed or supported by the Municipality of Kraków.

## RESULTS

In Kraków, there are different types of institutions which provide assistance for people experiencing homelessness. Among the 14 tested institutions were five shelters (35.7%), four care facilities (28.57%), two warming centres (14.29%), one night shelter (7.14%), one interventional institution (7.14%), and one combined shelter and night shelter (7.14%). In these institutions there were in total 573 places to sleep, of which 287 were beds, 40 were mattresses, and the remaining 246 places were totalized as beds and mattresses (Tab. 1).

All the institutions surveyed offered daily access to a shower (Tab. 1). Depending on the location, there are one to ten bathing places. The number of showers/bathing places adjusted to the number of people using them – ranges from four people per shower (in one shelter – number 3 in the Table 1, one care facility and one interventional institution), to as many as 28.6 people per shower (shelter with night shelter – number 5 in Table 1). In the majority of places (13; 92.9%), essential hygiene items are provided.

Despite the diverse nature of institutions, 10/14 (71.4%) of them provide meals (packed lunch or hot meals) and 11/14 (78.6%) offer a place for the self-preparation of food (Tab. 1).

Most places (8/14, 57%) provide different ranges of medical care (Tab. 1). Five places (35.7%) have arranged special areas for sick residents, which results in 62 extra separate beds in general. Also, five places (35.7%) provide on-site access to physicians. In the other cases, if contact with a physician was needed, telephone consultations were a useful and popular method. If a resident's condition worsens, this is the standard intervention, as well as calling an ambulance if a person needs immediate help.

The pandemic caused difficulties and delays in access to health care, which is especially dangerous for the homeless as they often suffer from many chronic illnesses. During the Covid-19 pandemic, residents of three (21.4%) institutions reported problems with access to health care. The complaints were related to difficulties in the treatment of chronic illnesses (in all three cases), contacting primary care physician (one case), and communication with a sanitary-epidemiological station in order to report persons suspected of being infected with SARS-CoV-2 (one case). Six institutions (42.9%) also

notified the cancellation of physician's appointments, rehabilitation, or planned surgeries for their residents. In total, such situations concerned about 50 homeless persons (Tab. 1).

## DISCUSSION

The Council for Homelessness was established in Kraków in July 2019 and consists of representatives of the city council, foundations, and other institutions. Its main aim is to find solutions and produce recommendations to help the homelessness, with the cooperation of the city, universities, governmental and non-governmental organizations, churches and individuals willing to help [7]. In 2018, an evaluation was undertaken for the first time of the systemic help (institutions coordinated by the Municipal Social Welfare Centre (MSWC) of Kraków) for the homeless population in the city. Comparison of that data with the results of the current study indicated that some aspects of systemic help had improved (accommodation, hygiene), and even reached a satisfactory standard (food board) before the pandemic outbreak.

According to the definition of homelessness, the main problem of the homeless in Kraków is the lack of suitable accommodation [8]. According to the most recent point-in-time estimate of the homeless (February 2019), there were 1,893 homeless on a single night in the Małopolska region, among whom 1,468 stayed in institutional facilities. This means that over 77.5% of the homeless individuals found shelter. At that time, there were 769 homeless people in Kraków were in institutional facilities and 293 were outside institutional facilities, 171 of which were in non-residential places [8]. In general, during the 2018–2021 period, the total number of places offering refuge to the homeless in the city increased. Five new places for the homeless were created, including one warming centre. It is worth noting that the total number of the homeless staying in Kraków decreased by 11.2% in 2019, compared to 2017 (after increasing in 2013–2017). However the number of homeless people in the Małopolska Province still exceeds the accessibility of sleeping places [9]. In this context it is puzzling that in 2019, compared to 2017, there was a decrease in the number of people staying in facilities (15.77%; 2013 – 767, 2015 – 882, 2017 – 913, 2019 – 769. Ten more people stayed outside a facility in 2019 than in 2017) [8]. A Similar situation was observed before the COVID-19 pandemic.

Due to the pandemic, two institutions were closed and one place changed its form of activity because of inability to provide adequate protection measures. Nowadays, hot meals, packed lunches, clothes, and medications are dispensed during six days per week. As of now, there is a decrease in the total number of bed places available in Kraków. This situation is related to sanitary restrictions and an attempt to limit the transmission of the SARS-CoV-2 virus.

In Kraków, the homeless are mainly men (78% in 2019). In 2018, most institutions offered refuge only to men [10]. The number of mixed-gender places have increased, an increase that is important because there are numerous couples among the homeless community who prefer to stay together, even if it means staying outside a facility [10].

A survey on the number of homeless people conducted in February 2019 showed that 171 women and 18 children stayed in Kraków during that time [8]. It is important that the number of institutions specifically designed for mothers

with children has increased. Outside the city, there are three institutions in the Małopolska Province offering shelter for mothers with children, and one place for pregnant women [11]. This specific group of the homeless needs special social conditions [12], and the existence of shelters for homeless families is also important because the mother's care is very important in the early stages of a child's socialization [13]. Currently, it seems that mothers with children stay short-term in these institutions, meaning that the number of beds are sufficient, and may even be halved.

It is well known that alcohol abuse is a serious problem among the homeless population [14]. A study from Olsztyn in the Warminski-Mazusian Province in northern Poland showed that the percentage of alcohol-dependent people among the homeless population is high (78.57%). In Kraków, only one institution offers an additional eight sleeping places for drunk homeless persons, and a sobering-up centre. Apart from that, there are only two places (warming centres) admitting people under the influence of alcohol, which remains the same as in the previous study, three from 2019, which seems to be insufficient [10].

A 2010–2016 study from Olsztyn, also in the Warminski-Mazurian Province, highlighted that deaths caused by hypothermia were more frequently recorded (13-fold) among the homeless than in the general population [15]. In Warsaw, as in Kraków, there is only one place (a warming centre) that offers help for the intoxicated homeless [16]. This indicates a significant problem because of the lack of special places for this group in need. Alcoholism in the homeless population is a complex problem affecting different aspects of life. Homeless people under the influence of alcohol are frequently admitted to the Emergency Department (ER) of hospitals. A study conducted in three Polish ERs showed that 30% of the homeless admitted to ERs were intoxicated, and alcohol intoxication was associated with longer hospitalization [1–14]. There are certain organizations that offer complex help (accommodation, eateries, addiction recovery programmes) for addicted homeless people, for example, the non-governmental Monar Association in Warsaw; however, their number is insufficient [17].

**Hygiene.** It has long been known that good hygiene prevents the spread of infectious diseases [18]. Additionally, people living on the street are often stigmatized and rejected by society because of their appearance [19]. According to the provisions of the Charter of the Rights of the Homeless, they have the right to maintain a level of hygiene guaranteeing human dignity [20]. Each of 14 surveyed places provides access to a shower or bathtub. Comparing the responses of the survey in question to the 2019 results, only one institution reduced the number of showers from nine to seven, and two increased access from six to nine, and from four to five showers, respectively [9–10]. The centres surveyed in 2019 consistently provide daily access to a shower and hygiene products. The new places surveyed (seven locations) also guarantee the possibility of bathing every day. Only one centre does not provide hygiene measures. In comparison, 82.6% of the homeless in Warsaw admitted that they have easy access to sanitary facilities (toilets, showers) in the place where they were staying at that time [21]. According to the current study, access to sanitary facilities in accommodation places is ensured. However, the number of people in relation to the number of showers varies considerably from one facility to

another, reaching even over 20 people per shower, which may cause difficulties in maintaining personal hygiene. It is convenient that there is a possibility of showering off-site, where those in need can use mobile hygiene points for the homeless. In Kraków, there are three such places, one is the Padre Pio Work Bathhouse, which is used every month by over 600 people in need [22–23].

**Food.** People experiencing homelessness are more likely to suffer from food insecurity than the general population. Moreover, they have difficulties with having facilities for preparing meals [24]. The current study shows that in half of institutions (42.9%) the homeless persons received at least three meals a day. This, unfortunately, is less than in 2013–2014 in a shelter for the homeless in Olsztyn, where 64.29% of pensioners were provided with food (60.20% and received three meals a day) [1]. However, in general, previous and current research by the authors of the presented study shows that the homeless in Kraków have sufficient access to food, given that meals are provided by institutions and eateries in the city. According to 2016–2020 data from the programme for supporting the homeless in Kraków, in 2015, 717 people received help in the form of meals, and 414 received specific allowances for the purchase of food. In addition, in 2015, the community subsidized the operation of five kitchens, which spent about 355 thousand zloty on meals per year in providing for a total of over 3.8 thousand people (not only the homeless, but also the poor, unemployed, lonely, elderly, and large families) [25]. In total, about 270 homeless people enjoy meals under the protective programme of the Municipality of Kraków. Help is also offered by organizations creating ‘community kitchens’.

It seems that at present the problem in Kraków is not whether or not the homeless have food, but rather the quality of the food provided. The homeless population often receives temporary aid in pantries, which usually do not provide access to healthy food, only snacks, desserts and other processed products. Improper nutrition can cause many different diseases, such as tooth decay, gallstone disease, osteoporosis, obesity, several diseases of the large intestine, diabetes, and various types of cancer. Food insecurity and the risk of negative health effects associated with it are usually not so much related to food shortage, as to limited access to healthy food and socially acceptable ways of accessing it [26].

**Medical assistance.** In half of surveyed institutions, homeless people with symptoms of infectious disease are not admitted. In most cases they are instructed to go to the Emergency Department in the nearest hospital. This corresponds with data from the literature which shows that over half of the homeless in analysed groups were hospitalized at ER [27–28]. In the past three years the number of places where medical help is provided has increased only about one place (from seven to eight) [10]. The profile of the care provided has not changed much and the most common intervention is still changing bandages. The number of special beds for sick people has remained the same, and which during pandemic COVID-19 proved to be insufficient to the needs. Overall access to medical assistance appears similar, but the pandemic made contacting a physician or summoning an ambulance more difficult due to the encumbrance on the health system.

Apart from the places listed in Table 1, poor and homeless people living outside and not using the city’s systemic

assistance can get help in the Doctors of Hope Clinic/Clinic for the Homeless and Poor, and in the field on the weekly duty provided by Fundacja Przystań Medyczna (English translation) in Kraków [29–30]. This is especially important in the context of an increase in chronic illness among homeless people in the city. In 2020, chronically ill people constituted 78% of the homeless [8].

**COVID-19.** Since the first case of SARS-Cov 2 infection in Poland on 4 March 2020, there have been over 6,5 million confirmed infection cases (6,515,300 recorded on 11 May 2023 and 119,575 deaths recorded [31]. The pandemic affected almost every aspect of life and medicine. The homeless are one of the most vulnerable groups for contracting COVID-19, especially because of their restricted access to hygiene supplies and inhabiting congregate living settings [32–34, 42]. The risk of SARS-CoV2 infection may be bigger for sheltered homeless individuals than those living unsheltered. According to the study by Roederer et al., leaving shelters occasionally or several times daily during lockdown was the determinant of protection against COVID 19, and sharing a room or a bathroom with more than five people was recognized as risk factor of infection, which underscores the danger connected with overcrowding in places offering refuge to the homeless. In Roederer’s research, the antibodies for SARS-CoV2 were present in 52% of the examined homeless people [33]. In order to prevent spreading of the virus inside an institution, it is particularly important to recognize early on the individuals who may be infected with SARS-CoV2, and take preventive measures. The popular procedure is routine measurement of body temperature for anyone entering the facility. This was performed in 71.4% of interviewed institutions, and in one of the remaining shelters it was performed every day for residents inside the institution. In a study performed by the Polish National Federation for Solving the Problem of Homelessness (PNFSPH) between March and June of 2020, similar questions about preventive measures in institutions providing shelter for the homeless were asked, and body temperature was measured in 88/98 institutions (89,8%) [36]. The question remains, what to do with a person who presents increased body temperature or other SARS-CoV2 infection symptoms, like cough, shortness of breath et cetera? Such individuals were admitted only in 28.6% of institutions, and testing for COVID19 was available in 35.7%. PNFSPH reported an even smaller number of institutions providing testing for SARS-CoV2 infection between March – June 2020–23/98 (23.5%) [36].

However, testing seems to be the most effective way to stop the spreads of the pandemic, and symptom screening is insufficient as only about one in five people testing positive for COVID-19 was symptomatic [37, 42]. In case of a positive test result, undergoing isolation in the institution was possible in 50% of places offering refuge. In the remaining cases, the resident was referred to a place of isolation outside the institution.

Another reason for the susceptibility of the homeless population to COVID-19 is restricted access to protective measures [32]. In the current study, enquiries were made about providing face masks for homeless individuals staying in the institution (and an obligation to wear them), keeping a distance of at least two meters between beds, supplying hand disinfectants, and performing regular disinfection of the rooms and shared spaces. Supplying hand disinfectants

was present in all the surveyed institutions. The disinfection of rooms also prevailed, although the frequency and range differed between shelters. According to the Centres for Disease Control and Prevention (CDC), frequently touched surfaces and shared objects should be cleaned and disinfected at least once a day [38]. This requirement was met in 64.3% of institutions. Three institutions reported carrying out regular disinfection which however, was limited to bathrooms and door handles, or performed once a week, which may not be sufficient. The disturbing thing is that even such limited measures were not taken by two institutions. Providing face masks for residents was frequent (85.7%); however, fewer institutions (50%) obligated people to use them. The CDC recommendation for homeless service providers was that masks should be worn by residents everywhere, and not only in their rooms or beds in shared sleeping areas [38]. According to the results of the current study, only half of the surveyed places respected these guidelines. In a study by PNFSPH, the result was 67/98 (68.4%) of institutions ordering their residents to use personal protective equipment [36].

The interspace between beds of a minimum of two meters was adhered to in 42.8% of the institutions. This is also one of CDC recommendations, although it is understood that its implementation is particularly difficult, and could result in the reduction of the number of beds, although the number is already insufficient. Singapore may be used as an example of effective handling of this situation – additional spaces were provided in newly-opened shelters because the existing ones were able to admit fewer people due to social distancing, and among others, keeping distance between beds. This strategy seemed to work, as there were no known outbreaks of COVID-19 in homeless shelters in Singapore [39].

Individuals in crisis of homelessness often suffer from many chronic illnesses and restricted access to health care [34, 41, 42]. These difficulties are even greater now, when healthcare services are almost entirely focused on fighting the COVID-19 pandemic [40]. Such problems were reported by 21.4% of institutions considered in the current study. This number does not look very high, however, it is worth pointing out that the majority of directors of surveyed shelters admitted that they had no knowledge of such difficulties as they do not coordinate residents' health care (homeless persons were individually in charge of their doctors' appointments). Reported problems concerned mainly treating chronic diseases, difficulties in contacting a primary care physician and sanitary-epidemiological station. In the PNFSPH report, the number was higher and only 30/98 (30.6%) of institutions did not report any difficulties in this area. The predominant complaints referred to the same problems as in the current study. The assessed number of individuals whose doctor's or rehabilitation appointments or planned surgeries were cancelled or delayed, amounted to about 9.8 person per institution [36]. In the current study, this number was estimated as 8.3 persons per institution.

Also taken into consideration was the impact of pandemic restrictions and legal limitations on the behaviour of the homeless. The social distancing and extended isolation may affect anyone's wellbeing, and those experiencing homelessness are already a population with a greater prevalence of mental illnesses [35, 40, 43]. However, in the current study, the behavioural signs of internal tension among shelter residents were observed only in 28.6% of institutions. PNFSPH presented a more than twice as high number (56/83, 67.5%),

and described examples of such behaviours: arbitrarily leaving the facility, exacerbation of mental diseases, alcohol abuse, aggression against other residents and staff. Homeless persons may also find it difficult to comply with the legal restrictions outside the shelters, they were asked about known cases of legal punishment against them. However, this was known by only 14.3% of institution directors, compared to 8.5% reported by PNFSPH [36].

## CONCLUSIONS

It seems that the situation of people in the crisis of homelessness in Kraków has improved during the last few years. New assisting institutions were opened, including those available for both genders and mothers with children. Although access to hygiene items was sufficient, the number of showers should be increased in the shelters serving the biggest number of people.

The availability of meals was quite good, both inside the institutions and in eateries in the city. Providing medical care has not changed significantly since 2018. The work of the institutions providing assistance for the homeless has been coordinated. There are programmatic efforts to help the homeless with obtaining social benefits, giving advice on how to resolve difficult life situations, employment, and assistance in dealing with government agencies.

It seems that all these activities have made some impact on reducing homelessness. However, the outbreak of the COVID-19 pandemic caused difficulties in helping the homeless. There are attempts to continue the work with the implementation of preventive measures, e.g. wearing masks, reducing the number of beds or symptoms screening; however, this may not be enough to stop the infection from spreading in the homeless population. Moreover, the pandemic caused difficulties and delays in access to health care, which is especially dangerous for the homeless as they often suffer from many chronic illnesses [34, 43].

In conclusion, the possibilities of getting help for people experiencing homelessness in Kraków have improved, despite the COVID-19 pandemic causing some new challenges that need to be faced.

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The authors AM, MS, MLS and KRC were members of Students' Scientific Group of Microbiology at the Chair of Microbiology, Faculty of Medicine, Jagiellonian University Medical Colleg (JUMC) in Kraków in 2019–2021 when the study was carried out.

**Table 1.** Characteristic of the institutions offering refuge for people experiencing homelessness in Cracow based on the results of the survey

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
type of institution	Care facility	shelter	shelter	shelter	Shelter with night shelter	Night shelter*	Care facility	Care facility	Warming center	Care facility	shelter	Warming center	shelter	Interventional institution
sex of the admitted homeless (A/Ch)	F (A)	M (A)	M (A)	F (A+Ch)	M (A)	F (A)	M (A)	F+M (A)	F+M (A)	F (A+Ch)	M (A)	M (A)	M (A)	F+M (A)
no. of places to sleep	62	80	8	50	180 + 21 in night shelter	10	24	35	0	before pandemic 16, now 8	25	40	18	12
type of places to sleep	B	B	B	B	B + M	B + M	B	B + M	only seating places	B	B	M	B	B
admission with symptoms of disease	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	No
admission under the influence of alcohol	No	No	No	No	No**	No	No	No	Yes	No	No	Yes	No	No
no. of showers	5 (+ 5 baths)	9	2	9	7	1	5	2	2	2	4 (+1 outside)	2	3	3
availability of showers every day	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
availability of hygienic products	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
access to medical care	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	No
frequency of access to medical care	every-day	once a week -Ph, every-day - N	NA	once every two weeks	two times a week	NA	NA	NA	every-day	every-day	A few times a week	at least once every two weeks	at least once every two weeks	NA
medical care provider	N	Ph, N	NA	Ph#	Ph#	NA	NA	NA	Ph	N	N, V	NA	V, Ph	NA
range of medical care	DC, I, drip, NC	DC, MED	NA	PhFCcovid	PhFCcovid	NA	NA	NA	Other than NC, PhFC	DC, I, NC	DC	NA	DC, MED, PhFC	NA
access to medication (type of drugs)	Yes (PN, CR, medication administered by Ph)	No	No	Yes (PN, other OTC drugs), insured people buy drugs as needed	Yes, (PN, other OTC drugs)	No	No	No	Yes (PN, others)	Yes (PN, medication administered by Ph), insured people buy drugs as needed	No	No	Yes (PN CR, A)	No
availability of places for ill people (No.)	No	Yes (1 room with 4 beds)	No	Yes (6 beds)	Yes (50 beds with care)	No	No	Yes (1)	No	No	No	No	Yes (1)	No
procedures in the situation of health deterioration	telephone call with Ph, C	telephone call with Ph	telephone call with Ph	C, Ph visit, telephone call with Ph	C, Ph visit	C	C	C	C	telephone call with Ph, C	Ph visit	NA	C, telephone call with Ph	C
providing meals every-day by the institution	Yes	Yes	Yes	No @	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
type of meals	PLs + WMs	WMs	PL	PLs ***	PL + WMs ****	PLs ***	WMs	WMs	WMs	WMs + PLs	WMs	PL	WMs	NA

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
no. of meals	more than 3	3	ND	ND	1	NA	3	more than 3	1	3	3	1	more than 3	NA
place for meals preparing	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
routine temperature measurement before entrance	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
admission of people with COVID -19 symptoms	No	Yes	No	Yes	Yes	No	No	No	No	No	No	No	Yes	No
testing on the symptomatic people for COVID-19 infection	No	Yes	No	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No
possibility of isolation in the institution	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes	Yes	No	Yes	No
obligation to wear a mask	No	No	Noe	Yes	Yes	Yes	No	No	Yes	No	Yes	Noe	Yes	Yes
provided masks	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
space between beds at least 2 meters	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	No	Yes
provided hand disinfectants	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
regular disinfection of rooms ( frequency)	Yes (once a day)	No (NA)	Yes (ND)	Yes (twice a day)	Yes (at least twice a week)	Yes (once a day)	No (NA)	Yes (once a day)	Yes (once a day)	Yes (bat-hroom after every use)	Yes (once a day)	Yes (once a day)	Yes (once a day)	Yes (twice a day)
difficulties with access to health care <sup>^</sup>	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
approximate number of cancelled Ph's appointments <sup>^</sup>	10	15	ND	ND	15	NA	NA	1	NA	3	NA	NA	5-6	NA
known cases of punishing homeless for failure to comply with the pandemic restrictions	No	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No
cases of increased tension behaviours between residents of the facility connected with pandemic restrictions	Yes	No	No	No	No	No	No	No	Yes	No	No	No	Yes	Yes

1 Przytulisko św. Brata Alberta dla bezdomnych kobiet, 2 Przytulisko dla Bezdomnych Mężczyzn prowadzone przez Zgromadzenie Braci Albertynów, 3 Małopolskie Centrum Integracji "Pro Domo", 4 Schronisko z usługami opiekuńczymi dla Bezdomnych Kobiet w Krakowie, 5 Noclegownia i Schronisko dla Bezdomnych Mężczyzn, 6 Specjalistyczny Ośrodek Wsparcia dla Ofiar Przemocy w Rodzinie NOCLEGOWNIA, 7 Wspólnota Emaus, 8 Chrześcijański ośrodek pomocy bezdomnym "Dom Łazarza", 9 Ogrzewalnia przy Miejskim Centrum Profilaktyki Uzależnień, 10 Dom Samotnej Matki – Zgromadzenie Sióstr Najświętszej Rodziny z Nazaretu, 11 Krakowska Fundacja Pomocy Potrzebującym „Nasz Dom”, 12 Ogrzewalnia ks. Józefa, 13 Dom św. Jana Pawła II – Katolicka Wspólnota Chleb Życia, 14 Hotel Interwencyjny os. Wandy

NA - not applicable, ND - no data, A - adults, Ch - children, M - male, F - female, B - beds, M - mattresses, Ph - physician, N - nurse, V - volunteer, PL - packed lunch, WM - warm meal, from November to March, \*open from November to March, \*\*except 8 interventional places for drunk, \*\*\* from donors (not permanently), \*\*\*\* from MOPS, # physician who is volunteer from "Przystań Medyczna" foundation, C - call for an ambulance, ^ in the period from July to October 2020, PN - painkillers, CR - cardiologic, A - antibiotics, DC - dressing change, I - injections, MED - medication, NC - nurse care, PhFC - physician full consultation, @ - the residents organize meals by their own, covid - also during the COVID-19 pandemic

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