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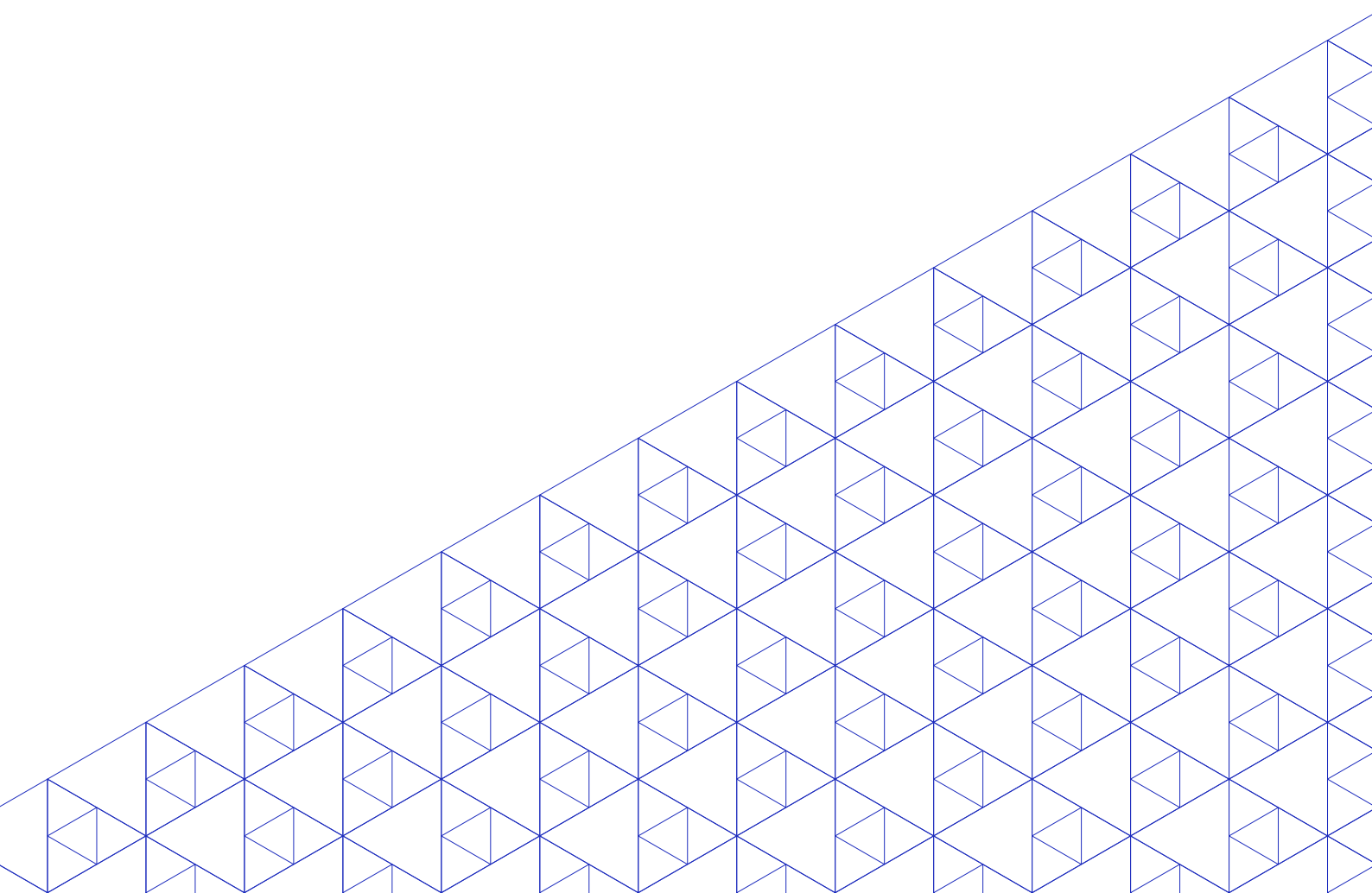
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► Public Employment Programmes in the Care Economy

The Case of South Africa

Author / Lerato Shai





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Abstract

The COVID-19 pandemic and associated economic crisis have increased unemployment levels in the care economy with detrimental effects for care workers, the majority of whom are women. Additionally, the current context is highlighting inherent weaknesses in healthcare systems, exacerbating gender imbalances in the provision of paid and unpaid care work, and offering a micro experience of the consequences of failure to respond to the increasing demand for care globally.

Given their focus on labour intensity and greater levels of employment per unit of government expenditure, PEPs are a crucial instrument to respond to these challenges. This paper draws on learnings from South Africa to outline how PEPs can contribute to the reduction of unemployment, service provision and transitions to decent work in the care economy. Moreover, it provides insights into how PEPs can form part of a support package to respond to the economic and social effects of COVID-19.

The South African experience shows that PEPs have contributed to the progressive realisation of decent work where as a first step in the trajectory, they have recognised and remunerated care related labour as work. However, where unemployment is persistent, the market fails to produce sustainable work opportunities at the levels required, and fiscal constraints reduce the state's ability to absorb PEPs workers, the programmes tend to lead to slow or non-existent progression beyond this first step. Furthermore, while the paper shows that the South African government's Presidential Employment Stimulus provided much needed relief to the effects of COVID-19, it also highlighted the limitations of PEPs as a response to sector specific challenges within the care economy.

The case study raises a series of questions for further consideration about the role of PEPs in such contexts, particularly their efficacy in the provision of direct care services. Several options are available to government, including a recognition of such services as long-term and ongoing. Regardless of the policy choices made to respond to the different challenges, the state needs to embark on a fundamental redesign in the funding framework for all PEPs in the care economy to improve wage levels and structurally change how workers are transitioned into more decent forms of work.

About the author

Lerato Shai is an independent applied microeconomist with extensive experience utilising econometric, statistical methods and qualitative methods to address social problems. She has previously applied her skills consulting for the public sector in a range of fields including implementation and impact evaluations of government interventions in the labour market and capacity building of the state, local government financial analysis and modelling and design of social protection in the provision of basic services. Lerato recently supported the Project Management Office in the Presidency (South Africa) to design the Presidential Employment Stimulus. She is currently playing an integral role in the coordination of the programme's implementation and is the Programme Lead for the Presidential Youth Employment Intervention. She holds a Master of Commerce specialising in Applied Economics from the University of Cape Town and is also a certified career coach.

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Introduction

The International Labour Organisation (ILO) defines the care economy as the sum of all forms of care work including both paid and unpaid forms. Care work is further defined as the set of activities and relations that are required to meet the physical, psychological, and emotional needs of others. These activities can be categorised into direct care that requires physical proximity such as nursing a baby or teaching children, and indirect care which are all the activities that can happen without the person needing care but create an enabling environment for personal caregiving to take place e.g. cleaning and gardening (International Labour Organization, 2018).

COVID 19 has put a spotlight on several aspects of the care economy. It has highlighted the weaknesses in many healthcare systems around the world as resources continue to struggle to keep up with the rising demands for healthcare (Shamasunder, Holmes, Goronga, Carrasco, Katz, Frankfurter & Keshavjee, 2020). It has reproduced and reinforced the gender imbalances in society, putting a focus on the burden that women carry to provide both paid and unpaid care work. The pandemic and associated economic crisis have led to rising unemployment levels in the care economy's formal and informal sectors. As lockdown measures came into effect and caregivers were forced to balance work and childcare responsibilities, it has mostly been women that have had to make these trade-offs with detrimental consequences for their participation in the labour market (Staab, Qayum, Diallo, Azcona & Koissy-Kpein, 2020). In many ways COVID-19 has and continues to offer a micro-experience of the consequences of the global society's collective failure to adequately respond to and prepare for increasing demands for care as populations age and the effects of climate change become more pronounced.

Public Employment Programmes (PEPs) provide an established mechanism that allow countries to respond to these needs while also addressing unemployment and other labour market challenges. PEPs include both Employment Guarantee Schemes and institutionalised programmes which share the common objective of direct employment creation using activities with high labour intensity in context where market employment opportunities are in limited supply. These programmes are primarily funded and implemented by government however, donor agencies can also play this role in collaboration with government (International Labour Organization, 2020).

The care economy is inherently labour intensive and therefore has potential for effective implementation of PEPs as it ensures greater employment per unit of government expenditure. However, not all forms of care work are well suited to the design of PEPs. The diagram below depicts care work within the new definition of work introduced with Resolution I adopted by the 19th International Conference of Labour Statisticians (ICLS) which shifts the focus to the process of providing care and does not distinguish where and to whom the care is provided (International Labour Organization, 2018). It provides a useful framework for locating PEPs within the care economy and identifying where these programmes stand to generate the greatest benefit.

Based on this framework, PEPs fall into the employment and related care activities, specifically the category called employment in corporations, government, and non-profit organisations. They are a form of employment where the care services provided are intended for use by others and the workers recruited in the care economy work for pay and profit. PEPs can often play the role of transitioning workers receiving no remuneration for the care they provide to others into paid forms of work.

► **Figure 1: Classification of work**

Intended destination of production	For own final use			For use by others							
Forms of work in the 19th ICLS Resolution I	Own-use production work			Employment			Unpaid trainee work	Other work activities	Volunteer work		
	Of services		Of goods						in market and non-market units	in households producing	
									Goods	Services	
ICATUS 2016	4. Unpaid caregiving services for household and family members	3. Unpaid domestic services for household and family members	2. Production of goods for own final use	1. Employment and related activities			5. Unpaid volunteer, trainee and other unpaid work				
				11. Employment in corporations, government and non-profit institutions	12. Employment in household enterprises to produce goods	13. Employment in household and household enterprises to provide services	53. Unpaid trainee work and related activities	59. Other unpaid work activities ²⁵	51. Unpaid direct volunteering for other households 52. Unpaid community- and organization-based volunteering		
Type of work	Unpaid work			Work for pay or profit			Unpaid work				
Type of care work	Unpaid care work <i>(as a subset of Unpaid work, comprising care of persons and household work)</i>			“Care employment” to provide care services in care occupations and/or care sectors <i>(as a subset of Employment)</i>			Unpaid trainee care work to provide care services in care occupations or care sectors <i>(as a subset of Unpaid trainee work)</i>	Volunteer care work <i>(as a subset of Volunteer work)</i>			
								Unpaid community- and organization-based volunteering to provide care services in care occupations or care sectors		Unpaid direct volunteering for other households to provide care services akin to unpaid care work	
Relation to SNA 2008							Activities within the SNA production boundary				
							Activities within the SNA general production boundary				

Source: International Labour Organization, 2018

It is useful to draw learnings from countries with experience in implementing PEPs within the care economy and to understand how they have contributed to the reduction of unemployment, service provision and transition to decent work. Given the current context, it becomes important to also understand how PEPs can form part of a support package in response to the economic and social effects of COVID-19. South Africa provides one such example and makes for a useful country case study for three reasons. First because of its pioneering role in introducing new approaches to PEPs, specifically in the care economy, that looked beyond traditional public works models to generate social value and extend social services to communities (Philip, 2013a). Secondly, the country’s Expanded Public Works Programme (EPWP) is one of two prominent PEPs on the continent (the other being Ethiopia’s Productive Safety Net Programme), in terms of the scale of opportunities generated and the diversity of programmes that are implemented (Food and Agriculture Organisation, 2020). Finally, the country is the hardest hit by the COVID-19 pandemic in Africa and by November 2020, comprised close to 40% of the total cases on the continent (Mwai, 2020). The implication is more severe consequences for care services provision in light of both the increased demand for healthcare and new challenges that restrict delivery of other types of care.

This case study aims to present South Africa’s historical experience with implementing public employment programmes to deliver care services; discuss the emerging effects of COVID-19 on the delivery of care services, outline the stimulus interventions that are currently being implemented to support the care economy, and discuss the themes and opportunities that emerge about the role of PEPs in the care economy.

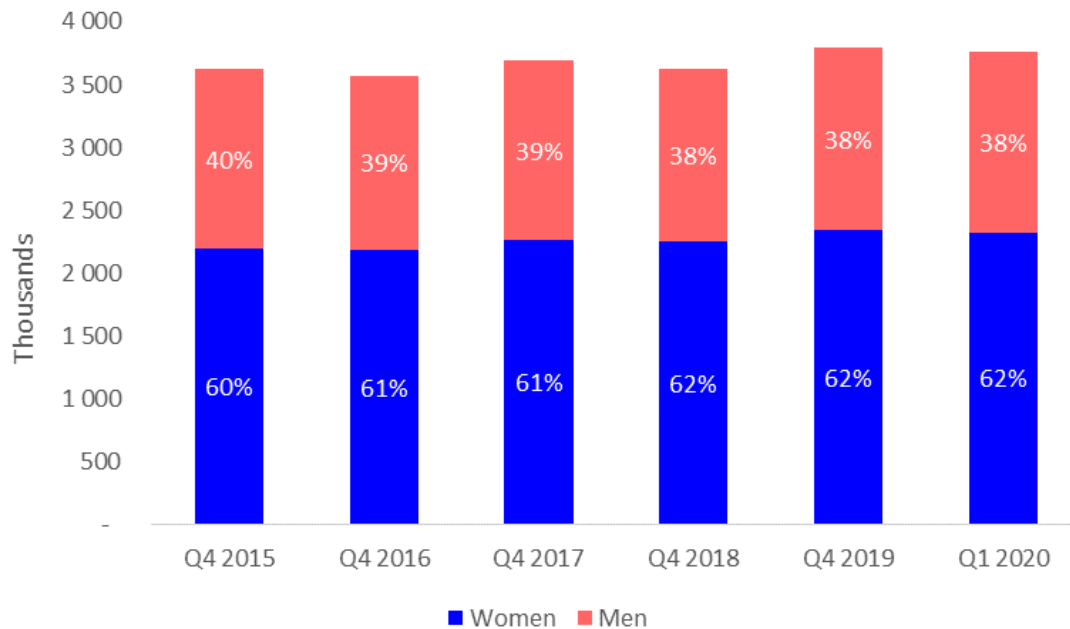
▶ 1 Overview of the care economy

South Africa's labour market has a long history of systemic exclusion, disadvantage, and discrimination along racial and gender lines. Ten years into democratic governance those unemployed continued to be predominantly comprised of African and Coloured people, with young people making over half of this group. Moreover, women and people living in rural areas were particularly disadvantaged (Burger & Woolard, 2005). A more recent review of the labour market suggests that while economic growth was recorded between 2003 and 2008, this was completely erased by the global financial crisis of 2008. Prior to the COVID-19 pandemic, the economy had still not recovered to its pre 2008/09 crisis levels and furthermore, median wages showed stagnation since the dawn of democracy (Mosomi & Wittenberg, 2020). The structural patterns inherited by the democratic government remain intact and will now be made worse by the effects of the pandemic.

This context explains the dynamics within the sectors that make up South Africa's care economy namely the health care, social work, education, and domestic work sectors. The care economy in South Africa has three main characteristics: (1) care services are provided by public and private providers in both the formal and informal market with a substantial proportion of care work delivered through non-profit organisations (NPOs) and non-governmental organisations (NGOs), (2) women perform the majority of the paid and unpaid care work, and (3) where it is paid, women are often underpaid, and their services are undervalued.

The first characteristic is a distinct feature of the primary healthcare and early learning delivery in the health and education sectors. In its report on the National Minimum Wage, the Commission noted that these two services are public goods which in many other countries are provided by the state, however, in South Africa this is largely not the case (National Treasury, 2016). The government has and continues to rely on an agency model where it enters into agreements and partnerships with a wide range of NPOs to deliver care services in the health and education sectors. Depending on size and resourcing, the role of these NPOs ranges from offering support in especially poor communities to playing a key role in the recruitment, training, and management of essential care workers to deliver primary health care services and early childhood development (Van Plentzen & MacGregor, 2013; The Housing Development Agency, 2014).

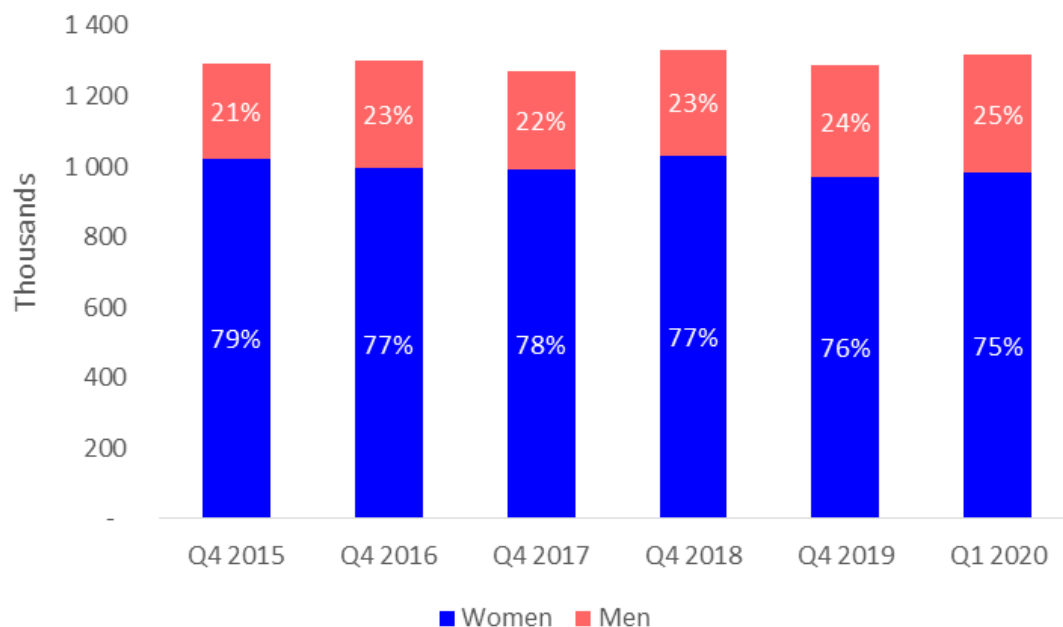
The second and third characteristics of the care economy in South Africa are not unique to the country. Instead, it is a global problem that is underscored in Sustainable Development Goal number five which seeks to "achieve gender equality and empower all women and girls". Recognising unpaid care work and closing the gender wage gap are some of the priorities within this goal (Statistics South Africa, 2019). Women in South Africa spend significantly more time in non-market work across all ages. Moreover, for the population aged 10 years and above, care activities constitute 13.3 percent of women's non-market time compared to only 7.6 percent of women's time (Oosthuizen, 2018). The dynamics within paid care work are best illustrated using labour market data on employment levels. Statistics South Africa's Quarterly Labour Force Survey (QLFS) does not define a separate industry category for the care sectors and instead captures the majority of these within the community, social and personal services category. It includes amongst others, public administration and defence activities, education, health and social work and recreational, cultural, and sporting activities. A detailed list of the categories is included in Appendix A1. A care sector that is excluded from this category is domestic work which is reported separately within the private households industry. The data for this sector is also presented below.

► **Figure 2: Community, social and personal services employment levels**

Source: Quarterly Labour Force Surveys, Statistics South Africa

The total number of employees in the community, social and personal services has increased but it has largely remained within a range of 3.5 to 3.7 million over the past five years. Overall, employment levels have grown by an average of less than 1% every year since 2015. Women constitute the majority of employees in the sector and continue to grow, although at a slow rate. Similar to other parts of the world, South Africa has a persistent gender wage gap across all sectors. Although this has decreased from 40% in 1993 to 16% in 2016, it has remained stagnant at this rate since 2007 (UNU-Wider, 2019). Moreover, the data suggests that minimum wage legislation has contributed to a narrowing of the wage gap at the lower end of the income distribution. The sectors with the worst gender wage gaps tend to be those within the care economy, with a particular issue in the informal sector where women are often have to accept precarious forms of work (Vetten, 2016).

This domestic work sector does not comprise any public employment programmes but is included here to provide an overview of the care economy in its entirety. A domestic worker is legally defined as someone who “performs domestic work in a private household and who receive, or is entitled to receive, pay” and includes cleaners, cooks, gardeners, people providing childcare and security.

► **Figure 3: Private households employment levels**

Source: Quarterly labour force surveys, Statistics South Africa

Figure 3 shows the employment levels for the private household industry. Statistics South Africa categorises domestic work as the private household industry in the QLFS. It is an industry that is predominantly made up of women, to the extent that it is the fourth largest industry employing women (the first three are community, social and personal services industry, trade, and finance). Although employment levels have largely remained steady overall since 2015, an analysis by gender suggest a downward trend in the employment of women that has been offset by growth in the number of men employed. More specifically, the data suggest an average annual growth rate of 4.2% for men compared to -0.8% for women.

Sectors delivering care services in the economy

A brief overview of each sector is provided below with a focus on sectors that have PEP components namely healthcare and education. The domestic work, social work and higher education sectors are excluded because these do not include any PEPs.

Healthcare

The provincial health departments have the mandate to provide primary, secondary, and tertiary health care services through public facilities in the districts while the national department is responsible for policy development and oversight¹. Public facilities are required to provide care to all South Africans with reimbursement for these costs funded from tax income through provincial departments allocations according

¹ South Africa has three tiers of government: national, provincial, and local levels. Each has legislative and executive authority in their own spheres. The local level is further divided into metropolitan, district, and local municipalities. A metropolitan municipality has exclusive municipal executive and legislative authority in a large urbanised and industrialised centre. This is in contrast to other local municipalities which share executive and legislative authority with district municipality. A district comprises several local municipalities.

to the Division of Revenue Act². Hence, these departments are the direct employers of workers in the sector (OXFAM South Africa, 2020).

The South African National Health Act 61 of 2003 defines three broad categories of workers in the sector. Health care personnel are all workers in the health service; health care providers are people within the sector that directly provide health care services such as medical practitioners, pharmacists, dentist, medical specialist, nurses, and auxiliary nurses; health care workers are all other workers who are involved in the provision of health care services but are not providers such as cleaning staff, community health workers, and counsellors (Health Systems Trust, 2018). Community health workers (CHWs) are the lowest level of workers in the health care sector. Until the launch of a re-engineered approach to primary health care delivery which saw government directly employ and formalise community health workers into ward-based primary healthcare community outreach teams (WBPHCBOT), these workers were exclusively employed and managed by NPOs and NGOs. The WBPHCBOT comprise six CHWs and an enrolled nurse that is the outreach team leader. The reliance on informal NPO-led programmes for delivery created challenges such variations in implementation, persistence of fragmented, individual programme approach as opposed to greater integration and a comprehensive approach to delivery (Van Plentzen & MacGregor, 2013). The majority of CHWs continue to be recruited and managed by NPOs as government continues to build the ward-based teams. As of 2017, 3 275 WBPHCBOTs of an estimated total of 7 800 teams required were known to be in place (Health Systems Trust, 2018). The department is therefore severely understaffed in terms of the required CHWs to provide quality and adequate primary health care services.

Another significant challenge in the sector is the difference in the quality of care services in well-resourced private facilities compared to underfunded publicly owned and managed facilities. For the majority of citizens in South Africa (71.5%), the first port of access to healthcare services is from public sector providers which has created pressure on the system and has constrained the delivery of quality services. Although some progress has been made since 1994, challenges such as critical shortages of professional staff, inadequate resources, and weak implementation remain (Maphumulo & Bhengu, 2019). The differences in the level of satisfaction between South Africans that primarily use public health care facilities and those that use private health care facilities provides insight into the difference in quality. Whereas 93% of private health care facility users report being very satisfied with the institutions, only 53% of those that use public health care facilities felt the same way (Statistics South Africa, 2018).

Education

The Department of Basic Education (DBE) and the Department of Higher Education and Training (DHET) are responsible for the education sector in the country. DBE governs the delivery of early childhood development, primary and secondary school education in public and private schools across the country whereas DHET is responsible for tertiary and vocational education. The education sector overall is a high priority sector in South Africa as reflected in the total budget that is allocated to the sector. The country spends approximately 20% of the total budget on education which is a relatively high proportion by international standards (National Treasury, 2020a). There are currently no public employment programmes delivered through the higher education system and hence this section focuses on relevant aspects of the basic education delivery.

Early childhood development

Although discussed under education, it is worth noting that in South Africa, early childhood development (ECD) currently falls into the mandates of three departments: health, social development, and education.

² The Act is enacted annually and outlines how nationally raised revenue should be equitably divided between the different spheres of government.

However, to date DBE and DSD have played a direct role in the oversight of ECD programmes whereas health's contribution has been more indirect through its provision of primary health care for children. A transition is underway to consolidate the oversight responsibilities within the DBE and shift it from social development (Department of Public Works, 2019). All three departments will continue to contribute to the delivery of integrated ECD as expressed in the National Development Plan.

An ECD programme is defined as a programme that provides early learning and development opportunities, daily care, and support to children from birth up to and including six years, in accordance with the provisions set out in the Children's Act. It includes centre and non-centre based programmes such as a playgroup, a toy library, mobile early childhood development programme and a parental support programme (Department of Social Development, 2016). This definition encompasses services provided at partial care facilities³. The workforce within these programmes is made of childminders, playgroup facilitators, early learning practitioners who provide direct care and learning as well as workers that provide indirect care such as cleaners and cooks.

A critical challenge that precipitated a commitment to universal access was the current low levels of children attending facilities that provide early learning and care. More than half the children aged three did not attend an ECD facility, many children continue to experience malnutrition and infant mortality rates are still high (Statistics South Africa, 2018). These outcomes are more pronounced when disaggregated by income quintiles and suggest that children in poorer households are more vulnerable and face greater disadvantage (Statistics South Africa, 2016).

A constraint identified in these programmes is that they are predominantly delivered by community based ECD programmes, NPOs and NGOs. Many of these rely on fees from parents or guardians and donor funding. Some of the programmes are registered or conditionally registered with the DSD while many remain unregistered in terms of the Children's Act 38 of 2005⁴. Fully registered and conditionally registered programmes are eligible to receive subsidies from DSD which complements other sources of income however, not all registered programmes are funded as priority is given to programmes that serve poor children (Department of Social Development, 2015).

Despite the Act prohibiting unregistered programmes from providing ECD services to children, 1.5 million of children in poor communities in the country participate in these programmes and they form part of the service delivery ecosystem (Bridge *et al*, 2020). The department therefore has no way to monitor compliance with the Children's Act and the programmes are unable to receive the funding support they desperately require. Registration is a necessary condition to receive funding, yet the processes to register an ECD programme continues to be a challenge for many informal and unregistered programmes to complete. Many report difficulty with meeting municipal and DSD requirements for registration such as adhering to infrastructure standards, health and safety requirements and incorrect zoning of the site (The Housing Development Agency, 2014).

Basic education

More than half of the budget allocated to the education sector is allocated to basic education and is transferred to provincial departments to implement through the district-level offices that are responsible for school management (National Treasury, 2020b). The basic education sector is composed of approximately 25 000 public and private schools that are responsible for primary and secondary school education. It is further divided into the foundation (grade R to grade 3), intermediate (grade 4 to 6), senior phases (grade 7 to 9) which are mandatory, and a phase for further education training which is optional and continues

³ Partial care facilities are those providing ECD services to groups of more than six children.

⁴ A fully registered programme meets all the requirements and is compliant with the Children's Act. A conditionally registered programme only meets some of the requirements and an unregistered programme does not comply most of the requirements.

until grade 12. Note that Grade R is the start of the foundation phase in primary school and is attended by five- and six-year old children in South Africa.

The schools are further divided into income quintiles to target appropriate support to disadvantaged communities. Quintile 1 to 3 schools do not collect any school fees while quintile 4 and 5 supplement subsidies received from government with school fees. The allocation of government funding per learner in the first three quintiles was R1243 compared to only R215 for learners in quintile 5 schools (Parker, Petherbridge & Coombes, 2019). These funds are spent on daily school operations, school maintenance, and other purchases. Of 14.2 million learners that were enrolled in the schooling system in 2018, 94% were enrolled in public schools and a further 67% in quintile 1 to 3 schools which do not pay any school fees (Statistics South Africa, 2018). These schools also receive funding to support a country wide school nutrition programme namely the National School Nutrition Programme.

There are approximately 410 000 teachers in the basic education sector, and they make up the majority of the staff complement in the sector (Department of Basic Education, 2018). The governance of the school is the responsibility of school governing bodies that comprise teachers, parents, and other members of the community. These SGBs are responsible for the recruitment and management of other staff at the school such as cleaning staff, security, cooking staff and others. The sector is experiencing a shortage of teachers with one study estimating that an additional 30 000 teachers are required by 2030 to adequately meet the needs (Hofmeyr & Draper, 2015). Other challenges include the poor quality of teaching, inadequate school infrastructure and poor educational attainment outcomes.

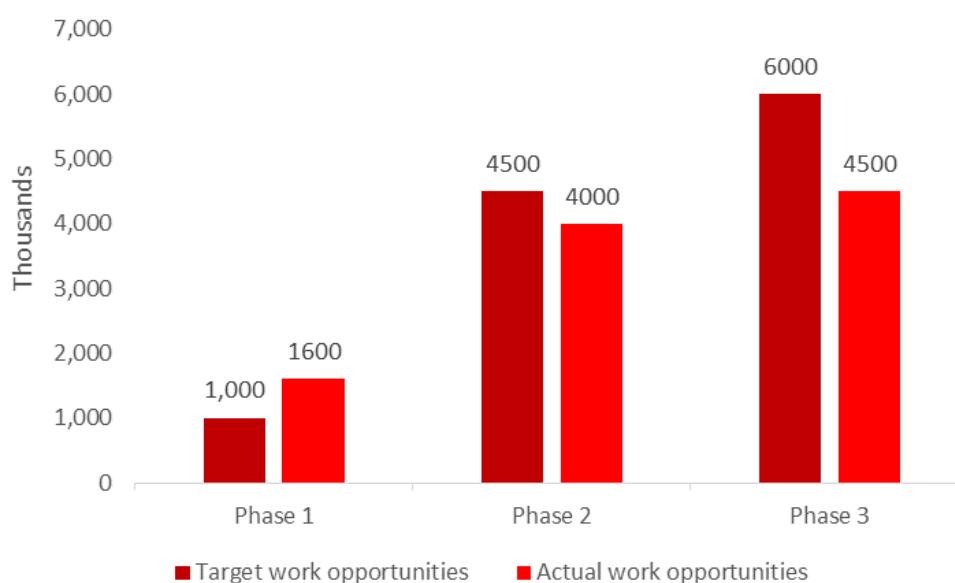
This section has provided a brief overview of some of the key sectors in the care economy with a focus on providing context for those that implement PEPs programmes. For health and basic education, the challenge is less about access to the service but improving the quality care provided whereas for ECD where many children, especially those in poor areas, do not attend any ECD programme, access to the service is also a critical challenge. The next section describes existing PEPs in the South African care economy with specific attention given to the services provided, the evolution of the programmes, criticism and challenges that have been experienced to date and the contribution that the programmes have made to the care economy.

► 2 The role of the Expanded Public Works Programme in the provision of care

The Expanded Public Works Programme (EPWP) is one of the instrumental mechanisms through which the government is addressing unemployment. Launched in 2004, this PEP is currently implemented in four sectors, namely, the infrastructure, social, environment and culture, and the non-state sectors. All spheres of government and state-owned enterprises are required to create work opportunities by increasing the labour intensity of infrastructure projects and delivering publicly funded programmes in ways that optimise employment creation. Moreover, the programme targets vulnerable groups and seeks to achieve pre-determined targets of work opportunities for women, youth and people living with disability (Department of Public Works and Infrastructure, 2019).

The programme is implemented in phases of five years and is currently in its fourth phase which began in April 2019 and will conclude in March 2024. The aim of the first phase (2004 - 2009) was to alleviate unemployment for a minimum of 1 million people in the form of work opportunities and the second phase (2009 - 2014) sought to create 2 million FTEs (equivalent to 4,9 million work opportunities) for the poor and unemployed through the delivery of public goods and community services. The third phase (2014-2019) aimed to create 6 million work opportunities while the ongoing fourth phase is targeting 5 million work opportunities across all four sectors (Department of Public Works and Infrastructure, 2019). The objective of EPWP phase four is “to provide work opportunities (WOs) and income support to poor and unemployed people through the labour-intensive delivery of public and community assets and services, thereby contributing to development” (Department of Public Works and Infrastructure, 2019). This highlights three core components of EPWP’s mandate: employment creation, income support and the development of community assets and service provision.

► **Figure 4: EPWP work opportunities: target vs actuals**



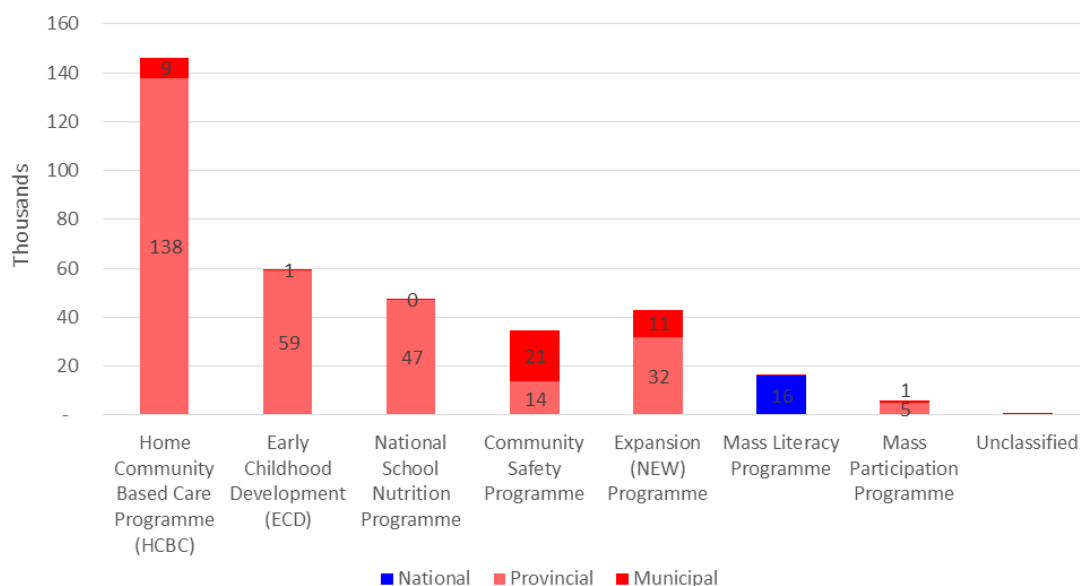
Source: Department of Public Works and Infrastructure, 2019

The programme’s performance against its targets has been in decline since phase 2 with a significant underperformance reported in the third phase. A new reporting system for EPWP introduced in this phase created several changes to reporting such as a new requirement to upload certified copies of ID documents which significantly added to the reporting burden. The system also enabled verifications of reported participants against other databases such as the government employees and Department of Home Affairs’ death register to ensure participants were not permanent government employees or ghost workers. These additional verifications and the challenges with collecting the information required emerged as key reasons for not achieving targets along with reductions to baseline budgets that occurred during implementation (Department of Public Works, 2019).

The most prominent PEPs in the care economy can be found in the EPWP’s Social Sector and the components of the Community Works Programme. The Social Sector seeks “to draw significant numbers of the unemployed into productive work through the delivery of social services to enable them to earn an income and to provide as many EPWP participants as possible with education and skills to enable them to set up their own businesses/service or to become employed” (Department of Public Works and Infrastructure, 2019).

The Social Sector’s two flagship programmes are the Home Community Based Care (HCBC) and the Early Childhood Development (ECD). In addition to these two, the sector also delivers the National School Nutrition Programme (NSNP) in the education sector as well as other services that are not directly related to care such as community safety and sports sector’s mass participation programme.

► **Figure 5: Total of FTEs by programme and implementing sphere (2014 - 2018)**



Source: Department of Public Works, 2019

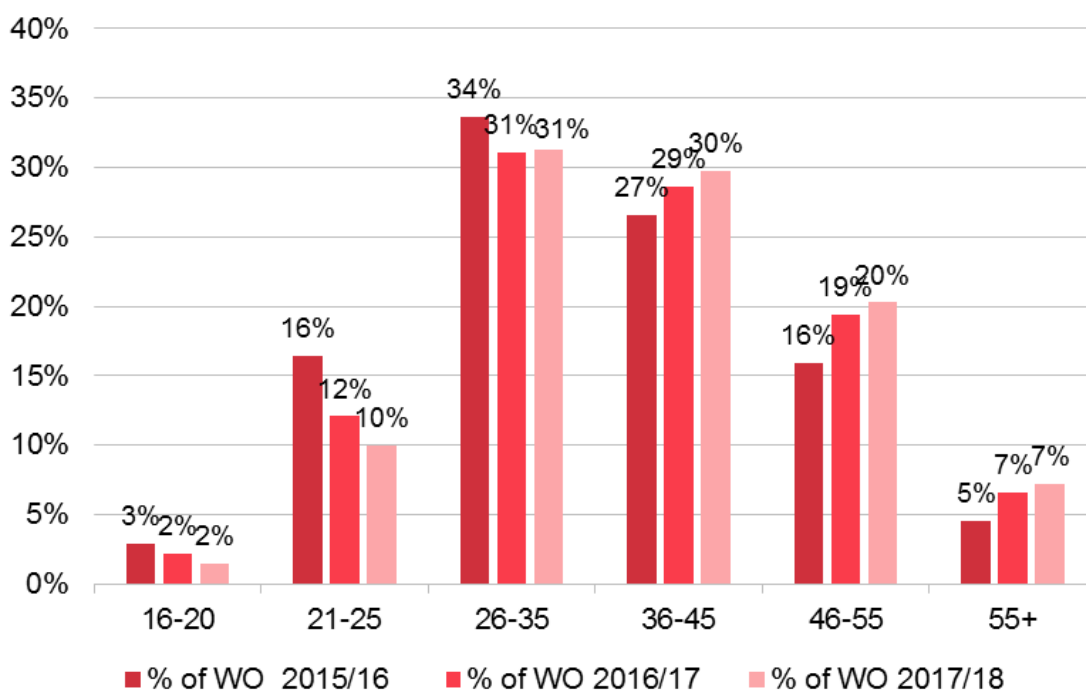
Although the total number of programmes in the sector has grown since inception in 2003, the HCBC, ECD, NSNP continue to contribute the majority of employment creation in the Social Sector. Together, these programmes contributed 72% (254 000) of the total FTEs in the Social Sector in phase three of the EPWP (Department of Public Works, 2019). A brief background on each of the programmes in the Social Sector as well as a description of the CWP are provided in the next section.

The labour standards and conditions of the programme are outlined in the Ministerial Determination for EPWP, the Code of Good Practice for Special Public Works Programmes, and the Learnership Determination for unemployed learners. The Ministerial Determination of 2012 establishes the standard terms and conditions

of employment for the EPWP focusing on, amongst others, the terms of work, normal hours of work, meal breaks, special conditions for security guards, rest periods, sick leave, maternity leave, and payment (Department of Labour, 2011). The Code of Good Practice outlines a set of practices pertaining to working conditions, payment rates and other provisions in relevant pieces of legislation (Department of Labour, 2014). Since learnerships are considered both a form of employment and training, the sectoral determination that governs them sets out the conditions of employment and the allowance rates that unemployed learners should earn while completing in learnerships.

In addition to adherence to the ministerial determination and creation of work opportunities and FTEs, the sector is required to meet demographic targets (55% youth, 55% women and 2% persons living with disabilities) and prioritise disadvantaged groups when recruiting participants for the programme. Due to a dominance of women in the care economy, the Social Sector consistently achieves its target for women but misses the targets for participation of the youth and people living with disabilities. In Phase 3, the sector’s actuals were 80%, 45% and 1% respectively for youth, women and persons living with disabilities.

► **Figure 6: The percentage of work opportunities by age group in each financial year**



Source: Department of Public Works, 2019

Figure 6 suggests that in Phase 3 the sector saw a decrease in the proportion of youth participants and an increase in the proportion of older persons. This is also largely due to the long term nature of the programmes and repeat participants that age within the programme. Programmes that youth participate in include home community-based care, early childhood development, new (“expansion”) programmes and the mass literacy programme (which has now ended). Projects under the expansion programme include administrative support, data capturing and seasonal life guard.

The employment status of the individuals in the programme remains a source of contention. While the Ministerial Determination refers to them as workers, the EPWP programme has over the time used terms that avoid reference to them as employees such as participants or beneficiaries. Similarly, the Ministerial Determination speaks of wages but, the programme has often referred to payments as stipends to avoid

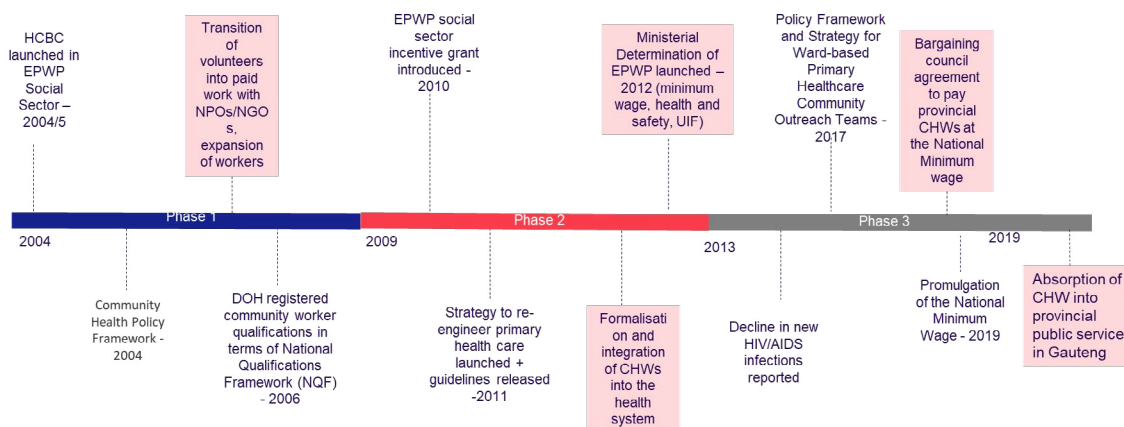
creating expectations of benefits and protection afforded individuals categorised as employees or workers. The latest programme strategy for Phase four mainly uses the term participants and refers to payments as wage which is the language this report uses unless directly quoting other sources where different definitions are used.

Outline of programmes

Home community-based care and community health workers

Home Community-Based Care (HCBC) is one of the Social Sector’s flagship programmes and is implemented by both the Department of Social Development (DSD) and the Department of Health (DOH). The workforce in the programme includes both the Community Health workers on DoH’s Community Health Worker programme and home-based care workers on the DSD programme. The responsibilities differ in that CHWs render a more comprehensive set of services while home based care workers deliver care in the home along with other services that they are trained in.

► **Figure 7: Evolution of the home community-based care and community health care workers programmes**



The HCBC programme was introduced to intensify the country’s response to the HIV/AIDS epidemic and reduce its effect on vulnerable communities. The programme’s strategy entailed bringing services closer to households that had limited access to the formal health sector using formal and informal caregivers placed in the community (Department of Social Development, Department of Education & Department of Health, 2004). The programme provides comprehensive services that include meeting families, orphans and vulnerable children’s needs, supporting children headed households, caring for patients with chronic diseases and providing counselling and other activities.

In Phase 1 of the programme, work opportunities were targeted to expand the pool of employed volunteers, rolling out a bridging programme to the CHW programme through learnerships and expansion of the programme through establishing new sites. Moreover, the programme sought to create opportunities to participants affected by HIV/AIDS and prioritised volunteers living with HIV/AIDS that were not receiving a state grant and adult dependants of terminally people (Department of Social Development *et al.*, 2004). In 2006, the department registered community worker qualifications which created a pathway for these lay workers into formal training.

In the second phase (2009 - 2014), EPWP continued to be an important intervention for expanding service delivery and creating work opportunities. The design of the programme remained largely the same as in the first phase. An important change was the introduction of the strategy to re-engineer primary healthcare

service delivery. Since 2011, provinces have been employing CHWs directly as part of the strategy to build outreach teams to offer primary health care services in the wards. This was a significant step towards formalising CHWs and was welcomed within the sector however, the lack of an accompanying policy and guidelines led to fragmented implementation approach across the provinces with each paying different wages and implementing different conditions. Another change was the classification of programmes into preventative, therapeutic, rehabilitative, long-term maintenance, and palliative care. Participants of the EPWP Social Sector continued to receive wages and skills training and a new focus was added in this phase to develop participant owned and run Small Micro and Medium Enterprises (SMMEs) to stimulate self-employment once they exited the programme (DPME, 2015). The opportunities for the latter in the HCBC programme were, however, limited.

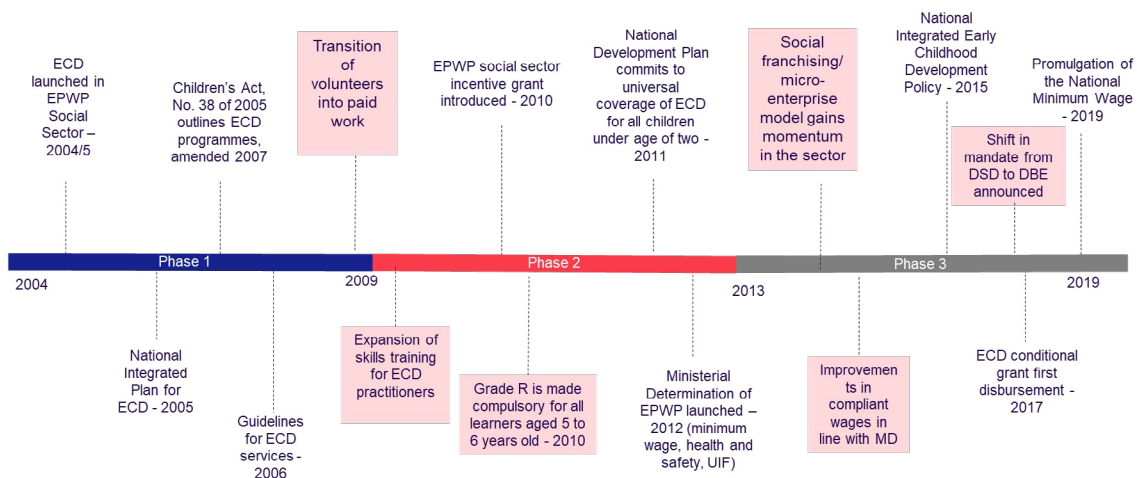
The HCBC and community health worker programme has remained an important pillar of the sector in the third phase. The fragmentation in delivery of the re-engineering strategy led to the development of a policy that could bring coherence and alignment to the implementation. This policy, titled the Policy Framework and Strategy for Ward-based Primary Healthcare Community Outreach Teams (WBPHCOT), was introduced in 2017. It is an important milestone in the programme that will streamline the re-engineering of primary health care and formalisation of ward based primary health care outreach workers within provincial departments of health (National Department of Health, 2018). It was accompanied by a bargaining council agreement that all CHWs should be remunerated in line with the national minimum wage (Public Health and Social Development Sectoral Bargaining Council, 2018). More recently, the Gauteng DoH has decided to absorb 8500 CHWs into the public service, a significant milestone that highlights a pathway from PEPs into decent work.

Most of the funding for the HCBC and CHW programme was and continues to be through equitable share allocations and conditional grants transferred to provinces. At the provincial level, EPWP within HCBC is largely funded through the Comprehensive HIV and AIDS Conditional Grant to provinces which is transferred to the provincial DoHs and transfers and subsidies to the provincial DSD. Additionally, provinces and municipalities receive an incentive grant which is designed to reward public bodies for performance in terms of FTEs created. This grant is typically used to either increase the number of workdays available to existing employees, provide wages to unpaid volunteers or increase the total number of participants (GTAC, 2017). Two main achievements of the grant in Phase 3 have been the continued facilitation of volunteers' transition to paid work and enabling better compliance to the ministerial determination through the conditions of the grant and additional funds that are available to ensure wages are compliant with the ministerial determination.

Early Childhood Development

The Early Childhood Development (ECD) PEP is another important flagship programme for the social sector that was included in the first phase for the potential it showed to create jobs while also addressing a pressing service delivery challenge in the education and care of children. It is implemented by both the DSD and DBE with the former focused on earlier years from birth to pre-school and the latter on the early years as well but with a particular focus on Grade R⁵.

► **Figure 8: Evolution of the early childhood development programme**



The EPWP ECD programme in the first phase comprised a mix of learnerships, work placements at ECD sites, support staff and programmes that enrolled parents to. Several legislation, plans and guidelines were promulgated over this time that created a supportive environment for the implementation of the programme. The guidelines for ECD services sought to standardise provision while the amendment of the Children's Act in 2007 formally outlined what is considered an ECD programmes.

During the second phase, the National Development Plan (NDP) gave further impetus for the implementation of ECD nationally by including universal access as one of government's 2030 targets (National Planning Commission, 2010). Following this prioritisation, the DSD began the process of drafting the National Integrated Early Childhood Development Policy which was approved by Cabinet and launched in 2015. This lack of clarity was highlighted as a serious concern in the first phase that created barriers to effective coordination (Department of Social Development, 2015). This policy gives practical resonance to the NDP objective and outlines the requisite organisational and institutional arrangements for implementing, coordinating, and monitoring ECD provision, funding and infrastructure availability and quality assurance. These milestones directly raised the important role of EPWP in assisting with the achievement of this goal by ensuring that there are participants who are able to deliver the care services within the sector. Grade R was made compulsory for all children aged five and six years old creating a demand for skilled workers that provide the care and education services.

In phase 3, the sector implemented the policy and conducted integrated training across all implementing departments to ensure aligned understanding of roles and responsibilities. Furthermore, National Treasury responded to the requirements for funding and infrastructure availability in providing ECD through the introduction of a dedicated conditional grant for ECD administered by DSD. The ECD conditional grant was

⁵ Grade R is the start of the foundation phase in primary school and is attended by five- and six-year old children in South Africa. It is the year before learners start with Grade 1.

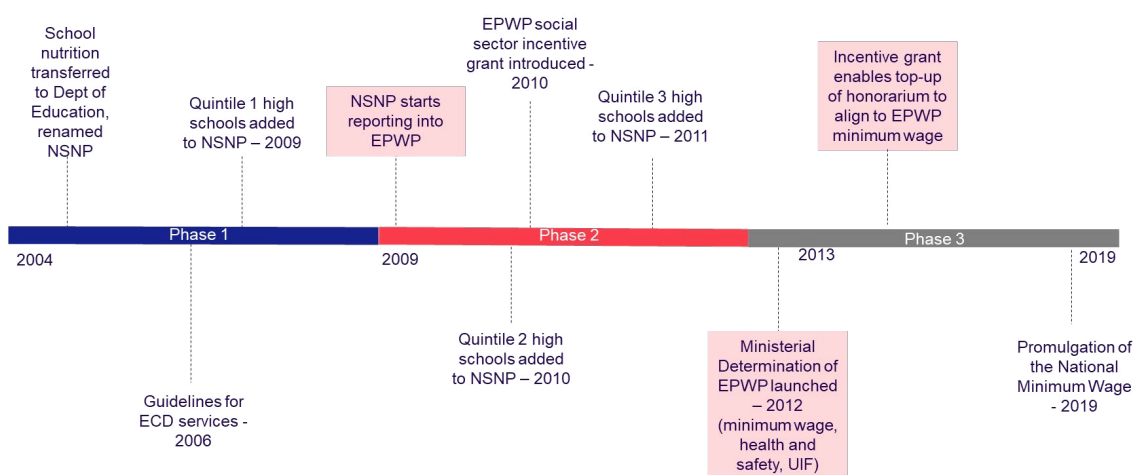
introduced in 2015/16 with the first disbursements taking place in the 2017/18 financial year (Republic of South Africa, 2017). The subsidies from DSD previously came out of provinces equitable share transfers which are unconditional and therefore make it more difficult to enforce spending on ECD. The new grant comprises two components: a subsidy for nutrition and administrative costs, and a maintenance grant which is intended to assist conditionally registered ECD to attain full registration through completing maintenance projects that allow them to meet the norms and standards. Some of the requirements to attain full registration include obtaining a health permit from the municipality, an approved building plan, access to safe drinking water and adequate staff skills and training (The Housing Development Agency, 2014). The new conditional grant provides dedicated funding to provinces, a portion of which can be channelled towards participation in EPWP through recruitment at ECD centres. Overall, the current funding model for ECD includes this conditional grant for DSD, transfer and subsidies from the DBE to cover the cost of learnerships and funds transferred from the incentive grant for the social sector.

The government has announced a shift of the ECD mandate from the DSD to DBE and in so doing has reiterated the importance of ECD and ensured that it will be better aligned to basic education which will resolve some of the discrepancies in implementation that currently exist between the two departments. This move will also provide better synergy between the training opportunities within the programme and the services delivered within the programmes.

A constraint to scaling that is embedded in this funding model for ECD is that the conditional grant framework applies a per child per day model that prioritizes nutrition to allocate subsidies to qualifying programmes (Republic of South Africa, 2020). The subsidy is currently calculated as R17 multiplied by 264 days for all qualifying children attending a centre based ECD programme and as R6 per session for all sessions and qualifying children in non-centre based programmes. The subsidy targets poor children whose qualification is determined using an income means test (Republic of South Africa, 2020). Administrative costs only make up a small proportion of the subsidy and are largely insufficient to cover the wages of requisite participants. An implication is that many ECD programmes rely on unpredictable and irregular funding from the donors and caregiver fees which makes it difficult to create stability and provide quality care. Moreover, as is discussed in more detail below, programmes are sometimes forced to pay well below the stipulated minimum wage in the ministerial determination which also has a detrimental effect on care providers' work (DPME, 2015).

National School Nutrition Programme

► **Figure 9 Evolution of the national school nutrition programme**



The National School Nutrition Programme (NSNP) is managed by the Department of Basic Education and seeks to provide at least one nutritional meal to learners in poor primary and secondary schools (quintile 1 to 3 schools), educate learners and communities about nutrition and facilitate food production through gardens and food projects in schools (Devereux, Hochfeld, Karriem, Mensah, Morahanye, Msimango, Mukubonda, Naicker, Nkomo, Sanders & Sanousi, 2018).

The NSNP started reporting into EPWP in the second phase which interfaces with two of the three objectives stated above through the recruitment of and payment of wages to food handlers and gardeners to work in the schools. Food handlers are responsible for cooking and preparing food for learners. Chief food handlers are also recruited to provide supervision, place, and receive orders, ensure registers are signed and service providers honour delivery commitments. The chief food handlers have reduced the administrative burden that used to fall on teachers to manage the NSNP in schools.

A major challenge experienced in the programme was the conditions of work for food handlers who were recognised in the conditional grant framework as volunteers but identified as EPWP Social Sector participants in others. The conditional grant framework specified that these workers were volunteers who should receive an honorarium while according to EPWP, they were entitled to the minimum wage. This discrepancy led to non-compliance with the Ministerial Determination (MD). An evaluation of phase 2 of the NSNP showed that EPWP participants were generally receiving 60% of the prescribed minimum daily amount (DPME, 2015). To date, the participants' wages are referred to as honorariums in the conditional grant framework. The department and civil society continue to push for alignment with the EPWP minimum wage.

The NSNP in EPWP is funded by a combination of the NSNP conditional grant and the EPWP incentive grant to provinces with the latter predominantly used to top-up the payment to ensure they align with the ministerial determination. The grant framework specifies that a minimum of 96% of the grant should be spent on school feeding, 0.6% on kitchen facilities, equipment, and utensils, 3% on administration and 0.4% on nutrition education (Republic of South Africa, 2020). In 2018/19 the programme provided daily meals to more than 9.6 million learners in 20 000 quintile 1 to 3 schools nationwide and provided work opportunities to 61 471 volunteer food handlers who prepared meals for learners (Republic of South Africa, 2020). The Division of Revenue Act continues to refer to these participants as volunteer food handlers and to the payments they receive as an honorarium whereas EPWP refers to them as food handlers that earn a wage. This is another example of inconsistencies in how the status of individuals within the programme is recognised.

Community Works Programme

The CWP is part of the non-state sector of EPWP and delivers the same care services already described above namely HCBC, ECD, school support as well as care for persons with disability. The main difference between CWP and the programmes in the Social Sector lies in the design of the CWP which deviates from traditional public employment programmes in several ways. Firstly, it is designed to provide participants of the programme with ongoing, part-time work (two days per week). Secondly, it is implemented at the local level and follows a participatory approach that allows communities to identify the needs. Thirdly, the programme aims to achieve a 65% labour intensity which ensures that a significant number of the unemployed can be benefit (Andersson & Alexander, 2016).

The programme is implemented at sites with each one targeting 1000 unemployed people in local communities. Participants receive a daily rate for two days of work per week which adds up to 100 days per year of work with more skilled participants receiving a higher rate (The DG Murray Trust, 2012). The programme is implemented by appointed local implementing agents who are responsible for the recruitment and management of participants (TIPS, 2018). The care services that are provided by these participants include both direct care and indirect care. Examples of direct care include care for those living with HIV/AIDS or TB, the elderly, orphans, and vulnerable children in the HCBC projects and childcare within ECD and school support. Indirect care includes cleaning, gardening, cooking, and maintenance work. Additionally, there are some projects that deliver care for people living with disabilities at dedicated centres (Philip, 2013b).

A common criticism that has become associated with CWP is that while well conceptualised and designed, the implementation has been unable to realise the full potential of the programme (Andersson & Alexander, 2016). Major challenges include poor administration, irregularities, investigations of fraud and corruption in the implementation and a significant deviation from the original implementation modality that has comprised the benefits of close community involvement in the implementation process (Parliamentary Monitoring Group, 2017).

Barriers to delivering quality care services in EPWP

Over the different phases, the EPWP has faced considerable criticism for its implementation and governance flaws. These are argued to have compromised both the conditions of participants in the programme and the quality of services delivered through the different sectors. These include poor adherence to prevailing minimum standards and conditions such as the minimum wage, perverse effects on women and limited exit pathways for participants post completion of the programme. The challenges largely point to the inability of the PEPs in the Social Sector to continue to improve participants conditions beyond the basic minimum contributed to the early years following the introduction the programme. The challenges are described in greater detail below.

Poor adherence to principles, minimum standards, and conditions

The universal principles for EPWP were introduced in Phase 3 to improve uniformity in implementation across a number of areas such as how participants are selected, compliances to the EPWP minimum wage and conditions laid out in the Ministerial Determination, ensuring that output created generate a benefit for the communities and that projects are adhering to the minimum labour intensity set for each sector.

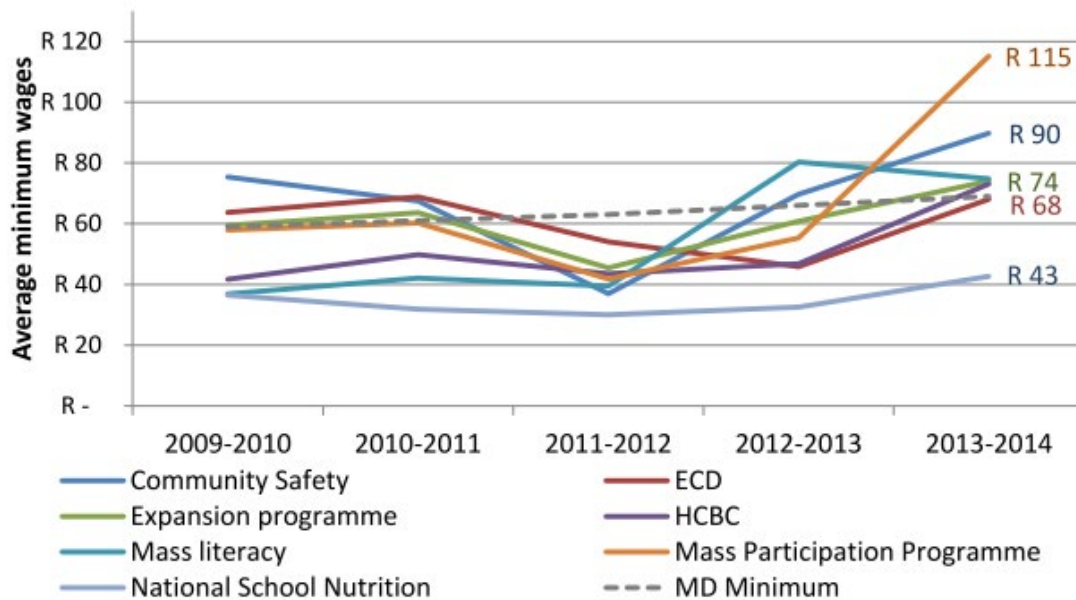
► **Table 1: Universal principles**

Principle	Explanation
Adherence to the EPWP minimum wage and employment conditions under the EPWP Ministerial Determination	Many of the core features of the EPWP relates to the Ministerial Determination for the EPWP and the associated Code of Good Practice. The EPWP Ministerial Determination sets out minimum wages and working conditions that are critical social tools for protecting vulnerable EPWP participants and for the EPWP to become more effective as a social protection instrument. Monitoring compliance with this legislation and acting when there is a lack of compliance will receive greater priority in all the EPWP programmes. The EPWP programmes/projects must seek to achieve full compliance with this determination in Phase IV.
Selection of EPWP participants based on (a) a clearly defined process and (b) a defined criterion	Defined targeting considerations to ensure fair and transparent selection criteria, but at the same time keep targeting operationally as simple as possible. The selection of each EPWP participant should be done on a clear set of criteria to minimise patronage and abuse during selection. The selection should also happen in accordance with clear transparent and fair procedures.
Work provides or enhances public goods or community services	For the EPWP to fulfil its transformative, developmental, and social protection potential, the focus of developing assets and services that in particular enhance the social and economic benefits to the poor, is important. The work output of each EPWP project should contribute to enhancing public goods or community services, with a bias towards the poor. The core of this requirement is that EPWP projects are not deployed on activities that will benefit private companies or contribute to private sector profit generation. This excludes the use of private sector companies as implementing agents. In addition to this, a focus on labour-intensive delivery methods while maintaining quality standards further enhances benefit.
Minimum labour intensity (LI) appropriate to each sector	A minimum LI benchmark appropriate to each sector has been set. Different types of programmes within each sector would also be encouraged to set their own benchmarks.

Compliance to the MD minimum wage

All of the PEPs in the care economy were paying wage rates that were below the stipulated minimum in the Ministerial Determination in Phase 2 of the programme (DPME and DSD, 2015a). Moreover, an analysis by Vetten (2016) showed that on average, the environment and culture, and infrastructure sectors paid an average daily wage rate of R101.8 and R82 respectively, while the social sector programmes only paid participants R40.19. As a result, participants in social sector programmes, which comprises majority women, were amongst the worst paid participants within EPWP.

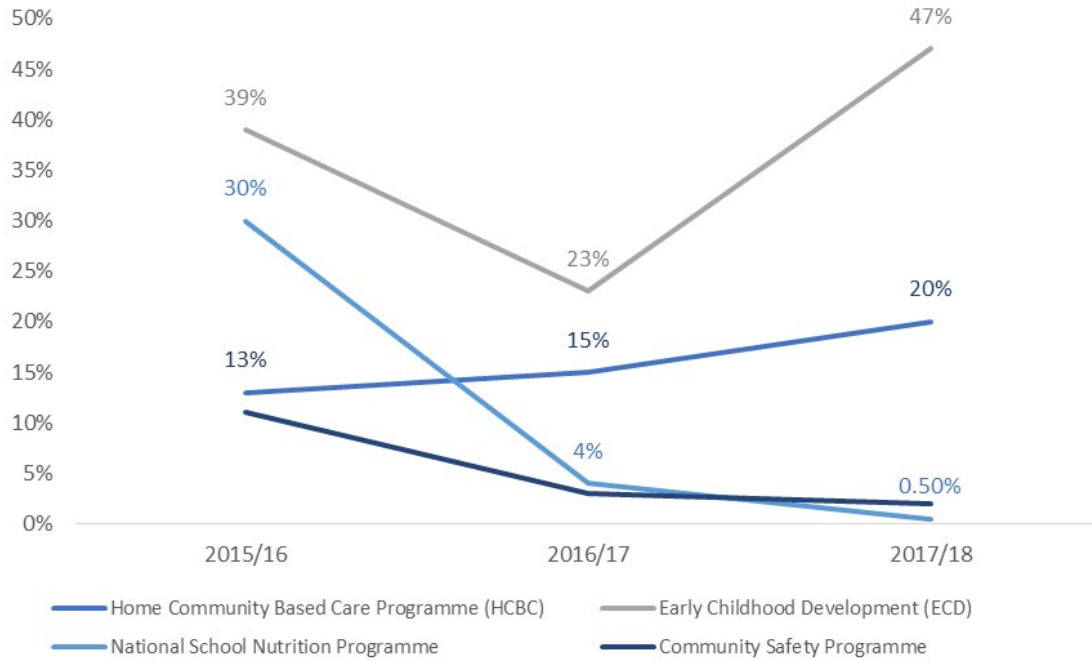
► Figure 10: Wages paid in EPWP social sector programmes in Phase 2



In 2013/14 the NSNP Food Handlers received a wage that was only 60% of the minimum stipulated in the Ministerial Determination (Figure 10). As already discussed, this was largely due to the conditions of the grant which continued to pay honorariums that were not aligned with the EPWP minimum wage despite these opportunities reporting into the programme.

It is well-documented that low wages and precarious employment conditions such as those experienced by CHWs and ECD practitioners leads to high turnover, meaning a loss of skills and a constant need to provide the required training to new staff (Schneider, Schaay, Dudley, Goliath & Qukula, 2015). The implementation evaluation conducted by the sector showed that compliance with the ministerial determination's stipulated minimum wage was a severe challenge in Phase 1 and 2 of the EPWP. In particular, whereas the average wage paid by most programmes was compliant by the final year of phase 2, the NSNP and DSD ECD programmes' average wage still fell below the stipulated minimum (DPME and DSD, 2015b).

► **Figure 11: Percentages of work opportunities where participants were paid less than the minimum wage**



Source: Department of Public Works, 2019

Figure 11 shows the percentage of work opportunities where wages paid to participants was lower than the stipulated minimum wage. The National School Nutrition programme has managed to successfully reduce the number of opportunities where participants receive less than the minimum wage which is a significant improvement from Phase 2. The improvements in compliance are partly due to the implementation of the incentive grant and its respective condition for compliance with the Ministerial Determination in order for programmes to qualify to receive funding (GTAC, 2017). Moreover, the incentive funding received is often used to top-up participant wages to align them to the minimum wage required by the legislation.

In comparison, ECD initially showed a decrease in non-compliant wages, but in the last financial year (2017/18), the proportion has risen to close to half of participants earning non-compliant wages. The discrepancy in wage payments of ECD practitioners was due to different decisions taken by NPOs regarding how much of the per child subsidy component of the ECD conditional grant to allocate to payment of practitioners (DPME and DSD, 2015a; Paranze, 2016). The conditions of the grant result in the majority of the grant prioritising nutrition and in cases where ECD programmes have limited access to external sources of funding, trade-offs are made between children’s nutrition and staffing (Paranze, 2016).

Late payments

Late payments, like non-compliant wages, are in contravention of the Ministerial Determination which requires at least monthly payment. There were cases of late payments identified across all Social Sector programmes with some as late as several months. Programme managers’ untimely sign-off on wage expenditure, poor planning, and late disbursements of the incentive grants are some reasons that explain the occurrence (DPME and DSD, 2015a). In case studies of three organisations, Vetten (2016) also points to poor administration and failure to pay NPOs as the cause for late payments and argues that this further compounds the low value of the work opportunity which is already devalued by payment of wages that are below the minimum required. Aside from contravening the legal requirements, late payment of wages has

a significant developmental cost as it robs participants of predictability which affects their ability to smooth their consumption and erodes the social protection benefit embedded in the opportunities.

Duration of work

The Ministerial Determination on EPWP is clear that the participants are employed on a temporary basis. This is an intentional part of the design to avoid permanent employment under PEPs conditions and limit displacement of private sector jobs (Lieuw Kie Song & Philip, 2010). However, in the Social Sector, many EPWP participants' contracts are repeatedly renewed on an annual basis. As staff accumulate significant skills over years of experience and build relationships with the service recipients over time, the quality of care improves. In two of the largest programmes, HCBC and ECD, the services delivered by EPWP participants are of an ongoing nature with clear benefits of retaining the same participants through contract renewals. The benefits of this practice to the quality of the care services is well recognised (International Labour Organization, 2018). The critical issue with this arrangement is that under the prevailing working conditions of the EPWP, these participants are locked into low levels of pay which eventually cease to appropriately value their contribution, experience, and skill level (Department of Public Works, 2019). The growing awareness of this issue was already captured in a 2010 study on public employment which noted:

"[For HCBC and ECD, there is a] recognition that whilst the Expanded Public Works Programme has performed innovative work in these areas, the delivery of these services is continuous in nature. Government and social partners need to recognise this reality and in turn develop proposals that will both strengthen non-state provision, but also provide support and direct employment by the public service" (Hassen & Altman, 2010: 48).

Moreover, in their deliberation on the wage level and exclusions from the national minimum wage, the National Minimum Wage Commission expressed strong criticism of government's dependence on low wages and unpaid work to deliver services that are considered public goods which should be provided by the state. "A large number of workers, mainly female workers, are employed in welfare and care work, at low wage levels. At least some of this work is undertaken on behalf of Government, and the low wages are partly a result of low levels of government subsidy"(National Treasury, 2016).

The DoH's WBPHCOT policy acknowledges the structural issues associated with the remuneration and status of workers (see below quote) however, it does not provide any resolutions to address it thereby putting the successful implementation of the policy at risk (National Department of Health., 2017).

"Community-based health workers are neither workers nor volunteers... [they do not have] the status of an employee, with the rights and benefits that come with it under South African labour law. By entitling them to a wage, government and non-government organisations acknowledge their labour and provide a form of compensation for their work, so they are not volunteers. This grey space leads to demotivation, hardship, and attrition. It makes it very difficult to create a sustainable system of community-based healthcare."

This recognition from the policy shows the continued tension with recognising participants as workers that are entitled to full protection in accordance with the Labour Relations Act. Although the bargaining council agreement has led to an increase in stipends up to the national minimum wage and more structured training is offered, these participants continue to work under minimum employment conditions on 12 months contracts. More than 15 years into the implementation of EPWP, the repeated renewal of contracts that lock participants into low wages and low levels of protection is no longer an acceptable alternative to recognising the permanency of the care work delivered by these participants. As such, the argument above has received increasing support in the public domain, including unions and is amplified by protesting EPWP participants that are seeking proper recognition for the value that they add to the service delivery in the country.

Negative effects on women's labour market outcomes

The recognition of unpaid care work and improvements to the employment conditions and standards are important contributions to the reduction of gender inequality in the labour market as well as disparities between women (International Labour Organization, 2018). PEPs in the care economy have the potential to reduce gender inequality in the labour market through three main mechanisms. The care economy is predominantly made up of women who provide unpaid care work in the home and in voluntary positions in institutions and so the first mechanism is to bring these women into paid work. Where women are paid for their care work, they often work under poor conditions and their work is typically undervalued therefore, the second mechanism is to introduce standards that protect women from exploitation and working conditions that improve the quality of the service. The third mechanism lies in the availability of quality care services at accessible rates which relieves women of care responsibilities allowing them to enter the labour market or increase the hours they supply.

Considering the mechanisms above, EPWP has produced a mixed bag of results. There is a general acceptance that EPWP has been able to bring volunteers into paid work, increase the supply of trained ECD practitioners, and has expanded the public provision of care services through the investment of public funds in the social sector programmes (Department of Public Works, 2019).

The criticism lies in how these have been implemented and the resulting effects this has had on women in the EPWP programmes. As discussed above, the wages received by ECD practitioners in DSD programmes vary widely between programmes with many failing to comply with the EPWP minimum wage. Participants on the DBE programme received the EPWP minimum wage during their 12 or 18 months of training in their learnerships, however, once complete these participants would experience a regression if they transitioned into programmes that were non-compliant (Paranze, 2016). This is due to the funding constraints experienced by ECD programmes with many informal ones dependent on own sources while subsidised programmes are required to augment state funding as subsidies are predominantly targeted at children's nutritional needs. Moreover, several of the programmes in the Social Sector failed to comply other stipulations of the ministerial determination such as unemployment insurance fund contributions and safety (DPME and DSD, 2015b).

EPWP in the Social Sector continues to receive criticism for its failure to address the barriers that women face and leading systemic change in the delivery of its programmes. Vetten (2016) argues that the programmes continue to lock women into care responsibilities, remunerate them poorly and have failed to shift women into decent forms of work. It is important to note that while this problem persists in ECD, the introduction of the WBPHCOT policy and the bargaining council agreement which requires provincial departments employing CHWs to remunerate them at the national minimum wage is a significant shift towards addressing this issue, at least within the healthcare sector.

Limited pathways into sustainable employment

"It cannot be right that some members of the Expanded Public Works Programme have been on contracts for six and seven years. This is just slavery. They were supposed to have been trained long ago so they could go find employment and get into the real economy" (Mahlokwane, 2020a). This quote from a union leader organising a protest demanding government to absorb EPWP participants as permanent workers and improve conditions of community health workers. It captures the essence of the core criticism directed at the EPWP since its inception: the inability to transition people from temporary, low value, poor quality work into more sustainable and meaningful forms of employment.

It is, however, important to add nuance to this challenge as some pathways are being created in the programme. A review of the EPWP in Gauteng points to an effective exit strategy for EPWP volunteer Community Care Givers who were trained as Child and Youth Care Workers in the programme and went on to work as in After School Care Centres (Kitchin, 2014). Another example is within the ECD programme of the DBE where

participant's employability is improved through training and they exit into positions as Grade R teachers (Richter, Burns, Desmond, Feza, Harrison, Martin, Saloojee & Slemming, 2012). There are also examples of individual projects within provincial programmes where participants have been absorbed into permanent position. The challenge is that where it is happening, it is at a low scale, occurs in an ad hoc manner and exit is only built into select projects and not at a programme level. This is especially the case within ECD and the NSNP. The integration of CHWs into the public health system is an important and the only systematic shift that covers an entire class of workers. However, notwithstanding the bargaining council agreement for higher wages, the work conditions of these workers have not changed. A recent move by the Gauteng province's DoH to absorb a group of CHWs as permanent staff has, however, set a precedent for an exit pathway into the public service for this cohort of workers. This is discussed in more detail below.

The Social Sector has tried to respond to this challenge in its design. The theory of change developed in Phase 3 includes an objective to ensure that participants find opportunities outside of EPWP (Department of Public Works, 2019). Nonetheless, a key finding from reviews and evaluations that are available is that opportunities for the majority of participants that exit programmes remains largely elusive. There continues to be lack of clarity about what comes next when the temporary work ends. Two prominent consequences of this has been a tendency for participants to get locked within the EPWP system transitioning from one programme to another within and between the different sectors on the one hand and a rise in participant protests demanding absorption into the public service.

Interventions to improve pathways into sustainable employment

This section discusses the pathways available to participants when they conclude each of the PEPs in the care economy. Training and enterprise development are two interventions within EPWP that seek to improve employability and create opportunities for participants to exit into once the programme concludes. Additionally, there is the option for participants to be absorbed into the public service or find permanent jobs in the private sector. As discussed in the challenges, often participants find themselves stuck within EPWP or exiting back into unemployment.

Training within the EPWP has evolved from a strict and compulsory component of the programme to a requirement for training that enables participants to perform their duties. Over and above this, public bodies are strongly encouraged to invest in training that improves employability where possible. The Training Strategy for the Social Sector provides for three models of training: (1) sector prior training which refers to training of participants prior to implementing an active project, (2) sector on-site training which is training received during project implementation and (3) training for exit or graduation which is inclusive of further learning opportunities to participants with potential to increase learning, graduation, or both from EPWP to other career options. The training principles that underpin this objective include the need for public bodies to allocate budget (set at minimum of 5% of total project budget in Phase 3) for training programmes from their equitable share to complement any external funding that is received.

Despite the strategy, it remains a significant challenge to deliver training in the programmes due to limited training funds, public bodies failing to allocate the minimum 5% for training in project budgets, limited number of accredited providers and delays in the procurement of accredited service providers (Department of Public Works, 2019). Moreover, the implementation evaluation of the sector suggests gaps in the monitoring and reporting of training conducted and the training levels achieved in the programmes. Training targets are consistently not met and where training is provided, it typically falls into the first two models while limited training is provided for exit provided in the programme. The sector's strategy for enterprise development is to identify and refer participants that express interest to enterprise development. The role and purpose of enterprise development in the Social Sector has remained a challenge as many participants that are recruited are looking for employment opportunities, and not self-employment or entrepreneurship, after participating in EPWP (Department of Public Works, 2019). An emerging pathway into enterprise development is within ECD through social franchising; however, this is a non-state driven initiative. This pathway relies on EPWP support to initiate but, it has not embedded it as a mechanism within the programme

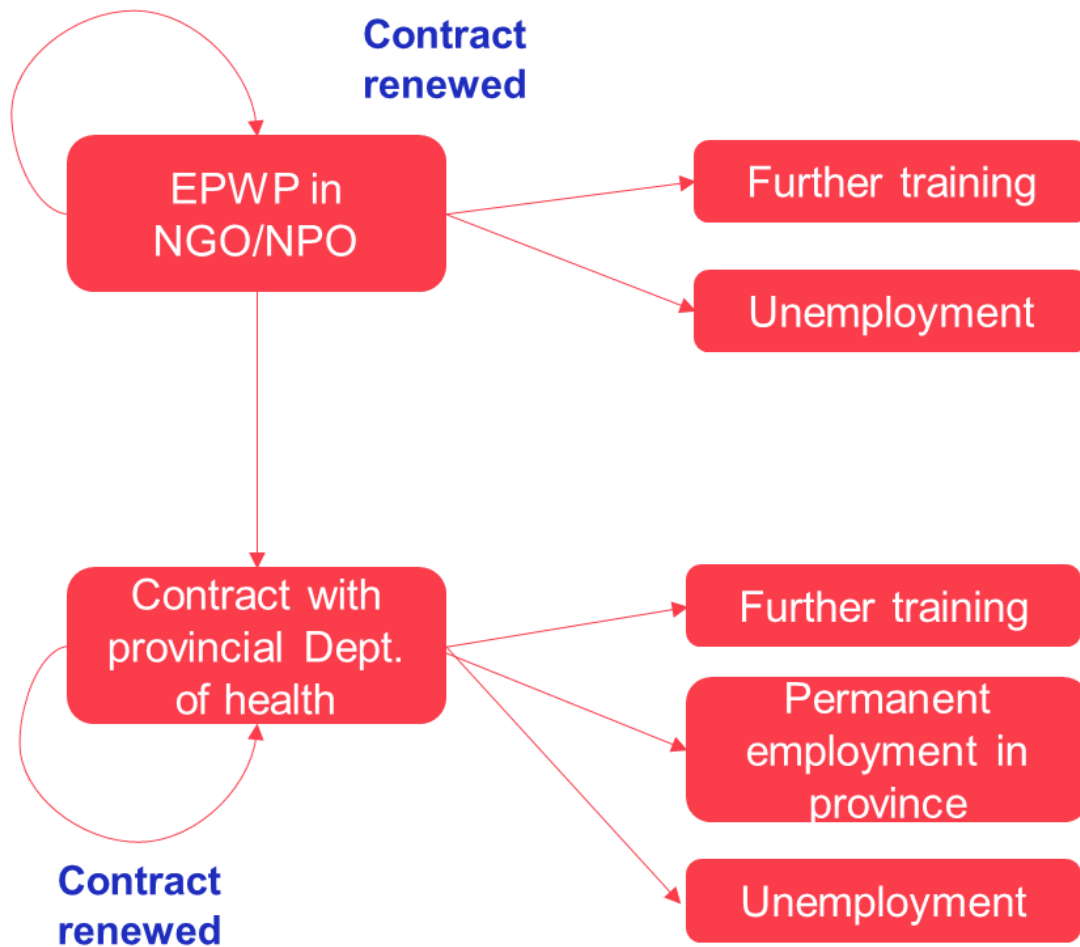
to both achieve scale and create exit opportunities for participants. There is also one example within NSNP that is often cited. Both are discussed in detail below.

Unlike training, most of the sector’s main strategic documents were silent on enterprise development throughout Phase 3 with greater prioritisation placed on training and developing a strategy for promoting it within programmes. The position is clear for enterprise development that it is not a core priority and the Social Sector programmes are mostly responsible for identifying and linking participants to opportunities that already exist within the ecosystem as opposed to taking responsibility for their creation (Department of Public Works, 2019). However, similar to training data, there is limited monitoring of participants that exit into enterprise development and therefore no clear sense of the extent to which referrals of identified participants is taking place.

Home community-based care and community health workers

The pathways that are available to participants after they conclude the programme are outlined in Figure 12. Of these, two represent transition into sustainable forms of employment and decent work namely further training and absorption into the public service. However, for many participants, the trajectory that is common is renewal of their contracts or unemployment.

► **Figure 12: Pathways after concluding participation in the HCBC and CHW programme**



Training

Prior to the formalisation of workers into the public health system in 2011 training of CHWs and HCBC participants was mostly conducted by NPOs and NGOs in inconsistent and fragmented ways which led to a diversity of skills amongst the cohort of workers. The formalisation process sought to also align and standardise training of CHWs by providing skills development in three phases. The first two include two 10-day short courses followed by a one-year National Qualification Framework (NQF) Level 3 Health Promoter qualification (Health Systems Trust, 2018). It is also important to note that the initial strategy and the recent policy required CHWs that were formalised into the department to have a grade 12 certificate or evidence of prior learning (National Department of Health, 2018). In many areas, CHWs recruited by NGOs and NPOs are still in the majority and continue to work under precarious conditions with minimal access to training.

Absorption into the public service

A risk identified early on in the programme was that as the programme grew, the public health system would grow more reliant on the semi-formal and semi-integrated workers employed through the EPWP and avoid addressing the structural problem of limited supply of health professionals in the sector (Schneider, Hlopho & Van Rensburg, 2008). The WBPHCOT policy framework seeks to address longstanding challenges that affect the successful implementation of primary health care delivery. These include poor or inadequate training, difficulties in reaching communities in some geographic areas and discrepancies in the recruitment, appointment, working hours and remuneration of CHWs across various levels (such as NGO versus state employed CHWs and those employed by different government departments). Although a significant improvement, the formalisation of CHWs does not address the core needs of the sector for a comprehensive, well-resourced health care system because it continues to recruit them on a contractual basis. Such a system requires long-term integration of CHWs into the public health system as minimum and at best would see absorption into the public service. Notwithstanding the prevailing fiscal constraints⁶, in the 2019/20 financial year, the National Treasury allocated funds through the HR capacitation grant that enabled the Department of Health to fill vacancies in critical posts in recognition of the need to alleviate the shortfall of health professionals in the sector. As previously discussed, Gauteng provincial department of health set a precedent when it announced that 8500 community health workers would be absorbed as level two permanent workers from July 2020. As permanent employees, these workers will now be eligible to receive comprehensive social protection (pension and medical aid) and salaries of about R8500 per month (Van Dyk, 2020). This is a milestone for these workers and will provide learning on the benefits of absorbing these participants as state employees into the healthcare system.

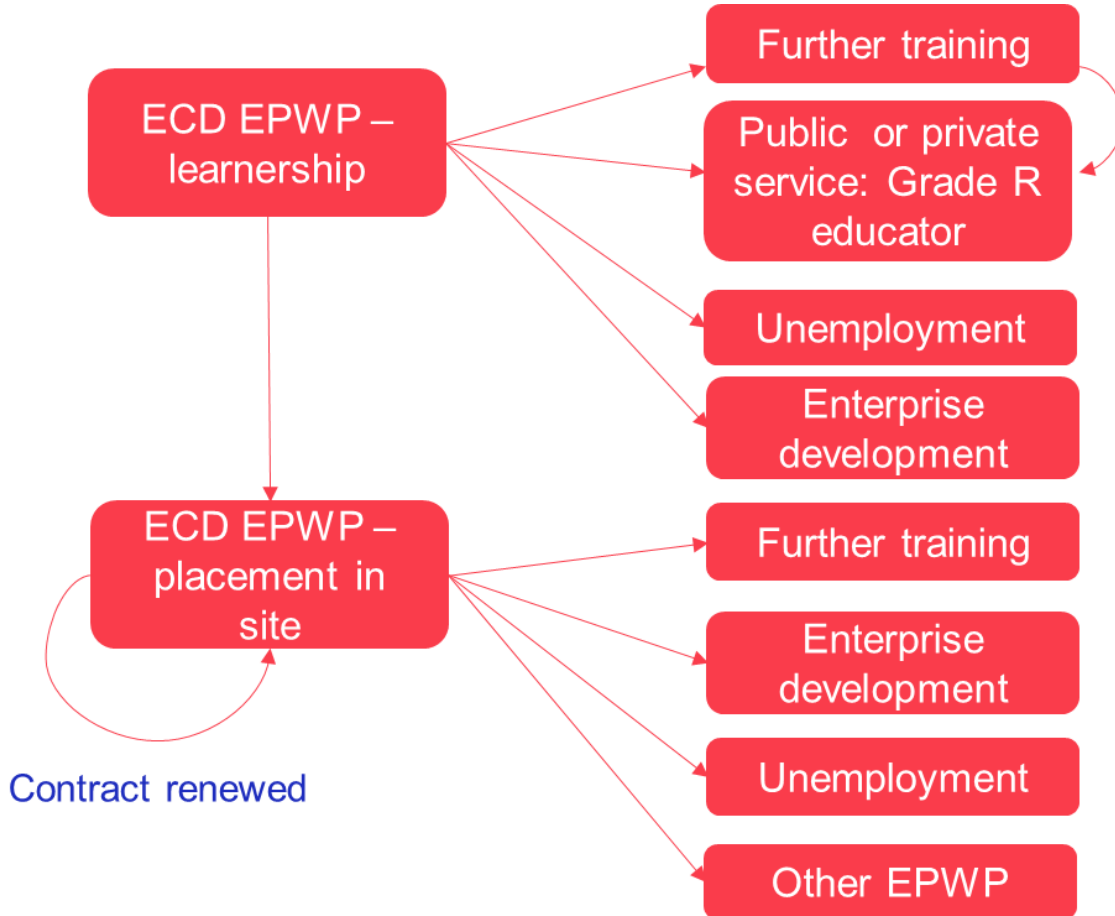
The move has created tension in the sector from two opposing perspectives. On the one hand organised labour has mobilised protest efforts in other provinces to demand that they follow in Gauteng's example (Mahlokwane, 2020b). On the other hand, in the most recent Medium Term Budget Policy Statement, the National Treasury announced a proposal to freeze the salaries for public servants for the next three years and has committed to cut the public wage bill by R300 billion over the same period diminishing the fiscal space to absorb more workers (National Treasury, 2020a). The efforts to reduce the public wage bill are part of a fiscal consolidation process to stabilise public finances and avoid a debt crisis.

Early Childhood Development

Figure 13 outlines the pathways that are available to participants after they conclude the programme. The interventions are discussed below as well as a recent innovation within the ECD sector that opens up new possibilities for exit into decent work for participants.

⁶ The 2020 supplementary budget shows an increase in the budget deficit from 6.8 per cent of GDP in the original budget announced for the year to a projected 14.6 per cent of GDP by the end of the financial year.

► Figure 13: Pathways after concluding participation in the ECD programme



Training

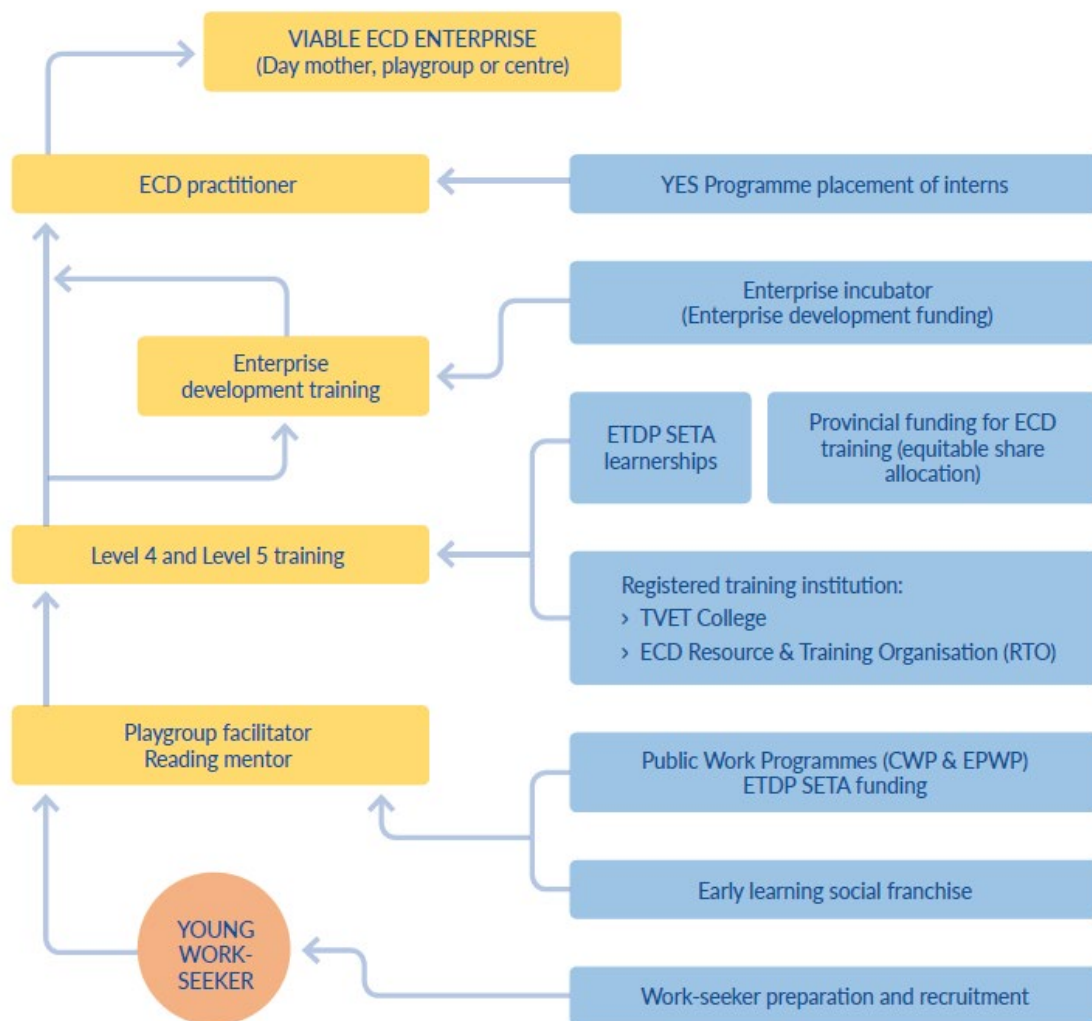
The DBE’s programme is an important training delivery mechanism within EPWP. Together with the Sector Education and Training Authorities (SETAs), the provincial education departments’ work opportunities are learnership for training at TVET colleges. A challenge within this programme is the poor supply of training programmes in colleges and few higher education institutions that offer qualifications in ECD for the 0 to 4 age group (ETDP SETA, 2016). The benefit of these work opportunities is the possibilities for participants to exit into Grade R teaching posts in the basic education system following additional qualifications and training.

Enterprise development

Social franchising is a recent model of delivery that is finding traction within the ECD sector that also offers a pathway for both scaling the provision of care services as well as opportunities for participants to exit into (Foulis, 2014). A social franchise is similar to commercial franchise in that it enables access to an existing and tested model to deliver services, provides the training required, ongoing advice and support. Importantly, the franchise comes with an established, identifiable brand and track record that makes it easy to secure funding and build a client base. SmartStart is one social franchise that is leading in this space. It was founded in 2015 to provide training to early learning facilitators to enable them to deliver quality care and learning for three- and four-year olds (SmartStart, 2020). The programme partners with the Community Works Programme and EPWP to match potential participants with work opportunities where they are able to earn a wage and the opportunity to create a small business providing early learning and childcare for children.

Ilifa Labatwana and Kago ya Bana’s vision for ECD maps out this a pathway explicitly in Figure 14 below. It shows how young work seekers can enter the sector through PEPs programme and exit into a viable ECD enterprise (Kago Ya Bana & Ilifa Labantwana, 2018).

► **Figure 14: A pathway to developing viable ECD enterprises**



Source: Kago Ya Bana & Ilifa Labantwana, 2018

The pathway draws on a wider array of stakeholders to contribute to the scale up of ECD services and create sustainable employment opportunities. The public sector contributes training funding and creates PEPs work opportunities, the private sector invests in workplace-based experience (through the Youth Employment Service) and non-profit organisations deliver ECD services. A young work seeker is envisioned to enter the sector through a recruitment process into a PEPs as a playgroup facilitator or reading mentor, then receive ECD training and enterprise development training and moving into an internship placement as an ECD practitioner in an existing centre before establishing their own ECD enterprise. Qualified ECD practitioners could also enter this pathway through PEPs work opportunities in existing centres and transition into

running their own enterprises after receiving the enterprise development training. This pathway therefore positions PEPs as a critical entry point into the ECD sector and the first employment opportunity that lays the foundation for a young work seeker to transition into sustainable employment opportunities.

Absorption into the public service

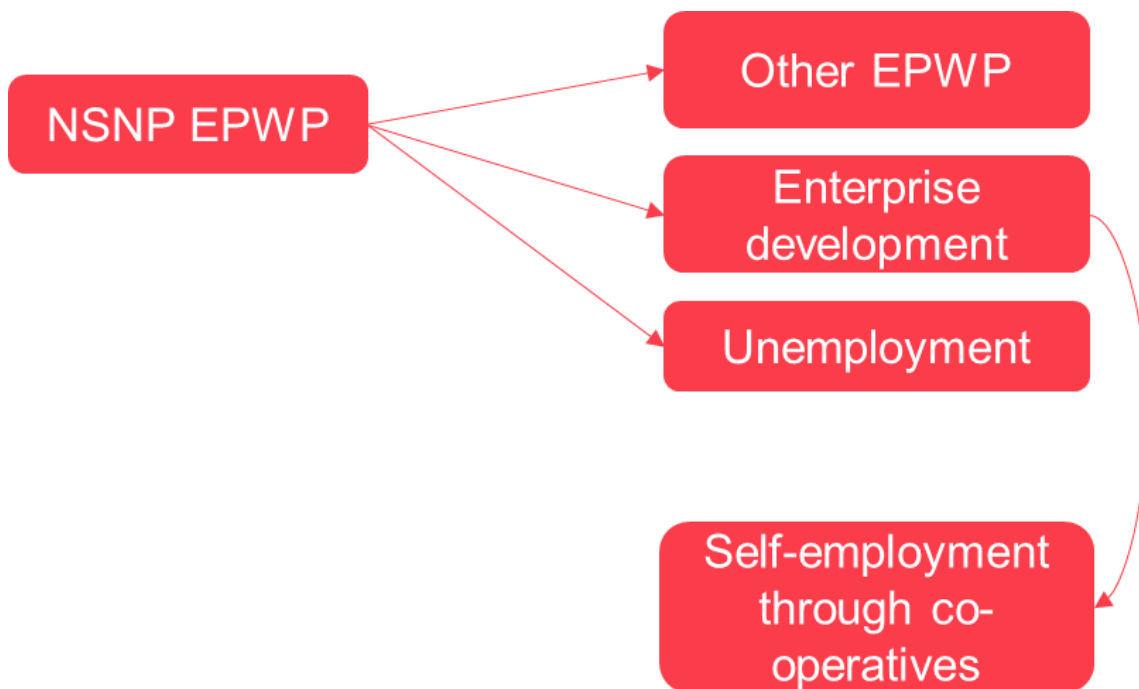
The cases where ECD practitioners transition into public service jobs is through securing jobs in the public sector as Grade R teachers after completing all the levels of training required. These positions are permanent and afford these participants all the benefits associated with decent care work. This transition is a preferred option for many participants that qualify with some also opting for opportunities in the private sector (DPME and DSD, 2015a).

The NSNP's food handler opportunities are designed as one year contract with communicated expectations that these are shared opportunities within the community (DPME, 2016). Additionally, in practice, the DBE and National Treasury continue to position these opportunities as volunteers earning an honorarium, despite alignment the conditions of and reporting to EPWP (National Treasury, 2020c). The opportunities are mostly managed directly by school governing bodies that take responsibility for the recruitment and payment of volunteer food handlers.

National School Nutrition Programme

As previously discussed, this programme is designed as short term and has largely created clear expectations with participants that the opportunities are rotated within the community. Figure 15 shows the pathways available once participants conclude and discusses the training that they receive while on the programme and enterprise development opportunities.

► Figure 15: Pathways after concluding participation in the NSNP programme



Training

The training for food handlers largely focuses on skilling them to perform their roles to the standard required. These participants are required to receive training on health and safety and food preparation prior to commencing work. School districts are responsible for conducting this training. An evaluation of the programme in 2016 found that with less than half of this cohort trained, many provinces were failing to complete the requisite training of food handlers (DPME, 2016).

A debate within and outside of EPWP as it entered its fourth phase was how training should be incorporated given the continuous struggle with realising all the objectives. The phase four strategy shows the evolution clearly in that training is positioned a non-compulsory but highly desirable element of the programme that should be implemented where needed depending on the availability of funds (Department of Public Works and Infrastructure, 2019).

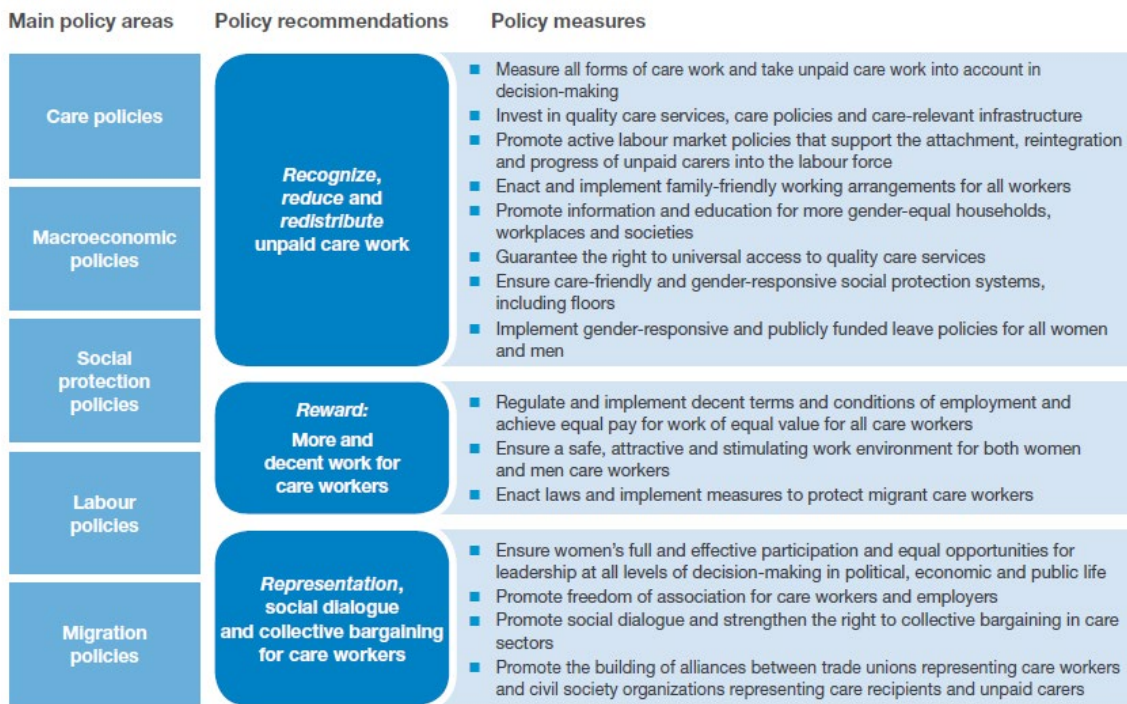
Enterprise development

A pilot programme within the Social Sector when enterprise development was a core priority was the training of local women as food handlers in the NSNP and then assisting them to transition into food service providers within co-operatives (Nkunzi, 2008). This continues to be an often-cited example among sector stakeholders for how enterprise development can take place in the programme (Department of Public Works, 2019). There is currently no data that provides an overview of the extent to which this pathway is materialising in practice.

The contribution of EPWP to the care economy

EPWP has experienced numerous challenges since its inception however, the programme has also made notable contributions to the care economy, particularly in the early years of its implementation. The ILO's 5R Framework for Decent Care Work is useful for outlining these. The framework outlines the main policy areas and measures that can be implemented to realise decent care work.

► Figure 16: 5R Framework for Decent Care Work



Source: International Labour Organization, 2018

Based on this framework, the EPWP's contribution has been to recognise, reduce and redistribute unpaid care work and improve working conditions for existing workers. The programme facilitated the significant scale up of the HCBC and ECD programmes early in the programme and within the NSNP in later years. Furthermore, it has contributed to the creation of a new floor in terms of both wages and conditions for participants that were previously working as volunteers in the sector (DPME and DSD, 2015a). Where the programmes are paying the minimum wage and adhering to standards, the EPWP has helped to alleviate women's poverty, enable their participation in the labour market and create an opportunity for their unpaid care work to be remunerated.

The introduction of EPWP enabled a comprehensive response to the HIV/AIDS crisis by facilitating a rapid growth in the number of lay workers recruited to offer primary health care services in communities (Schneider *et al.*, 2008). These participants include home community-based carers, counsellors and community health workers who have continued to play a critical connector role between the health care system and vulnerable communities adding value through meeting new needs, closing existing gaps in service provision, and more often than not complementing, rather than substituting the work of professionals in the health sector.

Similar benefits are observed in the response to the tuberculosis epidemic where trained lay people employed through the EPWP have and continue to assist with a range of duties helping to relieve the nurses to do clinical work. It is generally accepted that the success of interventions implemented to curb the

effects of the of these epidemics would have been limited without the participants employed in the EPWP (Development Bank of Southern Africa and EPWP Social Sector, 2007). EPWP is also an important mechanism for achieving universal access to ECD for all children through drawing significant numbers of the unemployed into work (Kago Ya Bana & Ilifa Labantwana, 2018). Moreover, the programme has increased the pool of skilled workers in the ECD sector through the provision of accredited training and upskilling existing ECD practitioners (ETDP SETA, 2016). This is an important contribution to improved quality of care provided within the sector.

In terms of the three components of the programme's objectives i.e., employment creation, income support and the development of community assets and service provision, the above highlights that EPWP has been able to contribute two of these namely employment creation and provision of services. Additionally, EPWP's contribution has been the decision to experiment with PEPs in the care economy and through implementation, build a body of knowledge and experience that has created a foundation from which to refine the existing programmes and build new ones.

This section has provided a comprehensive historical overview of PEPs in the care economy. These programmes have created a crucial mechanism for expanding the workforce in the care economy and the wage and working conditions initially yielded desired labour market outcomes. The experience is, however, not homogenous across the three main programmes. The NSNP has largely been designed and implemented as a short-term opportunity and community social protection mechanism that is embedded within the school system. The problems with PEPs in the care economy are most prevalent within ECD where they persisted throughout the implementation period. Compounded by the continued dominance of service provision by informal operators with severe funding constraints that has maintained precarious forms of work and low wages in the sector. The healthcare sector has recognised the challenges with several examples of a slow, but progressive shifts towards decent work for CHWs in the sector, first through formalisation and more recently through absorption in the public service. Overall, a mixed bag of results that suggests that PEPs in their current form are not comprehensive or appropriate for all types of care services. If maintained, a set of measures are required to address the shortcomings.

The above was the state of PEPs in the care economy prior to COVID-19 which has severely disrupted each of the programmes. The next section outlines the main effects of COVID-19 on the care sectors in the country and the following describes how PEPs have been built into the design of the country's response to the effects of COVID-19.

▶ 3 Support measures for the care economy

An urgent need to respond to a health crisis that required delivery of care at scale was one of the motivations for including the care economy in the design of EPWP. As South Africa faces another epidemic that has resulted in a rapid rise in the demand for care while introducing new challenges to the health and economic landscape, the country has had to draw on solutions that have demonstrated success in the past and adapt existing strengths to respond to the health and economic crisis in an optimal and appropriate manner. Although the perception of PEPs may be mixed, there is broad agreement that the fight against HIV/AIDS relied significantly on these programmes' ability to augment the existing health workforce and connect communities most in need of care with the health system. As a result, part of the response to the COVID-19 pandemic is the use of PEPs in the care economy to contribute to the health and economic recovery. The support measures are being delivered through EPWP and a new Presidential Employment Stimulus package, both discussed below in more detail.

Care related support in EPWP

The DPWI reprioritised R771 million of its EPWP budget to recruit 25 000 participants that would support the health department in the COVID-19 response. The department entrusted the recruitment of these participants to the Independent Development Trust (IDT) and transferred R234 million for this purpose. The advantage of using the IDT was the potential for faster implementation as it already has contracts with NPOs in place as part of the implementation of EPWP in the non-state sector. At the end of June 2020, only R26 million of the R234 million had been spent and it is unclear how many participants were recruited (Auditor-general South Africa, 2020).

Additionally a directive was issued from the Minister of Public Works and Infrastructure for all EPWP participants that were enrolled in programmes prior to the lockdown to continue to receive wages during the lockdown which is another form of support for those programmes in EPWP that are part of the care economy however, it is unclear how many of the workers were actually paid (Auditor-general South Africa, 2020). A similar commitment was made by the Department of Cooperative governance for the CWP i.e., that wages would continue to be paid during the lockdown. There is still no data available on whether participants received payment, however by June, NPOs reported that they had not received payment and programme participants have protested against the non-payment of wages since March (Phumzile, 2020).

Care related support in the Presidential Employment Stimulus package

On 21 April 2020, President Cyril Ramaphosa announced a R500 billion (approximately USD 32 billion) economic stimulus package, with R100 billion being tentatively set aside for a Presidential Employment Stimulus package (PES) to forge a new economy. The PES is being facilitated and coordinated by the Project Management Office in the Presidency and comprises three complementary dimensions:

1. Create social employment through expanding public employment through new and innovative mechanisms that draw on implementation capacity beyond the state.
2. Invest in public goods and services through expanding traditional public employment programmes to reach greater numbers while contributing to the delivery of improved public goods and services.
3. Enable private sector recovery and dynamism through prioritising growth-enhancing reforms in areas of the economy with a high potential for employment creation and gearing them for future sustainability.

Within the three dimensions of the employment stimulus identified above, twelve priority interventions have been identified that could be implemented in the 2020/2021 financial year as part of the immediate response to COVID-19.

► **Table 2: Presidential Employment Stimulus priority interventions**

Dimension	Priority interventions
Create social employment	Activate the wider society to create work that serves the common good
Invest in direct employment through the public sector	<ul style="list-style-type: none"> Activate the wider society to create work that serves the common good Invest in direct employment through the public sector Build and maintain community infrastructure Invest in the environment and a circular economy Strengthen education support Support for ECD and community health Invest in the creative and cultural sector Create employment by enhancing food security
Unlock employment in the wider economy	<ul style="list-style-type: none"> Unlock digital access and inclusion Transition to green energy Prioritise catalytic economic infrastructure Unleash the role of cities as drivers of growth Roll out the Presidential Youth Employment Intervention

On 24 June 2020, the Minister of Finance, Tito Mboweni, announced a provisional allocation of R19.6 billion to the PES in the Special Adjustment Budget for the 2020/21 financial year (National Treasury, 2020d). Two conditions were attached to this allocation: (1) the funds allocated are only for the current financial year ending 31 March 2021 and (2) any unspent funds could not be rolled over to the next financial year. The Project Management Office proceeded to engage in an extensive and accelerated process to support national departments, provinces, and metropolitan municipalities⁷ to design programmes that had the capacity for implementation before the end of the financial year (The Presidency Republic of South Africa, 2020). The public bodies developed proposals for a special budget adjudication process by the National Treasury which occurred in two rounds. The first round comprised proposals from 12 national departments and the second round included the proposals from provinces, the metropolitan municipalities, a proposal to extend broadband to low income households, the social employment fund, and the Presidential Youth Employment Intervention proposals. The proposals were assessed against several criteria, important of which was the public bodies’ implementation and expenditure track record, the current capacity to implement within the restricted timeframes, and whether the proposal was aligned to the department’s mandate and with the overall objectives of the stimulus. The assessment also sought to limit duplication of programmes across spheres of government.

The President announced phase 1 of the Presidential Employment Stimulus as part of the country’s Economic Recovery and Reconstruction Plan in a joint sitting of parliament on 15 October. Appendix A2 provides an overall summary of all the programmes in the PES. Of the R19.6 billion, R12.6 billion was approved for allocation to 11 national departments in the first round. The proposals submitted in the second round were all not approved for funding following a decision to use the remaining R7 billion to fund an extension of the Special Relief of Distress (SRD) COVID-19 grant by another three months (National Treasury, 2020e). The PMO in the Presidency is currently working intensively to secure funding for Phase 2 of the PES which would be implemented over a three year period.

Table 3 outlines all submitted proposals that targeted the care economy. Three of the eleven departments submitted proposals for and received allocations from the stimulus for programmes in the care economy.

⁷ A metropolitan municipality has exclusive municipal executive and legislative authority in a large urbanised and industrialised centre. This is in contrast to other local municipalities which share executive and legislative authority with district municipality. There are eight metropolitan municipalities in South Africa.

The objectives of the interventions encompass two of the twelve job creators outlined for the stimulus package: strengthening education support and supporting ECD and community health.

► **Table 3: Care proposals in the Presidential Employment Stimulus**

Department	Programmes	Description	Funding round	Opportunities	Budget (R'000)
Basic Education	Teaching assistants and support for schools	Classroom assistance in all schools with priority given to no-fee schools. Cleaning, screening of learners and job retention at Q4, Q5 and low fee private schools.	One	344 933	7 000 000
Social Development	Income relief, job retention and registration support	Grant to Early Childhood Development (ECD) related workers for six months. Retention social workers and recruit registration support officers.	One	111 142	588 728
Health	Expanding community health workers, outreach team leaders and nurses	Recruitment of outreach team leaders (OTL), community health workers (CHW), enrolled nurses and auxiliary nurses.	One	5 531	393 571
Trade, Industry and Competition	Social Employment Fund	A new instrument to support the wider society to engage people in useful work that addresses social challenges and generates community agency and partnerships.	Two	35 000	210 000
Metropolitan municipalities	Several programmes	Addressing the social care needs of the homeless in City of Cape Town and eThekweni metropolitan municipality, support for the social development and primary health division in Ekurhuleni metropolitan municipality	Two	650	23 449

Source: The Presidency Republic of South Africa, 2020

Overall, the care related programmes that received funding constitute R8 billion which is 67% of the total funding for the stimulus. These programmes fall into three broad categories of support: (1) direct investment through public employment programmes, (2) financial support to retain jobs and (3) transfers to support livelihoods. While the intervention options all contribute to employment outcomes directly or indirectly, they did not all necessarily seek to create direct new jobs. This is demonstrative of the responsiveness of the employment stimulus to the different needs in the various sectors in acknowledgement of the differentiated effects of the pandemic on each one.

Unfunded proposals

As discussed above, the proposals submitted in the second funding round for Phase 1 of the stimulus were all not approved for implementation to accommodate an extension of the SRD grant and not because of reasons related to the merits of the proposals. These proposals are briefly discussed below.

Social Employment

The social employment fund is one of the innovative elements in the stimulus package. Designed as a new form of public employment, this programme creates a new grant making instrument for government to draw on the wider society, through mostly non-profit organisations, to create work for the common good. At its core, the strategy acknowledges the fact that there is no shortage of necessary and useful work in communities and what is required is an effective mechanism to fund and recognise this work.

The aim of this approach is to unlock new forms of partnership across a range of different stakeholders that build agency and support community driven initiatives while generating direct benefits for the participants. The opportunities are designed to be part-time offering a regular and predictable source of income, work experience and the ability to build new networks with the intention to improve participants' chances of exiting into other opportunities.

The Industrial Development Corporation, an entity of the Department of Trade, Industry and Competition, will be the fund manager in line with the department's mandate to support job creation in the social economy. Although this proposal did not receive funding in the Phase 1 of the stimulus, work is ongoing to establish strong institutional arrangements, finalise a comprehensive design and prepare for a first call of proposals that seeks to pilot the initiative using other sources of funding before scaling the intervention in the medium term should funding for Phase 2 of the stimulus be approved.

Cities proposals

The Cities Support Programme facilitated a process for the metropolitan municipalities to submit proposals for the PES. Cities were required to identify opportunities to scale up successful EPWP programmes, introduce innovation in the delivery of services and create new forms of partnership. A multitude of projects were submitted and approved, a few of which targeted the care economy for support. These include two projects focused on care for the homeless in the City of Cape Town and eThekweni metropolitan municipalities respectively as well as a proposal in Ekurhuleni metropolitan municipality to provide support such as data capturing, cleaning, and other services to primary health care project. The projects for the homeless were designed to recruit 500 and 150 participants respectively in each municipality to assist in the rehabilitation of people back into society. The project in Ekurhuleni sought to recruit 750 young people in clinics to perform duties such as record keeping, cleaning, data capturing, and registration of patients on the electronic health system. This funding was directed at augmenting the budget of an existing EPWP project that had been cut.

Funded basic education proposals

The approved proposals from the DBE include the recruitment of education assistants, general assistants and funds to fee paying schools to retain jobs of teachers. The first two largely allow for a programmatic response to the challenges facing schools and provide for nationwide coverage with a bias towards schools serving poor children while at the same time providing employment opportunities for young people. Together, the education and general assistants programme is the single largest public employment programme in the country.

► **Table 4: Education programmes**

Programme	Description	Opportunities	Budget (R' 000)
	Education assistants to provide classroom assistance in all schools. Allocation favours no-fee paying schools.	200 000	4 200 000
General assistants	Janitors, screeners, cleaners, and other types of support required by the school.	100 000	1 800 000
Job retention	Saving jobs at quintile 4 and quintile 5 schools (School Governing Body posts) as well as low fee private schools where parents have not been able to pay school fees due to lockdown	44 933	1 000 000
Total		344 933	7 000 000

Source: The Presidency Republic of South Africa, 2020

Education assistants

The Department of Basic Education intervention seeks to address two challenges: the problem of large class sizes and the effect thereof on the quality of learning in schools and youth unemployment. Teachers in poor schools face a burden as their teaching load is significantly larger and has to be balanced with other activities such as extra-curricular activities and provision of support to learners. This problem has been exacerbated during the pandemic which has added new responsibilities to teach more classes and take on responsibilities to ensure learners adhere to safety and hygiene requirements. Moreover, youth unemployment has increased as a result of the effects of the pandemic on the economy and is expected to worsen (Department of Statistics South Africa, 2020). The education assistants programmes seek to address both challenges.

Through a focus on the recruitment of young people, this intervention will provide schools with education assistants who will primarily provide classroom and administrative support to teachers. The intervention will see a total of 200 000 young people recruited in all schools across the country to provide education support to teachers. Initially proposed to cover only quintile 1 to 3 schools, the intervention was later extended to cover all schools with the justification that the COVID-19 pandemic had led to new administrative burdens in quintile 4 and 5 schools as well. The specific duties will differ in each school, however, support is generally envisaged to include the preparation of the classroom prior to teaching and learning, preparing mark sheets and capturing, assisting with managing behaviour in the classroom and any other administrative tasks that the school identifies.

General assistants

Prior to schools re-opening in June, the DBE assessed the readiness of schools to re-open and identified a human capacity gap to perform the tasks required to comply with measures to curb the spread of COVID-19 in schools. The education infrastructure conditional grant was augmented to allow the school management to recruit janitors, screeners, and cleaners in preparation for the re-opening and maintaining daily cleaning and hygiene requirements (National Treasury, 2020c).

This intervention is an extension of this support and targets the recruitment of 100 000 young people in quintile 1 to 3 schools as general assistants to allow schools to, amongst other needs, continue deep cleaning and screening of learners. The intervention is designed with flexibility to allow the school management to respond to their specific needs. For example, some schools may require assistants to perform safety related duties or minor maintenance. The decision on the specific duties to be performed is at the discretion of the school governing body.

Job retention

Quintile 4 and 5 public schools receive relatively lower per child transfers relative to quintile 1 to 3 schools. Hence, to augment funding, these schools charge school fees which are used to also fund additional teacher's posts. These posts are created by the school governing body and are not government posts through the provincial department of education. In the wake of the pandemic, many parents and guardians ceased to pay fees during the lockdown while learners were at home creating financial pressure on schools. This experience is also shared by government subsidised low fee independent schools that are heavily reliant on parent fees. As a result, many of the schools in these categories have experienced severe loss of income that has placed some of the posts funded from these fees at risk.

This intervention seeks to save 44 933 teachers' jobs in school governing posts (i.e., those funded by the school and not through the provincial department of education) and those in government subsidised independent or private schools. Each provincial department is required to design eligibility criteria, with guidance from the national department, to determine which schools will be supported.

Funded early childhood development proposals

The Minister of Social Development, Ms Lindiwe Zulu, announced in a sitting of the portfolio committee on 30 July that the department would allocate R1.3 billion from the stimulus towards the employment of 36 000 youth as compliance monitors in ECD programmes. The announcement and the proposal from the department drew strong criticism from the ECD sector for ignoring the plight of ECD providers and the workforce with some in the sector arguing that this allocation can and should be used to save 176 000 jobs (Mthethwa, 2020; Nkgweng, 2020).

A revised proposal was then submitted in the budget adjudication process to respond to the sector's call for financial relief. A final amount of R513 million was approved for a set of interventions including income support for the ECD workforce, compliance support and the appointment of registration support officers. Table 5 provides the breakdown, and each component is described below.

► **Table 5: ECD programmes**

Programme	Description	Opportunities	Budget (,000) ZAR
ECD income relief	Income relief in the form of a grant to Early Childhood Development (ECD) related workers for six months	83 333	380 000
ECD compliance support	Top-up payment to already employed ECD workers to take on compliance duties	25 500	116 250
ECD registration support	Recruitment of registration support officers to assist unregistered ECD programmes to undergo registration	500	16 500
Total		109 333	512 750

Source: The Presidency Republic of South Africa, 2020

Income relief for ECD workforce

The temporary closure of early childhood development programmes during the lockdown has had severe financial consequences for ECD programmes. Despite ECD programmes being cleared to re-open in July when the country shifted to alert level three, many providers have still not re-opened in November due to an inability to comply with the COVID-19 regulations and conditions for re-opening. Moreover, those that have re-opened have not returned to pre-lockdown levels of operation as only few parents have allowed their children to return. The effect is continued pressure on ECD providers who continue to face risk of closure placing their workforce at risk of unemployment.

The income relief component of the interventions for the ECD sector seeks to assist ECD programmes to maintain operations, reduce the risk of permanent closure, and provide temporary relief to the ECD workforce (The Presidency Republic of South Africa, 2020). This is achieved through the transfer of a grant to eligible registered or conditionally registered, and unregistered ECD programmes in terms of the Children's Act 38 of 2005 over six months. Eligible ECD programmes include both a person operating as a sole proprietor or an organisation. Moreover, unregistered ECD programmes are required to either be in the process of registering or sign an undertaking to commence the registration process within six months of receiving support.

The support is targeted at 83 333 existing ECD workers who have lost income as a result of the impact of the COVID-19 pandemic. All workers in ECD programmes are eligible to benefit from the support and it is not limited to practitioners resulting in coverage of both direct and indirect care workers in the sector. Based on the budget allocation, each worker is eligible to receive the equivalent of R760 per month for six months (Republic of South Africa, 2020). Based on a survey of operators conducted in the sector, the average monthly income of those employed in the informal ECD programmes is R1000 hence this income support will effectively cover approximately 76% of the incomes of the most vulnerable workers in the sector (Department of Social Development, 2014; Bridge *et al.*, 2020).

The design of this intervention had to consider legislative barriers with respect to providing support to unregistered centres. The Children's Act prohibits the provision of ECD services by programmes that are not registered and hence any support from the state to such programmes would be in contravention with the Act. To overcome this, the Department of Social Development's proposals included the issuance of specific directions within the Disaster Management Act of 57 of 2002 to create the legal conditions to temporarily support unregistered programmes in the context of the COVID-19 pandemic. Moreover, because these programmes are not registered, they do not exist on any national information database and therefore, a clear communication plan will be required to target and communicate the support to them (Wills *et al.*, 2020).

As highlighted in the discussion on the effects, the negative labour market shocks in the sector have disproportionately affected women and rippled throughout the economy as many workers have had to take on more childcare responsibilities. The support provided in this sector therefore has a pivotal role to support women and accelerating the economic recovery (Casale & Shepherd, 2020).

Compliance support

With children returning to ECD programmes during the COVID-19 pandemic, programme sites are required to comply with regulations and adhere to the prescribed measures to limit the transmission of the virus at centres and facilities. ECD programmes are required to adhere to, amongst others, the following to re-open and maintain operations:

- Prepare own procedures that reflect changes made to daily routines to comply and display them on walls
- Prepare letter and communicate procedures and conditions to parents
- Daily cleaning of the physical space, teaching and learning materials
- Adaptations to the space to allow children and adults to maintain a distance of at least 1 meter
- Equipping the facility with a basic first aid kit, additional cloth masks and run
- Daily screening

ECD programmes therefore require additional resources and human capacity to meet these measures. This component of the intervention responds to this need through a top up to existing employees' income to enable them to take up additional duties to ensure compliance to the measures designed to reduce the effect of COVID-19.

The support is targeted at 25 500 existing ECD workers who will be required to take on additional responsibilities to ensure the ECD programme complies with the COVID-19 regulations to limit transmission and ensure the safety of children. Based on the budget allocation, each worker is eligible to receive the equivalent of R760 per month for six months. An important difference between this intervention and the original proposal announced by the Minister is that instead of recruiting new compliance monitors, this intervention redirects the funds to the existing workforce in the sector.

Registration support

On 2 June 2020, the Department of Social Development launched the Vangasali campaign as part of child protection week. Phase 1 of the campaign was aimed at identifying all ECD programmes that are operating without a registration certificate while Phase 2 is linked to the rollout of the ECD Registration Framework and achieving mass registration of ECD programmes. It is targeted at currently unregistered programmes to ensure that these comply with the provisions of the Children's Act 38 of 2005. Such registration would also allow the qualifying programmes to become eligible to receive financial support in the form of the subsidies component of the ECD conditional grant or the infrastructure component if they are only conditionally registered.

To support the department's registration massification plans, this component of the stimulus seeks to recruit 500 registration support officers to provide guidance to unregistered ECD programmes in the preparation and submission of their applications for registration. The officers are also responsible for identifying barriers to attain registration so that DSD can intervene with the necessary support. The work opportunities will target unemployed young people with social service qualifications.

Funded health proposals

► **Table 6: Health programmes**

Programme	Description	Opportunities	Budget
Community health workers and outreach team leaders	Recruitment of outreach team leaders (OTL) and community health workers (CHW)	3 250	213 371
Enrolled nurses and auxiliary nurses	Appointment of enrolled nurses and auxiliary nurses	2 281	180 200
Total		5 531	393 571

Source: The Presidency Republic of South Africa, 2020

Community health workers and outreach team leaders

This intervention seeks to augment the community outreach services component of the HIV/AIDS grant and address shortfalls currently experienced by the department. Despite reprioritisation of resources to respond to the demand for additional workers, the DoH continues to face constraints.

A particular challenge highlighted is the limited supervision that is available to CHWs which affects the quality of care provided and support received by CHWs. The allocation to the DoH directly addresses this challenge with a plan to recruit 2 000 Outreach Team Leaders (OTLs) to provide supervision and support to CHWs. The OTLs are enrolled nurses that will allocate tasks, manage the work of CHWs and report on performance and outcomes. In addition, the department will also recruit and train an additional 1 250 CHWs to meet the shortfall.

While the above will assist to bring the DoH closer to what is required to offer a comprehensive primary health care service nationwide, the gap remains substantial. Two challenges prevented a more significant

effort to scale up the programme. Firstly, the recruitment, selection and appointment processes are time consuming and take place in a highly unionised environment, as many CHWs are part of unions, which can cause significant delays. Secondly, the department currently faces financial constraints that limit the recruitment of the full staff complement of health workers (including CHWs) that are required to deliver on the mandate for community outreach services. The sector has experienced ongoing protests from this cohort of workers who demand permanent jobs. In light of the funding constraints and the pressure from CHWs for permanent jobs, offering a significant number of short-term opportunities with no guarantee for longer term opportunities comes with the risk of creating expectations from more temporary workers and further exacerbating the problem.

Enrolled and auxiliary nurses

A shortfall of professional staff in facilities across the provinces is further impacting on the health response to community health care needs. This component of the stimulus will ensure the recruitment of 1 045 enrolled nurses and 1 236 auxiliary nurses and seeks to strengthen the provision of COVID-19 related and other care services to communities. Provincial departments will recruit the nurses on short term contracts and remunerate them at existing levels in public health facilities to perform functions in line with their qualifications as well as the specific needs of the facilities.

Cross-cutting challenges with achieving scale

The stimulus package was designed to reach as many participants and beneficiaries as possible, however, several challenges were encountered that limited the scale of support provided within the care economy. The challenges that are specific to a particular programme have already been discussed above. This section provides an overview of challenges that applied to all the programmes.

The first important challenge stems from the conditions attached to the funding which include that it has to be spent by the end of March 2021 and excludes any roll over of unspent funds. The main implication was implementation timeframes of maximum six months from October which when departments received their allocation letters. This timeframe covers planning, preparation, recruitment, procurement of required equipment and services and the completion of work or transfer of subsidies. The departments were therefore required to prepare to work under extraordinary pressure to ensure participants are appointed and trained early enough to maximise the benefits of the work opportunities and accelerate the release of support for livelihoods. These timeframes had the consequence of limiting departments ambition when setting targets. While many have stretched their capacity, this was done with caution to account for what their existing capacity, processes and systems could accommodate. The most ambitious of the programmes remains the DBE school assistants programme with a target of 300 000 new work opportunities created within a six month period.

The tight timeframes and prohibition of any roll over of funds are themes that run through the remaining challenges. Given the speed at which these programmes had to be implemented, it became imperative to find the easiest and most efficient mechanisms for money to flow. For example, the legislative requirements associated with creating a new grant would add significant delay to the allocation of funds and therefore all the programmes listed above are funded through existing conditional grants or the provincial equitable share (Republic of South Africa, 2020). Additionally, the time constraints created a bias towards programmes that exist, with potential for scale and proven successful outcome. This limited innovation in some of the proposals.

The COVID-19 restrictions on movement during the lockdown reduced the demand and the supply of care. This directly affected the potential scale of the proposed programmes as these were designed during alert level 3 with limited knowledge about how transmission of the virus would progress. For example, the closure

of ECD centres and the adverse effect on their operations meant a refocus of attention away from scaling service delivery to providing relief and protecting the sector from permanent loss of service providers.

A challenge shared by all the departments in the stimulus in the wake of nationwide protest about permanent jobs is the risk associated with creating expectations with short term programmes with the CHWs cited as a key concern. After more than 15 years of implementing EPWP and a persistently high unemployment rate, many participants have struggled to transition into more sustainable and decent forms of employment which is fuelling demands to join the public service. A key question for the departments was, therefore, whether it is pragmatic and sensible to offer more temporary jobs in such a context.

Recruitment, training, and wages

Recruitment methods

The PMO in the Presidency is requiring all departments to ensure that recruitment methods employed are fair and transparent. This has thus far been best achieved in the recruitment method used by DBE to recruit the school assistants (both education and general). Through a partnership with the Presidential Youth Employment Intervention (PYEI) partner, Harambee, the Department of Basic Education utilised the SA Youth platform (<https://www.sayouth.mobi/>) to advertise, receive applications from and shortlist applicants based on a set of criteria provided by the department. SAYouth is a platform within the national pathway management network of the PYEI that supports young people to navigate the labour market and transition into more sustainable forms of employment. The platform enables them to register, build their profile and receive nudges to jobs, work experience opportunities, other income generating opportunities as well as access to support services and encouragement. At the time of writing this report, advertisements have been published in all provinces and recruitment is currently underway for appointment in early December.

The registration support officers will be drawn from existing databases and an advertisement will also be issued. A similar approach of relying on existing databases is planned by provincial health departments where databases of the unemployed are a primary method for recruiting alongside use of public advertisements.

Demographic targeting is applied across the board with a prioritisation of youth, women and persons living with disability. The DBE programme is exclusively targeting youth. With the exception of the school assistants, which is new, all the participants in the programmes are typically mostly women and for this reason PEPs in the care economy consistently meet all gender related targets and quotas. All of the programmes above advertised for full time work, five days a week. This is partly due to a combination of the short-term nature of the opportunities as well as capacity shortages in the sector which makes full time work the most optimal design to generate benefits for the employers and the participants.

Training

Drawing on lessons from the implementation of training in other PEPs in the country and considering the short implementation timeframes, the training proposed in the programmes is targeted at equipping participants to perform their duties to a satisfactory level over the course of the programme. The exception is the school assistants recruited in the DBE programme where in addition to one percent of the budget allocated to training, the department has engaged non-governmental stakeholders such as the private sector, teachers unions and the SETAs to provide additional training aimed at improving the participants employability (e.g., through training in digital skills) after the completion of the programme.

Wages and labour intensity

The nature of work in the care economy results in high labour intensity in all the sectors. Although not an explicit requirement of the stimulus, at least 70% of the budgets for the programmes within the stimulus is allocated to wages with the remainder allocated to cover the cost of PPE, tools of the trade such as backpack kits for CHWs, basic training and uniforms which constitute between 10% and 30% of the total cost. Each department prepared its own budget submission and although guidance was provided by the PMO, no set rules were imposed on the departments.

► **Table 7: Wages in the PES programmes supporting the care economy**

Department	Programme	Type	Monthly wages/transfers ¹
Basic Education	Education assistants and general assistants	Employment	3 500
Social Development	Income relief and compliance support	Livelihoods support	760
Social Development	ECD registration support	Employment	3 750
Health	Community health workers	Employment	3 500
Health	Outreach team leaders	Employment	17 218
Health	Enrolled nurses	Employment	18 086
Health	Auxiliary nurses		13 867

¹ Note that the figures for outreach team leaders, enrolled nurses and auxiliary nurses is estimated from the total allocation set aside for participants which might still include a proportion for programme administration costs and other costs.

Source: (Republic of South Africa, 2020; The Presidency Republic of South Africa, 2020)

The wages are varied across the programmes; however, it is immediately clear that many of the programmes are paying at or more than the national minimum wage (R20.76 per hour- i.e. approximately R3500 per month). This trend was prevalent across the proposals submitted in the stimulus. In cases where programmes were proposing to pay below the national minimum wage, the proposed wages were still above the current EPWP minimum wage (R11.6 per hour i.e., approximately R1966 per month). When the national minimum wage was promulgated, a decision was taken by the Commission to exempt minimum wages promulgated in the sectoral determinations for farmers, domestic workers and EPWP and progressively align these wages to the national minimum in over time. The wages set in the stimulus suggest a convergence within PEPs that is outpacing the convergence of the legally determined wage level. This is in part driven by demands from organised labour for decent pay and by decisions from some public bodies to accelerate the alignment to the national minimum. This convergence to the national minimum wage is a significant milestone for efforts to recognise PEP workers' demands for decent pay and support a transition to decent work in the care economy. Given the gender distribution in the care economy, it also contributes to closing the inequality in pay between men and women.

Monitoring, evaluation, reflection, and learning

The individual departments are accountable for delivering on the targets that have been set. The PMO in the Presidency is responsible for overall co-ordination of the implementation of the stimulus. The office has developed a Monitoring, Evaluation, Reflection and Learning Framework for the stimulus package that seeks to achieve three objectives (The Presidency Republic of South Africa, 2020). The first is to ensure accountability for implementation and that programmes deliver the agreed upon targets. This is achieved through monitoring of key output indicators with data reported on a monthly basis in a reporting template customised for each department.

The second objective is to enhance the quality of the outputs reported through a problem-solving approach during the implementation process. The PMO hosts monthly review meetings with each department to

unblock issues, connect departments to partners or tools that can assist and support the design processes where required. An important example of this approach is in the ongoing recruitment process within DBE where the PMO facilitated the partnership with the Presidential Youth Employment Intervention's SAYouth platform that is managed by Harambee. Another element that is critical to achieving this objective is hosting monthly learning forums that bring departments together to collectively reflect on different aspects of the implementation.

The last objective is to conduct evaluations to understand the direct and indirect social and economic outcomes of the programmes in the stimulus. This includes for example, direct impacts on the participants and the value of the programmes during and after implementation as well as secondary effects on services delivered and communities. This comprises formative and summative evaluations of strategic programmes within the stimulus. Programmes targeted for this kind of evidence building in the care economy are the DBE school assistants programmes and the ECD income and compliance support. The DBE programme is strategically important given its scale and the problem it seeks to address while the ECD programme involves the first time that the department is providing direct financial support to unregistered programmes. Both have the potential to offer policy and implementation lessons that will be valuable for these sectors regardless of whether the programmes continue or not.

▶ 4 Discussion

Emerging themes

The current design of PEPs is not suitable for long-term, ongoing direct care provision

PEPs in the care economy are currently designed as short-term work opportunities that offer a combination of a wage, work experience and skills development to participants. They have created a crucial mechanism for expanding the workforce in the care economy and the wage and working conditions initially yielded desired labour market outcomes. However, the nature of the direct care relationship requires participants to enter into long term contracts, with better working conditions and remuneration to ensure the provision of quality care.

Nonetheless, there are arguments for maintaining the current design PEPs even for this type of care as these opportunities are designed as a form of social protection which warrants leaving the conditions unchanged (Department of Public Works, 2019). As a form of social protection mechanism, PEPs should only be judged on the income support they provide and not against their improvement of working conditions, wage rates and quality of employment created. There are several criticisms that can be made against such an argument. Firstly, it was relevant in the first phase when EPWP introduced a new floor in the sector and hence significant benefit to former unpaid and underpaid volunteers however, this argument no longer applies in the fourth phase. At this stage, the programme needs to be measured against how effective it is against its objective to enhance participants potential to find future work, increase incomes and provide quality services. Secondly, these are mostly full-time opportunities which are repeatedly renewed and therefore carry a significant opportunity cost as participants are unable to pursue supplementary livelihood strategies. Thirdly, in terms of policy consistency, government cannot argue that extremely low-paid work is acceptable in this sector, if it is not acceptable anywhere else in the economy, as the introduction of the National Minimum Wage is now underscoring.

After three phases of implementation, the reliance on temporary work to provide ongoing and critical direct care services is now negatively affecting government's objective to provide sustainable quality services in the care economy. The experience is, however, not homogenous across the three main programmes. The NSNP has largely been designed and implemented as a short term opportunity and community social protection mechanism that is embedded within the school system. The problems outlined above therefore refer to the ECD and healthcare sectors where they have persisted the most within the implementation of PEPs in ECD. The issues are further compounded by the continued dominance of service provision by informal operators with severe funding constraints that have maintained precarious forms of work and low wages in the sector. In contrast, the healthcare sector has recognised these challenges and several examples are provided in the report of slow, but progressive shifts towards decent work for CHWs in the sector first through formalisation and more recently absorption in the public service. The process has largely been driven by rising protests and dissatisfaction with the current PEPs model. Despite some of the milestones the constraints on the fiscus currently prohibit widespread absorption therefore an alternative is required that adequately responds to both the needs of the sector and the demand of workers for decent work.

Women's care work continues to be undervalued within PEPs in the care economy and COVID-19 has worsened the outcomes

There are two structural mechanisms that possibly generate disadvantage women face. On the one hand, payment of wages that are below the EPWP minimum is characteristic of PEPs implemented in care sectors and on the other, within the care sector women are paid less than men for the same work. In many instances, both mechanisms are present and reinforce the inequality in the broader care economy however, in PEPs wages are set at the programme level and participants accept these without negotiation which reduces the gender wage gap within specific programmes. Hence, the main mechanism through which women's work is undervalued within PEPs is through payment of low, non-compliant wages. Outside of PEPs, women also contribute disproportionate unpaid hours to the care economy which is ascribed no market value. These effects are further compounded by the fact that women are significantly overrepresented within PEPs in the care economy which leads to high levels of inequality within the care economy. An externality thereof is the perpetuation of perceptions that women's work is less valuable even while, as the COVID-19 pandemic highlighted, the growth of the economy depends on it.

Despite the mandates for universal coverage, public funding remains inadequate to meet the service delivery requirements

In every care sector where PEPs are implemented, government has made a commitment to universal coverage of services or objectives to improve the delivery of quality care with an emphasis on reaching poor households and individuals that do not have the ability to pay for private services. At the same time, many of the challenges within the sectors point to critical shortages in the human capacity to deliver on these goals. There is a misalignment between the targeted outcomes and the public funding that is committed towards addressing the challenges that create barriers to achieving them. There is a gap between the expenditure requirements to expand the scale and quality of services and the funding available from the state and other sources to meet these requirements. As the National Minimum Wage commission noted, government expansion of services through PEPs that are implemented by NGOs and NPOs has led to an unintended consequence of continued, persistent reliance on service provision that does not fully reflect the actual costs because these are subsidised by women through acceptance of lower or no wages for their labour. Although the example of CHWs suggests that PEPs have a role to play in introducing minimum standards that can result in progressive shifts towards decent work, after 17 years of implementation, this has happened at a slow pace. Moreover, the inconsistent and varied delivery of training across the different sectors has meant that while access to services has improved, the quality of these services has been compromised by uneven distribution of the requisite skills in most of the sectors. Notwithstanding the existing economic crisis and the additional pressure it has placed on the fiscal envelope; the government needs a detailed funding strategy that is informed by a costed investment case for each service as well as a plan that demonstrates how the current gap will be closed and includes options that go beyond waiting for economic recovery.

PEPs can respond to specific short-term needs in times of crisis but are not a one-size fit all solution for the care economy

The programmes introduced in the stimulus package highlight the role PEPs play as a short-term response to market shocks that increase unemployment levels and generate new demands for care. The DBE school assistants programmes provides an example of this. The requirements for social distancing, increased safety and hygiene standards placed new burdens on school teachers which had to be met in a context where significant instruction time was lost during the school closure. The school assistants programme is designed to alleviate this additional burden and free up teachers to focus on teaching.

The programmes in the stimulus package also show some of the limitations of PEPs as some sectors required different support altogether due to the nature of the effects. The effects of COVID-19 on the care

economy revealed that PEPs are an intervention that can support and strengthen service delivery but that requires the services to be operational to be useful. The ECD sectors challenges during the pandemic which led to many operators facing risk of permanent closure highlight the fact that in some cases, different forms of support are required first, to create an enabling environment for the benefits of PEPs to be derived e.g., income relief for ECD workers (including the owners) to keep the sector afloat. Another form of support that would have been appropriate for ECD is an operational grant to operators to cover rent payments or, purchase of PPE and other goods required to re-open. Only once these short-term challenges are addressed and service provision resumes, can PEPs play a role in returning it to pre-crisis levels and facilitating expansion to achieve universal coverage. More generally, significant constraints in the sector remains formalisation of operators and their integration into government's agency delivery model both as a mechanism to expand subsidies but also to monitor the quality services and adherence to legislative requirements as well as norms and standards.

Ultimately, the effect of the programmes and support will only be known once implementation is complete and a thorough assessment is undertaken. As the early audit assessment of the support from EPWP suggests, some of the announcements of support have yet to materialise or where implementation has begun, it is happening at a slow rate.

Technology enabled innovation in PEPs has the potential to introduce more transparency and efficiencies in the recruitment

The use of SAYouth in the DBE programme to recruit young people to fill school assistants posts highlights how PEPs stand to benefit from better integration of technology across the value chain. In this instance the example demonstrates the efficiencies that are possible in the recruitment and appointment of participants with concurrent benefits of reducing patronage and producing an auditable trail from advertisement to appointment. Technology solutions can also be introduced to address challenges with paying participants, managing performances, and monitoring the direct effects of the programme on different stakeholders.

Opportunities for PEPs

The case study demonstrates critical challenges with PEPs in the care economy but also highlights that progress is possible. This raises several critical questions about the role and design of PEPs in the care economy:

- What is the role of PEPs in their current design?
- In a context of limited fiscal space for absorbing participants, what pace of progress is acceptable?
- Can PEPs be redesigned to adequately respond to the requirements of the sector while simultaneously considering the public finance constraints or should the care economy be removed from PEPs?
- Should transition into decent work be an explicit objective of PEPs?

What emerges from the case study with respect to the current design of PEP within the care economy is that it is more suited to the provision of indirect care services such as cleaning, cooking, gardening, maintenance, and other such services that are critical to the delivery of care but do not carry the added complexity of a direct care relationship with the recipient. In these types of opportunities, temporary short-term work that provides an opportunity to earn an income, work experience and provide essential services are possible. The school nutrition programme is an example of a such a context for the current design of PEPs in the care economy. The roles are defined and can be taken over by others if training is provided to limit negative effects on the quality of the service.

The more critical, persistent challenges within PEPs in the care economy show up within the provision of direct care services. More specifically, the discussion on the options for exit pathways suggests that the current design of PEPs in the direct care economy is desirable only in contexts where the programmes can

result in integration and absorption of workers into a public delivery system e.g., CHWs in the healthcare sector or a pathway into sustainable employment such as the model for social franchising in ECD. Another opportunity is to create a direct link between the investments to increase the supply of ECD practitioners and job opportunities in the basic education system i.e., offer learnerships where the participants will be matched to jobs upon completion all required training. The CHWs experience is the only example of a systematic shift for the majority of workers within a care sector. All other pathways depend on the commitment and choices of individual implementing stakeholders. In a context where the absorptive capacity of the labour market has remained structurally low, a critical question that remains is what pace of progress is acceptable? Are the milestones that have been achieved with PEPs in the care economy demonstrative of the potential these programmes to be a catalyst for a widespread systemic shift from informal, low value and precarious forms of work to decent work through the introduction of minimum standards of work and pay? Or is the slow pace of progress simply providing opportunity for prolonged exploitation of workers?

Ultimately, the absorption of PEPs workers into the public service would appropriately recognise direct care services as public goods that should be delivered by the state. One argument could be for such a process to still be prioritised within the existing fiscal space limitations and for the state to commit the funding required to realise the objectives set out in the National Development Plan. Another could recognise the need for an interim solution that addresses the immediate challenges while the fiscal space remains constrained. One option could be for the state to continue to rely on NPOs and NGOs to deliver these services but introduce separate conditions for the sector and re-structure the funding framework to accommodate improved remuneration for the specific categories of direct care workers that are required to fill shortages in the state. These workers could be covered under a different set of standards and working conditions that includes directly addressing some of the pertinent challenges such as compulsory longer contracts, higher pay, and some additional benefits such as overtime pay. Eligibility criteria can then be developed that determine how these workers should be differentiated to justify the additional investment e.g., eligibility can be based on specific qualifications and prior experience. These changes would need to be accompanied by the requisite funding and a clear strategy for enforcement and monitoring to ensure that some of the challenges with poor adherence to legislative requirements within the care economy do not compromise implementation. This could be classified as a different form of PEPs, however, given the history, it may be more desirable to completely remove the provision of direct care services from the PEPs framework and recognise it as a sub-sector that requires different considerations.

Regardless of the decision taken to address the long term questions for PEPs in the care economy, three cross-cutting commitments emerge as immediate, minimum requirements to resolve undesirable effects of PEPs within this space. The first is to re-design the funding framework for PEPs in the care economy to factor in payments of wages explicitly to improve the compliance with the EPWP minimum for participants in existing PEPs programmes. The second is to encourage rapid convergence to the national minimum wage and the last is to improve compliance with the conditions of employment through better enforcement thereof in ways that address the discrimination and devaluation of women's work. PEPs in the care economy are in a unique position to model the desired standards and treatment of women by creating opportunities for them to enter the labour force and contributing to their transition into more sustainable forms of employment.

Conclusion

This case study provides a detailed account of South Africa's historic experience with using PEPs in the care economy and how these programmes are playing a role in the country's response to the COVID-19 pandemic. It highlights that PEPs have a contribution to make in the progressive realisation of decent work. More specifically, PEPs have come to be seen as an important first step on the trajectory, setting the foundation by recognising the labour performed in the different sectors as work, remunerating it and contributing to initial improvements in the wages, conditions of work and formalisation of some workers within the care economy. The case study, however, suggests that in a context of persistent unemployment, poverty, failure of the market to generate opportunities and severely constrained public finances, there are social and economic consequences, particularly for women, to slow or non-existent progression towards decent work beyond this first step. These include disillusionment of participants, continued poverty and poor labour market outcomes, social unrest, deterioration of social cohesion and increased pressure on the government to absorb all the participants that participate in these programmes.

COVID-19 has highlighted the interdependency of different forms of disadvantage and vulnerability in South Africa's socio-economic landscape as well as the measures to address these. In an effort to enhance the resilience of the health care system to the effects of the epidemic, the South African government implemented one of the strictest lockdowns with detrimental effects on economic growth, employment levels and other developmental outcomes (e.g., as nutrition, child learning and other forms of healthcare). Unemployment levels have increased in the care economy with signs of a slow recovery to pre-COVID-19 levels. The support for care in the EPWP and Presidential Employment Stimulus package draws on PEPs as a mechanism to provide desperately required relief and combines the programmes with other forms of support that respond to specific challenges in the care sectors e.g., income support for ECD practitioners and job retention for teachers. While these programmes are largely designed to address critical employment related challenges in the care economy, it is also evident that other forms of relief are often required and may be a better response to sector specific challenges in the short term.

The case study outlines a series of questions about the role of PEPs in such an environment. What emerges is that PEPs in the care economy remain a relevant mechanism for drawing the unemployed into economic activity but only in specific contexts. These programmes are most useful where they respond to indirect care needs however, the efficacy of the programmes in delivery of direct care services is poor and has led to numerous challenges. Several options are available to link the services to more sustainable forms of employment or to remove the care economy from PEPs entirely and create specific conditions that address the needs. These are all policy questions that require urgent response. Regardless of the changes implemented, the funding framework for PEPs has to fundamentally change both in terms of the overall allocations to the sectors as well as how allocations prioritise employment of requisite workforce and adherence to the employment legislation, codes and guidelines should be monitored, and conditions enforced to structurally improve women's positions in the care and broader economy.

Annex

A1 - Community, social and personal service industry category

Division	Major groups
Public administration and defence activities	Central government activities Regional services council activities Local authority activities
Education	Educational services
Health and social work	Human health activities Veterinary activities Social work activities
Other community, social and personal service activities	Sewage and refuse disposal, sanitation, and similar activities
Activities of membership organisations	Activities of business, employers', and professional organisations Activities of trade unions Activities of other membership organisations
Recreational, cultural, and sporting activities	Motion picture, radio, television, and other entertainment activities News agency activities Library, archives, museums, and other cultural activities Sporting and other recreational activities
Other service activities	

A2 - Presidential Employment Stimulus Programmes

PEPs, Livelihoods and Job retention

Department	Programme	Opportunities	Budget (R'000)
Presidency; Trade, Industry and Competition: IDC	Social Employment Fund	35,000	210,000
Basic Education	Teaching assistants and support for schools	344,933	7,000,000
Social Development	Income relief, job retention and registration support	111,142	588,728
Agriculture, Land Reform and Rural Development	Subsistence Producer Relief Fund	74,626	1,000,000
Environment, Forestry and Fisheries	Investing in the environment	50,311	1,983,000
Sports, Arts and Culture	Support for the creative, cultural and sport sectors	34,070	665,000
Health	Expanding community health workers, outreach team leaders and nurses	5,531	393,571
Transport	Provincial Roads Maintenance	37,079	630,000
Cooperative Governance	Municipal infrastructure	25,000	50,000
Trade, Industry and Competition	Services sector development incentives	8,000	120,000
Science and Innovation	Graduate programmes	1,900	44,999
Department of Women, Youth and Persons with Disabilities	Support to youth owned enterprises	5,000	119,000
Public Works and Infrastructure	Professional services programme	1,560	158,880
Provinces	Provincial PEPs programmes	50,000	TBD
Cities	Metro PEPs programmes	32,663	841,217
Total		816,815	13,804,395

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