Recognition of care work: the case of the Expanded Public Works Programme in South Africa

Charlotte Bilo, International Policy Centre for Inclusive Growth (IPC-IG)

In response to the continued growth in the number of unemployed people, in 2004 the South African government introduced the Expanded Public Works Programme (EPWP), offering short-term employment and on-the-job training in four different sectors: (1) infrastructure; (2) economics; (3) the environment and culture; and (4) social. In 2015 the EPWP went into the third phase with the aim of creating 2 million employment opportunities annually by 2020.

The EPWP represents a unique case for a public works programme, as it offers temporary jobs in home- and community-based care (HCBC) within its social sector component. HCBC forms an essential pillar of South Africa’s policy response to the HIV/AIDS epidemic and refers to primary health care and social services provided by community health workers. Most HCBC workers are women, often receiving only a very small stipend.

Through the EPWP, non-profit community organisations receive funding to subcontract HCBC workers. The objectives are to: (1) provide employment opportunities to HCBC workers; (2) increase their skills levels through training; and (3) improve and expand existing care services. In the first five years of the programme, over 113,000 HCBC work opportunities were created, 50 per cent of caregivers received skills training, and more than 4 million people accessed HCBC services (Department of Public Works 2010).

The social-sector EPWP can be understood as ‘gender-sensitive’, addressing the particular needs of women in two ways. On the one hand, it offers temporary jobs in an area that is already predominately occupied by women working for no or very little payment. Through the programme these women receive a temporary regular income and they can access skills training to improve their chances in the labour market. On the other hand, the EPWP addresses the severe need for primary care, which—in a context of limited resources and strongly defined gender roles—is disproportionally provided by women.

While the EPWP is a positive example of linking the provision of care services to social protection, the programme poses three serious challenges for the recognition of paid and unpaid care work. First, wages in the social sector are significantly lower than in other sectors of the programme. In the first years of the programme, the minimum daily wages paid to EPWP workers in the social sector were less than half of what their counterparts in the infrastructure sector received. While the difference in payments between the sectors has decreased over the years, wages in the infrastructure sector remain higher.

Second, fewer training opportunities are offered to participants than planned. In their evaluation of the second programme phase, the Economic Policy Research Institute (EPRI 2015) estimates that most of the provinces studied provided less than half of the planned number of training opportunities. This poses not only a challenge to the programme’s objective of improving participants’ skills levels and, consequently, their chances in the labour market, but can also lead to a deskilling of the care sector and low-quality services.

Third, through the programme, HCBC is consolidated as a permanent feature of South Africa’s care regime. While care is always provided as a family or community issue but also as one that is integral to citizenship rights and state obligations.

In summary, the EPWP helps recognise care work as a service and a profession that needs to be strengthened. However, the inclusion of HCBC in the EPWP exemplifies a problematic approach to care: care work continues to be low paid and is considered a profession that does not require much learning, which can be traced back to deeply entrenched gender norms. Care work is central to human development and should, therefore, be acknowledged not only as a family or community issue but also as one that is integral to citizenship rights and state obligations.

References:


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