

Public Works Program, Unpaid Care Work and HIV/AIDS in South Africa

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Introduction

- South Africa has one of the highest poverty and inequality rates in the world.
- Unemployment is at 25.6%
- The unemployment problem has a racial pattern to it
- High rates of unemployment among Africans (31%) and Coloreds and compared to 1% for White population

- Job creation is of utmost importance
- Limited agricultural and informal sector activities therefore few opportunities for cushioning effects of poverty
- Poverty also associated with gender
- 35% of HH had female head and 60% live in poverty; most live on government grants

- At the same time, community members are taking on caregiving roles 'unpaid jobs'
- In light of their new roles and the benefits to health systems etc
- There is need to make job creation for this cadre a the main of the AIDS care policy.

Job Guarantee Programmes in South Africa

- Government initiated the community-based public works program,
- Objectives were:
- Create, rehabilitate, and maintain physical assests that serve to meet the needs of poor communities
- Reduce unemployment through the creation of creative jobs
- Education and train those on the program as a means of economic empowerment
- Build the capacity of communities to manage their own affairs strengthening local government and other community based institutions and generating economic development

■ **Mechanism:**

- Agreement with labour to set wages below minimum wages but workers will receive skills training

■ **Problems:**

- Targeting some among districts: more projects and poorer districts
- Wage rate led to strikes, lost work days & wage increases

- Community participation also had challenges: members of CBOs benefited more
- Expanded Public Works Program (EPWP):
Started in 2004
- Aims to create jobs for 200,000 people/yr

- Emphasis on skills training and accredited qualifications
- 4 major sectors: infrastructure and environment, economic, environment and culture and social sectors
- Reduction intensity of poverty but not pull people out of poverty
- Wages draw people from subsistent agriculture
- Experience did not significantly enhance their job prospects or self-employment

What Interest in Unpaid Care ?

- Narrow: Health system perspective
- Broad: Determinants of health: Thus there is relationship between biological factors, psychological factors, socio-economic factors and health: eg TB

AIDS and Poverty

- There is a relationship between poverty and AIDS.
- Poverty assist the spread of AIDS and AIDS pushes people into poverty or makes it hard to escape from it
- Poverty spreads AIDS through poor nutrition, unequal distribution of income, transactional sex etc

- AIDS pushes people into poverty:
- Loss of income (reduced labor supply or lower remittances from the ill)
- Increase in HH expenditure for medical funeral and & memorial costs
- Decrease in household savings. A study found income fell by 60-80% in HIV/AIDS affected HHs.

- Threat to food security through-falling production, loss of labour, land, livestock etc
- These belie the true impact on the carer
- Because studies usually treat the household as an entity. Little disaggregation of data
- Yet there are differences in the nature and degree of impact on members of HHs

Home-based care and poverty

- Looking at it from the 'care economy' lens we would be interested in the impact on the every HH member esp. caregiver
- Home-based care requires family & community to provide care & puts care in the public sphere
- Part of the health care system but have 'jobs without pay'

- Precludes volunteers from participating in paid employment.
- Volunteer spend their own money on the ill

Why Employ 'Volunteers'

- If people volunteer their services to the community, then why offer them employment?
- International development organisations have also used this argument to justify the lack of remuneration for this noble category of workers

- That volunteers care out of 'free will'
- Assistance should only be given to the ill
- Exploration of 'volunteer's motivations provide insight into and flaws this argument
- Most are indeed actively searching for jobs, live in abject poverty, and buy at the same market as everyone else

- Tremendous benefit to the health system and the backbone of the AIDS care policy
- Reduction in average time spent in hospital from 14 to 3.5 days
- Well motivated, able, willing and already working for no pay
- Precedence of remunerating caregivers set by Swaziland and South Africa
- Targeting: Incidentally, the poor constitute those with highest HIV/AIDS prevalence rates

Potential benefits

- Targeting the poor communities impoverished by AIDS
- Most of the volunteers are poor women, breadwinners, heads of households
- Indirectly targets people living with AIDS
- Direct income benefits-reduce poverty
- Direct impact on physical & emotional health

- Reduction in care to patient ratio will have positive effects on health and wellbeing of volunteers
- Could reduce tension caused by financial distress
- Freeing time for school kids providing secondary care
- Effects on education of school kids who are usually withdrawn from school.

- Induce male participation in caregiving
- Could also have effects in stigma since it will be in the public sphere and seen as a job.
- Jobs created are not likely to be short term because of AIDS prevalence and ARTY roll out

- Positive effects on elderly caregivers largely primary caregivers
- Positive effects on formal or informal workers
- Reduction in volunteer turnover (95% by one organization in KZN)
- Skills training for volunteers will enable them to follow a career path.

- Many could train to be nursing assistants and nurses
- Implications for the critical shortage of nurses currently being experienced in SA

Potential Challenges

- Funding of the program
- Logistics--Poor coordination of volunteers
- Creating jobs to accommodate those already trained
- Implications of ART on the pool of workers
- 'Spirit of volunteerism'?: Opt in or out of the program

- True volunteers will continue as volunteers: Has implications for time spent and burdens experienced
- Research on feasibility will require ethnographic studies, surveys and also economic modeling to explore implications for growth etc

Conclusions

- Unlike most PW program, this proposal focuses on those already working
- Not a complete solution, but to be used in conjunction with structural interventions that strengthen the health systems and create skills such as access to education
- I would suggest that it is an investment worth exploring!