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The Gendered Character of Social Care in the Non-Profit Sector in South Africa

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

CBO Community Based Organizations

ECD Early Childhood Development

EPWP Extended Public Works Programme

FBO Faith Based Organizations

HCBC Home and Community Based Care

HIV Human Immunodeficiency Virus

NPO Non Profit Organizations

PSC Public Service Contractors

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INTRODUCTION

Since non-profit organisations (NPOs) are the major providers of care services for particular target groups in South Africa, especially in poor communities, they are conceived of by government as their main partners in the delivery of services. Over the past decade, various public policies have been adopted and implemented, and this has resulted in increasing numbers of paid and unpaid care workers – many of whom are volunteers – performing care work in a wide range of programmes funded by both government and private donors. This trend has been accelerated by the need to respond to the enormous HIV and AIDS crisis in the country. High poverty levels and rising unemployment have increased the burden of care of poor families, households and communities, with women carrying the greatest responsibility in domestic life. This situation is exacerbated by inadequate and ineffective public services that contribute to the burden of care and gender exclusion.

The gender dynamics of care in the South African NPO sector has not been systematically analysed although there is an emerging awareness among some NPOs of the gendered nature of care (Palitza 2009).

This paper forms a small part of a larger global cross-national study of gender and care commissioned by the United Nations Research Institute for Social Development. The larger study has as its aim to develop a better conceptual understanding of the gendered character of care in all sectors of society. The focus of this thematic paper is on the non-profit sector in South Africa with particular reference to care services delivered at the community level. NPOs constitute one component – alongside the state, the market and families/households – of the overall institutional arrangement providing care; this arrangement is referred to as the “care diamond” (Razavi 2007). This thematic paper works from the assumption that the South African NPO sector consists of a diverse cluster of care providers that are often loosely referred to as the ‘community’ or ‘voluntary’ or ‘non-market’ sector (Razavi 2007). Limited knowledge and understanding exists of what the differences are between the various types of NPOs, specifically with regards to their relations with government and donors. More specifically the objectives of this thematic paper are as follows:

- to explore existing policies and legislation that provide the mandate for the implementation of social care programmes by the non-profit sector;
- to understand the working relationships between, on the one hand, government and the non-profit sector, and on the other between donors and the non-profit sector and how this sector’s care work is influenced by government and donors; and
- to examine the gender dynamics of care in NPOs in relation to the nature and scope of the care programmes being implemented by voluntary organisations: the gender profile of carers and beneficiaries, remuneration, incentives, recruitment and perceptions of care providers.

Defining NPOs and the focus of the paper

For the purposes of this study, adapted criteria defined by Swilling and Russell (2002:7) were adopted to describe the NPO sector as:

- **Organised:** including both formally and informally organised NPOs with a relative persistence of goals, structures and activities and excluding *ad hoc* or temporary groups.
- **Private:** excluding government structures but able to receive funds from government or be contracted by government to deliver services/development activities.
- **Self-governing:** (relatively) autonomous, in control of its own activities and able to develop its own rules or protocols of operation.
- **Non-profit distributing:** generated profits are reinvested in the organisation to achieve the mission of being a public benefit organisation.
- **Voluntary:** no compulsion to participate in activities.

While registration as an NPO in terms of the NPO Act of 1998 is a requirement to receive public funds from most government departments, both registered and unregistered organisations were considered in this review. The focus of the paper is, however, on NPOs delivering welfare services in the community, specifically to children and the elderly.

There are three reasons for this choice of focus:

- Firstly, the voluntary welfare sector has an established tradition of service delivery.
- Secondly, these organisations provide the largest infrastructure of care services nationally through different types of non-governmental organisations (or NPOs) that have different institutional relations with the state, foreign and local donors and with civil society organisations.
- Thirdly, the vast historical backlogs in the delivery of health and welfare services coupled with pressures to respond to the care needs arising from the HIV and AIDS pandemic resulted to some extent in the adoption and implementation of community-based care strategies by voluntary organisations including community-based organisations (CBOs).
- Fourthly, the passage of new legislation in the post-apartheid era, including an

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