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 assets 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.

- 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 subsistence 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 a 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 assists 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
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!