

The global crisis, unemployment and HIV&AIDS: what role for public works programmes?

by Francie Lund

South Africa faces a severe and seemingly intractable unemployment problem. The narrow or strictest definition of unemployment produces a rate of approximately 25 percent. This problem existed before the global financial crisis, and has been made worse by it. The government makes unrealistic promises about the numbers of jobs that it will create each year; each year these hopes are dashed.

Unemployment rates are highest amongst the poor and unskilled, higher for women, and higher in rural areas – and in all cases, the situation is worst for African and Coloured people. A 2008 survey showed that the relationship between unemployment and poverty is strong: 31 percent of households have no-one in employment, and the poverty incidence in these households is 81 percent (Leibbrandt et al 2010: 48, using data from the National Income Dynamics Survey – NIDS). Shockingly, more than half of the unemployed said that they had never worked before.

This crippling unemployment problem is accompanied by the HIV&AIDS crisis which also has its worst impact on poor people, especially poor women. Over 5 million of South Africa's population of 48 million is currently infected. This has led to a crisis of both paid and unpaid care work. Health professionals such as nurses are under strain; thousands of nurses have moved from the public to the private sector. In 2008, 36 percent of health professional posts in the public sector were vacant – nearly half (48 percent) in the rural Eastern Cape, and 28 percent in Gauteng (Health Systems Trust website). Many leave South Africa to work in other countries.

However by far the greatest burden of care work is shouldered by family members and community 'volunteers' – mostly African women - who care for both HIV-infected and other ill people. HIV&AIDS increases the *general* level of ill-health in the population, because of the associated and general increase in infectious diseases, especially among the poor who live in over-crowded housing, with too little decent water, sanitation and ventilation. There has been a very rapid rollout of anti-retroviral (ARV) therapy in the last five years, with nearly a million people now being treated. It is complex and difficult to comply with, and intensive care and support is still needed by those receiving it.

So, the three crises work alongside each other: crippling high unemployment, made worse by the global crisis, and a serious crisis of care. What contribution could public works programmes make in addressing the situation?

In the late 1980s and early 1990s the design of public works programmes was negotiated by government, industry and organized labour. In 2004, government announced that the new Expanded Public Works Programme (EPWP) would be a bridge into formal employment for marginalized unemployed and informal workers; the EPWP was extended in 2008 for five more years.

The EPWP includes social programmes in the fields of early childhood development (ECD) ('pre-school care'), and in home- and community-based care (HCBC). The HCBC in the EPWP, and other community-based care programmes in the health and social development sectors, are a response to the AIDS crisis of care. Programmes vary a lot, but the basic idea is that a local person, after some training, visits households where there is a sick person, and trains a family member to become more skilled in patient care and support.

It is very unusual, anywhere in the world, to find public works programmes in these fields. They usually focus on building and maintaining physical infrastructure such as roads and dams, or dealing with environmental issues. India's recent National Rural Employment Guarantee Act guarantees all poor households access to a public works programme for one hundred days a year. It focuses on infrastructural development, not care, though it (notionally) provides child care facilities for programme participants.

Public works programmes are controversial. Their main objective is to mitigate extreme poverty, and they offer short term work at very low rates. Researcher Anna McCord consistently argues that the infrastructural programmes are an inappropriate policy response to the chronic and structural labour market crisis: the combination of short-termism, very low wage rates and poor skills training mean that participants cannot use the opportunity to move out of poverty. They carry the danger of promoting a dual or two-tier labour market. Melanie Samson has shown that the waste management public works programme undermined the creation of new longer term formal jobs.

In the earlier public works programmes in South Africa, organized labour insisted that the work not be presented as enduring employment, and must have a training component. More recently, through discussions inside NEDLAC (the tripartite National Economic Development and Labour Council), a Code

of Good Practice for Special Public Works Programmes was developed by the Department of Labour. Melanie Samson, in a study done for the National Education, Health and Allied Worker's Union (NEHAWU) about possibilities of organising care workers, found that few government officials knew about the Code.

There is a huge need for support for care work. Can an argument be made for viewing the HCBC schemes differently, and less critically, than other public works programmes? There are real problems with the HCBC:

- The work varies from being very part time work as a volunteer receiving perhaps compensation for out-of-pocket expenses, all the way to something that is called voluntary work, but is clearly employment, with paid leave, and regular hours. All these varieties of work are exempt from core provisions of the Basic Conditions of Employment legislation.
- The care tasks are supposedly those that women can 'naturally' do; this perpetuates the gender trap in stereotyping types of work.
- Related to this, within the EPWP wage rates are even lower in the HCBC than in the more 'masculine' infrastructural public works programmes; Debbie Budlender has suggested that the gendered wage penalty that occurs in the formal sector (engineers and nurses have the same level of training, but nurses earn less), is also found in public works programmes.
- Some feel that in the HCBC the emphasis is too much on training and not enough on any sort of further job creation once the programme is over.

However, there are positive aspects of the HCBC:

- There is a real *demand* for community care workers and the EPWP and other community-based care programmes are a response to this.
- Care labour easily draws in women, and is not substitutable by machinery in the same way that much infrastructural work is. The Zibambele roads maintenance programme in KwaZulu-Natal targets women successfully: the placement goes to households so that if the person on the job gets sick, she can be replaced by another available woman household member. It has been a successful programme - but a road-maintenance machine could do in twenty minutes what each woman does in a day.
- It connects unemployed and informally-employed people with those in formal employment, through placement in and supervision by formal paid care workers such as social workers.

Given the strong demand for care workers, and the fuzzy boundaries between paid and unpaid care work, the care field is probably generating substantial informal work for unskilled women workers. Masters and doctoral research at the University of KwaZulu-Natal shows how it can create a bridge into more formal work opportunities – albeit low paid, and in a traditionally women's sector. This might be exposing participants to the world of work, and simply keeping the hope of further work alive. However, they also hold the potential of trapping women in low paid, unskilled 'women's work'.

In trying to develop a strategic position about public works programmes, it would be useful to distinguish between different sectors, as they may throw up quite different opportunities for (rapid) bridging into more secure work. It would be useful for organized labour to consider whether and how to support workers in programmes with a code of practice to organize for their rights.

Francie Lund is the director of WIEGO Social Protection Programme and a Senior Research Associate, School of Development Studies, University of KwaZulu-Natal

Further Readings

- Leibbrandt, M., Woolard, I., Finn, A. and Argent, J. 2010. Trends in South African income distribution and poverty since the fall of apartheid. OECD Social, Employment and Migration Working Paper No. 101. Brussels: Office for Economic Co-operation and Development. *Downloadable from the OECD website.*
- Lund, F. with Debbie Budlender. 2009. Paid care providers in South Africa: nurses, domestic workers and home-based care workers. South African Research Report 4 for UNRISD Political Economy of Paid and Unpaid Care Work Project. *Downloadable from www.unrisd.org*
- Parenzee, Penny and Debbie Budlender. 2007. *South Africa's Expanded Public Works Programme: exploratory research of the social sector.* Unpublished paper. Cape Town: ON PAR, and Community Agency for Social Enquiry.
- Samson, M. 2007. 'Privatizing collective public goods: a case study of street cleaning in Johannesburg, South Africa', *Studies in Political Economy* No. 79, Spring.
- Samson, M. 2008. Organising health, home and community based care workers in South Africa. A Research Report commissioned by NALEDI. May 2008.