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YOUTH EMPLOYMENT ACCELERATOR

Landscape Review of South Africa's Care Economy

June 2022

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Acronyms

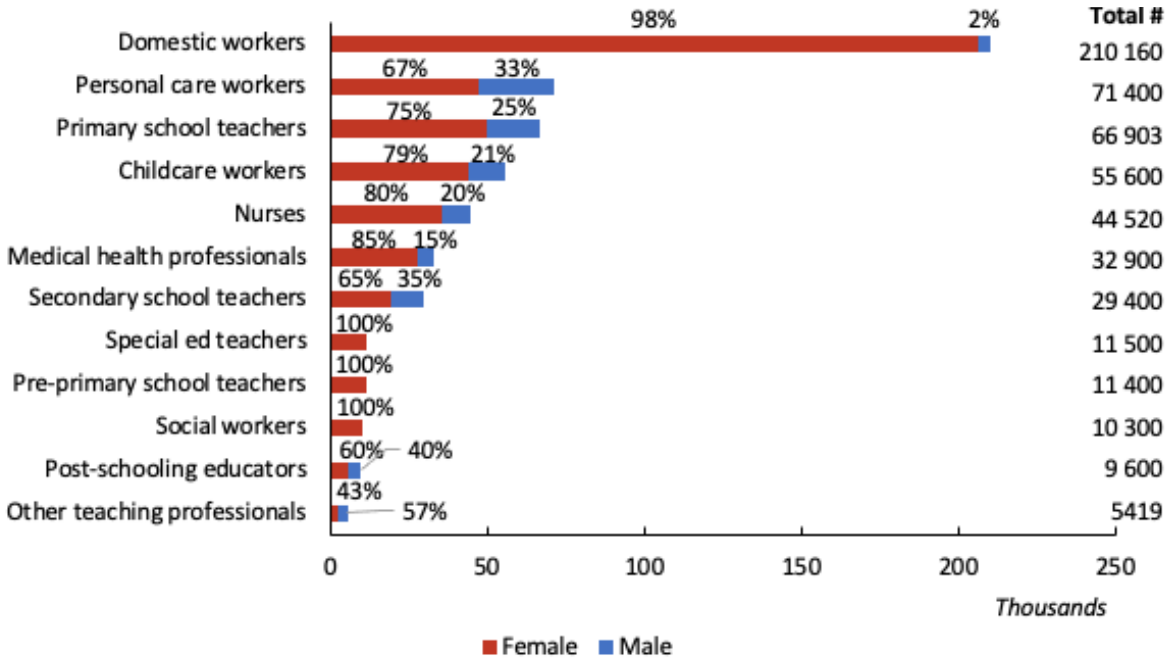
ASP	After School Programme
CHW	Community Health Worker
COGTA	Cooperative Governance and Traditional Affairs
COPC	Community Oriented Primary Care
CYCW	Child and Youth Care Worker
DBE	Department of Basic Education
DSD	Department of Social Development
ECD	Early Childhood Development
ELP	Early Learning Programme
ELRU	Early Learning Resource Unit
ETDP SETA	Education, Training and Development Practices Sector Education and Training Authority
HR	Human Resources
HRH	Human Resources for Health
IDRC	International Development Research Centre
KYB	Kago Ya Bana
NACCW	National Association of Child Care Workers
NGO	Non-governmental organisation
NHI	National Health Insurance
NPO	Non-profit organisation
PEP	Public Employment Programme
PFMA	Public Finance Management Act
PYEI	Presidential Youth Employment Intervention
RESEP	Research on Socioeconomic Policy
RPL	Recognition of Prior Learning
SLA	Service Level Agreement
TICZA	Teacher Internship Collaboration South Africa
TLSA	Toy Library Association South Africa
TSO	Technical Support Officer
TVET	Technical Vocational Education and Training Colleges
UIF	Unemployment Insurance Fund
WBPHCBOT	Ward-based primary healthcare community outreach teams
WHO	World Health Organisation
YES	Youth Employment Service

1 INTRODUCTION

Globally, unpaid care work is a key determinant of whether women enter and remain in the labour market, and of the type and quality of their employment.[1] Care work is usually categorized into direct care (personally caring for an adult or a child) and indirect care (auxiliary care activities such as cleaning and cooking), as well as paid and unpaid care work. Paid care workers comprise many occupations including nurses, doctors, community health workers, social workers, teachers, childminders, and domestic workers, to name a few. The majority of care work however falls into the unpaid category and is predominantly completed by women.

South Africa's paid care economy contribute 13.8% towards total employment in the labour market and is largely undertaken by women – estimated at 84% in Graph 1 below. There is a complex combination of factors that result in the overrepresentation of women in care professions, however, social norms and gender stereotypes are contributing factors - where care is considered the natural domain of women, and there is the socialization of girl children into extensions of nurturing and mothering roles such as nursing and teaching. Women in South Africa are also more likely to enroll in care work-related subjects for tertiary education.

Graph 1: Size of South Africa's Care Economy by Occupation – gender and youth (aged 18-34 years)



Source: Statistics South Africa Quarterly Labour Force Survey Q4 2021

What is concerning to South Africa's care economy is that most occupations in the care sector are characterized by low wages. Part of this can be explained by the undervaluing of women's work in general, but there is some research showing that sectors that are more represented

[1] INTERNATIONAL LABOUR OFFICE. ADDATI, *Care Work and Care Jobs for the Future of Decent Work.*

by women are associated with lower pay than those sectors with a higher representation of men.[2] Furthermore, evidence from Harambee's data of young people in our network indicate there is gender wage disparity, where men may earn up to 50% more in paid childcare jobs in comparison to female contemporaries in the same role[3].

In South Africa, one also needs to consider the broader status of gender equality and the plight of women in the country. Domestic violence and gender-based violence are major societal challenges in South Africa. The South African femicide rate is five times higher than the global average, and one in four women over the age of 18 have experienced intimate partner emotional, physical, or sexual violence.[4] Women in South Africa were also negatively affected by the Covid-19 pandemic, more so than their male counterparts. More women lost employment opportunities, they also worked fewer hours, and found that their childcare responsibilities prevented them from working during the various government-imposed lockdowns.[5]

Despite policies and legislation which aim to increase and promote the employment and labour market participation of women, women are still underemployed when compared to men; have higher levels of unemployment; are more likely than men to not be in employment, education, or training; and earn less than men when employed due to the gender wage gap. Women are also more likely to drop out of school and university due to care and family responsibilities.[6] Women who do manage to enter the labour market face the additional hardship of time poverty – a consequence of the 'double load' of women's paid work responsibilities combined with their domestic and family responsibilities and unpaid care work.[7]

In South Africa, providers of care services include "public and private providers in both the formal and informal market with a substantial proportion of care work delivered through non-profit organisations."[8] As such, universal access to care services has generally not been achieved, despite policy and legislative mandates. Public funding to achieve universal access is inadequate and there is a "persistent reliance on service provision that does not fully reflect the actual costs because these are subsidized by women through acceptance of lower or no wages for their labour."[9] The result is that care services are often poor, variable, or of unequal quality, and there is a shortage of care workers across most care sectors.

Historically, the care economy has been a neglected sector, however, recent attention has been brought to it by South Africa's President, Cyril Ramaphosa. This political support presents an opportunity to create momentum around expanding solutions for the care economy. Like the

[2] Chemaly, *Rage Becomes Her*; "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."
[3] A breakdown of this data is provided in Graph A in the Appendix
[4] "Realizing Women's Rights for an Equal Future on Women's Day"; "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."
[5] "Childcare as an Enabler of Women's Economic Participation."
[6] "Childcare as an Enabler of Women's Economic Participation."
[7] Nanziri, "Women's Unpaid Work Results in Time-Poverty Which Reduces Gender Equity and Women's Economic Empowerment."
[8] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[9] Shai.

global arena, South Africa's care sector faces systemic challenges related to women's work being undervalued and subject to low pay. There is a lack of professionalization of the care sector, combined with unclear career paths and limited opportunities for development and career growth. Although the challenges facing each of the care sectors tend to be well understood, stakeholders are still exploring, piloting, and testing innovative solutions, and thus the way forward is not always straightforward. Given the predominantly female care economy workforce, it is crucial that interventions that aim to improve service delivery, also consider the complex set of challenges and barriers faced by this female workforce.

There are, however, some opportunities that could be applied across the care economy:

1. **Care policies to help achieve gender equality in the labour market and redistribute unpaid care work between women and men and between families and the state.** If implemented correctly, these policies are likely to have a significant impact for women especially as they should help reduce time poverty and the 'double load' experienced by women who enter the labour market. These policies include:
   - Labour regulations such as adequate and paid leave for all parents, including generous paternity leave.
   - Employer supported childcare.
   - Family-friendly workplace policies.[10]

2. **Reforms to the Unemployment Insurance Fund (UIF) to expand its scope and beneficiaries to include self-employed and informal workers.** In South Africa, self-employed workers and informal workers are unable to contribute to, or benefit from the UIF, yet the UIF consistently record a significant surplus of funds. Reforming UIF legislation to enable all workers to contribute and benefit from the fund would provide a significant social protection element and allow all workers to be covered in the event of unemployment or to provide coverage for childcare responsibilities including maternity leave. This paid coverage for maternity leave would provide much needed social protection for women working informally.[11]

3. **Tax policies that consider expenditure on childcare and elderly care.** A further policy consideration could be to offer tax benefits for household expenditure on childcare and elderly care. Although this is common practice in some developed countries, it is absent from the policies of most developing and emerging market countries. Policies such as this could mitigate the effects of time poverty and the 'double load' experienced by women in the labour market.[12]

4. **Bolster and expand Public Employment Programmes (PEPs)**. South Africa has achieved some success with its various PEPs which have the dual benefit of addressing increasing demands for care, while providing work opportunities. South Africa's flagship care-related PEPs are the Home Community Based Care Programme, Early Childhood Development Programme, and National School Nutrition Programme.

[10] "Childcare as an Enabler of Women's Economic Participation."
[11] "Childcare as an Enabler of Women's Economic Participation."
[12] Nanziri, "Women's Unpaid Work Results in Time-Poverty Which Reduces Gender Equity and Women's Economic Empowerment."

Although these programmes have faced some challenges around poor administration, corruption, and fraud, they have enabled workers to transition from unpaid care work, to remunerated care work, provided skills development opportunities, and expanded the workforce in the care economy.[13]

5. **Leverage the Youth Employment Service (YES) Programme.** The YES Programme was launched by President Cyril Ramaphosa as a business-led collaboration to provide 12-month quality work experience opportunities for unemployed youth, together with training opportunities and other support. Companies are incentivized to support the programme as it can benefit their Broad Based Black Economic Empowerment[14] (B-BBEE) scorecard and assists more generally to help solve the challenge of youth unemployment.[15] This report highlights several examples of where companies have funded YES participants to take on roles in the different care economy sectors. Expanding these opportunities, while rigorously monitoring and evaluating to ensure programme effectiveness, could support the delivery of care services as well as youth employment in the country.

The report is structured to dive into each of the care economy sectors, starting with early childhood development, and then education, healthcare and domestic work. Each section will provide an overview of the sector, specify key operators, outline challenges and bottlenecks, and identify opportunities for targeted investment. Information for this report was sourced through a desktop review of publicly available reports and literature.

The ECD sector is of particular interest to Harambee, with a specific focus on early learning programmes. In February 2022, Harambee was approached by the Presidential Youth Employment Intervention (PYEI) with the mandate to convene ECD stakeholders and drive the job creation agenda within the sector. As such, desktop research for this sector has been supplemented with bilateral engagements with over 30 individuals operating in the ECD space. These stakeholders included government representatives, ECD social enterprises, and ECD implementors. This has enabled us to unpack in detail the systemic challenges, and potential long and short term job opportunities that could be unlocked with investment into the sector.

[13] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[14] B-BBEE is a South African government policy to advance economic transformation and enhance the economic participation of Black people (African, Coloured and Indian people who are South African citizens) in the South African economy. Companies can develop a B-BBEE scorecard based on equity ownerships, management control, skills development, enterprise development, and socio-economic development. Large corporates and government entities are incentivized to use the services of businesses with high B-BBEE scores.
[15] "Yes4Youth Website."

2 EARLY CHILDHOOD DEVELOPMENT

2.1. Overview

Early childhood development has been identified by South Africa's President, Cyril Ramaphosa as a priority sector due to its potential to create jobs and provide vital services to communities.[16] The **case for investment in ECD** in South Africa is a comprehensive one as it has a triple impact on caregivers, children and the labour force.

- An analysis on the sector indicate that addressing primary caregivers' childcare needs could lead to an 8-percentage point increase in the labour force participation rate, or roughly 3.1 million people. Furthermore, for every R15 invested in childcare programming in South Africa, primary caregivers could generate up to R105 in benefits through entering the labour force.[17]
- The rate of return on investment in quality early childhood development for disadvantaged children is 7-10% per annum through better outcomes in education, health, sociability, economic productivity, and reduced crime.[18]
- Achieving universal access to early learning programmes in South Africa would create over 450 000 additional direct jobs in the sector. This would increase the overall employment rate by 1.7 percentage points and the employment rate for women by 3.6 percentage points, reducing the gender employment gap from 6.6 to just 3 percentage points.[19]

South Africa's National Integrated ECD Policy (2015) views ECD services as a range of interventions resulting in comprehensive support and care for children and their care givers. This has been defined by stakeholders as the essential package of ECD services, covering five domains[20]. Although ultimate responsibility for ECD is now covered by the Department of Basic Education, the different components are served by multiple government departments, and are also supported by the NGO sector[21]. This report focuses specifically on the early learning component of ECD.

2.1.1 The providers of early learning programmes (ELPs)

Most providers of ELPs are non-governmental organisations and private individuals including sole-proprietors and micro-enterprises. The sector is fragmented and largely informal. ECD providers are required to register with the Department of Social Development in order to qualify for a per-day, per-child stipend. The current registration requirements are very high

[16] "President Cyril Ramaphosa: 2022 State of the Nation Address."
[17] "Caregiving Return on Investment."
[18] "5 Reasons Why ECD Is the Best Investment a Country Can Make."
[19] "Investing in ECD - the Start of the Pathway to Human Capital Development in South Africa."
[20] These domains are 1) primary level maternal and child health, 2) support services and income support, 3) nutritional support, 4) support for primary care givers, and 5) stimulation for early learning. Additional detail on these five domains is found under Table B of the Appendix.
[21] "The Essential Package. Second Edition."; "South African Early Childhood Review. 2019."

and overly focused on more formal ECD provision and thus many facilities are unable to meet the registration requirements and do not qualify for subsidies.[22]

The recent DBE ECD census reported the following figures associated with ECD centres:

- 42 420 early learning programmes / ECD centres, both registered and non-registered, (although some organisations estimate there could be as many as 70 000 early learning programmes in the country) [23].
- 40% of ECD centres are registered or conditionally registered with the Department of Social Development.
- 33% of ECD centres receive subsidies from the Department of Social Development.
- 99% of ECD centres incorporate at least one meal time into the daily programme; however these are largely received from the centre or primary caregivers. Less than two out of ten (17%) ELPs receive support in the form of food from the government.
- The mean monthly fee charged by ECD centers is R509, and 62% of centres allow some children to attend for free.
- Around half of ECD centres fall in the lowest two quintiles and a quarter in the highest two quintiles.
- There are 1 660 316 children enrolled at ECD centres. [24]

There are two major types of ELPs, centre-based and non-centre based. The components are outlined in the following table[25]:

Table 1: Types of ECD facilities

Type	Modality	Details
Centre-based	ECD Centre Child and Youth Care Centre	• Purpose built or multi-use centres such as homes, community halls, places of workshop • Usually provides for more than 6 children • Provides daily, structured programme, often focusing on children aged 3 to 4 as they prepare for Grade R
Non-centre based	Home based	• Home-based information and care support • Information, early stimulation, referral and linkages programmes provided to primary care givers and young children • Often focused on a child's first 1 000 days
	Community based	• Community structures such as clinics, schools, municipal offices, community halls or places of worship • Programmes provided by trained community members, usually 2 to 3 times a week
	Mobile ECD	• Usually a mobile vehicle set up in an open space or community building • Programmes to support children in rural and farming areas who do not have traditional ECD access.
	Playgroup	• Usually provided at homes or community structures • Short 2 – 4 hourly sessions focused on play ideally suited for children aged 2 to 3.

[22] "Breaking down the Barriers to Quality Early Childhood Development."
[23] "Investing in ECD - the Start of the Pathway to Human Capital Development in South Africa."
[24] Department of Basic Education, "ECD Census 2021."
[25] "A Guide to Early Childhood Development Programmes in SA"; "Childcare as an Enabler of Women's Economic Participation."

	Toy library	• Fixed toy library structures or mobile libraries. • Provides children, families and ECD centres with access to developmentally appropriate educational play and learning materials, often together with learning sessions or demonstrations.
	Childminders	• Usually provided at the childminder's home for fewer than 6 children. • Children are usually very young, in the 0 to 2 age category and the focus is on providing a secure, nurturing environment.

The profile of a typical ELP worker tends to be a black woman,[26] with a low level of formal, accredited skills (48% of teaching staff do not have a relevant NQF qualification) [27], and is poorly remunerated. In particular, data from a microenterprise franchise reflect that the mean earnings of an ECD entrepreneur in the lowest two quintiles is between R500 and R1 000 per month.[28] Furthermore, another social enterprise operating with ECD centres in quintile 3, estimate earnings at R2 800 for teachers and R5 000 for principals.[29]

2.1.2 Gender considerations in the ECD workforce

It is thought that the South African ECD workforce is around 95% female across all occupation levels including practitioners, principals, and other support staff. This is supported by Harambee's own data on young people in our network, which indicate that 96% of those who entered a career in ECD are women[30] and centers ECD as 'women's work.'[31] Even though the recent focus on the ECD sector by the Presidency has the potential to change matters, those working in ECD have consistently been undervalued – as is the case with much of the care economy. The ECD sector tends to be characterized by low pay and low status and instead of being valued as a key component in childhood development together with preparing children for the education system, it is rather seen as an unskilled extension of the unpaid childcare conducted predominantly by women. Workers in the sector are particularly vulnerable due to inconsistent funding flows, low wages, and a lack of access to social protections such as unemployment insurance, paid maternity leave and pension contributions.[32]

Interestingly, there is a growing base of men working as ECD practitioners. The presence of men in what is typically viewed as a 'women only' profession has gained some interest from stakeholders curious about the potential to shift the gender stereotypes that men are not traditional carers of children. The theory is that "the more caring and gentle men enter the ECD space, the greater the chance we have of making it normal for men to be carers, protectors and promoters of gender equality."[33]

[26] "Investing in ECD - the Start of the Pathway to Human Capital Development in South Africa."
[27] Department of Basic Education, "ECD Census 2021."
[28] Bilateral engagement with SmartStart.
[29] "Annual Report 2020"
[30] A breakdown of this data is provided in Graph C in the Appendix.
[31] "Childcare as an Enabler of Women's Economic Participation."
[32] "The Plight of the ECD Workforce. An Urgent Call for Relief in the Wake of Covid-19."
[33] "Concept Note for Intentionally Including Men in Early Childhood Development."

2.1.3 Relevant policy, legislation, and regulation

South Africa's policy vision for ECD is outlined in the National Development Plan 2030 and the National ECD policy of 2015 which commit to ensuring all children aged 0 – 5 years have access to the full range of ECD services by 2030.[34] The ECD sector is currently in a state of flux as the responsibility for ECD moved from the Department of Social Development to the Department of Basic Education as of April 2022.[35] The exact policy direction that will be taken by the DBE remains to be formalised, however the DBE has conducted an ECD census and specified that it's focus will be on improving access and quality with the following top priorities:

- Mobilising resources from the National Treasury
- Reducing barriers to funding, primarily by reforming the registration process
- Improving pathways for the development of ECD practitioners through an active human resources development strategy.[36]

The Children's Act (Act 38 of 2005) is another key act. It is in the process of being amended through the Children's Amendment Bill, however, aspects related to ECD were widely deemed to be inadequate and so the Bill is yet to be finalized.[37]

The National Integrated ECD Policy (2015) covers the first 1 000 days from conception to 2 years and includes pregnancy, delivery, and post-natal care. The focus of the policy is ensuring adequate nutrition, care, safety, and stimulation for all children in this category. [38]

2.1.4 Major players in the ECD sector

Table 2: Major players in the ECD sector[39]

Role player	Responsibility
Public sector	
Department of Basic Education	Responsible for entire ECD (0-6 years) sector, which was taken over from the Department of Social Development in April 2022.
Department of Health	Provision of health services, regular checks, immunization and nutrition
Department of Cooperative Governance and Traditional Affairs (COGTA)	Responsible for ECD centre registration at a local government level
Department of Social Development	Support of ECD sites through subsidies, and was historically responsible for the sector.
Health and Welfare SETA and ETD SETA	Builds institutional capacity and supports professionalization of ECD practitioners.
Non-governmental sector	
The non-exhaustive list of major ECD providers include: • SmartStart • Grow Educare	Provision of ECD services

[34] "A Plan to Achieve Universal Coverage of Early Childhood Development Services by 2030."
[35] "ETD Sector Skills Plan. 2022-2023."
[36] Department of Basic Education, "ECD Census 2021."
[37] "Childcare as an Enabler of Women's Economic Participation."
[38] "Early Childhood Development. Sector Skills Plan. 2019 - 2020 Update."
[39] "ETD Sector Skills Plan. 2022-2023."

• Grow Great • Early Learning Resource Unit (ELRU) • Cotlands • Wordworks • Grassroots • Ntataise • Centre for Early Childhood Development • Afrika Tikkun • KYB • ORT SA Cape Education	
NGO advocacy organisations: • Ilifa Labantwana • DG Murry Trust • JET • Save the Children • BRIDGE	Strengthen the ECD sector through policy advocacy, research and implementation support.
ECD Forums	Advocacy and representative organisations where ECD practitioners and community members meet regularly.

2.2. Challenges facing the ECD sector

There are a number of systemic challenges identified within ECD, which is perpetuating sector fragility and preventing the expansion of early learning programmes and national access.

- **The ECD sector is underfunded.** Early learning programmes receive 1% of the education budget (± R2 billion of ± R200 billion)[40], yet provide support to children for the first 6 years of their life.

- **Skilling and accreditation.** There is a shortage of accredited recognition of prior learning (RPL) programmes being delivered by Technical Vocational Education and Training Colleges (TVETs), and a lack of recognition by higher education institutions for occupational qualifications equivalent to matric[41] or less than NQF level 4. This prevents existing unqualified ECD practitioners from pursuing or furthering their training and education. Furthermore, NQF Level 4 ECD qualifications, which is the most common ECD accreditation, may not cover entrepreneurial training required for practitioners to run their own ECD businesses.

- **Registration process is overly complex**. It has multiple components and does not recognise ECD facilities in the informal sector. The registration process is governed by outdated and non-standardized bylaws across municipalities, which result in exclusionary registration criteria, preventing many informal ECD centres from being registered. This is exacerbated by capacity challenges in municipal and provincial departments responsible for registration creating delays in registering ECD centres.

[40] DGMT bilateral discussion
[41] Matric is South Africa's high-school leaving certificate.

- **Challenges with managing subsidy payments.** The onerous provincial process for managing the payment of per-child subsidies to ECD centres requires provinces to have a Service Level Agreement (SLA) with each ECD Centre and prevents SLAs with informal or unregistered centres. This creates capacity challenges within provinces. There is also a lack of clarity at the legal/policy level regarding what is allowed in terms of the Public Finance Management Act (PFMA). This creates uncertainty as to whether social enterprises could potentially act as payment intermediaries to address provincial capacity constraints. Ultimately the requirements for ECD centres receiving subsidies are not fit for the informal economy, which prevents many ECD centres from accessing this channel of funding.

- **Most ECD centres/facilities are not viable businesses.** Remuneration of ECD practitioners is generally below the minimum wage of R3 800 per month. ECD centres in quintiles 1 and 2, and sometimes in quintile 3 battle to procure adequate fees for their services with the mean fee charged across all quintiles estimated at R509 per month[42]. Reasons include volatility in parental ability to pay; negative gender stereotypes around "women's work"; and childcare being viewed as a volunteering sector.

- **Lack of alignment and coordination across the ECD sector.** The ECD sector is fragmented, with many players operating across government and the NGO sector but are not always working together. There is also a lack of coordination across different government departments and levels of government. Buy-in at all levels can be a challenge and there is often a disconnect between strategy setters and implementers. Thirdly, there is a lack of alignment and distrust between local government and informal ECD practitioners. Local government's concerns around lack of regulation, and safety and quality issues are often perceived as 'anti-business' by informal sector.

- **Low labour absorption.** The absorption of young people into ECD centres upon completion of 1-year job creation programmes including YES and ETDP SETA learnerships is minimal.[43] This is following concerns that existing ECD centres may not have the capacity or financial resources to take on additional personnel.

- **Challenges for the female 'providers' and 'users' of ECD.** Up until recently, the focus of ECD has been on the benefits to children, and policy has largely ignored the potential of ECD to increase the labour market participation of women ('users' of ECD who have safe places to leave their children) and the potential of ECD to create job opportunities for women ('providers' of ECD). [44] The lack of focus on the former has resulted in cases where ECD interventions are not structured to support working mothers or mothers wishing to enter the labour market. Examples include a policy focus on home-based provision of ECD for children under the age of 2, and ECD programmes that only offer half-day childcare or services on certain days of the week. In addition, a lack of focus on the costs of ECD for poor households has implications especially for unemployed women seeking to enter the workforce. Seeing ECD as an extension of unpaid 'women's work' instead of prioritizing

[42] ECD DBE Census 2021.
[43] Bilateral discussions with ETDP SETA, EPWP, and YES implementers
[44] Hickman and Matlhape, "Equality for Women in the Labour Market Relies on Access to Childcare."

the value and importance of those working in ECD has similarly resulted in insufficient consideration given to support women-owned microenterprises as well as moving female ECD workers out of poverty.[45] It is hoped that the focus brought to the sector by the Presidency will change the status quo, however policies and interventions will need to be carefully designed. Further detail and suggestions are provided in the opportunities section.

2.3. Opportunities for the ECD sector

This section is divided into long-term opportunities to enable and expand careers in ECD and short-term opportunities to provide pathways into the sector – offering skills, experience, and income for young people. Many of the systemic challenges outlined above will need to be addressed in order to unlock the long-term opportunities and thus this section includes recommended actions to address these challenges. Where possible, we have specified existing work that is taking place in the sector to address challenges and capitalise on opportunities, in the hope that this work can be bolstered and built upon.

2.3.1 Long-term job opportunities

It is estimated that approximately 300 000[46] more ECD practitioners are required in South Africa to expand reach to all children under the age of 5. In the long-term it is imperative to develop a pipeline of professional ECD practitioners who can set up their own ECD centres to provide high quality ECD services to South Africa's children. This means empowering existing ECD practitioners and new entrants to establish viable microenterprises, and providing support to non-centre-based/informal ECD facilities and practitioners. To enable this[47]:

- The registration process and requirements need to be addressed so that informal ECD centres can be registered at mass.
- There needs to be increased funding flows into the sector so that ECD centres in quintiles 1, 2 and 3 can become viable and sustainable businesses, and ECD practitioners can earn a decent wage. In addition, this requires the support of ECD infrastructure expansion, a solution to the provision of food within ECD centres and an accessible management information system.
- The reach of RPL (Recognition of Prior Learning) programmes need to be expanded both in terms of footprint and accessibility for existing unqualified ECD practitioners.
- A transparent and inclusive path for career progression needs to be mapped for new ECD practitioners, pertaining to the professionalism of the sector.

[45] Parenzee and Budlender, "Who Cares? South Africa's Expanded Public Works Programme in the Social Sector and Its Impact on Women."
[46] Estimation provided by ELRU in bilateral discussion. In the DGMT ECD Vision 2018, the estimation is 210,000 more ECD Practitioners required and 140,000 support staff. Current staff count is 198,361 according to ECD Census 2021
[47] This list is not exhaustive to all reform that needs to occur within the ECD sector but just that which pertains to job creation

2.3.2 Addressing systemic challenges

Table 3: Recommended actions to address systemic ECD challenges

Recommended Actions	Existing Work

Registration
• **Simplify registration process**
  • **Single application** process
  • Ensure informal providers and non-centre-based ECDs are allowed to register
  • **Amend exclusionary bylaws**
  • Identify interim measures while laws are being reviewed
	• **Ilifa Labantwana:** Working with social partners to determine whether it is possible to have one set of ECD bylaws for the entire country.
	• **SmartStart and KYB:** Testing whether registration can be bundled and streamlined to achieve registration at scale.
	• **COGTA:** Developed draft guidelines for deviation from Human Settlement requirements in ECD for City of Johannesburg.
	• **DBE and SmartStart:** Redrafted norms and standards which could put more centres within reach of registration – still to be published.
	• **DSD - Community Development Model:** Departmental practitioners help with community-based plans, which helps identify community ECD assets and assist them with their NPO status, complying with norms and standards, and thus becoming eligible for a subsidy.

Skilling and Accreditation
• **Develop transparent and clear ECD practitioner career path**
• **Support unaccredited Level 1 – 3 ECD qualifications** that have effective outcomes
• **Augment existing ECD training** with additional elements that improve outcomes
  • **Mentoring** and supervision
  • Integration of training with **work experience**
  • **Entrepreneurial** and business skills training
• **Career progression** for existing ECD practitioners:
  • Expand **entrepreneurial skills of existing ECD business owners.**
  • **Expand recognition of prior learning (RPL) programmes** so that practitioners with the relevant experience and skills, but without a formal qualification, can continue their learning.
	• **ETDP SETA:**
	  • 1-year learnership for young people, which includes training, stipend and work experience. Learnership delivered through TVET colleges in some instances, which gives gravitas to qualification.
	  • RPL qualification in partnership with 3 TVET colleges (opportunity to expand as can currently only support 250 learners and demand is higher).
	• **ELRU – Online Academy (launching May/June 2022)**
	  • Will launch with two modules: L4 ECD qualification; ECD venture training
	  • Awaiting SETA approval
	  • Blended learning programme in Western Cape (includes mentorship support)
	  • Expansion potential to other provinces with the right supporting partners
	• **ORT SA Cape Education - learnership:**
	  • Level 4 SETA accredited programme aimed at qualifying ECD practitioners with experience but no formal qualification. Targeted at those with minimum Grade 10, and include a combination of face-to-face training and work placement experience.

Funding
• **Unlocking funding and financing**
  • Work with Treasury to **expand funding** into the ECD sector
  • **Pilot to explore impact of different supply and demand-side financing combinations** (e.g. conditional cash transfers for households for ECD)
	• **Ilifa Labantwana in partnership with RESEP (University of Stellenbosch):** drafted a series of academic working papers on the ECD sector. The one paper has a specific focus on demand and supply side funding, and recommendations going forward.

ECD Infrastructure
• **Expanding access to ECD through infrastructure**
  • **More ECD facilities** (both centre and non-centre based) are required to expand access
  • Potential of **home and community-based ECD** programmes needs to be explored (may be linked to registration issue)
	• **LIMA Rural Development Foundation, with Ilifa Labantwana and DSD:** developed new design, procurement and administration processes together with appropriate building infrastructure and norms and standards. This can be used by sub-contractors to decrease the cost of building new ECD centres from R5 million to R650,000.
	• **SmartStart:** working to understand whether municipalities can be assisted to identify unused land and underutilised community centres that could be used for ECD facilities.

Nutrition
• **Food/nutrition provision**
  • Children at **non-centre-based ECD facilities generally do not receive meals**
  • Access to nutrition provides an incentive for parents to send children to ECD centres and pay fees (anecdotal evidence from SmartStart)
  • Advice from stakeholders is to proceed with caution around nutrition. A **nationally implemented food provision programme would not work** as ECD centres are community-oriented.
	• **SmartStart:** designing a systems solution based on partnerships that allow food delivery to be integrated into ECD delivery without undermining the local community.

Information Management
• **Data gathering:**
  • Gather data to more **accurately ascertain gaps** in ECD provision, the **needs of the sector** and **pathways** for young people
• **Microenterprise business management:**
  • Enable ECD microenterprises to **better manage their day-to-day administration** and have line of sight to registration status and funding allocation.
  • Enable DBE to **monitor the quality and outcomes** of ECD centres**.**
	The following organisations/government departments are currently gathering/managing ECD data:
	• **DBE and the Lego Foundation:** ECD census 2021 data released in May 2022.
	• **DBE and Ilifa Labantwana:** Information Management System for ECD to assist with registration, funding allocation, monitoring, quality assurance and administration of ECD centres. It will also maintain ECD census data. An implementation roadmap has been developed for the next 3 years**.**
	• **SmartStart:** ECD database with 2013 census data and will be updated with new census data.
	• **eThekwini (under District Development Model pilot):** Data on ECD gaps and community needs.
	• **ELRU:** Key Planner Tool - population-based planning tool being piloted in Western Cape.

Professionalisation • **Professionalism of the sector:** • Create a **professional identity and culture for ECD workers** so that ECD becomes an **aspirational profession**, rather than a stepping stone to becoming a Grade R teacher and thus a public employee.	• **National Association of Child Care Workers (NACCW):** trains Child and Youth Care Workers while also offering sense of purpose and identity. • **GROW Great:** tools to recognise Community Health Workers.

• Needs to be achieved without adding bureaucracy, additional regulation or accreditation	

2.3.3 Opportunities for women

The recent focus from the Presidency on supporting ECD provides an exciting opportunity for revitalizing the sector. To ensure that women benefit from this increased focus and funding, it is vital that policies and interventions focus on the full potential of the triple impact of ECD. The complex challenges and experiences faced by women as 'users' and 'providers' of ECD need to be carefully written into policies and interventions to ensure that both stakeholder groups benefit appropriately from ECD. In other words, when designing policies, ECD services need to cater to the needs of young mothers, working mothers and mothers seeking to enter the workplace, as well as to how providers of ECD services can earn sufficiently to move out of poverty and work sustainably in a sector that is valued.[48]

2.3.4 Establish microenterprises, strengthen existing centres, expand job creation

Several NGOs working within the ECD sector have developed models to establish new ECD microenterprises, strengthen existing centres and expand job creation. Collectively, SmartStart, Grow Educare and Afrika Tikkun serve 13% of ECD centres in South Africa, all focused on the lowest 3 quintiles. By addressing systemic challenges, there is opportunity to scale these models and expand their footprint further.

Table 4: Examples of ECD microenterprises

Organisation	Model	Baseline
SmartStart	• **Scalable franchise model for playgroups** servicing quintiles 1 and 2. • Current constraint: registration process precludes informal ECDs to register and access government funding; stipends for practitioners not well funded; formal qualification training for practitioners not funded. • Goal is to reach 1 million children	• **5 300** active franchisees[49] • **122 691** children reached • **38 000** children currently registered • Servicing **21%** of quintile 1 & 2
Grow Educare	• **Microloan finance model** specifically designed for ECD centres servicing quintile 3, for investment in education, infrastructure and registration requirements. ECD centre's pay a fixed interest of 5% for the duration of the loan. • Access to microloan dependent on a pre-existing criteria targeting centres already registered or conditionally registered. Current constraint is the rigid registration requirements, which limits the number of centres viable for the model.	• **45** franchise centres supported • **2 136** learners reached • **180** jobs supported[50] • Servicing **> 0.01**% of quintile 3

[48] Parenzee and Budlender, "Who Cares? South Africa's Expanded Public Works Programme in the Social Sector and Its Impact on Women."
[49] "SmartStart Website."
[50] "Annual Report 2020."

Afrika Tikkun	• **Shared services model**, whereby 10-15 ECD centres in a community collectively share the cost of business personnel (bookkeeper, HR officer) and resources (bulk purchasing) in order to reduce costs, increase income and improve salaries. Primarily service quintile 3. • Currently operate with 5:1 ratio of personnel to centres (this includes practitioners). Aim is to grow to 3 000 ECD centres over the next few years.	• **200** ECD centres • **1 000** personnel supported (including ECD practitioners[51] • Servicing **1.6%** of quintile 3
Grow Great Flourish	• **Franchise model for ante- and post-natal parental support** aiming to support pregnant and new mothers for the first 1 000 days of their children's lives. • Purpose is to provide women with skills, training, and support to earn income as social franchisees; and to support women through their pregnancies and caring for a newborn baby. • Goal is to reach a third of all pregnant women	• **200** franchisees operating in the Western Cape[52] • **10 000** mothers reached

2.3.5 Short-term opportunities

Table 5: Short-term ECD opportunities

3 – 6 month opportunities	
Opportunity	**Existing Programmes**
Infrastructure support • Assist with the **infrastructure development / refurbishment** in ECD centres (e.g. putting up fences).	• **LIMA Rural Development Foundation** provides infrastructure development to build new or refurbish existing ECD centres. **±300 ECD centres impacted.**[53]
On-Site data capturer • Assist by capturing the latest demographic and performance data onsite at ECD centres for the DBE management information system. One data capturer could service a community of ECD centres. • Also adds capacity to provincial and district offices by removing the need for paper-based ECD forms	• No formal programme identified.
Technical support officers (TSOs) • Assist ECD practitioners with downloading and navigating apps or ECD content that supports the sector. • Profile of participant is young, tech-savvy member of the community.	• **IMBE** piloting a financial record keeping project utilizing TSOs. **Targeting 2 000 ECD practitioners with 200 TSOs.**[54] • **GROW Educare app** equips ECD centres with free tools, training and resources to manage their business. **45 centres** supported.[55]
In-community ECD jamboree support • Community activation role to publicise Jamborees and help ECD centres to understand what they need to bring to register their centre.	• No formal programme identified.

[51] Estimated in bilateral engagement with Afrika Tikkun
[5252] "Flourish: Empowering Women and Helping Babies to Grow Great."
[53] Estimates from bilateral engagement with LIMA Rural Development Foundation
[54] Figures identified in IMBE's Financial Record Keeping Innovation Plan project outline
[55] Bilateral engagements with Grow Educare

• Assist with jamboree event planning and on-the-day logistics	

1 year opportunities	
Opportunity	**Existing Programmes**
Mobile toy libraries • Participants take on the **role of librarians** within toy libraries, promoting play-based early childhood development targeted at 0-4 year olds. • **Skills-based training is required**. Cotlands offers an accredited 6-month part-time online Toy Library Programme, which includes the business skills needed to set-up and operate a toy library	• **Cotlands toy libraries,** affiliated with **Toy Library Association South Africa (TLASA).** TLASA represent **62 toy libraries** and Cotlands operate **9 toy library sites**. By 2024, Cotlands seeks to franchise its toy library model, creating a **network of 500** toy libraries.[56]
Literacy programmes • Promote literacy amongst young children through the **establishment of reading clubs** at and the distribution of reading material to ECD centres.	• **Nal'ibali** is a national reading-for-enjoyment campaign. It has **1 346 active reading clubs**. By 2024, it seeks to support **8 600 reading clubs** reaching **500 000 children**, and requiring the support and upskilling of **3 000 young people** to operate in communities.[57] • **Wordworks** offers the Little Stars Programme which trains trainers to offer a resource-based literacy programme to pre-Grade R teachers/ECD practitioners. In 2021, **6 375 pre-school children (4-5 year olds)** were reached located primarily in the Western Cape, Eastern Cape and KwaZulu Natal.[58]
At-home support programmes for parents • Participants **deliver caregiver support material** to homes (e.g. literacy programme material), and/or could **assist parents with home-based care**.	• **ELRU First 1 000 days programme** serves 0-2 year olds through home-based care provided by trained fieldworkers **(estimated 117 fieldworkers in 2021).** Scale could be achieved by formalizing the programme with government coordination and funding of salaries**.**[59] • **Seriti, aRe Bapaleng programme:** young people **go door-to-door to assist parents and** caregivers with skills and knowledge on ECD in marginalized communities. Team leaders (more highly skilled) train youth community participants to provide support.[60] • **ELRU LEGO Parenting Programme:** pilot community programme where play facilitators in community recruit parents, source venues and host parenting workshops. **Aim to reach 300 000 parents over the next 5 years.**[61]

[56] "Toy Library Association South Africa Website"; "Cotlands Website."
[57] "Nal'ibali Website."
[58] "Wordworks Website."
[59] Bilateral engagement with ELRU
[60] "Seriti Website."
[61] Bilateral engagement with ELRU.

Vegetable gardens in ECD centres could train and employ gardeners • Assist ECD centres with the **establishment of an on-site vegetable garden** that could be used in a nutrition scheme or as supplementary income for the centre. Depending on garden size, this could also **offer secondary employment opportunities** for gardeners.	• **LIMA, Do More Foundation and Ackermans piloted an ECD veggie garden project** in Hammersdale at 24 registered ECD centres. Current constraint to growth is additional funding.[62]

ECD assistants[63]
• Upskill and place young people at ECD centres to assist in classrooms with reading, play activities, coordination.
• The benefits of such a programme is that it provides young people with direct exposure to a career in ECD, offering practical experience.
• **Challenges:**
  • Young people often end up doing tasks that are not part of the programme (e.g. cleaning and cooking) due to resource constraints in ECD centres.
  • Low absorption post programme (estimated 2% by Youth@Work), especially if the ECD centre anticipates another paid assistant the year after.
  • Assistant stipends are often higher than the salaries received by ECD practitioners.
• **Recommendation:**
  • Design clearer pathways in an ECD career for participants post-programme.
  • Potentially extend the opportunity to 2 years, including access to a qualification.
  • Address funding challenges by ECD practitioners.
	• **ELRU through the National Youth Service:** pilot placing **3 000 ECD interns** at **2,500 ECD centres** in the Western Cape for a **6 month placement** to assist with classroom and registration support.[64]
	• **ORT SA Cape Education:** have placed **400 young people per year as assistan**ts in ECD centres through the YES programme. ± 40 hours of work readiness training is provided upfront and mentorship is offered throughout the year. Promising YES graduates are selected to continue with an 18 month ECD learnership combined with a level 4 ECD practitioner qualification and mentorship, paid for by ORT SA Cape Education funding (approximately **100 young people** supported).[65]

In partnership with the Presidential Youth Employment Intervention (PYEI), Harambee has a role as ecosystem facilitator to work with ECD stakeholders including the Department of Basic Education to unlock the delivery of both the long term and short term job opportunities identified. This entails assisting partners with addressing the aforementioned systemic challenges, in particular understanding how ECD microenterprises can be better supported through investment, public funding and reduced regulation to become viable income earning

[62] Bilateral engagement with LIMA Rural Development Foundation
[63] The challenges and recommendations are a combination of opinions from the social enterprises and ECD implementers engaged in the bilateral engagements.
[64] Bilateral engagement with ELRU
[65] Bilateral engagement with ORT South Africa

opportunities for ECD care workers. The development of a sustainable ECD business model that serves the lowest quintiles will not only have a significant impact on job creation within the sector but also drive the expansion of early learning programmes in South Africa.

3 EDUCATION

3.1. Overview

The education sector is considered a high priority sector in South Africa and receives one of the largest allocations in the government's budget. Despite this focus and investment, the legacy of inequality in the country, together with a range of other systemic challenges, means that South Africa still struggles to ensure a good quality education for all learners.[66]

This report focuses on the schooling component of the education sector. The schooling sector has two components, General Education and Training, and Further Education and Training. General Education and Training has three phases: foundation phase (Grade R – Grade 3); intermediate phase (Grade 4 – Grade 6); and the senior phase (Grade 7 – 9). The General Education and Training component is mandatory for children. Further Education and Training is optional for children and has a schooling component (Grade 10 – Grade 12) and a technical school component (NQF levels 2, 3 and 4).

There are two main types of school in South Africa which are collectively known as ordinary schools: Public schools which are controlled by the government, and independent schools which are privately owned but still need to register with the education and provincial departments and comply with education regulation and policies.[67] In 2021 there were approximately 25 000 public and independent schools attended by around 13.5 million learners.[68]

Schools are also divided into income quintiles. Quintiles 1 to 3 are no fee schools and receive a larger government subsidy per learner. Quintiles 4 and 5 collect school fees and receive a smaller government subsidy per learner. Around 60% of learners attend quintile 1 to 3 schools.[69]

South Africa also has a National School Nutrition Programme which provides meals for approximately 9 million learners in quintile 1 to 3 schools. The programme is run by the Department of Basic education and supports employment creation of parents and community members who assist schools in food preparation.[70]

There are almost 450 000 educators working in ordinary schools in the country with 402 852 educators in public schools and 40 088 in independents schools in 2019. The majority of the educator workforce are women, with 70% women in the public school sector, and 77%

[66] "After School Programmes in South Africa: The Investment Case"; "Schooling Sector Skills Plan. 2019-2020 Update."
[67] "Schooling Sector Skills Plan. 2019-2020 Update."
[68] "School Realities. 2021."
[69] "Schooling Sector Skills Plan. 2019-2020 Update"; Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[70] "Schooling Sector Skills Plan. 2019-2020 Update."

women in the independent school sector.[71] Despite this large majority of female teachers, only around 36% of school principals (in the public sector) are women.[72]

Other key categories of workers in the education sector are teacher assistants, and local community cooks and auxiliary workers who assist schools in preparing food for the National School Nutrition Programme. In 2021, the Department of Basic Education launched a teacher assistant programme funded by the Presidential Youth Employment Stimulus. The programme created 300 000 job opportunities for young people and added capacity to schools.[73]

3.1.1 Gender considerations in the education workforce

There is not one simple reason for why there are more women in the education workforce in South Africa, however a feminized teacher workforce is not unique to the country, and teaching is considered to be 'women's work' in many parts of the world. It is interesting to note that in countries in Central and West Africa, where teaching salaries for primary education are substantially higher and the teaching profession carries status, the teaching profession is mostly male. This is in stark contrast to Southern and Eastern African countries where salaries are lower, the profession is less prestigious and is dominated by women. One study noted that in general, "as the prestige of an occupation declines, the proportion of female workers tends to increase. This in turn often corresponds to lower levels of remuneration."[74] Teachers in South Africa, may also be suffering from the undervaluing of 'women's work' which is subsequently viewed as inferior and associated with lower levels of status and pay.

3.1.2 Relevant policy, legislation, and regulation

The following key policies and legislation govern South Africa's education sector:

- White Paper on Education and Training in a Democratic South Africa: First Steps to Develop a New System, 1995 which was the first policy framework for the Ministry of Basic Education.
- National Education Policy Act, 1996 (Act 27 of 1996) which codified into law the policies, and legislative and monitoring responsibilities of the Minister of Education and the relations between national and provincial authorities.
- The South African Schools Act, 1996 (Act 84 of 1996) which aims to ensure quality education for all learners, makes school mandatory for children up to the age of 15 and outlines the two types of schools. This Act was later amended by the Education Laws Amendment Act, 2005 (Act 24 of 2005) to categorise schools in poverty-stricken areas as "no-fee schools."
- The Employment of Educators Act, 1998 (Act 76 of 1998) which regulates the professional and ethical responsibilities of educators and specifies their competency requirements.[75]

[71] "Schooling Sector Skills Plan. 2019-2020 Update."
[72] Davids and Waghid, "Gender Under-Representation in Teaching: A Casualty of the Feministion of Teaching?"
[73] Harambee, "After School Programme Microenterprise Model. Concept Note."
[74] Haugen et al., "Increasing Female Primary School Teachers in African Countries: Barriers and Policies."
[75] "South African Yearbook 2015/16. Education."

- There are various skill and human resource development strategies and policies which include: The Human Resource Development Strategy for South Africa (2010 – 2030); National Skills Development Strategy III; and the Integrated Strategic Planning Framework for Teacher Education and Development in South Africa.[76]

3.1.3 Major players in the education sector (schooling level)[77]

Table 6: Major players in the education sector

Public sector	
Role player	**Responsibility**
National Department of Basic Education (DBE)	Governs the delivery of early childhood development, primary and secondary education in both public and independent schools. Responsible for national policy, norms, and standards; provision of infrastructure and subsidies.
Provincial Departments of Basic Education	Accountable for implementing national mandates; employs teachers.
Department of Transport	Responsible for learner safety when travelling to and from school.
South African Council of Educators	Registers educators; promotes the professional development of educators and sets and maintains ethical and professional standards for educators.

Non-governmental sector	
Role player	**Responsibility**
School Governing Bodies	Assist schools with monitoring and improving education. Members include parents of school children, educators, and non-educator staff.
National Alliance of Independent Schools Associations (NAISA)	Overarching federation for independent schools and represents them in South Africa.
Trade Unions including: • South African Democratic Teachers Union (SADTU) • National Professional Teachers' Organisation of South Africa (NAPTOSA) • National Teachers' Union (NATU)	Provides the voice of the teacher regarding conditions of work and employment; plays a role in teacher development and professionalization of teachers.
A range of non-governmental organisations (NGOs) including: • Equal Education • Centre for Development Enterprise • Centre for Education Policy Development • JET Education Services • National Education Collaboration Trust • The Zenex Foundation	Plays an advocacy role as well as extends education to under privileged children and develops innovations that improve the quality of education.

[76] "Schooling Sector Skills Plan. 2019-2020 Update."
[77] "Schooling Sector Skills Plan. 2019-2020 Update."

NGOs offering a range of After School Programmes including: • Ikamva Youth • OLICO Maths • Year Beyond • City Year • Rise Women's Club • ENKE • Gold-Youth • Afrika Tikkun • The Learning Trust	Offers After School Programmes to provide support to school-going children with the aim of improving learner outcomes.

3.2. Challenges facing the education sector

Poor quality of education and poor educational outcomes. Despite significant investment in education, South Africa consistently has poor and disparate educational outcomes. The following figures paint a picture of the nature and extent of the challenge:

- The 2016 Progress in International Reading Literacy Study (PIRLS) found that 78% of Grade 4 children (around 9 years of age) are unable to read for meaning in any language.[78]
- Grade repetition is high in quintile 1 to 3 primary schools resulting in 37% of Grade 7 learners being over age.[79]
- The COVID pandemic impacted no-fee schools more adversely than the other quintiles resulting in learners learning 50 – 75% less in 2020 compared to a normal school year.[80]
- The South African education system is one of the most unequal systems in the world. "Children in the top 200 schools achieve more distinctions in maths than children in the next 6 600 schools combined."[81]

Linked to the poor quality of education is the challenge of poor quality of teaching, especially in mathematics and science where a vast number of teachers are under-qualified or unqualified.[82] A high rate of teacher absenteeism or late arrival to teach class negatively impact learning outcomes[83] and insufficient support for teachers is also a factor.[84]

High levels of school dropouts. Only 40% of learners who start school in South Africa will leave with a matric .[85] It is thought that a combination of factors have resulted in these high levels and include the following:

- Students who lag behind academically and thus need to repeat grades result in being over the typical age for the grade.
- A lack of parental education resulting from the legacy of apartheid.
- Limited or no support from an adult.

[78] "Keeping Our Children in School: Steps to Address South Africa's Dropout Crisis."
[79] "School Dropout: The Pandemic Edition."
[80] Sheperd et al., "Changes in Education: A Reflection on COVID-19 Effects over a Year."
[81] "Broken and Unequal: The State of Education in South Africa."
[82] "Broken and Unequal: The State of Education in South Africa."
[83] "Keeping Our Children in School: Steps to Address South Africa's Dropout Crisis."
[84] "Broken and Unequal: The State of Education in South Africa."
[85] "Broken and Unequal: The State of Education in South Africa."

- Loss of faith in the value of school combined with drug or alcohol use and gang involvement.
- Deficits in early learning resulting in the inability of children to catch up from their poor early learning.
- School culture which is not conducive to learning due to bullying, sexual violence, verbal abuse, and corporal punishment (which is illegal).[86]

Shortage of teachers. A shortage of teachers is a major challenge faced by South Africa's education system. One study has estimated that 30 000 additional teachers will be required by 2030 to meet the needs of the education system. However, a lack of accurate data for resource planning means the exact nature of the shortage is contested.[87] Here is a snapshot of the key challenge areas:

- High vacancy levels combined with retention and recruitment challenges.[88]
- An ageing workforce where 44% of educators are in the 50 – 74 age categories.[89]
- Low numbers of education graduates entering the system resulting in the education system not producing enough education graduates to meet the demand for qualified new teachers. Reasons for this low number include: limited capacity of universities to enroll adequate numbers of students; the closure of teacher training colleges; financial constraints; declining interest in teaching; poor public perceptions of the teaching profession; job placement uncertainty; the attraction of higher paying sectors which compete for talented students.[90]
- Lack of accurate and up to date data for educator human resource planning which makes the current and future demand for teachers unclear.[91]

Inadequate school infrastructure. South Africa faces a crisis of inadequate infrastructure and an absence of essential facilities such as sanitation facilities, science laboratories, libraries, internet access, and sports facilities. Some schools do not even have electricity. There is a shortage of classrooms often resulting in more than one grade having to share a classroom, or large numbers of learners in one classroom.[92]

Challenges facing the female education workforce. Although the South African constitution "explicitly states there must be gender equity in education and features the strongest policies to promote gender equality in Africa,"[93] the reality is quite different. The discrepancies between a majority female education workforce with a minority of women holding principal and leadership positions points to gender stereotyping where decision-making roles are viewed as more applicable to men.[94] Even once women are in leadership positions they are often undermined by male teachers who refuse to acknowledge their authority and rather defer to other male leaders.[95] Some studies have also shown that female principals report

[86] "Keeping Our Children in School: Steps to Address South Africa's Dropout Crisis."
[87] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[88] "Broken and Unequal: The State of Education in South Africa."
[89] "ETD Sector Skills Plan. 2022-2023."
[90] "Schooling Sector Skills Plan. 2019-2020 Update."
[91] "Schooling Sector Skills Plan. 2019-2020 Update."
[92] "Broken and Unequal: The State of Education in South Africa."
[93] Haugen et al., "Increasing Female Primary School Teachers in African Countries: Barriers and Policies."
[94] Haugen et al.
[95] Haugen et al.

low self-confidence and high levels of self-doubt, despite considering themselves to be qualified and deserving of the position. This can manifest in a delegation of some of their leadership responsibilities to men in the organisation as well as feelings of uncertainty in their relationships with their colleagues.[96] Alongside these more internal barriers for women wishing to assume leadership positions in education, there are also several external factors. "These include family and home responsibilities, working conditions and sex discrimination, as well as a lack of support from both families and colleagues."[97]

3.3. Opportunities for the education sector

Rather than addressing solutions for each of the challenges specified above, this section focuses on key opportunities with the potential to drive change in the education sector going forward.

3.3.1 After School Programmes

After School Programmes (ASPs) have the potential to address some of the challenges associated with poor learning outcomes in South Africa by focusing on learning and support gaps experienced by children. ASPs can "supplement formal schooling with academic and psycho-social support; safe places to learn and play; enrichment opportunities and meals" especially for children attending quintile 1 to 3 schools.[98] They have also shown to reduce the number of youth dropping out of school and repeating grades.

The current ASP landscape is characterised by a number of ASPs with the following similar traits:

- Operate locally but may have a replicable model across different geographies.
- Funded as traditional NGOs, relying on social investors, philanthropies, government agencies and ad hoc donations to cover operating costs.
- Rely on unpaid or stipended volunteers to deliver on day-to-day outcomes. These volunteers are usually required to have a matric and/or tertiary qualification. Many are successful 'graduates' of their programme.
- Have experienced limited scale due to financial constraints ranging from a few hundred to a few thousand beneficiaries.[99]

The **investment case for ASPs** is clear: for every Grade 12 learner attending a no-fee school, South Africa's education system currently invests R288 000 over twelve years, which includes the costs of grade repetition and drop-out. Despite the additional costs for participation in ASPs (estimated at R30 000 per learner), the investment required per matric learning outcome actually drops by 36% as the learners' likelihood of achieving good matric results dramatically increases.[100] In response to this and in order to address some of the challenges

[96] Davids, "Female Principals in South Africa: The Dynamics That Get in the Way of Success."
[97] Davids.
[98] "After School Programmes in South Africa: The Investment Case."
[99] Harambee, "After School Programme Microenterprise Model. Concept Note."
[100] "After School Programmes in South Africa: The Investment Case."

faced by the often-fragmented ASP landscape, Harambee has proposed exploring ASPs as a sustainable micro-enterprise franchise solution which will enable unemployed young people to establish their own ASP micro-franchise to offer support to school-going children in their community. The model envisages a sustainable funding model through parent fees and contributions by an affiliated school which is thus not reliant on donor funding – although initial seed money may be required from donors or government departments for the first year.[101]

3.3.2 Teacher Assistant Programme

Investing in the expansion of and support to teacher assistant programmes has the potential for developmental gains in two key areas. First, it provides work experience opportunities for unemployed youth with added benefits including: skills development and development of transferable work-readiness skills, employment opportunities, and opportunities for the establishment of school-related micro-enterprises such as sale of snacks, personal care services, clothes and tutoring.[102] Secondly, it adds capacity to schools and has the potential to increase learning outcomes, or support the integration into ordinary schools of learners who experience barriers to learning and learners with disabilities.[103]

There are currently two main models for recruiting and placing teacher assistants into schools.

- Department for Basic Education initiated a 3 month teacher assistant programme funded by the Presidential Youth Employment Stimulus which began in 2021 to create 300 000 job opportunities for young people while assisting schools to manage with COVID-19 protocols and assist with catching up on curriculum missed during lockdown periods.[104] A second phase of programme took place in 2022 benefiting more than 275 000 young people, and there is indication that it may potentially be extended for a third phase.
- NGO-run teacher assistant programmes at a smaller scale that often partner with the YES programme to fund positions. Examples of programmes include:

Table 7: Examples of teacher assistant programmes run by NGOs

Organisation name	Programme details
Funda Wande	Limpopo teaching assistant programme which had rigorous recruitment criteria for assistants and includes a comprehensive and ongoing training and support programme for assistants. Assistants are funded through the YES programme. Initial evidence shows an increase in learning outcomes at schools where assistants were placed.[105]
ORT SA Cape Education	Teacher assistant programme in partnership with YES which involves intensive training, mentorship and continuous learning programmes.[106]

[101] Harambee, "After School Programme Microenterprise Model. Concept Note."
[102] Harambee.
[103] Harambee.
[104] Harambee.
[105] Bilateral discussions with Funda Wande
[106] Bilateral discussions with ORT-South Africa

Additional areas of investment could include working with the Department of Basic Education and NGOs with teacher assistant programmes to monitor the effectiveness of various training, recruitment, and ongoing support initiatives. This would be done with a view to expanding and scaling interventions that have positive outcomes for both the young people employed and learning outcomes at the schools involved in the programmes.

3.3.3 Alternative pathways for initial teacher education

One solution that is currently being explored in South Africa to bridge the gap between the number of teachers required and the number of teachers being skilled through traditional training institutions, is the Teacher Internship Collaboration South Africa (TICZA). TICZA is a multi-stakeholder collaboration between local and international funders, the Department of Basic Education and Department of Higher Education and Training, and innovative research and implementing organisations including JET Education Services, Bridge Innovation, and the Bertha Centre at the University of Cape Town. The aim is "the adoption of an alternative pathway of initial teacher education which is effective, efficient and widely utilised in public schools in South Africa."[107] Outcomes include knowledgeable teachers who positively influence the education system, improved teacher retention and job satisfaction, and reduced teacher shortages in identified areas of need.[108] These and other models could be explored to address South Africa's teacher shortage.

3.3.4 Preventing school dropouts

Tackling the various causes of school dropouts can be challenging, however there are opportunities to support organisations currently achieving success in the areas where they operate. Examples of such programmes include[109]:

Table 8: Examples of programmes preventing school dropouts run by NGOs

Organisation name	Programme details
Bottomup	Equips young people to understand the drivers that lead peers to drop out of school and uses an approach to address these collectively at school level.
Khula Development Group	Creates opportunities for psychosocial support and academic catchup in schools.
Masibumbane Development Organisation	Uses early warning systems to support and respond to young people at risk of dropping out.
SAILI	Trains district staff to use school data to affect change within schools.
National Association of Child Care Workers (NACCW)	Uses Child and Youth Care Workers at schools to provide lower-cost psychosocial support.

[107] "The Teacher Internship Collaboration South Africa."
[108] "The Teacher Internship Collaboration South Africa."
[109] "Keeping Our Children in School: Steps to Address South Africa's Dropout Crisis."

3.3.5 Addressing challenges facing female educators

Although gender equity is the intention of several South African policies, most of these policies do not adequately consider the complexity of the challenges faced by women educators, especially in their plight to assume leadership positions in the education environment. To successfully move towards gender equity for educators, the complex experiences and challenges faced by women need to be taken into consideration. This applies both to policy design, as well as the design of more operational matters including the education, training, and development of teachers; recruitment and retention.[110]

[110] Davids, "Female Principals in South Africa: The Dynamics That Get in the Way of Success."

4 HEALTHCARE

4.1 Overview

According to Section 27 of South Africa's Constitution "everyone has the right to have access to healthcare services, including reproductive health services and no one may be refused emergency medical treatment. However, as with all socio-economic rights in [the] Constitution, the enjoyment of these rights is not absolute and depends upon the availability of resources."[111]

These health services are delivered through both a public and private healthcare system. The public healthcare system is "universally free at point-of-service for the entire population except for access to the hospital system, which is subject to a means test."[112] The private health system is delivered by private health service providers and is funded by medical schemes (private health insurance). Although both systems spend a similar percentage of GDP (around 4%), the private system serves approximately 16% of the population, and the public system serves the remaining 84%. However, a fair number of people who are not covered by medical schemes do pay out-of-pocket for private doctors.[113]

The NPO sector plays a large role in the delivery of much of the health-related community-based care such as geriatric care, in-home services, care for orphans and vulnerable children, palliative care, and services for people with disabilities.[114]

South Africa faces a quadruple disease burden of poor maternal, newborn and child health; communicable diseases such as tuberculosis and HIV/AIDS; non-communicable diseases; and high rates of violence and injury.[115]

The health sector comprises healthcare providers and healthcare workers. Health care providers are workers who "directly provide healthcare services such as medical practitioners, pharmacists, dentists, medical specialists, nurses, and auxiliary nurses [and] healthcare workers [who] are all other workers who are involved in the provision of healthcare services but are not providers such as cleaning staff, community health workers, and counsellors."[116] Given the vast number of occupations in the healthcare sector, this report focuses on four categories as we believe they have the highest potential for job creation, investment opportunities, and improving healthcare outcomes.

[111] "Health Reform. Perspectives and Proposals."
[112] van den Heever, "Country Report."
[113] van den Heever; van den Heever, "National Health Insurance Bill Review."
[114] "Health and Welfare Sector Education and Training Authority. Sector Skills Plan 2022-2023."
[115] "Health and Welfare Sector Education and Training Authority. Sector Skills Plan 2022-2023."
[116] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.

4.1.1 Community Health Workers (CHWs)

Community Health Workers "form a bridge between communities and healthcare service provision within health facilities […and have] been a vital part of healthcare service delivery in South Africa for decades."[117] Until recently, the NGO sector has been predominantly involved in employing and managing CHWs, however, with South Africa's reengineered primary healthcare, CHWs have been formalised into ward-based primary healthcare community outreach teams (WBPHCBOT). These WBPHCBOTs comprise of six CHWs and an outreach team leader who is an enrolled nurse.[118] CHWs fall in a broad category of lay health workers and to date 70 000 lay health workers have been recruited and deployed in communities throughout the country which has gone some way to address large shortfalls in human resources for health. In 2019, there were 54 180 CHWs in South Africa who were made up of mostly poor, black women.[119] Despite this large number, South Africa still only has enough WBPHCOTs to cover around half of the 4 277 wards in the country.[120]

There are a range of challenges faced by CHWs which include fragmented programmes, poor morale, lack of support, poor training infrastructure, inadequate resources, lack of role clarification, poor remuneration, and limited career pathways. These challenges which will need to be addressed together with any targeted investment programmes.[121]

4.1.2 Nurses

In South Africa, nurses comprise the largest one group of healthcare service providers and the demand for nurses is high. There are three categories of nurses in the country: "professional (registered) nurses with 4 years of training; enrolled nurses with 2 years of training; and nursing assistants or auxiliaries with 1 year of training. The majority of professional (registered) nurses are also midwives."[122] Recent estimates highlight that there is currently a gap of anywhere between 26 000 and 62 000 nurses which is predicted to increase to the 131 000 – 166 000 range by 2030. Current accredited nursing education institutions are projected to produce only 26 000 graduates by 2030 and thus there is clearly a need for innovative solutions to bridge the shortfall.[123]

The shortage of nurses is only part of the challenge which includes a declining interest in the profession, a lack of caring ethos and a disconnect between the needs of nurses and the needs of the communities they serve.[124]

[117] Murphy et al., "Community Health Worker Models in South Africa."
[118] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[119] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[120] Murphy et al., "Community Health Worker Models in South Africa."
[121] "Presidential Health Summit 2018"; "Investing in ECD - the Start of the Pathway to Human Capital Development in South Africa."
[122] Rispel, "Transforming Nursing Policy, Practice and Management in South Africa."
[123] Department of Health, "Future of Nursing Workforce Planning."
[124] Rispel, "Transforming Nursing Policy, Practice and Management in South Africa."

4.1.3 Child and Youth Care Workers

Child and Youth Care Workers (CYCW) "support families to care for children on a daily basis, (e.g. help with homework, cooking and hygiene); and assist families to access basic services such as health and social security. They are trained to do developmental assessments and identify potential problems."[125] There are no accurate figures on the total number of practicing CYCWs in the country as there is no central database, but similar to other care professions it is thought that the majority are women.[126]

The profession is not well represented in policy, decision-making and general management and faces numerous challenges including: lack of clear career paths; earning stipends rather than salaries; low remuneration rates; no formal human resources plan; and poor working conditions.[127]

In 2021, the South African Council for Social Service Professions hosted a "Summit on the crisis in the child and youth care sector in South Africa and its impact on the welfare of children and youth" which was well attended by stakeholders across the government and non-governmental arena. Working groups were established to take forward a number of recommendations, however, the impact of the summit remains to be seen.

4.1.4 Social workers

Social work in South Africa is a well-established profession where supervision of social workers is mandatory and social workers must register annually with the South African Council for Social Service Professions. Social workers are key to ensure the effective implementation of social welfare legislation in the country, such as the Children's Act and Older Persons Act. However, as with other care professions, there is a severe shortage of social workers estimated to be around a 77% shortfall. Social workers also face a range of challenges which results in high turnover in the sector. These include a lack of supervision, resources and support; extremely high caseloads; inadequate training on the legislation they need to implement; poor respect for, and public perception of, social workers; discrepancies in pay between government social workers and NPO social workers; and low morale, emotional exhaustion, stress and burnout.[128]

4.1.5 Gender considerations in the healthcare workforce

Globally, 70% of the healthcare workforce are women, however only 25% of leadership positions are held by women. In South Africa, there is a lack of data on the split between men and women health workers across regions, sectors, population groups and areas of specialization. However, we do know that men dominate in numbers of medical doctors at

[125] "Child and Youth Careworkers in South Africa."
[126] "Child and Youth Careworkers in South Africa."
[127] "Summit on the Crisis in the Child and Youth Care Sector in South Africa and Its Impact on the Welfare of Children and Youth. 2021."
[128] "Challenges Facing Social Workers in South Africa"; Engelbrecht and Strydom, "Social Work in South Africa: Context, Concepts and Some Critical Reflections"; Skhosana, "The Dilemma Faced by NPOs in Retaining Social Workers: A Call to Revisit the Retention Strategy."

about 60%, as well as in what are considered the more prestigious specialisations such as surgery.[129] The opposite is true for nurses and CHWs where around 90% of nurses are women, 80% of them black women, and most CHWs are also black women. There is also a significant lack of women represented in senior management levels across the private hospital system.[130]

The underlying reasons for more women represented in nursing and CHW roles is likely to follow similar lines to why there are more women represented in the care economy as a whole. However, some studies have pointed to the perception that nursing is a feminine career perpetuated by stereotypes and language such as 'sister' and 'matron' which act as a deterrent to men choosing a career in nursing. One South African study found that men pursuing nursing studies felt they were discriminated against due to their gender, were allocated more non-nursing duties, were not given as many learning opportunities, and lacked role models.[131]

Globally, the gender pay gap for the health sector "is larger than the average of all labour sectors combined."[132] In South Africa, there is limited data on the details of the gender pay gap for health workers, however, as with care work in general, the more caring of the healthcare professions, such as nursing, community health, and midwifery, which are dominated by women, are undervalued and consequently underpaid. CHWs fall at the bottom of the pile, typically earning only minimum wage despite the skilled nature of their work, and that they are often considered to be the backbone of primary healthcare in the country. CHWs are also usually on temporary or short-term contracts which exclude them from social security mechanisms and other employee benefits such as paid maternity leave.[133] Some of the lack of value attributed to the healthcare professions dominated by women can be explained by the subordination of these professions as they are focused on 'caring' rather than 'curing' in a medical world that does not adequately value the importance of the skills associated with caring.[134] In the South African context, some surmise that this lack of appropriate recognition, undervaluing, and poor treatment of nurses and CHWs is directly related to the fact that they are usually black women.[135]

4.1.6 Relevant policy, regulation, and legislation

Key legislation governing the healthcare sector includes:

- National Health Act (61 of 2003) which regulates both private and public healthcare providers
- Medicines and related Substances Control Act (101 of 1965) regulates the sale and distribution of medicines, medical devices and technologies

[129] October, "Spotlight on Women in Health."
[130] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."
[131] Ntombizodwa and Salaminah, "Four Year Diploma Male Students' Experiences in a Profession Traditionally Perceived as a Female Domain at a Selected Public College of Nursing in Limpopo, South Africa."
[132] George et al., "Violence against Female Health Workers Is Tip of Iceberg of Gender Power Imbalances."
[133] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."
[134] George et al., "Violence against Female Health Workers Is Tip of Iceberg of Gender Power Imbalances."
[135] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."

- Medical Schemes Act (131 of 1998) regulates medical schemes[136]

The need for health reform to address the many challenges faced by both the public and private health systems has been a key debate in the sector for decades. The Presidency attempted to bring healthcare stakeholders together to discuss health reform in 2019 through the Presidential Health Compact.

A large focus of the health reform conversation has been around the National Health Insurance (NHI) programme which was introduced through a Green Paper in 2007 followed by a White Paper in 2017 and the National Health Insurance Bill which was approved by Cabinet in July 2019 and sent to Parliament to be tabled. There has been significant debate and public consultation on the NHI and thus additional discussions are envisaged before the Bill goes further. NHI aims to introduce the state as a single payer and purchaser of health products and equipment by pooling all health resources in the country. It has become deeply contentious with major concerns around how it will be implemented in a state battling with high levels of corruption. The private sector has also been subject to debates around reform which culminated in the Competition Commission's Health Market Enquiry in 2019. To date, recommendations from the inquiry relating to facilities, practitioners and funders have not been implemented.[137]

4.1.7 Major players in the healthcare sector[138]

Table 9: Major players in the healthcare sector

Role player	Responsibility
Public sector	
Department of Health and Department of Social Development	Develops and reviews policies and legislation; sets standards; oversight and coordination of services delivered by provinces
Provincial Departments of Health	Implements policies and regulations; provides primary, secondary, and tertiary healthcare services
Statutory bodies	
Health Professions Council of South Africa (HPCSA)	Protects the public and guides health professionals
Council for Medical Schemes (CMS)	Provides supervision for medical schemes
Private health sector	
Medical schemes (around 80 in total with Discovery Health Medical Scheme being the largest)	Non-profit organisations which pool the funds from contributing members and pay for services accessed by members in the private health sector
Hospital providers (three main companies: Netcare, Mediclinic and Life Health Care)	Provides hospital services for individuals benefiting from private healthcare services
Non-governmental sector	
A range of NGOs including: • AIDS Foundation of South Africa	Delivers certain healthcare services and takes on an advocacy role for health and social services

[136] "Overview of the Health Technology Sector in South Africa: Opportunities for Collaboration."
[137] "Health Reform. Perspectives and Proposals"; "Overview of the Health Technology Sector in South Africa: Opportunities for Collaboration"; "Health and Welfare Sector Education and Training Authority. Sector Skills Plan 2022-2023."
[138] "Health and Welfare Sector Education and Training Authority. Sector Skills Plan 2022-2023"; "Overview of the Health Technology Sector in South Africa: Opportunities for Collaboration."

• The South African Red Cross Society • Save the Children South Africa • Right to Care • Section27	
Research institutions	
Including: • Medical Research Council • Human Sciences Research Council • National Health Laboratory Service	Conducts sector-relevant research

4.2 Challenges facing the healthcare sector

There are a range of systemic challenges facing both South Africa's public and private healthcare systems. In the public sector challenges include poor governance, management and administration; inadequate and poorly maintained infrastructure; human resources for health shortages and inadequate information systems. Although the private healthcare sector is deemed to provide higher quality health services, it also faces challenges including unaffordable prices; information asymmetry leading to perverse incentives; perceptions of over-servicing and a lack of accountability.[139] The following section focuses on a selection of the most pressing challenges.

Lack of universal health coverage. South Africa faces large gaps in healthcare and social welfare service provision. A critical gap is poor coverage in rural areas which includes inadequate quality of health services; limited access to tertiary medical facilities and a lack of specialists and health professionals operating in rural areas.[140] There are also major gaps in social service provision and care of the elderly, people with disabilities, children, youth in trouble with the law and people experiencing substance addictions and violence.[141]

Shortage of Human Resources for Health. A shortage of human resources for health (HRH) is a major challenge facing the health system. Hiring a larger workforce will also increase the already large public sector wage bill which adds to the complexity of the situation. Here is a snapshot of the key challenge areas:

- The Department of Health's Human Resources for Health Strategy Report highlighted the severe shortage of healthcare workers and proposed hiring an additional 96 586 health workers by 2025. This includes approximately 30 000 CHWs. This would increase the wage bill by around R40 billion.
- There is a shortage of nurses across the public and private sectors and current nursing training institutions do not train enough nurses to meet growing demand.
- Despite HRH shortages, there is still a large pool of unemployed doctors and nurses.
- Current regulation hinders the registration of foreign trained doctors.

[139] "Presidential Health Summit 2018."
[140] "Health Reform. Perspectives and Proposals."
[141] "Health and Welfare Sector Education and Training Authority. Sector Skills Plan 2022-2023"; Manderson, Harling, and Witham, "Who Takes Care of the Elderly? Findings from Rural South Africa."

- A large number of positions in the public sector are vacant. It is thought that this is largely due to fiscal constraints resulting in vacant positions not being filled.[142]

Challenges associated with analysing the workforce and future planning for HRH are exacerbated by a lack of adequate data on the health workforce. The public health sector holds information on employees through the Personnel and Salary System (PERSAL), but there is a lack of detailed information on health workers in the private health system and current data does not indicate health professionals who work outside their sector, have left the country, or are retired. Statutory bodies responsible for registering healthcare professionals do not disaggregate their data by private and public health system or location.[143]

Skills and accreditation. There are a range of challenges related to the skilling and accreditation of healthcare workers. These include:

- South Africa has limited training capacity for health professions compared to peer countries.
- Government spends a large amount to fund the tertiary education of medical students. The cost of training a medical doctor in South Africa is approximately R900 000, a level which is unsustainable especially when many doctors leave the country and pay taxes abroad.
- CHWs are mostly trained by NGOs and there is little or no accreditation, recognition, or regulation of training.
- There are high dropout rates at nursing colleges and in tertiary education. Indications are that more than 25% of students drop out in their first year of tertiary education.
- The poor quality in basic education in South Africa does not equip students to succeed in tertiary healthcare education.[144]

Poor quality service provision. The public sector also faces challenges around poor service provision which include long waiting times; drug stock-outs; negative staff attitudes and high rates of staff absenteeism; lack of safety and security for staff and patients; lack of infection control; and variable leadership and management skills.[145]

Challenges facing female healthcare workers. Although South Africa has legislation to restrict working hours, when applied to the healthcare profession, these regulations are often weak and poorly controlled, and do not recognise the double burden faced by women due to their labour force *and* family responsibilities. The result, particularly for nurses and CHWs, is long working hours and low quality of life. This is exacerbated by a lack of support or recognition from employers regarding family responsibilities. Only 5,8% of nurses have access to employer-provided childcare facilities. Thus, most nurses with children have to rely on often expensive childcare facilities or entrusting their children to friends or family members. This also adds to a long day with the resulting childcare drop off requirements before the start of an already long shift.[146]

[142] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[143] Price Ivins et al.
[144] Price Ivins et al.
[145] "Presidential Health Summit 2018."
[146] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."

Violence against female health workers is another key challenge. This has been recognized as a global problem which creates burnout and moral distress resulting in absenteeism and attrition. It also undermines the confidence of women and "undercuts their ability to progress in their careers or be promoted to the leadership positions from which they could prevent and curtail abuses of power."[147] There is also insufficient data on the nature and extent of violence against women in the healthcare professions due to a range of factors including stigma around reporting; that it is viewed as normal practice; and gendered economic risks faced by women in marginalized groups on precarious or parttime contracts.[148] These challenges are mirrored in the South African context, where violence not only takes place in the workplace, but also during travel to and from the workplace. Nurses and CHWs are particularly negatively affected as their shifts require commuting at night and to remote locations.[149]

Given South Africa's general challenge with gender-based violence, as a workforce of predominantly black women, nurses and CHWs, as well as other healthcare workers in the care profession, are particularly vulnerable to gender-based violence in the workplace as well as at home.[150]

4.3 Opportunities for the healthcare sector

The challenges facing South Africa's healthcare system are fairly well understood and generally not the subject of contentious debate. When it comes to opportunities or solutions, there is less consensus on how to proceed, and many interventions involve solving systemic issues. This section will briefly touch on opportunities to solve some of these systemic issues but will focus on a selection of opportunities where investment may contribute in the shorter to medium term. Any proposed solution or opportunity will still need to be rigorously explored with relevant stakeholders and piloted and evaluated.

4.3.1 Addressing systemic issues

Table 10: Opportunities to address systemic healthcare challenges

Theme	Opportunities / potential solutions
Skills and accreditation	• General schooling education needs to be improved to increase the number of students who qualify to study at nursing and medical schools. • Increase the number of places for medical students to study at tertiary institutions. • Consider introducing innovative financing models to fund medical education such as income contingent loans for students, and allocating funding to training institutions based on academic performance and graduate numbers.

[147] George et al., "Violence against Female Health Workers Is Tip of Iceberg of Gender Power Imbalances."
[148] George et al.
[149] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."
[150] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."

	• Improve the process for registration of foreign-trained medical graduates and consider interventions such as emergency exemptions, fast-tracking licensing, allowing practice under supervision.[151]
Shortage of Human Resources for Health	• Invest in improving information management systems for healthcare personnel to assist with analysis and planning of HRH.[152] • Invest in improved health workforce management augmented using modern technologies to improve employee promotion, working conditions, opportunities for further education, retention and staff engagement.[153] • Prevent staff burnout by ensuring mental health services are widely available. Discrete services making use of virtual telemedicine should also be explored.[154]
Shortage of HRH – Nurses	• Short-term 0 – 3 years: Scale training of nurses from approximated 3 000 per annum to 20 000 per annum; retrain unemployed enrolled and auxiliary nurses who are eligible for registered nursing qualifications. • Medium to long-term (4 – 10 years): Create multiple channels for hiring, improve career pathways focusing on development and growth, enhance status of nursing, target high school learners to attract younger people into the nursing profession, develop incentives for nurses to work in rural or less popular areas.[155]
Shortage of HRH – Child and Youth Care Workers	• Develop a Human Resource Plan for the Child and Youth Care Work sector. • Improve training capacity at universities to cater for Child and Youth Care Work. • Address poor remuneration so that cost of education can be justified. • Review Recognition of Prior Learning process to allow community caregivers to become Child and Youth Care Workers[156]

4.3.2 Innovative models of primary healthcare delivery

There are opportunities for investment in alternative models to deliver primary healthcare in order to close gaps in health service provision. Examples of potential models are outlined below:

Table 11: Examples of innovative models for primary healthcare delivery

Model	Implementing organisation	Details
Community Oriented Primary Care (COPC)	Department of Family Medicine at the University of Pretoria Tshwane District Health under Gauteng Provincial Department of Health	Ward-based (geographically based) approach where healthcare professionals from different fields work together with organisations and patients in defined communities. CHWs work in teams

[151] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[152] "Presidential Health Summit 2018."
[153] "Presidential Health Summit 2018"; Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[154] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[155] Department of Health, "Future of Nursing Workforce Planning."
[156] "Summit on the Crisis in the Child and Youth Care Sector in South Africa and Its Impact on the Welfare of Children and Youth. 2021."

		supported by a nurse Team Leader as well as other healthcare professionals and government managers[157]
Nurse-led and owned clinics	Two models: • Afrika Tikkun (working on a proof-of-concept) • Unjani Clinic	A professional nurse owns and runs a primary healthcare clinic which provides affordable, accessible and quality healthcare to low-income communities. Each clinic employs additional nurses/healthcare personnel and works on a self-sustainable fee-based model.[158]

4.3.3 Increase investment in community-based health and the Community Health Worker programmes

The case for investing in CHWs is comprehensive and includes the following components:

- CHWs can play a large role in improving health outcomes as well as supporting early ECD initiatives, particularly around "improving attitudes towards family planning, increased breastfeeding and immunization of children under five years, as well as tracing of patients on antiretroviral therapy… particularly among those in rural and underserved areas."[159]
- CHWs can help save costs in other parts of the health system by providing care services at lower costs than traditional medical care delivery models. CHWs have been shown to be particularly effective in the "treatment and management of chronic diseases and tuberculosis, maternal health interventions and neonatal care."[160]
- Robust CHW programmes can result in other societal benefits such as "employment of women, of young people, and of people in rural areas with few employment opportunities otherwise."[161]

Investment in CHW components could take several forms including formalising training and accreditation, clarification of CHW responsibilities, improving remuneration, and expansion of effective CHW programmes run by government or non-governmental stakeholders.[162] Examples of successful CHW programmes in South Africa include[163]:

Table 12: Examples of successful CHW programmes

Model	Implementing organisation	Project details
CHW-led home visiting	The Philani Maternal, Child Health and Nutrition Trust	**Mentor Mothers** CHWs provide support and health education to at-risk pregnant women in the communities where they live.
Community-based group	Grow Great	**Champions for Children** CHWs establish community-based, peer-supported breastfeeding groups to monitor

[157] "New Community Health Platform Brings Primary Care to Millions."
[158] "Model of Unjani Clinic Network."
[159] Murphy et al., "Community Health Worker Models in South Africa."
[160] Stevenson, "Community Health Workers: A Spotlight in-Depth Feathre."
[161] Stevenson.
[162] "Presidential Health Summit 2018."
[163] "South African Early Childhood Review. 2019."

		growth of children under two and support maternal health outcomes.
CHW-led home visiting	ELRU	**Family Community Motivator** CHWs provide home-visiting support and parental education to support vulnerable households with pregnant women and children under two.
Public employment for CHWs	Department of Health and Department of Social Development	**Home Community-Based Care (HCBC)** Home based care workers and CHWs deliver care in the home.[164]

4.3.4 Technology-enabled healthcare

Technology-enabled healthcare, particularly technology-enabled primary healthcare delivery has the potential to improve access to, quality of, and efficiency of care.[165] South Africa is lagging behind the curve regarding technology adoption and globally, it is thought that the healthcare sector is behind other industries in its use of technology. This situation, together with other technology drivers such as an increase focus on outcomes, the need to reduce costs, and consumerisation of healthcare, signals potential for growth and investment in technology-enabled healthcare in the country.[166]

Key categories for technology-enabled healthcare include:

- Telehealth: Usually live virtual interactions between healthcare providers or providers and patients for online consultations, monitoring of patients with chronic conditions, among other uses.
- Digital therapeutics: therapeutic interventions which use technology to help prevent, manage or treat a medical condition or optimise medical treatments.
- Care navigation: Includes patient self-directed care and e-triage tools.[167]

A selection of examples of technology-enabled healthcare programmes in South Africa are outlined below[168].

Table 13: Examples of technology-enabled care in South Africa[169]

Model	Innovation name	Detail
Remote guidance for primary care providers	Vula mobile app	Designed in South Africa, the app has the potential to extend services provided by primary care workers by providing access to on-call specialists.[170]
Remote support for CHWs	AitaHealthÔ app	Smartphone application that supports Community Oriented Primary Care. The app is used by CHWs in the field to collect patient information, guide responses,

[164] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[165] "Tech-Enabled Primary Healthcare Innovation in Africa."
[166] "Overview of the Health Technology Sector in South Africa: Opportunities for Collaboration."
[167] "Tech-Enabled Primary Healthcare Innovation in Africa."
[168] There are also numerous examples of technology-enabled healthcare innovations in the rest of Africa which have been documented by South African consultancy, Percept.
[169] "Tech-Enabled Primary Healthcare Innovation in Africa."
[170] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."

		plan treatment and future visits. It is also connected to a patient record system.[171]
Telehealth	Management Systems Thalamus	Allows patients to make remote contact with healthcare providers, view healthcare results and refill prescriptions.[172]
e-Triage of patients	ThinkMD	Digital platform which allows patients to access information that guides them as to the next steps to take.[173]

With the potential increase of technology use by nurses and CHWs, there is job creation potential amongst young people as Technical Support Officers to assist healthcare professionals with downloading and navigating relevant apps. We outline this opportunity in more detail in section 2.3.5.

4.3.5 Establish South Africa as a techno-medical hub in Africa

South Africa has recently shown itself to be at the forefront of medical research and technology in Africa. The country was chosen by the World Health Organisation (WHO) as Africa's first mRNA vaccine technology transfer hub. An important opportunity would be to support the establishment of South Africa's mRNA vaccine technology transfer hub.

In a similar vein, South Africa received worldwide recognition for its genomic surveillance capacity in identifying different COVID-19 variants during the pandemic. It is the only country in Africa with enough genetic counselors and medical geneticists to practice genomic medicine. Together with establishing the mRNA hub, South Africa could be established as Africa's centre of genomic excellence.

Establishing these techno-medical hubs in the country is likely to provide many skilling and job creation opportunities as well as attract global researchers and foreign investment for research. It will also improve vaccine protection and genomic surveillance in the country and across Africa.[174]

4.3.6 Addressing challenges facing female healthcare workers

Given that the backbone of South Africa's healthcare system is mostly made up of black women, when it comes to drafting policy and processes including recruitment, remuneration, benefits, training, and development, it is vitally important that gender and race are appropriately considered. For example, to address the double burden faced by women of long working hours combined with family responsibilities, workplace policies that recognise the burden of unpaid care work and are "conducive to the gender and working time needs of staff, such as in-house childcare facilities" should be promoted and implemented. [175]

[171] "New Community Health Platform Brings Primary Care to Millions."
[172] "Tech-Enabled Primary Healthcare Innovation in Africa."
[173] "Tech-Enabled Primary Healthcare Innovation in Africa."
[174] Price Ivins et al., "The Future of Medical Work in Southern Africa: Case Study of the Future of Medical Work and the Impact of the COVID-19 Pandemic on Medical Work in South Africa."
[175] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."

Addressing gender-based violence and violence against women in the workplace are systemic challenges that will take time to rectify. However, there are some gains that can be made in the shorter term. As a start, it is important to showcase the problem as one that is not only a 'woman's problem' but a challenge that impacts the ability of South Africa to provide universal health coverage. Also key, is to gather data to build a better understanding of the extent and nature of the challenge.[176] Employers should adopt a zero-tolerance policy towards violence in the workplace and ensure that policies are in place to prevent sexual harassment. Employers can also assist by taking accountability for safe transport and travel, especially at night, through dedicated transport for workers on the night shift.[177]

[176] George et al., "Violence against Female Health Workers Is Tip of Iceberg of Gender Power Imbalances."
[177] "The Right to Dignified Healthcare Work Is a Right to Dignified Health Care for All."

5 DOMESTIC WORK

5.1. Overview

The domestic worker sector is largely informal with an estimated 20% of the labour force engaged in formal employment.[178] Although there have been regulations to improve working hours, salaries and social protections, the implementation of these regulations has been patchy, and the majority of domestic workers have limited job security, social protection and bargaining power.

A domestic worker is a person who works in a private household and is entitled to receive pay.[179] Domestic work generally includes tasks such as caring for members of a household including children, older persons, or persons with disabilities. It also includes indirect care work such as cleaning, ironing, cooking, and gardening.[180]

Domestic workers make a large contribution to many South African families. They are trusted to care for children, the elderly and the home and perform duties that would otherwise need to be done by their employers. By taking on this role they allow their employers to work away from the home and thus "actively contribute to the prosperity of the societies in which they work through fostering human development, productivity and economic growth."[181]

Domestic workers account for around 6.5% of South Africa's workforce. Almost 95% of domestic workers are women[182] with the domestic work industry being the fourth largest industry employing women.[183]

Results from an annual survey conducted by SweepSouth, an online platform for connecting domestic workers to homeowners, found that respondents were almost evenly split between South African citizens (48%) and Zimbabwean citizens (49%) with the remaining individuals coming from Malawi or the Democratic Republic of Congo. The survey also found that most respondents had a school-lever's qualification (Matric or O-Level), were single mothers, and the primary breadwinner in their households. [184]

5.1 Earnings

Domestic workers are covered under national minimum wage legislation which entitles them to earn R23,19 per hour which amounts to around R3 710 a month.[185] However, according to the SweepSouth survey, only 14% of respondents were earning above R4 000 (which

[178] INTERNATIONAL LABOUR OFFICE. ADDATI, *Care Work and Care Jobs for the Future of Decent Work.*
[179] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[180] INTERNATIONAL LABOUR OFFICE. ADDATI, *Care Work and Care Jobs for the Future of Decent Work.*
[181] De Villiers and Taylor, "Promoting a Positive Work Experience for South African Domestic Workers."
[182] "Quarterly Labour Force Survey. Quarter 4: 2021."
[183] Shai, *Public Employment Programmes in the Care Economy the Case of South Africa*.
[184] "Pay and Working Conditions for Domestic Work in South Africa. 2020."
[185] "How Much You Should Be Paying Your Domestic Worker in 2022."

SweepSouth deems to be a living wage), with the majority (63%) earning more than R2 500. Those domestic workers utlising the SweepSouth platform had a median earning of R3 470 compared to those not on the platform with a median earning of R2 730.[186]

5.1.2 Gender considerations in the domestic work workforce

Like many aspects of care work, domestic work is undervalued due to gendered conceptions of 'productive' and 'unproductive' work. Unpaid domestic work is mostly conducted by women and is usually associated with women's 'natural' abilities rather than acquired skills or education. As a result, it is not viewed as having intrinsic economic value and is often not regarded as 'actual work'. These views are transferred onto paid domestic work which is consequently under-recognised and undervalued.

5.1.3 Relevant policy, regulation, and legislation

Over the last few decades, the regulation governing the domestic worker industry has included several measures to protect workers. These include the Basic Conditions of Employment Act, No. 75 of 1997 which regulates the right to decent work and fair labour practices; and specifically the Sectoral Determination 7: Domestic Work Sector, which includes regulation on number of working hours and minimum wages. Domestic workers are also covered under the National Minimum Wage Act. South Africa is a signatory to the International Labour Organization's Domestic Worker Convention 2011 (No. 189).[187] Domestic workers are also entitled to unemployment insurance and maternity protection.[188] However, despite these incremental improvements, the sector is still largely informal, job security is precarious and there are many opportunities for exploitation.[189]

5.1.4 Major players in the domestic work sector

Table 14: Major players in the domestic work sector

Role player	Details
Public sector	
Department of Employment and Labour	Responsible for regulating the domestic worker sector
Non-governmental sector	
South African Domestic Service and Allied Workers Union (SADSAWU)	Domestic workers' union
Izwi Domestic Workers Alliance	Network of domestic workers in Johannesburg with a labour rights advice office
Private sector	
SweepSouth	Online platform for connecting domestic workers to homeowners. Users have been shown to earn 27% more compared to domestic workers not using the platform[190].
Rent A Maid	National franchise model offering outsourced cleaning services for business and household cleaning

[186] "Pay and Working Conditions for Domestic Workers across Africa. 2021."
[187] De Villiers and Taylor, "Promoting a Positive Work Experience for South African Domestic Workers."
[188] INTERNATIONAL LABOUR OFFICE. ADDATI, *Care Work and Care Jobs for the Future of Decent Work.*
[189] Hunt and Samman, "Domestic Work and the Gig Economy in South Africa."
[190] "Pay and Working Conditions for Domestic Workers across Africa. 2021."

Marvelous Maids	Domestic worker placement agency for temporary and permanent placements
There are several organisations offering domestic worker training, these include: • Domestic Bliss • Super Nannies • Ace of Maids • Vital Life Training • SA Nanny	Various training courses including housekeeping and home management, childcare and homebased care, cooking and baking, cleaning

5.2. Challenges facing the domestic work sector

Low wages and earnings potential. The undervaluation of domestic work translates into lower salaries which reflects the global situation for domestic workers of long working hours combined with low wages for domestic work. Although national minimum wage legislation includes domestic workers, high unemployment in South Africa has meant that some workers are prepared to work for salaries below minimum wage. One in five employers have also admitted that they pay their domestic workers below the minimum wage.[191] Low wages have a knock-on effect resulting in workers not being able to cover their basic expenses. The SweepSouth survey found that 70% of surveyed domestic workers were in debt in 2020.[192]

Poor implementation of protective legislation. Despite fairly progressive legislation and regulation governing the domestic worker sector, implementation has been patchy. A large proportion of employers do not sign formal contracts with their domestic workers, pay below minimum wage and do not pay unemployment insurance. The nature of domestic work being conducted in the private sphere makes it difficult to monitor and enforce legislation in private households.[193]

Lack of social protection. Current legislation only requires an employer to register their domestic worker for unemployment insurance if they work for 24 hours or more per month. Given that many domestic workers work part time for multiple employers, this creates a barrier for domestic workers to access unemployment insurance.[194] Although domestic workers are entitled to four months maternity leave, this does not need to be paid leave resulting in limited or no income for maternity leave.[195] The SweepSouth survey also found that less than 1 in 10 domestic workers reported having any personal savings or pension, although around 1 in 5 do participate in a stokvel.[196]

Challenges facing female domestic workers. Given the predominantly female makeup of the domestic work workforce in South Africa, the above challenges are naturally challenges for

[191] De Villiers and Taylor, "Promoting a Positive Work Experience for South African Domestic Workers."
[192] "Pay and Working Conditions for Domestic Work in South Africa. 2020."
[193] De Villiers and Taylor, "Promoting a Positive Work Experience for South African Domestic Workers"; Hunt and Samman, "Domestic Work and the Gig Economy in South Africa."
[194] Hunt and Samman, "Domestic Work and the Gig Economy in South Africa."
[195] Hunt and Samman.
[196] "Pay and Working Conditions for Domestic Workers across Africa. 2021."

female domestic workers, however there are some challenges that affect domestic workers as women. The often unequal relationship between domestic workers and their employers and the nature of domestic work being conducted in the private sphere of people's homes can result in cases of verbal, physical and sexual abuse. Live-in domestic workers are particularly vulnerable when compared to live-out domestic workers.[197]

5.3. Opportunities for the domestic work sector

5.3.1 Professionalisation of the sector through opportunities for training and development

There is some evidence that professionalising domestic work could be an important lever to increase the value of domestic work and thus potentially increase salaries. This could involve investing in skills development and training opportunities and certification to empower domestic workers and increase the dignity of the profession. Several non-governmental and other institutions offer such training opportunities for domestic workers together with bursaries for some individuals.[198]

5.3.2 Access to social protection

Social security legislation to enable domestic workers, together with their employers to provide for their retirement or potential future unemployment is required. This legislation needs to evolve to encompass the changing nature of domestic work as one employee, one employer is no longer always the norm. As mentioned in the challenges section, working for multiple employers often disqualifies domestic workers from benefiting from unemployment insurance and so updates to legislation may need to be made to accommodate this factor.[199] Registering for unemployment insurance is also incumbent on employers which takes away the power from domestic workers, opportunities for shifting this power balance could also be explored.

South Africa should also explore and pilot innovative social protection mechanisms for the informal sector such as My Own Pension introduced by MTN Ghana in collaboration with United Pension Trustees. The scheme works through MTN's mobile money platform and covers workers in the informal and formal economy and allows contributions on a daily, weekly, or monthly basis.[200]

5.3.3 Explore innovative solutions for ensuring compliance with legislation

Without implementation of minimum wage legislation and other labour protection legislations, domestic workers do not receive benefits. Although this is challenging to do given the mainly private environment of domestic work, investment could be targeted at exploring creative and innovative solutions to educate domestic workers on their rights, streamline the

[197] "Domestic Workers."
[198] De Villiers and Taylor, "Promoting a Positive Work Experience for South African Domestic Workers."
[199] "Pay and Working Conditions for Domestic Workers across Africa. 2021."
[200] "My Own Pension"; Guven, Jain, and Joubert, "Social Protection for the Informal Economy."

unemployment insurance registration processes, and provide incentives to employers for compliance with legislation.[201] These solutions could be enabled by technology and even on-demand platforms which are collecting data on both employers and domestic workers. Any expansion of the gig-economy for domestic workers needs to ensure that on-demand platforms do not reinforce inequality and power imbalances.[202]

There are several services and apps that help employers manage their relationships with their domestic workers and assist with compliance with legislation and regulation. A selection of these are outlined below:

Table 15: Examples of technology-enabled employee management

Name	Detail
MiVoice App	• Helps manage domestic employee relationships and ensure both parties legally comply with human resources laws governing the employment of domestic workers • Administers legal employment contracts, UIF payments • Offers time and task management features, household safety features, accident insurance[203]
My Domestic App	• Assists employers to manage records for domestic workers and understand legal requirements as an employer • Generates and maintains contracts of employment • Keeps records of leave taken • Issues payslips[204]
YESDomestic	• Aims to enhance relationships between employers and domestic workers • Assists with contracts of employment, UIF administration, labour support, labour assistance and cover, employee file management, monthly payslips[205]

5.3.4 Addressing challenges faced by female domestic workers

As is the case with many other aspects of the care economy, when designing policies and interventions for the domestic work sector, key consideration needs to be placed on the fact that most domestic workers are black and female. Policies therefore must foreground the complexities and challenges not only of working mostly informally and in a private domain, but also of the specific experiences and challenges faced by women in this sector.

[201] "Pay and Working Conditions for Domestic Workers across Africa. 2021."
[202] Hunt and Samman, "Domestic Work and the Gig Economy in South Africa."
[203] "MiVoice App Helps Manage Domestic-Employee Relationships."
[204] "My Domestic App Website."
[205] "YESDomestic Website."

6 CONCLUSION

This report has provided an overview of South Africa's care economy with a focus on outlining key challenges and bottlenecks, and identifying opportunities for targeted investment.

South Africa's policy and legislative environment for the care sector tends to be well-intentioned with objectives to provide quality universal coverage for healthcare, ECD and education services; and protections for domestic workers. However, implementation problems, combined with each sector facing its own set of often overlapping systemic challenges, have resulted in coverage gaps; poor, variable, or unequal quality; and shortages in skilled resources. In addition, the care economy has previously not received the required attention, largely due to most of its work, both paid and unpaid, being undertaken by women – in a society where women's work is undervalued and under paid.

Fortunately, the recent focus on the care economy, championed by President Cyril Ramaphosa, brings an opportunity to begin addressing these systemic challenges and explore innovative solutions to expand care services.

This report has presented opportunities for positive change in the care economy which include care policies to help achieve gender equality in the home and workplace; social protection policies to expand the scope and beneficiaries of unemployment insurance; and employment programmes, both public and private, which improve care delivery while providing work opportunities.

The systemic problems faced by each sector in the care economy will need to be addressed over the longer term and this report has outlined potential opportunities for investment in solving these challenges. We have also highlighted several innovative opportunities that could start creating positive change in the short- to medium-term. In the ECD sector this includes establishing ECD microenterprises, strengthening existing ECD centres and creating job opportunities. In the education sector, a comprehensive approach to After School Programmes and investing in the teacher assistant programme, could improve education outcomes while also creating job opportunities. Improvements to the delivery of healthcare services could be expanded and improved through exploring innovative models of primary care, technology-enabled healthcare, and investing in community health workers. Finally, the domestic work sector could be strengthened and supported through investment in training and development, improved access to social protection, and innovative solutions for ensuring compliance to legislation.

It is important that any opportunities taken forward for investment are rigorously explored with key stakeholders, and monitored and measured to ensure positive outcomes and impact. Emphasis should be placed on addressing the particular challenges and barriers faced by women while ensuring their access to decent employment and labour force participation opportunities.

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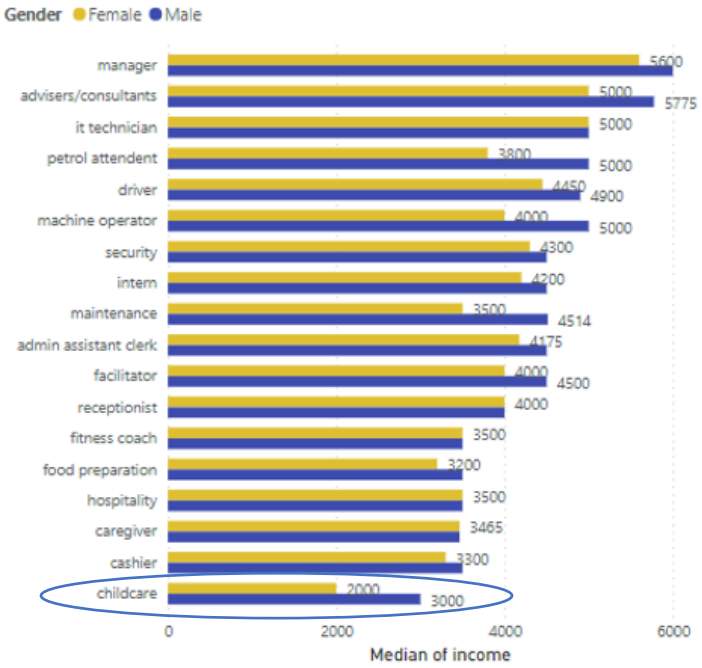
APPENDIX

Graph A: Income benchmarks for longer duration jobs



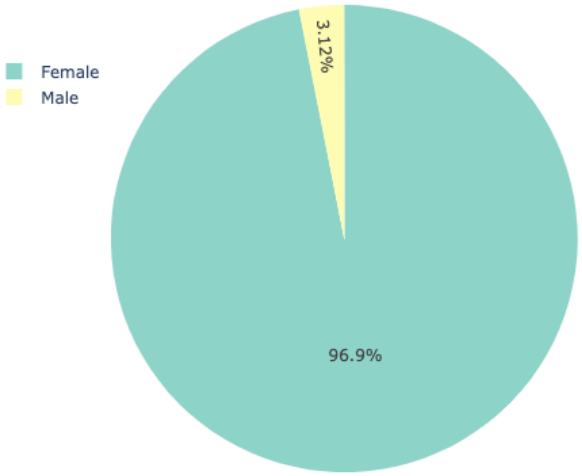
Source: Harambee Employment Journey Survey Q3 2021, n = 45 575

Table B: Essential package of ECD services, stakeholders and baseline coverage

Service	Stakeholders and providers	Baseline coverage
Primary level maternal and child health: • Ante-natal care • Post-natal care • Child immunizations • Newborn and child health • Maternal health • Physical and mental health screening	• National Department of Health • Provincial Departments of Health • Primary health care services • Integrated Nutrition Programme • NGOs	Good standard of service delivery: • 76% of pregnant women attending facilities have at least 4 antenatal visits • 96% of deliveries occur in health facilities under trained personnel • 76% of women birthing in public facilities receive follow up care 6 days after birth • 77% of children under 1 complete primary immunization course
Social services and income support • Child Support Grant • Birth registration • Child protection services • Psychosocial support	• Department of Social Development • Department of Justice • Department of Health • Department of Social Development • Department of Home Affairs • NGOs	Fair level of service delivery: • 82% of children have birth's registered in first year • 81% of eligible children under 6 receive the Child Support Grant • 63% of eligible children under 1 are receiving the Child Support Grant
Nutritional support	• Department of Health	Poor level of service delivery • 27 % of children under 5 are stunted

• Breastfeeding education and support • Ante- and post- natal nutritional support for eligible women • Nutritional support for eligible children • Deworming	• Provincial Departments of Health • NGOs	• 32% of HIV-exposed infants aged 4-8 weeks are exclusively breastfed
Support for primary care givers • Parental education and support • Psychosocial support to eligible care givers	• Department of Social Development / Department of Basic Education • Department of Health • NGOs	Poor level of service delivery • 47% of pregnant women suffer from antenatal depression • Up to 34% of women suffer from postnatal depression
Stimulation for early learning • Age appropriate early learning programmes (ELPs)	• Department of Basic Education • NGOs	Poor level of service delivery • 21% of children 0-2 attend an early learning programme • 69% of children aged 3-5 attend early learning programme • As many as 1.1 million children aged 3-5 do not have access to any form of ELP.

Graph C: Gender breakdown of youth reporting work in the ECD sector



Source: Harambee Employment Journey Survey, n = 1 252