

**Integrating local economic development and social protection:
Experiences from South Africa**



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The programme’s activities are carried out within the Social Security Department of the International Labour Office and the Global Campaign on Social Security and Coverage for All.

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Experiences from South Africa**

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Integrating local economic development and social protection: Experiences from South Africa.

Fighting Social Exclusion

International Labour Office, Geneva 2008

ISBN: 978-92-2-120737-5 (print)

ISBN: 978-92-2-120738-2 (web pdf)

Social protection / local economic development / informal employment / informal economy / South Africa

02.03.1

Also available in Portuguese: *Integrar o desenvolvimento económico local e a protecção social: Experiências da África do Sul* (978-92-2-820737-8), Geneva, 2008.

ILO Cataloguing in Publication Data

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1. Introduction¹

1.1. Points of departure

The ILO's STEP (Strategies Tools to fight social Exclusion and Poverty) programme on the one hand, and its LED (Local Economic Development) programme on the other, seek to 'promote innovative approaches to integrate social protection to economic development, in order to reduce poverty and social exclusion in the world' (Terms of Reference, page 1). This paper draws on experience in South Africa, and our brief is to seek out examples from this region that show evidence of successfully linking or integrating social protection and local development. It is framed against the ILO's overall focus on decent work (which includes informal employment), the extension of social protection to all, and in the context of a commitment to the Millennium Development Goals.

Our point of departure is that the essence of local development, and local economic development, is the creation of more and better work opportunities for poorer women and men. The essence of social protection is improved security through better management of risks, and putting primary emphasis on risk prevention. The task of this project is to integrate these two and look for evidence of where this has happened successfully and sustainably.

We approach LED knowing how it means different things to different interest groups. As Rogerson says, LED can be seen as a 'spectrum of interventions', from pro-growth market-led approaches to pro-poor and market-critical approaches (Rogerson 2003). We appreciate how LED has been used to promote, explicitly or implicitly, a neo-liberal economic and development agenda. This version of LED, which has sometimes been promoted in parallel with decentralisation, is associated with local level competitiveness, attracting inward investment, and the identification of particular economic sectors for support. But in stylised terms, it is market-led and pro-growth – as well as worker-blind, gender-blind, and uncritical about the dangers of decentralisation. There is too much emphasis on growth and competitiveness, and not enough on how those forces can serve to consolidate or reproduce gendered patterns of poverty and inequality. It is possible, as in South Africa, to have a version of LED that factors in a pro-poor orientation, as well as a focus on job creation. But as Rogerson has argued, the pro-poor focus is clearer in rhetoric than in practice (Rogerson 2003).

Bringing the focus to our region, the major city of Durban has been much criticised for its attention to flagship projects such as the International Convention Centre, the Gateway complex, and the Point Waterfront development, as opposed to upgrading and extending access to community level, people driven services with a more immediate objective of poverty reduction (Robbins 2004; Robbins 2005). One of the major reasons identified for the failure of the Durban economy to provide for the needs of the disadvantaged majority is the marginal role urban stakeholders outside of big business and the local state have played in the formation, design and implementation of LED interventions (Nel et al 2003).

The move from 'social security' to 'social protection' accompanied the partial dismantling, in the last two decades of the last century, of the comprehensive social security systems in industrialised countries. For more than a century the ILO has moulded and shaped global understanding of social security and the social protection, and it appears that in about 1950, the

¹ This paper is a national report for South Africa based on case studies and recommendations of the authors in the context of the development of resources for a training program on Integrating Local Economic Development and Social Protection for CIARIS – LEARNING AND RESOURCES CENTRE ON SOCIAL INCLUSION.

ILO tacitly gave up on the idea of extending developed-country level benefits to countries worldwide (Lund and Srinivas 2000). More recently, however, the ILO has embarked on a campaign to extend social protection universally. In this paper, we take social protection to include medical/ health care, family allowances, health allowances, unemployment compensation, old age pensions, injuries or professional health related illness, maternity, invalidity, widow allowances, and the broader sense which includes housing, food and school allowances. We will make an argument for including child care service provision as well.

The context for this study is South Africa, just more than a decade after the transition to democracy in 1994. The ANC in exile, and the liberation movement internally, committed to a set of economic and political goals which would address poverty and racial inequality, and ensure the inclusion of the formerly disenfranchised. Gender equality was high on the agenda, as was a commitment to the welfare of children. The extent of actual achievements to date is hotly contested. On the downside poverty and inequality, as measured by moneymetric measures, have increased and deepened. Land reform has been slow, and the early commitment to adult basic education, which would be vital in enabling greater access of many poorer adults to employment, was renegeed on. The conservative macro-economic policy which was introduced in early 1996 had expressed commitment to job creation, but unemployment levels at first increased. The unemployment rate remains exceptionally high, at about 30 percent percent; there is also a high rate of contractualisation of formal jobs. The unemployed and the contractualised have little access to social protection.

At the same time, there has been a relatively good rollout of infrastructure; there has been restructuring in local Government, and democratically elected local Governments. There is a (poor) free health service, and an expensive private health service. Poor children are supposed to get nine years of free schooling. Ironically, the racially segregated spatial imperative of apartheid had put some public goods such as schools and clinics in quite remote rural areas. This enduring spatial dislocation has implications for both local economic development and social protection.

On the economic policy front, in April 2006 the Government announced the 'new' approach ASGISA – Accelerated and Shared Growth Initiative in South Africa - which, though espousing more emphasis on pro-poor measures, looks much like the old conservative GEAR (Growth, Employment and Reconstruction) policy wearing new clothes.

On the social protection front:

- Labour legislation has brought important categories of workers, such as domestic workers and agricultural workers, into the ambit of some aspects of protection such as unemployment insurance, and accident compensation.
- The non-contributory means tested cash transfers for elderly people, people with disabilities, and children in poor households go directly to more than ten million people of the whole population of 44 million, and indirectly benefit millions of others in their households. The pension for elderly and disabled people is currently valued at R820 (about 120US\$) per person per month, and the child support grant at a much lower R190 (about 30US\$) per poor child.
- The Government has committed to an Expanded Public Works Programme, to address in the short term the unemployment problem.
- The extensive private life and health insurance system is faced with new pressures because of the extent of HIV/ AIDS.

Political transition has been accompanied by the enormous historical tragedy of the spread of HIV/ AIDS, and this is not a health issue – it is a profoundly political and economic issue as well, which we will suggest changes the challenges faced by LED. Not least, it will increase the

numbers of people who will rely on the informal economy to find and make work, and this work is by definition ‘unprotected’.

1.2 Propositions

We are looking for a local economic development which is more protective and more pro-poor, and a social protection which enables economic activity. In developing the approach for this paper, we start with a few propositions which will frame the choice of case studies that follow.

- a) The importance of informal employment is under-estimated in both local development and social protection.
- b) For the poor, economic security and social security are indivisible.
- c) A gendered analysis of men’s and women’s differential access to and exclusion from local development initiatives, and social protection mechanisms, is essential. Such analysis has to have at its centre an analysis of the links between paid work and unpaid care work.
- d) As a matter of human rights, human development, and economic efficiency, it is better that risks are prevented rather than remedied *ex post*; for the poor, risks are inter-dependent.
- e) A core aspect of integrating social protection and LED, if the objective is to overcome poverty and exclusion, has to be to find processes for including less powerful and marginalised groups (whether the working poor, the junior ranks of local Government, the tiny but vital community based Organizations, the unpaid volunteers) in needs identification, and in the design, implementation and evaluation of programmes.
- f) In countries with high rates of AIDS prevalence, such as South Africa, there is a need to re-think the role of LED and the institutions delivering LED, in order to provide more support to very small enterprise development.

We address each of these in turn.

a) **The importance of informal employment is under-estimated in both local development and social protection**

A basic premise of this paper is that informal employment is a key missing link between poverty and growth (Chen et al 2005), and awareness of and support for informal employment is needed in both LED and in social protection.

The International Labour Organization (ILO) defines informal employment as follows:

The informal economy comprises informal employment (without secure contracts, worker benefits, or social protection) of two kinds:

- Self-employment in informal enterprises (small unregistered or unincorporated enterprises) including: employers, own account operators, and unpaid contributing family workers.
- Wage employment in informal jobs (for informal enterprises, formal enterprises, households, or no fixed employer), including: casual or day labourers, industrial outworkers, unregistered or undeclared workers, and unprotected contract, temporary and part-time workers.

In developing countries informal employment comprises one half to three quarters of non-agricultural employment. There are gendered aspects to the informal economy. Women's share of the overall labour force has increased nearly everywhere in the world (Chen et al 2005: 37). The quality of their jobs and the income earned is worse

Sixty per cent or more of women workers in the developing world (other than in northern Africa) are in informal employment. Informal employment is a larger source of employment for women than for men.

We are concerned about the low wages of many formal workers as well. Some low wage formal employment has social benefits attached (and especially for example in the large civil service in South Africa). We focus on informal work because it is by definition unregulated and unprotected, with heightened exposure to risks. If, as we do, we want to advocate for a framework which sees employment as one way of risk prevention, and if risk mitigation is also at the heart of social protection, then informal work must be centre-stage.

For various historical reasons the informal economy in South Africa as yet comprises a somewhat smaller component of the whole economy, with around 35 percent of the labour force in informal employment (about 20 percent in informal enterprises according to the ILO definition above, a further 10 percent in domestic work, many aspects of which are now covered by labour regulation, and 5 percent in subsistence agriculture). About the same proportion of men and women are in informal employment. Women earn much less, and more likely to be in wage employment than to be self-employed. Many women who work informally have no previous history of employment, and this will affect the potential for their inclusion in different kinds of LED.

b) For the poor, economic security and social security are indivisible

Economic security and social security are typically posed as conceptually different, and opposite, and autonomous. In mainstream economics, social security is seen as the residual category for those who do not benefit from economic growth policies. From the perspective of poorer people, economic and social security are intertwined. Poorer working people's primary need is for better incomes, and more secure and reliable incomes. When incomes are low, expensive and distant social services themselves become related to risky and lower incomes. Lack of access to health services lowers incomes, as does a delay in going to the health services; actions of local Governments in confiscating goods of informal workers in public places is a source of economic and social insecurity. Workers who are ostensibly self-employed but in fact dependent on one or two individuals or firms for sourcing their goods, are undone by the precariousness attached to delayed payments, erratic payments, and of course to no payment at all.

c) A gendered analysis of men's and women's differential access to and exclusion from local development initiatives, and social protection mechanisms, is essential. Such analysis has to have at its centre an analysis of the links between paid work and unpaid care work

There is a need for a gendered analysis of LED, and the way that biases operate to make them more or less accessible, in different ways, for men and for women. Simple and lumpy approaches which pose 'women' as a homogenous category are not helpful in terms of assessing access to the labour market – gender, class, race and caste will always intersect. It is possible, however, to generalise at fairly high levels. For example, a major focus of LED is the need for employment creation – but the discourse of competitive advantage, value chain analysis, and firm clustering is on the whole ungendered. What kinds of local level employment can generate what kinds of jobs for women and for men, which don't lead to even further precariousness.

On the social protection side, men's and women's different patterns of participation in the labour market determine differential access to a range of occupational social benefits associated with the workplace; in terms of access to state-generated entitlements, however, women may be better placed than men (as in the case in South Africa, as will be discussed).

There is one domain in which gender appears to trump race, class, and caste: all over the world, and seemingly irrespective of employment patterns, most of the unpaid care work done in society is done by women. Only a small fraction of all the caring work that is needed in a society gets done in the formal health and welfare services. The rest is done as unpaid caring work, overwhelmingly by women family members, some by neighbours and others in the local community. 'Each word in the term 'unpaid care work' is important:

- 'unpaid' meaning that the person doing the activity does not receive a wage for it;
- 'care' meaning that the activity serves people and their well-being;
- 'work' meaning that the activity has a cost in terms of time and energy and arises out of a social or contractual obligation, such as marriage or less formal social relationships (UNIFEM 2000).

Unpaid care work constrains access to and participation in productive work and income generating opportunities, including specifically opportunities that may be generated by LED. Lack of affordable social protection in turn increases the amount of unpaid care work that needs to be done – again by women. Wealthier women can buy care – from poorer women, or in private facilities.

A factor that assists with the invisibility of much of the unpaid care work is that it is concealed inside notions such as 'the community'. We are wary of approaches that uncritically advocate action by and responsibility of 'the community' and 'local social groups' – and which implicitly rely on assumptions about the infinite elasticity of women's time, which is what work done by 'the community' is actually primarily about.

d) In pursuit of social development and economic efficiency, it is better that risks are prevented rather than remedied ex post; for the poor, risks are inter-dependent

Risk management should be about prevention and management in the first place; but this is difficult for poor people to do. Risks are interdependent – for example, in the relationship between poor health and income, poor education and income, hazardous work and poor health.

Yet some instruments of social protection which advocate better risk management actually expect and encourage poorer people to expose themselves to greater risk – a careful reading of the World Bank's risk management approach shows this to be the case (Holzmann and Jorgenson 1999). There is growing acknowledgement, worldwide, that the insurance approach, when it is expected of poor people to provide for their own insurance, can be a hazardous and temporary venture for the poor.

We propose that state social protection entitlements can be a source of both income security and social security, can be used as a source of small but reliable income which can be used to manage risk and engage in very small enterprises. We propose that institutional fragmentation at local and national Government level - vertically and horizontally – is expensive for poorer people, and works against both employment creation and protection, as well as against access to social protection. Administrative inefficiencies have high costs to the poor; present bureaucratic arrangements not well suited to the changed world of work.

e) Inclusion of less powerful groups in needs identification, and in design and implementation

The rhetoric of inclusion and participation is widespread. Some advocate for participation as a fundamental value and human right, others on the more instrumental grounds of improved and appropriate policy design and implementation, others on the grounds of political stability. One reason for the promotion of decentralisation policies is that this is meant to enable greater participation of the poor.

South Africa in its transition to democracy has enfranchised all its citizens in national and local level political elections. The constitution commits all Government levels, and all policy arenas, to participative processes in between elections. Spaces for this broader participation have shrunk, and not just for the poor, but for the private sector and non-Governmental Organizations.

f) In countries with high rates of AIDS prevalence, such as South Africa, there is a need to re-think the role of LED and the institutions delivering LED, in order to provide more support to very small enterprise development

The South African AIDS epidemic is of a catastrophic nature. In 2004 the incidence was estimated at 21.5 percent. It is spread predominantly through heterosexual relationships, and disproportionately affects women. For the purposes of this paper we note especially that huge numbers of children are being orphaned; there is an increase in caring responsibilities of older family members; the health services are under extreme pressure and in many areas, people with AIDS are being sent home to be cared for in the terminal stages. AIDS rates also are high in 'the caring professions' – among teachers and nurses.

Government response at national level has been inconsistent, incoherent and unscientific at worst. Both the President's Office and the Health Minister have been advised by ill-informed 'experts', and then have also had 'spin doctors' who have confused the public and confounded many of the excellent and visionary educational efforts that there have been. Despite this, at community level there have been inspiring examples of voluntary efforts, where people have come together to mitigate the crisis.

It can be expected that as AIDS spreads, more people will turn to informal employment. At present, 'small enterprise' support policies target enterprises that are well on their way. The focus needs to turn to support for very small micro-enterprises.

1.3 Motivation for the case studies

The Annex to the Terms of Reference provided criteria to be used in the selection of case studies, and we have followed these. We present the criteria here, and at the end of each criterion, give the numbered case studies in brackets to which these criteria apply.

1. The experiences are based on sustainable projects and programs with a significant dimension. They do not represent isolated results nor anecdotic evidence. They can in principle be reproduced. (Case Studies One, Two, Three but *not* Four, as per agreement with ILO).
2. They are promoted at national or local level. They are integrated, complement or fill the gap of national /state social protection and/or economic development systems. (One, Two, Three and Four).
3. They are public (decentralized or not) (One, Three), community based (Two, Three, Four) or promoted by social and/or economic private actors (Two, Three).

4. They contribute to securing incomes and to access to social services. Experiences to be considered include preventive and mitigation measures (also called « insurance type») in the areas of social protection in the broader sense of the ILO, including social and health services. (One, Two, Three, Four).
5. The experiences are integrated in local development, and linked to economic activities i.e. income and employment generation/creation at the local level. (One, Two, Three, Four).

Before motivating for the studies that were chosen, we note that in agreement with the ILO we did not choose a more conventional insurance type case study. There are hundreds of such case studies, many done within the ILO. We know how important access to savings and credit institutions are for poor people. We are wary of microfinance as something poor people do themselves at their own expense or with temporary aid from development agencies. In this respect South Africa has some interesting developments in the extension to poorer people of formal banking and insurance, and this should certainly be explored, more especially if big banks can manage to work in a more flexible way at the local level, and can offer products that will both benefit people in support of their enterprises, and enable affordable savings mechanisms.

Case Study One: Local Government's role in addressing the HIV/ AIDS vulnerability of women street traders in Durban

Local Government is one obvious and major influence on how very small business people, such as street vendors or home workers, get access to different measures of social protection. This case study was chosen for its ability to demonstrate that reducing worker vulnerability is not just about finding spaces to link social protection to economic development – it must also primarily be about removing barriers to, and promoting the productive capacity of informal workers. The case shows how the institutional location of responsibility for informal traders and the conceptualisation of informal trade as an economic activity determine how well this will be understood and acted upon.

The study allowed exploration of the multiple and interdependent risks faced by informal workers, the extent to which different kinds of protection needs can be incorporated into existing support strategies, and the extent to which these depend on the presence or absence of worker representation towards an accountable, multi-sectoral and integrated informal worker support strategy. Importantly, the focus on HIV/AIDS shows that barriers to such integrated management are two-way. The Durban municipality has been ahead of other cities in terms of seeing informal entrepreneurial activity as an important part of economic development, and has provided progressive support to informal traders. However the institutional isolation of HIV/AIDS responsibility in Durban within Health has marginalised the epidemic as a health issue and has inhibited necessary collaborative efforts across local Government departments, including informal trade.

Case Study Two: Extending occupational health and safety (OHS) to the informal economy: informal small scale miners in KwaZulu-Natal

The second study demonstrates the need for a reconceptualised OHS for informal enterprises within social protection, and we argue that this has got to be at the heart of any integration of social protection and LED. The analysis of the sector-specific LED strategy for small scale

mining helps in understanding why sector expertise and knowledge are crucial for the promotion of enterprises, but that a lack of experience of working with informal workers can outweigh such advantages. The focus on OHS shows that barriers to informal worker protection can be attributed just as much to those conventionally responsible for social or labour protection, as to the attitudes and capacity of those directly supporting informal workers.

Another reason for choosing the mining sector is that LED is often considered by default as an urban issue. The case study on OHS for informal miners was chosen for its rural focus and this then brings to the surface the implications of poor and under-resourced rural municipalities for the promotion of LED and worker protection. The case highlights really important institutional issues: it shows the especially important role played by national and sector level government stakeholders in LED in this context, but that both horizontal and vertical integration of government institutions is necessary to ensure that the broader range of worker support needs can be identified and tackled. Finally, extending protection to informal workers can seem an overwhelming task. A more specific focus on one aspect of protection in this case helps to find ways of breaking down the problem into smaller and more manageable tasks to which different stakeholders can contribute.

Case Study Three: Access to a welfare entitlement through initiatives in the health service: the Child Support Grant in a rural and an urban area

Poor children are entitled to a modest means tested cash transfer, the Child Support Grant. Major barriers to access to the CSG reside in the application system, and the transaction costs for caregivers of poor young children are very high. In these case studies we present good practice examples. First is a case where there were major administrative barriers to access, and where the rural public health facility assisted with access to entitlements, at the same time as locating the CSG in the centre of other development interventions such as community gardens. The second is an example from an urban township where simple co-operative action between the public health facility, the grant administration, and volunteers enabled significantly better and cheaper access to the grant.

Case Study Four: Child care as a measure of social protection, and as component of local economic development: the proposed public works programme

Child care has not historically been one of the ILO's core components of social security. We use this case study to argue that:

- poorer women's ability to improve their incomes is dependent on affordable provision of child care;
- positive early intervention programmes in support of very young children have lifetime developmental effects, mitigating against the cross-generational transmission of poverty;
- the field of early childhood education can be an employment generator (albeit at low incomes) for masses of women.

We propose that demographic changes, and changes in the nature of the labour market, and in women's and men's participation in the labour force, mean that child care should be considered one of the core contingencies. Child care can be seen both as social protection (for mothers and children) and as a way of generating local level employment.

The South African Government has introduced plans for large-scale creation of employment opportunities for women in a public works programme, with a significant element of training involved, in the Early Childhood Development (ECD) field. This case study has not yet been tested as 'a sustainable project with a significant dimension'. It is in the planning and pilot stages. We thought it to be of significant conceptual interest in terms of providing a meeting ground between social protection and LED, that it should be included, and got the agreement of the ILO for this. If the programme does succeed, it will be national in scope, a partnership between Government and the private not-for-profit NGO and community based sectors, and will generate employment while contributing to child care provision.

2. The case studies

2.1 Case Study One: Local Government's role in addressing the HIV/AIDS vulnerability of women street traders in Durban

The informal trade sector in South Africa is disproportionately occupied by poor, marginalised and unprotected women who are self-employed, operate at survivalist level and who more often than not lack any genuine representation or participation in decisions that impact on their livelihood security and working conditions. Many of the key socio-economic characteristics of women street traders are also key determinants of susceptibility to HIV/AIDS (Barnett and Whiteside 2002; Baylies and Bujra 2001). Gender inequality and economic marginalisation are inherent in street trading and are two of the most important underlying causes of women's heightened vulnerability to the epidemic.

In South Africa, responsibility for HIV/AIDS has been broadened to all sectors of Government, including provincial and local. Local Government is already also tasked with the responsibility for promoting and managing informal trade and for the promotion of social and economic development and citizen participation. Local Government therefore has a fundamentally important role to play in reducing the vulnerability of women street traders to HIV/AIDS. Durban local Government's adoption of a progressive informal economy policy that aims to integrate informal work into economic and urban planning provides a useful context in which to assess the possibility of a targeted and integrated approach to the management and regulation of informal trade, and how this may practically influence broader vulnerability to HIV/AIDS.

This case-study is drawn from research by Lee (2004) in which in-depth interviews with local Government staff and external stakeholders were used to investigate institutional perspectives on the significance of HIV/AIDS and the importance of creating appropriate local level interventions within informal trade settings in Durban. Current management and support strategies for informal trade were examined to assess whether these create an enabling environment for women to protect themselves and their enterprises against the threat and impact of HIV/AIDS.

Economic marginalisation is not only a major cause of HIV/AIDS vulnerability but also a significant consequence of it. Because women have a greater reliance on informal employment than men, the detrimental effects of HIV/AIDS on the informal economy will have a greater impact on women than men. Women's enterprises rely on a lower labour base and are therefore likely to fail if the enterprise owner falls sick (ILO 2001); the great majority of the self-employed people surveyed in a town in the north of KwaZulu-Natal said that their businesses had stopped operating the last time they were sick (Lund and Ardington 2006). In addition, disproportionate responsibilities for care placed on women draw them away from productive work when household members are sick. Reduced capacity to work, rising expenditure associated with illness and the absence of social protection impact negatively on women's already low and irregular income flow and are likely to cause a downward spiral into deep and chronic poverty that further increases vulnerability to HIV/AIDS infection. The size and economic contribution of informal trade in cities such as Durban mean that reduced productive capacity of traders due to HIV/AIDS will also impact negatively on LED.

Increases in HIV/AIDS related mortality have been disproportionately borne by poor women (Nattrass 2003). There is limited data to empirically measure the risk of HIV infection to street traders generally and women street traders in particular. Those working closely with street traders in Durban however, felt that the epidemic was a significant problem. The high turnover rate of trading site permits was attributed to high HIV/AIDS related mortality by one local



Government official. This information is anecdotal and stigma, discrimination and denial result in a lack of disclosure of positive HIV status among street traders more generally.

Productive capacity and the ability of women street traders to protect themselves and their enterprise against the threat and impact of HIV/AIDS are inextricably linked. The recognition and management of informal trade as an economic activity; the way in which LED strategies to boost productivity in the informal economy incorporate women street traders by taking account of their particular needs and vulnerabilities; the inclusion of more direct HIV/AIDS intervention measures as part of such strategies - all of these have an inherent and significant impact on the economic, social and health security of informal women traders.

Since 1995 the working environment for many street traders in Durban has improved significantly, with major infrastructural development, indicating a degree of political prioritisation of street trading (Skinner 1999). Much of this development has taken place as part of the Warwick Junction Urban Renewal Project (URP), which is an area-based and therefore multi-sectoral management programme located on the periphery of Durban's Central Business District (CBD). The area contains almost two-thirds of the traders in the central city, the majority of whom are women. The URP has achieved significant success in public transport and services, infrastructure and facilities for traders, environmental upgrades, affordable accommodation provision and social centres. The majority of traders in this area can now legally pursue their activities without fear of police harassment and intimidation. Developments in informal trade infrastructure and facilities under the URP are motivated by the need for efficient planning, regulation and co-ordination of activities, more as a foundation to safeguard and promote formal trade, investment and the overall state of the city and its development than to support the specific needs of marginalised workers. However, such activities have indirectly addressed some of the needs of informal traders and have gone some way towards achieving a foundation of basic security from which to pursue productive activity.

Recently however, institutional changes made to prioritise specific sectors for economic development for the city seem to have marginalised the department for informal trade and the support needs of particularly the poorest and most vulnerable traders themselves. The Business Support Department which was once fully integrated within the former Informal Trade and Small Business Opportunities Department (ITSBO), is now overseeing eight business development sectors e.g. construction, manufacturing and retail. The Informal Trade Department constitutes one of these sectors and is responsible for the implementation of Durban's informal economy policy.

The new institutional arrangement means that informal trade, which has comparatively low economic growth prospects, competes with formal, high growth, competitive sectors for these crucial services. Business Support has prioritised services for larger and more profitable enterprises including formal businesses and to a lesser extent informal traders with a higher resource base (mostly men), who have been able to register their business and have the legal permission to trade. Difficulties in achieving permission to operate consequently and inevitably

exclude marginalised street traders from business support and services. This is compounded by traders' lack of understanding of legal rights and responsibilities and there has been minimal intervention to improve information dissemination in this regard. Given their lower education and limited bargaining power, this undoubtedly has a more serious impact on women than on men.

Measures to improve the productive skills and capacity of traders are important in reducing vulnerability to HIV/AIDS and mitigating the impacts of the epidemic. Appropriate training could enhance productivity and income and assist people out of marginal, over-subscribed activities (Skinner 2000). The Informal Trade Department aims to facilitate training through external providers or other local Government departments. Since 2000, and following consultation with traders in the city, the department has 'tried' to implement two one to two week full-time training sessions per year. Consultation to identify training needs has not been on-going and the target number of sessions has not always been achieved. Training courses in business management by a correspondence university have also been facilitated. However, the full-time nature of both of these types of training has limited both attendance and course completion especially by the poorest women traders who work alone and simply cannot afford to leave their stalls.

In contrast, City Health has co-ordinated weekly half-day training workshops for traders since 1994. Participants attend a seven week training block. Sessions largely focus on sector specific environmental health but have also covered areas such as occupational health, business management, budgeting, basic accounting and finance skills. These sessions take place during quieter trading times and therefore allow greater participation. However, the driving motivation for this training is to improve environmental health and therefore those operating outside of the food sector have been largely excluded. Further, there is a near total absence of training and support services for those who do not work inside the URP area.

Some studies have highlighted the links between access to finance for women in small enterprises and managing the impact of HIV on households, through avoiding irreversible coping strategies (e.g. Donohue 2000). Training may be more likely to boost productivity if accompanied with access to credit. While the city's Business Support Department has secured finance for small and medium-sized construction and manufacturing firms, there is little evidence of progress in facilitating access for survivalist and micro entrepreneurs largely due to the attitude that the sector is 'unsustainable'.

Those working directly with traders report that implementation of the informal economy policy has been slow. Registration processes are complex and bureaucratic and therefore difficult for under-resourced and uneducated traders. Law enforcement to remove traders to try and promote investment in the city has taken priority over service and support delivery, particularly in the major formal retail areas, and there has been poor co-ordination between different government departments with the exception of the URP. Secure access to a permanent place to trade, the protection of property, a secure environment, police protection and access to information about bylaws all contribute to the sustainability of women's enterprises and livelihoods, and assist to create the conditions where women can prevent their long-term vulnerability to HIV/AIDS. These are all undermined by the lack of an integrated, accountable and well implemented informal trade regulation and management strategy.

Participatory organising is crucial to ensure informal workers are recognised as economic actors; to defend their legal and institutional rights; and negotiate for improvements in working conditions. While trader Organizations were extensively consulted during the planning of the informal economy policy there is an absence of efficient structures, committees and networks of trader representatives working with management to ensure continuous participation. The research revealed a key role for local Government to support poorly resourced trader associations to better represent and educate their members. With the exception of support provided by City Health for the formation of an association of those trading in traditional

medicine, no evidence was found of any such necessary capacity building efforts by local Government for other trader Organizations.

In addition to promoting the productive capacity of women traders, specific and targeted interventions to tackle the HIV/AIDS epidemic are necessary. The research in Durban showed that the extent to which direct measures can be implemented depends on local Government's conceptualisation of informal trade itself and the perceived impact of AIDS upon it. These in turn are again heavily dependent on the way in which informal trade is managed but also importantly on the conceptualisation and institutional management of HIV/AIDS intervention itself.

HIV/AIDS intervention for informal traders was not prioritised by those in management and decision making positions in LED, as HIV/ AIDS is not understood as an economic issue. Some officials made clear that it would only become an issue for economic development if large numbers of skilled workers were affected. Underlying these attitudes is the belief that informal trade is unsustainable and is not an important factor in LED. The institutional marginalisation of support for informal traders is perhaps both a cause and consequence of this. However, poor vertical and horizontal communication within local Government departments can also help explain the lack of awareness at management level of the extent of the impact of HIV/AIDS on informal enterprises and perhaps therefore their unwillingness to consider intervention. Those working directly with traders and those working within the AIDS field reported a dramatic negative impact of HIV/AIDS on women traders' ability to work and progress due to their own sickness or because of care responsibilities for others. An absence of information sharing also meant there was little understanding at senior levels about how some bylaws such as the 'one trader one site' rule can exacerbate economic vulnerability to the impact of HIV/AIDS by not permitting traders to employ others on their stall if they are unable to work themselves.

The fixed location of local Government's HIV/AIDS response within City Health perpetuates the conceptual and practical divide between HIV/AIDS and economic activity. The AIDS Training, Information and Counselling Centre (ATICC) has worked to mainstream HIV/AIDS across departments within health but has made little progress in raising awareness within local Government more generally of the need to prioritise and take responsibility for addressing the epidemic. This, and an identified lack of committed leadership to addressing HIV/AIDS both at the municipal and national level, can help to explain the absence of any clear guidelines on how different government departments should integrate responses to HIV/AIDS within their roles, responsibilities and priorities and why the necessary co-ordination between government departments to reach informal traders has not been achieved.

The lack of guidance at management level leaves informal traders dependent on the responsiveness and capacity of those delivering health services to take account of and integrate their specific needs and vulnerabilities. The study identified mixed attitudes about the appropriateness and quality of HIV/AIDS services delivered by health clinics located close to trading sites. Some felt that at least one of the clinics offered an efficiently run and well-used treatment service that was very accessible to traders. The privately run Voluntary Counselling and Testing centre located in Warwick Junction has also been successful in providing testing and counselling services to street traders. Others felt that all existing services were limited in capacity and quality and that inefficiency and lack of resources meant that waiting times resulted in high opportunity costs for traders seeking information, treatment or care in the form of lost wages and the potential loss of sites. This also raises questions over whether opening times and staff rotas are oriented appropriately towards the demands of local traders. Furthermore, none of the locally accessible clinics for traders currently provide antiretrovirals.

There has been minimal attention to appropriate health education and promotion for traders. As mentioned Environmental Health has implemented seven-week training blocks and one-half day workshop is dedicated to HIV/AIDS and sexual health. ATICC has provided some technical support for this including training materials and guidance but by their own admission

this has been ad hoc. Again, those not trading in food have largely been excluded from this process. The wide institutional distance between City Health and Informal Trade has inhibited an integrated response to HIV/AIDS vulnerability amongst traders and according to those external to the local Government has prevented officials making use of existing capacities to deliver more appropriate and targeted HIV/AIDS intervention strategies.

Summary of major themes / lessons

- Macro-level trade and industry policies trickle down to LED approaches, especially when they converge with ‘world class cities’ approach. This can mitigate against pro-poor space at local level, even when some parts of local Government are committed to inclusion of the poor.
- ‘Local Government’ is in fact a diverse and heterogeneous institution. It can have a progressive attitude and policy in cluster of departments, and not in another. There is a need for horizontal agreement and coherence.
- Economic development is seen as a separate issue to health issue – social and economic are institutionally separated, seen as autonomous, and are delivered by different agencies.
- Officials worry about the status of the city centre, and hence give more regulatory attention to the visibility street vendors in the central city. If LED is to be pro-poor, then more attention needs to be paid to the local area as a whole – including the more peripheral parts of the city – and the linkages between the core and the periphery.
- There is a large gap between good policy and effective implementation.
- Beliefs and attitudes about ‘the poor’, and people with AIDS, lead to labelling, and this in turn serves to marginalise and stigmatise.
- When training is offered to poorer informal workers, this should be designed with an awareness of their needs as economic actors, and as carers.
- There is a need for enduring spaces for participation and representation.
- Inefficiencies in health services have high opportunity costs for poorer traders.

2.2 Case Study Two: Extending occupational health and safety to the informal economy: informal small scale miners in KwaZulu-Natal

Since 1994 there has been an increase in both informal and artisanal small scale mining (SSM) in South Africa due to the relaxing of strict legislation during the apartheid era (MEPC 1998). A shift in government attitude at a national and sector level has also led to programmes and strategies to support the sub-sector as a potential source of rural employment and local economic development (Mutemeri and Peterson 2002). This case study is based on research conducted by Marriott (2006) to analyse the potential for extending occupational health and safety, as one measure of social protection, to those working informally in this sub-sector in largely deprived rural localities.



The research focussed on one kaolin mine and one clay/coal mine within KwaZulu-Natal. It used in-depth interviews with workers and a range of identified stakeholders to investigate the health and safety challenges faced by informal miners; the nature of the support provided to small scale mining by the Department of Minerals and Energy (DME); and the institutional processes acting through national, provincial and local structures that do or could influence workers' access to occupational health and safety (OHS).

The kaolin mine in Ndwedwe is worked by between 150 and 250 women miners who mine, process and then travel to sell the kaolin balls at Warwick Junction market in Durban. One male worker is paid by the women to dig rocks to expose the kaolin and the women then work in underground shafts with rudimentary tools and no safety equipment. The workers range from late teens to early seventies. Income estimates given by the women ranged from R600 to R1600 per month² although most were at the lower end.

The mine is located within Ndwedwe Municipality about 55 km North West of Durban. Ndwedwe is poor and underdeveloped. The provision of facilities and amenities and the extent of service provision throughout the area are strictly limited. Unemployment stands at 56 percent of a population just less than 170,000 and there is little formal employment. The Ndwedwe Municipality was recently formed in 2000 and lacks both financial and human resources.

The clay/coal mine is in Blaaubosch in the northern part of the province, and is worked by between 500 and 600 miners. Men and women work of all ages. The mine sprawls across the village and incorporates many of the local houses and is now endangering the school. The clay and coal is used to make and fire bricks which are sold for informal construction. Sourcing coal is the most dangerous work activity. Sales are extremely precarious and some of the workers go for several months with no income. It was also mentioned that competition has increased in recent years as more people have started mining. During the colder winter months some of the workers also sell the coal mined for heating purposes to supplement their income. Income estimates were extremely difficult for the workers to make. Informal research conducted by a mining company stakeholder estimated that each family production unit earned between R300 and R400 per month after paying for materials and rent for use of the land.

² Between US\$95 and \$255.



The mine is located within Newcastle Municipality and lies 20km outside of Newcastle town itself. The majority of households within the municipality have access to basic services but it was noted from observation that Blaaubosch was considerably less developed in this regard than the neighbouring townships. The municipality unemployment rate was 54 percent in 2005 out of a population of 333, 000, and had increased by 14 percent since 1996. Such a dramatic rise can be partly explained by the wide scale closure of formal mines in the region.

The numbers employed at each mine and the short supply chains oriented towards local markets highlight the contribution each mine can and does make to LED. However, the research identified numerous and severe work related injuries and illnesses that have a negative impact on productivity due to lost work time or reduced capacity. Estimates of the number of work fatalities ranged from three to six for Ndwedwe and 10 to 15 for Blaaubosch since the early 1990s. Some of the reported injuries, including broken and fractured limbs, head and spine injuries and amputations, resulted in substantial lost work time and a reduction in already low incomes. The higher number of workers suffering musculoskeletal pain and health problems such as chest pain, breathing difficulties and skin problems indicates that any effective OHS intervention would need to pay substantial attention to work Organization, ergonomics and health, in addition to safety. The proximity of the mines to roads or residential areas as well as the involvement or presence of children and other community members at the work site also present substantial public and environmental health and safety challenges.

Poor working conditions have a detrimental impact on productivity and therefore both LED and the health and economic security of the workers. Despite each site being targeted as part of the DME's small scale mining strategy to promote LED however, the research identified no significant OHS interventions to date. There was little evidence of activities to specifically promote occupational health. A training programme for small scale miners established by the mining sector education authority included an OHS module. However it was geared towards those with higher levels of education and those who could afford to take time off work to attend workshops taking place far from the work site- a typical problem with service provision in support of small enterprises. This finding shadows the problem with appropriate training in the previous case study.

The study aimed to identify the potential range of actors who could be involved in extending health and safety protection to informal miners. It included both conventional OHS actors, and then those who do not now typically take responsibility for OHS for informal workers, but who are in the environment in which informal workers work, and whose role could be shifted in this direction. There were significant barriers both in terms of the responsiveness of mainstream OHS mechanisms to informal working contexts, and in the ability of other stakeholders to recognise and incorporate health and safety into existing roles and responsibilities.

The lack of response from conventional OHS mechanisms through the DME to the identified problems at each mine site was largely due to a narrow and inflexible conception of the function and practice of OHS. As found in other international studies, the implementation of OHS was:

- vertically driven – decision making was top-down and unresponsive to requests and suggestions by those inspectors responsible for visiting the informal mine sites;

- technocratic – a preoccupation with scientifically measuring such things as dust exposure levels to identify culpability seemed to distract from the primary aim of promoting worker health;
- resource intensive - equipment used in large scale formal mining is expensive and technically advanced. Its use on informal mines was considered inappropriate but cheaper and more appropriate alternatives have not been developed.

These factors, and a preoccupation with compliance, monitoring and enforcement of employer responsibility means that current mechanisms remain largely inappropriate for poor informal self-employed workers who have neither an employer to hold to account nor the resources to implement existing OHS protocol. The attitude of conventional OHS stakeholders was clear – health and safety implementation was only possible once mining operations have been legally formalised. The absence of an OHS policy for informal miners, low dedicated human and financial resources, and the lack of space for strategising informal worker OHS and for incorporating worker participation were both a cause and consequence of this static approach. They are also more general symptoms of the low political and financial priority given to OHS at the national and international level.

The study found that a shift in attitude from conventional OHS stakeholders could open up opportunities for simpler and cheaper methods to improve individual and group practice and overcome some of the identified barriers associated with the workers themselves. Suggestions that low incomes prevent workers buying necessary safety equipment for example, immediately raised the question of whether cheaper alternatives or alternative funding sources had been investigated. Perceived barriers such as low education levels and stubborn individualistic attitudes could potentially be overcome and challenged by appropriately designed OHS strategies themselves. Poverty drives hazardous time-saving work practice in order to get a better income. What might help to motivate behaviour change would be to promote a better understanding of how injuries and illnesses lead to lost work time and therefore lowered income.

Constraints to the development of more appropriate and responsive OHS strategies included the lack of space and resources provided for thinking about and implementing alternatives. Also, and as found for many conventional OHS mechanisms, there was a complete absence of worker participation (Pringle and Frost 2003). One way forward for OHS institutions such as the DME's Mining Inspectorate might be to explore and learn from worker-led approaches promoted by an Organization in India called PRIA. For the last two decades PRIA has run self-diagnosis workshops and developed participatory risk management strategies to encourage self-regulation of health and safety in the informal economy (PRIA 2004). For this to happen in South Africa there is a crucial need to raise the profile of small scale mining generally within the Mining Inspectorate and to remove the artificial and unhelpful barrier between legal and informal mines. OHS is poor in both, and often for similar reasons. It makes sense to tackle these under one strategy that recognises the many distinct challenges of the sub-sector and of small scale enterprises more generally.

For most people there appears to be a deep divide between what are considered public, citizen or social issues, such as health, and those issues to do with workers and their economic activity. Such difficulties suggest the need to reframe the OHS and informal work problem at the level of both policy and implementation. However the sources of worker vulnerability to occupational injury or illness identified through the study clearly indicate the limitations of what OHS mechanisms can achieve on their own. For example, the insecurity of work premises was a disincentive to the investment of resources to improve site conditions; the urgency of earning an income was directly undermining safe practice, and was leading to self-exploitation and increased exposure to risk in the form of long working hours; and the lack of water and sanitation facilities on each site was clearly contributing to worker and public health problems.

In cases where workers are mining abandoned mines with depleted resources sometimes nothing can be done to eliminate severe safety risks. Tackling such challenges and vulnerabilities are beyond the scope of even well resourced and flexible OHS institutions. This, and the clear impact of the mining activities on both environmental and public health, highlight the necessity of, and opportunities for, both local Government departments and those responsible for promoting the sub-sector more generally to play a role in improving working conditions.

There was little understanding of the interdependent links between the responsibilities of non-conventional OHS Government stakeholders and occupation-related health and safety. Three useful but unelaborated suggestions were made about the potential role of primary health care facilities in monitoring and treating occupational health problems, the comparative advantage that Environmental Health might have as a local and easily contactable OHS player and the potential extension of local Government's health and safety mandate to cover informal mine work activities.

However, even for those who could make the conceptual link between OHS and the responsibilities of other government stakeholders, the lack of a worker focus more generally, the institutional boundaries within which people work, their limited OHS knowledge, the major financial and human resource constraints they face, and the absence of any sense of responsibility to independently intervene to improve conditions on either mine present significant barriers to any actual OHS intervention. Breaking down the components of the OHS problem in a more immediate and practical way in some form of policy dialogue, may help to demonstrate the ways in which government departments can get involved on their own terms and using existing resources and their own expertise. An obvious example from this study was the absence of water and sanitation facilities on site that could be provided under local Government's service delivery strategy. The problem of contaminated water at Blaaubosch could also be tackled under the remit of environmental health or water affairs.

The suggestions made about the potential role of the Department of Health, and Environmental Health in particular, could be usefully explored at a practical level by further breaking down the various components of existing health policy to find where elements of OHS can most easily be incorporated. The nature of the OHS problems identified in small scale mining suggests that in addition to environmental health, and as found in other studies on OHS and informal work, further overlapping interests might be found in public health (e.g. Nuwayhid 2004), health promotion and in primary health care (e.g. London 1993).

The barriers to the independent and voluntary participation of both conventional and non-conventional OHS stakeholders in extending health and safety protection to informal small scale miners clearly indicate the need for a SSM promotion strategy that can work to both identify various sources of worker vulnerability, such as poor OHS, and effectively support the co-ordination of stakeholders necessary to provide comprehensive and effective support. The sector specific nature of mine health and safety, as well as its institutional location within a department that initiated and now manages this promotion strategy, arguably present some unique advantages for achieving such co-ordination for OHS. However, a number of identified deficiencies within the strategy mean that it fails to do so.

The DME's strategy suffers from a variety of common but serious management problems that cause delays and threaten the viability of formalisation. High staff turnover, a lack of accountability, the dependence on personalities rather than institutionalised systems and poor communication that causes time-wasting and duplication of effort, all contribute to delays in providing support. More fundamentally the strategy is guided by a narrow understanding of what is needed to promote informal mining; it focuses almost exclusively on completing the necessary legal processes to secure a formal mining license. The structure of the framework built to deliver the SSM strategy reflects this preoccupation by incorporating the full and genuine participation of only those institutions that have a role to play in legalisation. On the

other hand, the necessary involvement of local Government stakeholders, who have a key role in promoting LED and who are widely regarded as more appropriately positioned to respond to the varied support needs of informal workers (e.g. Lund 1998; Rogerson 2004), is clearly spelt out in the DME's SSM policy (1998) but is not achieved in practice. The same applies to the involvement of the Mining Inspectorate itself. The absence of both vertical and horizontal integration across government departments to identify and address the support the needs of informal miners is a consequence of the Small Scale Mining Directorate's centralised and inflexible management structures, the appointment of inexperienced and inappropriate stakeholders in positions of considerable decision making responsibility, and, perhaps most clearly, the distance and lack of accountability of such decision makers to the workers they aim to assist. Such characteristics also mean that as with the national Government framework for SMME support, the needs of the poorest workers operating at survivalist level are rarely fulfilled.

A very good example of the importance of institutional co-ordination within Government to extend OHS to informal miners came out of the study. Private mine companies were identified through the research as one of the most appropriate stakeholders to promote OHS on informal mines. In order to obtain a mining license mining companies are required by the DME to design and implement social and labour plans to contribute to LED in the areas in which they operate. This contribution to LED must be guided by the relevant local Government's Integrated Development Plan (IDP). What is clear is that the private mining companies' involvement in the support of small scale mining could be easily secured if small scale mining featured in the local Government IDPs. For this to happen would require the genuine inclusion of local Governments in the DME's SSM strategy and further support to promote the potential contribution of SSM to LED within resource poor municipalities. The opportunity presented requires improved institutional communication and collaboration and would not necessarily involve any additional resources. The current management of the DME's SSM strategy leaves little room to take advantage of this sector specific opportunity.

The study highlighted that labour protection must be understood and tackled in terms of the realities of the changed world of work and the very real challenges of poverty and other sources of vulnerability faced by those in precarious and informal employment. Conventional OHS mechanisms operate through conventional employment relationships and remain largely irrelevant and unresponsive to the health and safety needs of informal workers. The inadequacy of orthodox methods however, does not mean abandoning the institutions through which they have been historically delivered but that such mechanisms must be reoriented towards, and be more responsive to, the changing work context. OHS requires technical expertise and experience that can only be delivered from within the profession itself.

Summary of major themes / lessons

- In looking to link social protection and LED, it is important, as in this study, to seek out people who are already making their own work – and explore how to improve those conditions of work. Small enterprise support too often seeks out a) the unemployed or b) those who work in relatively large enterprises. This study captures those who fall into the cracks, and addressed a sector in terms of LED and social protection.
- Workers face high risks and hazards, and could undertake some self-initiated OHS measures. But they are driven by the need for income to take shortcuts which themselves heighten risk.
- The world of work has changed, but the conceptual framework governing the regulation of conditions of work – the discipline of OHS – has not.

- In the case of Blaaubosch, the informal mining poses high risks and hazards to the public as well as to the workers. The more work takes place in ‘atypical places’ (such as on the streets, on waste sites, in informal mines), the more it will become clear that the way ‘health services’ are traditionally structured will be inadequate to the task. It becomes impossible to separate out OHS, environmental health, and public health.
- The national department mines wants to assist – but it has no operations at local level. DMM needs to include local Government in its strategy; and local Government development plans should include small scale mining.
- The local Government could have a role to play – but the national and the local levels do not meet over this sector.

2.3 Case Study Three: Access to a welfare entitlement through initiatives in the health service: the Child Support Grant in a rural and an urban area

Poor children in South Africa are entitled to a modest means tested cash transfer, the Child Support Grant (CSG). Major barriers to accessing the CSG reside in various stages in the application system, and the transaction costs for poorer caregivers of poor young children are very high. This case-study³ presents a good practice example of how various government departments worked together at the local level to facilitate access to the CSG through rural health facilities. This lowered the costs, in terms of time and money, of poorer women’s getting access to what is their right and entitlement.

The initiative arose out of research and a growing understanding of the link between the work of the department of health in preventing child malnutrition and income security. Research and development activities to improve the management of severe childhood malnutrition in rural hospitals have been continuing in the impoverished former Transkei “homeland” in South Africa since 1998. While much work has been done in partnership with the Health Systems Trust NGO and the School of Public Health at the University of the Western Cape to improve hospital care, follow up research in the north-west of the province, and particularly focused on the Alfred Nzo District, revealed that only a minority of mothers of discharged children were able to implement the nutrition guidelines provided by the health facility. Eighty percent of households with an undernourished child had no stable employment income.

Despite all households qualifying for the CSG, none was receiving it. Major access barriers included the absence of identification documents for both child and parent and the costs involved in repeatedly visiting relevant government departments to chase up submitted applications. A number of households did not know how to access the grant.

A cross-disciplinary team was established at each of the 11 district hospitals and one regional hospital to improve the hospital management of child nutrition. Multi-sectoral district level teams were also established to improve access to the CSG. Involved in the latter were home affairs, social development, agriculture, ward councilors, nutrition officers, community liaison officers and pediatric and maternity nurses and staff from the health facilities. The purpose of the team was to improve co-ordination of services at different points of the registering and application process. In practice this worked in the following ways.

³ The case-study draws from information collected from interviews with two key stakeholders involved in the initiative – Mrs September and Dr Thandi Pouane. Both work in the School of Public Health, University of the Western Cape.

Working at the root of the problem – the absence of birth registration and therefore birth certificate – the matrons in each maternity ward were trained to ensure each midwife completes the necessary birth notification form for each delivery. In some hospitals this form is then handed to the mother who is informed to take it to the Department of Home Affairs (DHA) and collect the child's birth certificate before visiting Social Development to apply for the CSG. In other hospitals co-ordination has improved to such an extent that Maternity Matrons send a weekly batch of birth notification forms directly to the DHA. The DHA then ensures that birth certificates are ready for collection by a specific day within the same week.

When an undernourished child is admitted to hospital, paediatric nurses check for a birth certificate. If there is no certificate the nurse now immediately refers the primary carer, while the child is still in hospital, to go to the DHA to apply. The carer is given a 'special care' letter from the hospital so that when she visits the DHA she is given priority attention. This allows her to return to their child's bedside as soon as possible and ensures that the CSG application process is at least started before the child is discharged.

If an undernourished child is admitted who has a birth certificate and who has applied for, but is not receiving, the CSG, the pediatric nurse contacts Social Development for their assistance. Where a social development officer is located within the hospital or nearby this officer will visit the child and carer to discuss their application and to investigate the reason for the delay within the administrative process.

A register is kept for all cases where an undernourished child has been treated and discharged to monitor progress in the birth certificate and CSG application process. This register is disseminated to community health and liaison officers in the locality where the child resides to follow up both on the implementation of nutrition guidelines and the CSG application process. As a result of this contact, when further delays are experienced in accessing the grant, food parcels are delivered to affected households via Social Development.

In the first year of implementation monthly meetings took place to monitor the number of birth certificates and successful CSG applications. Results were positive and by the end of the first year there was substantially less children without birth certificates. Access to the CSG had also significantly improved but there were still many children waiting due to delays in the application process. This indicates that more work needs to be done within Social Development to improve efficiency. A quarterly monitoring meeting now takes place and is attended by those different government departments represented in the multi-sectoral teams. While delays in the CSG application process continue, the improvements already made appear sustainable as departments are continuing to work together with the rural health facilities.

The development of a multi-sectoral team to facilitate access to the CSG via rural health clinics and hospitals was facilitated by Mrs September, a seconded researcher whose role is to support the Department of Health in using research and information for effective management and to transfer the focus of health from curative to preventative care. Her role in encouraging departments to conduct self-evaluations and work together was not easy but was in some ways facilitated by the fact that she had previously been employed by the Department of Health and therefore was very familiar with internal processes, language, attitudes and behaviour. Her previous position also earned her respect within Health. However, the process was also assisted by media attention to the problem. Research findings on child malnutrition were used as a basis for a sustained advocacy campaign comprising formal submissions to Government, newspaper articles that instigated questions in parliament and a prime-time television documentary. The latter prompted immediate intervention by the Minister of Social Development. This, and continuing advocacy efforts in collaboration with an alliance of child welfare non governmental organizations, sustained efforts to improve cross departmental collaboration in the interests of malnourished children and their households.

At a practical level, one of the most significant barriers in the management of the process was the difficulty in overcoming professional boundaries between those departments involved. The

DHA officers were particularly reluctant as they did not see the relevance of their role in the process. The birth notification forms were previously completed by the DHA alone and, due to a lack of understanding on the importance of the health data section, were sent to head office without any health indicators. Mrs September explained that changing this process and improving the relationships between sectors was only possible by working through the concerns and priorities of each department. It was important that each department involved stood to benefit in some way from the changes to be made. For instance, informing DHA officials of the importance of the health information for the Health Department was not enough. It was also necessary to highlight how a change in practice would secure attention and praise from the DHA. Sustained pressure, the building of trust and the formation of relationships were all necessary to convince those involved to buy-in to the goals of the process. Problems encountered were worked through and everything that needed to be done was explained thoroughly and repeatedly. Mrs September said that fundamental to successful implementation was team ownership of both the problems and solutions. A key factor in this was the building of capacity for self-evaluation. This ensured that those involved could understand and see the benefits of their efforts for themselves and tackle emerging problems as they arose.

A continuing problem in the process is the lack of capacity within Social Development to attend meetings and receive and implement feedback. Individual officials and the department as a whole therefore do not benefit as much from the changes made and this might help explain continuing efficiency problems. Priority attention needs to be paid to this bottleneck in an otherwise good practice example of inter-sectoral collaboration.

The ability to replicate the approach taken within Alfred Nzo District is clear given the representation of those institutions involved across the country. Dedication and commitment are required however, and these were significantly boosted for the Alfred Nzo case by media, NGO and government attention. Nevertheless similar initiatives have started in two more areas in the Eastern Cape.

When asked about the major challenges to scaling up the good practice achieved at local level in Alfred Nzo, Mrs September highlighted that while multi-sectoral collaboration is being achieved at local level, this is not reflected at provincial and even less so at national level. She argues that such team work is imperative to ensure continued improvements in facilitating access to the CSG.

In the township Cato Manor in the Durban Metropolitan area, access to the CSG has been improved in a similar way but in this case was instigated through a different channel.⁴

The Cato Manor Development Project is an integrated urban planning Organization for this area of some 100 000 people. Darlene Menzies worked at Ithemba Lethu, a project focussed on the well being of children in Cato Manor, and through her work with an AIDS prevention project had identified that although a large number of local children qualified for social grants they were not receiving them. Again this was mainly because of the caregivers' inability to access identity documents for these children. Most of their births had never been registered and the supporting documents required to register them were missing.

On her own initiative Darlene Menzies set up a meeting with the DHA official to explore ways of ensuring that all newly born children's births were registered. The official allowed the clinic to become a site for birth registration after he had provided training for the social worker and the research clerks who were based at the clinic. Mothers with new born babies arrived at the clinic within a few weeks of the baby's birth and as part of the process of providing primary health care services to these babies their birth registration applications were processed. Darlene

⁴ The information for this case-study was compiled from an interview with Darlene Menzies in August 2005, and written up by Shirin Motala.

Menzies then delivered these weekly to the DHA, at a pre-set time, when a specific official would be there to meet her. At the same time she collected the previous weeks' birth certificates, and worked with the official to resolve "problem cases". The week's new certificates would be returned to the clinic and issued to the mother when she next came to the clinic.

Through this system it is estimated that almost all babies born to families living in Cato Manor have had their births registered within the first few months of being born.

Major themes and lessons

- In what appear to be under-capacitated departments, there was in fact existing capacity (for the clinic to process the relevant documentation for birth registration) – this had to be recognised by those in the department; there was an official who acknowledged this.
- Commitment to more efficient management can be achieved – but it takes some process of self-evaluation for this to be sustainable.
- It is possible, without the use of extra resources, to use one service to get access to another – in this case, health services used for access to a welfare entitlement – because the health department saw the link between improved nutrition (its own goal) and caregivers' need for the CSG income.
- This local level action was successful; there was however lack of communication with higher levels of Government. This would have to be structurally overcome if this initiative was to be replicated.
- It is possible to move inaccessible bureaucracies closer to where clients are
- In the urban case, it was the insight and responsiveness of a volunteer to both identify the cause of the problem and to give up her time and petrol to bridge the physical distance between the clinic and the DHA.
- The proactive use of the public media helped draw attention to the problem of lack of access to the grants, and this forced a response from the highest political level, and some intervention.

2.4 Case Study Four: Child care as a measure of social protection, and as a component of local economic development: the proposed public works programme

Women's ability to work productively is enhanced when there is affordable and good quality child care. Across the world, more women are working. There have been a number of changes in family life. In stylized terms, the extended family has become less common (so there are fewer relatives to share child care); there are more single parents; greater life expectancy in many countries means that the middle generation of women may be looking after their own mothers and their own children at the same time as trying to work. Universally (though this has changed in some European countries), men don't seem to know how to do a gendered exchange of roles.

At the same time, cutbacks in health and welfare services means that there is less public provision of care of elderly people, and less publicly provided child care. Better off and high earning women can buy private child care. This option is not open to many poorer people.

Many women say they prefer to work from home precisely in order to care for children while doing paid home based work. However, this multi-tasking lowers productivity and incomes.

Decent collective child care provision can be argued for from a number of perspectives.

- *The perspective of child development and long term poverty reduction.* Early childhood care facilities can be sites for delivery of nutrition; for the formation of social skills; and for preparation for the school curriculum.
- *Employment generation:* The ECD field can also be a large scale generator of local employment, for men and especially for women. Women's lack of access to previous employment limits their options; women can 'easily' do child care, with little extra training (though there is danger of trapping women into stereotypical women's low paid work). Employment in child care can be easily and relatively cheaply generated. Women can be drawn in and through that employment, get access to accreditation, skills formation, what else.
- *Raising incomes of the careers of children* – enabling women to spend more of their time on paid work or other productive activities.

In this paper, on the LED side, we want to lift 'child care provision' off the 'social welfare' side of the page, where it usually appears as a low-status social facility, or as part of 'community development', and see its links with employment, both in terms of jobs generated inside the facilities, and also as it releases the mothers' of children to take up and participate in productive employment. On the social protection side, we want to advocate for child care to be mainstreamed as a core component.

South Africa has about 6.5 million children up to six years old, and about 60 percent of these are estimated to live in poverty. A 1999 survey found that only 21 percent of five and six year olds were in ECD facilities, and only 16 percent of the whole age range of 0-6 year olds. Historically in South Africa, there has been some very innovative and pioneering work by NGOs in the preschool field. Nevertheless, in general ECD field has had a relatively low status in the social cluster. Services have been biased towards urban areas, and towards the better off residential areas. The vast majority of poorer (and black) children had no access to pre-school care. ECD facilities can be and to some extent are provided by the private sector, formally and informally. Registered and regulated facilities may be run altogether privately; some get some government subsidy. There is an active and vibrant ECD sector that has also developed volunteers, developed training courses and curricula, and built facilities.

Then there is a level of less formal provision – the thousands of relatively small facilities at the neighbourhood level, many in people's own homes, garages, and backyards, where local women look after a few local children on a paid basis. In both formal and informal facilities, incomes of those employed are low, and there is some reliance on volunteer work as well.

More recently, the Government has introduced the idea of tackling the unemployment problem by generating jobs within the ECD field as part of the Expanded Public Works Programme. We think that this is the only place in the world where this is being considered. To estimate its significance, we need to step back and consider perspectives on public works as social assistance, as poverty alleviation strategy and as a component of a local economic development strategy.

Public works programmes have traditionally involved the labour-intensive provision of infrastructure, in situations where there is an over-supply of labour. Programmes vary from local level responses to disasters such as droughts, in a form of temporary crisis mitigation, to large-scale permanent programmes such as India's Employment Guarantee Schemes. Activities typically involve things like anti-erosion, irrigation, reservoir and dam building, road building

and maintenance, weed clearance. Sometimes there has been building of what might be termed 'social infrastructure' facilities, such as schools and clinics.

The most common criticisms of such labour-intensive programmes are that they do not provide pathways out of poverty: the work is typically temporary work, and while the temporary contribution to family income might well be critical in the family's survival, when access to the programme ends, so does the income, and it seems difficult to integrate a meaningful and effective skills formation component in programmes.

In the period leading up to South Africa's transition, there was some commitment to public works programmes. The new Government's neo-liberal macroeconomic policy promised to create thousands of new jobs, but failed to do so. The Government then recommitted itself to public works programmes, and in 2003, to the new Expanded Public Works Programme (EPWP). This EPWP introduced the idea of two new components – in the field of Home Based Care (HBC) for AIDS sufferers, and to employment generation in the field of ECD. This was to be employment creation not through infrastructural investment, but through social investment in areas believed to hold immediate work and training opportunities in the short to medium term, while other market-based employment creation solutions (supposedly) kick in.

According to the government report, the EPWP provides an opportunity to work with volunteers and develop their skills base and capacity to deliver quality service in an area of great need:

The programme is focused on unemployed, under-skilled and under-qualified persons and aims to provide an opportunity:

- To draw significant numbers of the unemployed into productive work to enable them to earn an income within the first five years of the programme.
- To provide unemployed people with education and skills within the first five years of the programme.
- To ensure those participants in the EPWP are able to translate the experience and either enabled to set up their own business/ service or become employed.
- To utilise public sector budgets to reduce and alleviate unemployment. (Departments of Social Development, Education and Health, 2003).

There is a strong, indeed primary, emphasis on training and accreditation, through the Education Training and Development Sectoral Education and Training Authority (the regulating training authority for this sector). Four different levels of training are envisaged, and learner placements will be located inside existing facilities managed by NGOs. The EPWP negotiated an exemption from labour legislation, in exchange for the provision of higher levels of training than people awarded learner ships would normally obtain.

The emphasis is thus on a combination of training, work experience and an income, for women, as steps towards their participation in the mainstream economy. The existing service providers will receive government subsidies, and in the first phase of the programme, 66 000 'work opportunities' have been identified.

It may be that this programme never gets very far – it has been given to the Department of Social Development, a department not strong on business planning and large scale thinking. Yet the proposed programme is extremely interesting in that it forces one to think differently and anew about employment creation. It combines government intervention, a skills training component, and the intentional targeting of women.

We concluded the other case studies with a summary of themes and lessons from their experience. Here, we rather pose the interesting questions that arise, for both social protection and for LED.

Major questions arising from this case study, that link LED and social protection

- The scheme has the potential of providing a significant number of income earning opportunities to poor women – and this would be a goal of any pro-poor oriented LED programme. The scheme will give work experience, and this is an important step in getting people who have not been in the labour market their first entry.
- But does it simply trap women in poor paid ‘women’s work’? What skills are needed in order to set up other informal enterprises, once the learner ship is over? What other jobs are there in the vicinity of these learnerships, that women can transfer to? Is it enough that it might only be a route into say health services work?
- And, what is the likelihood that the training component can work? Can the idea of concerted skills formation within public works programmes be effective? And what is the capacity of the existing NGOs to provide training?
- In rural areas, will the eligibility criteria for learnerships exclude the target group, who are poorer women?
- What will it do, downstream, to the tradition of and expectations around voluntary work, once the programme is over?
- Men’s unemployment rates are also high. Is it possible to create income opportunities for some men in these programmes – not just as gardeners and drivers, but in ways that could perhaps challenge gender stereotypes which prevent men from becoming cooks and carers.

There is a need for research, in the early phases of this programme, which addresses these and other questions.

3. From case studies towards practical tools⁵

Bearing in mind that this STEP-LED initiative is working towards the development of practical training materials, we start by outlining our approach to a training methodology, and this provides a context for the discussion of what we would see as the major components of training materials:

- Addressing the conceptual barriers and bridges;
- Addressing change in governance and institutions;
- Promoting participation and inclusion.

3.1 Approaches to a training methodology for capacity building material

This is not the place for an extended discussion about adult pedagogics, but we would like to make a few (rather obvious) points.

First, the ToR expressly state that “The final objective of the paper is to contribute to a course enabling professionals to develop their operational skills and not to improve their theoretical knowledge of these subjects”. Nevertheless, we believe that the operational skills will not improve unless the conceptual barriers – the thinking habits – are addressed and cracked open. And it is there that the capacity building should start.

Second, one-off short courses are not going to bring about sustained changes. There is need for time and space to internalize changes in systems. One of the big lessons from a process of developing a municipal level policy for integrating informal workers in to economic development in Durban, was that the frontline, most junior level of personnel had the most useful and informed view of how changes could be tackled – but there were usually no opportunities for them to communicate what they knew with their superiors, nor to interact around internal departmental changes (Lund and Skinner 2004). There has to be buy-in from seniors, on both the LED side and the social protection side, to a process of education and institutional change. And that will be difficult to achieve.

Third, to the extent that training does shift behaviour, it does so when using adult education principles, is experience-based, encourages the development of critical problem-solving skills, demonstrates how change will make things better for the individual and for others.

Fourth, over and above the development capacity building materials in the categories we suggest below, resources need to be put into in self-evaluation practice within institutions delivering LED and social protection and development in general. This has led to better management practice elsewhere. There is a world-class example that can be drawn on from South Africa, the Women’s Health Project’s Health Workers for Change training programme in which large numbers of government health workers, from most senior to most junior, participated in self-conducted assessments of how to improve the management of health services (Women’s Health Project, 1996).

⁵ Recommendations for a training programme on “Integrated local economic development and social protection” at the request of the STEP programme of the ILO.

3.2 Addressing conceptual barriers through building conceptual bridges

The case studies showed the need to deal with conceptual barriers which exist in the minds of interest groups. As in most development discourses, people polarise the economic and the social, formal work and informal work, whereas the job of integration requires that people understand linkages, connections, relationships between things. The polarising tendencies are especially likely to happen when there are hidden, less visible elements at play – and in integrating LED and social protection, we have to bring to the surface the role of informal work, and the reality of gendered division of labour in the labour market, and in the domain of reproduction. There is a problem with emphasising only that economic development can be the driver to improve access to social protection because social protection is often needed before people can be incorporated into LED. The relationship should be looked at – for example, reducing the transaction costs of poor people getting their social protection entitlements can free up time for them to participate in productive activities.

First and foremost if we are going to get those responsible for local economic development to even consider a role for social protection in LED there is a fundamental need to ensure that they recognize the economic value of informal work. If they do not value the economic contributions of informal workers there will be little chance of them paying attention to the way in which vulnerability impacts on productivity and economic security within the informal economy. The link between vulnerability and economic development must then also be made clear.

Based on experience in working with local Government officials responsible for the informal economy, and on work done in WIEGO, we know there are methods and tools to improve recognition of the value of informal work.

Some ways of doing this

- Simple lessons about what LED is, and what it is not. The questions posed at the end of the case study on the proposed public works programme on ECD in South Africa could be used to get people to think critically about the boundaries between LED and social protection, public and private sector employment creation, and the links between paid work and unpaid care responsibilities.
- Basic information about what the informal economy is, why poorer people enter the informal economy, and making clear that it is not about illegal criminal work – there is readily available material in Chen, Vanek and Carr (2004), and Chen et al (2005).
- Simple value chain analyses of specific sectors (such as garments, food, construction industry, in which many poorer workers work) that demonstrate the linkages between formal ‘proper’ work, and informal work which is not properly valorised. Some recent resources to draw on are McCormick and Schmitz (2002) which is a manual on mapping value chains in the garment industry; Lund and Nicholson (2003) which presents case studies integrating social protection into value chain analysis, using the garment industry in Philippines and Thailand, and the horticulture sector in Chile and South Africa; the case study on chains of paid and unpaid care work in South Africa which appears in Chen et al (2005: 33); the Oxfam publication *Trading away our rights* (Oxfam 2005). Such mapping exercises are helpful to all stakeholders – workers themselves, people in the private sector and NGOs, and government officials.
- The stylised triangles about occupational status of workers, segmentation within the informal economy, and risks faced by workers, which appear in Chen et al 2005: 54.

- Estimates of the monetary value of work done by informal workers – we can provide examples from street traders in Durban, waste pickers in South Africa, India and Brazil, and this might be developed into useful comparative case studies.
- Informal Economy Budget Analysis, of the kind developed in Durban, can help all stakeholders to see more clearly how public resources are (and are not) allocated to poorer workers in the private sector – see the summary in Chen et al, 2005: 92, which draws on Budlender, Skinner and Valodia (2004).
- Develop exercises to show the costs borne by informal workers in trying to get their enterprises registered, and conversely, the financial loss to local authorities of making the procedural barriers to entry so high.

There are many myths and mindsets about *social protection* which have to be addressed if people are to be enabled to see the provision and efficient delivery of social protection as being linked with local development – in order for them to see it as not solely ‘welfarist intervention’. Some of the most enduring beliefs that have to be dealt with include:

- The belief that cash transfers always create dependency
- The assumption that ‘community care’ is anything other than more work being done by women
- The belief that cash transfers to the unemployed will provide a perverse incentive to seeking further employment
- In the South African context, the widely held belief that the Child Support Grant ‘causes’ teenage pregnancy
- The assumption that free health services really are free
- The under-estimation of the transaction costs of getting access to entitlements. Examples could be drawn from the third case study, and other sources in South Africa.
- The idea that labour standards are a luxury, something to be implemented once other things have been achieved.

Some practical ways of addressing these beliefs and assumptions

- Develop case studies for discussion in workshops which show how social protection, of more broadly the protection or prevention of vulnerabilities, helps people to work. Examples could be drawn from the South African pension for elderly people, and research on the uses to which the Child Support Grant is put. Case studies could also be developed which show, conversely, how no access to decent work conditions, or access to social protection, lowers income and health status. Examples could be drawn from the case studies in this paper on HIV/ AIDS, and on OHS in informal mines such as a story around a pension, and from our Lesotho case on child care, based on Sekamane’s work, which appears in Chen et al 2005: 30-31.
- Develop material which shows conceptually, and in monetary terms, that risk management, which is what social protection addresses, is always better if it can prevent risk in the first place. These could cover OHS at the work place, but also show links between child care and better incomes for mothers, improved housing and better incomes, and so on. They could also draw on the typology of risks associated with employment over the life cycle which appears in Chen et al 2005: 28.

- Develop simple exercises for people to calculate borne by poor people in getting access to social protection. This could be done for the costs of trying to access entitlements when institutions are not aligned, bureaucratic snarl ups, costs to poor people of getting a license and of not getting a license.
- Develop costing exercises which demonstrate the link between paid and unpaid work, and calculate the actual amount of income foregone when a woman has to withdraw from the labour market in order to care for a frail family member. Some work has been done on this in South Africa (see for example the story of Lucy and Jack in Chen et al 2005: 30), and it was found to be extremely effective in getting women to value their own time more, and to convince women and men about the hidden costs, borne by women, when states withdraw health and welfare provision.
- Develop materials which demonstrate how health and welfare services could be made more appropriate to needs of (informally working and poorly paid) working people. Attention should be given for example to hours of access, obviously to affordability, and to special services for work-related injuries and strains, such as chronic lower back pain for street traders, the need for good lighting and air ventilation for those in enclosed spaces.
- As far as approaching OHS is concerned, ILO has a lot of material on how self-employed people can improve health and safety in their own work places. For officials successfully to implement such OHS programmes, they will need to understand why workers sometimes are forced to ignore their own OHS needs – the case study on informal mining could be used for this, but there is a whole international literature that could be drawn on.

3.3 Addressing governance and institutional relationships

The case studies demonstrated both that there were governance and institutional barriers, within each of LED and social protection, and in linkages between them, and also that there had been some successful ways of addressing these problems. At the heart of the problem is that the conceptual barriers that place LED and social protection into opposite categories get replicated and institutionally wired into the agencies delivering policies and services.

A lot of the changes that are needed are not rocket science. The case-studies show that many of the changes required to help institutions work better together are common sense but are dependent on the insight and understanding of enlightened individuals within systems.

3.3.1 Provide more appropriate support for people in very small enterprises (street traders, informal miners) – the people who should be a target for a pro-poor oriented LED

Some ways of doing this

- Show the benefits of reducing costs of becoming more regulated/ more formalised/ accessing licenses etc. The 2005 World Bank Development Report (World Bank 2004) is full of examples which can be developed into case studies, which shows how lowering the costs of registration of small businesses led to a dramatic increase in numbers of small enterprise owners coming forward. They had not been trying to avoid registering (and thereby taxes), but were simply finding it too difficult.

3.3.2 Show the benefits, for civil service personnel, development agencies and for the poor and the community, of increasing efficiency of access to government services

Some ways of doing this

- Promote the tools of self management, which demonstrates that a more efficient working environment can be a more pleasant environment; draw on Health Workers for a Change (Women's Health Project 1996).
- Develop exercises that estimate costs to the poor of bureaucratic inefficiency (same exercises as in 3.2 above).

3.3.3 Addressing vertical and horizontal institutional alignment

The case studies demonstrated the lack of policy and institutional alignment, vertically, between levels of government. A strong theme from the case studies is the absence of vertical information sharing. Those on the ground know about vulnerabilities and can even make the connections between protection and productivity, for example. But there were no institutionalized procedures for communicating this information up the ranks. This points to the need for training that demonstrates to senior management the need to - and how to - listen to what is going on at ground level.

There was a lack of horizontal policy and institutional alignment within Government at each level – and this is especially important at the local level where LED plays out. In South Africa, social protection is not necessarily even represented (social security is a national function delivered through the provincial level); but if it was, it would probably be located very far from economic development. There are many common sense reasons why they should not be together institutionally, but then there is a need to promote linkages and interaction in areas of common concern.

Some ways of doing this

- Participatory Analysis of Organograms. Get people together in a room who are represented in an organizational diagram. Present them with a problem – such as how to address environmental health, or how to provide support to informal workers, or how to release people for training courses - and get them to discuss together who should solve the problem.
- Critical Incident Analysis – develop case studies which show the consequences, to officials and to poorer people – of the successes and failures of horizontal communication. The case studies should demonstrate consequences in terms of money, time, other resources, and morale or solidarity.
- 'Individuals can make a difference': Case studies which show that individuals can make a difference to how systems work. Stories of people working 'out of the box', creating synergies when it looks as though nothing can be done, can help to motivate people. This is not a replacement for better allocation of resources, it is a way of demonstrating what can be done with resources.

3.4 Addressing participation and inclusion

Case studies showed little by way of sustained (or any) mechanisms of participation by multiple stakeholders, and especially the poor. A better designed and more efficient LED will need to bring in new stakeholders, on terms on which they can participate authentically.

There are many handbooks and manuals about participation mechanisms and their advantages and disadvantages, their strengths and weaknesses. We assume that not all professionals in the field are necessarily good facilitators of inclusive processes and so will need to bring in such people. We assume that good facilitators will develop their own special processes based on the briefs put to them. We suggest here that, for capacity building materials, the best point of entry would be materials, which could be used by facilitators, which outline how to do mapping exercises of who the stakeholders are, what their interests are, the barriers to participation, and possible ways to promote wider participation.

4. Conclusion

The case studies have pointed to the need for institutional transformation, and this is a middle to long term project even in a country committed to restructuring the institutions of governance. But not everything has to wait. Alignment of institutions can be done on an issue by issue basis both as a practical way of getting institutions to start talking to each other and as a way of acting together to tackle the issues.

The ILO has developed many training materials – in social protection (for example the recent manuals on health insurance), on OHS, on AIDS and the workplace, and many others. If the ILO has not done so already, it would be useful to scrutinise these and see what existing material could be re-oriented, rather than all material being developed anew.

Some of our recommendations assume some local Government capacity and resources. Basic infrastructure to homes - water provision, electricity, flat floors, sanitation facilities, storage space, and so on – all contribute to both economic security and social security, and these have to be financed and delivered. A further exercise, in this initiative to integrate social protection and LED, would be commission research which estimates, for different contexts, precisely how allocations to infrastructure do contribute to people's livelihoods and security.

As always, the best local attempts at addressing poverty and exclusion will be less successful, or will fail, if the more powerful effects of the broader macro-economic policies override and erode them. Macro-economic policy has a heavy influence on what can be done at the local level in both LED and social protection. And the global convergence of macro-economic policy that undermines the importance of the social, that is gender-blind, that is careless of the unequalising consequences of globalisation (though it is important to be aware of the opportunities that the process of globalisation offers for many), will mean that social protection is forced to have a reactive, rather than a proactive role.

We have tried to address the short term ILO objective, which is the development of capacity building materials for people already 'in the field' – professionals already operating. We want to conclude with the need for intervention for the longer term as well. Addressing the conceptual barriers in the way of better promoting both social protection and LED requires shifting the mindsets of those who control and mould and shape the 'big ideas', the discourses. This would require addressing the conventional curricula of university degrees in the fields for example of political administration, urban planning, development studies, social policy, where future leaders get educated. It may be possible to undertake for example an analysis of the curricula of leading institutions in both the north and the south, examine the frameworks that they teach, and think about how these curricula are, or are not, challenging outmoded ways of thinking about the operation of the market, the world of work, gender relations, and how poor people escape from or remain in poverty.

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