



Unlocking affordable and quality childcare to benefit women, children, and the broader society

A review of the South African
childcare system

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Acronyms

CSG	Child Support Grant
ECD	early childhood development
GEAR	Growth, Employment and Redistribution
HSRC	Human Sciences Research Council
ILO	International Labour Organization
NPO	non-profit organisation
SASSA	South African Social Security Agency

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Executive summary

South Africa's childcare system operates within a historically entrenched and inequitable care regime shaped by patriarchal norms, apartheid-era policies, and ongoing socio-economic disparities. Despite progress in early childhood development (ECD), the country lacks a well-functioning childcare system that fully supports both child development and women's economic participation.

The existing childcare system is fragmented and predominantly market-driven, with the state playing a limited supportive role. This has resulted in underfunded, inaccessible, and unevenly distributed childcare services that disproportionately burden women with unpaid care responsibilities and exclude many children from access to quality early learning opportunities. Childcare provision in South Africa largely relies on non-profit and private actors, the majority of whom are marginalised Black African women from low-income households. This childcare workforce operates in precarious conditions with low wages and limited protections, reflecting the systemic undervaluation of care work. State subsidies for ECD are insufficient, covering only a fraction of actual costs, and many providers face regulatory and infrastructural barriers that limit registration and access. This results in poor families being unable to afford services, with only a fraction of eligible children receiving the subsidy.

The implications for women are significant. They absorb the unpaid care burden, limiting their participation in the labour force. Women, especially Black African women, face the highest unemployment rates. Where they do engage in paid care work, it is undervalued and informal. Moreover, parental leave policies, while recently expanded, remain unpaid and limited, with the state failing to provide sufficient support or encourage equitable division of caregiving responsibilities within households. For children, exclusion from quality childcare leads to developmental deficits, worsened by post-COVID-19 setbacks such as food insecurity and malnutrition. Despite evidence of improvement in child development outcomes through quality ECD programmes, overall access and quality in South Africa remain insufficient. The Child Support Grant (CSG), while impactful, is undervalued and increasingly insufficient to cover basic needs.

The literature supports a compelling investment case for childcare, with evidence showing triple socio-economic dividend: improved ECD outcomes, enhanced women's labour force participation, and job creation within the care economy. However, South Africa's approach has been primarily instrumentalist, often prioritising child outcomes over women's rights and failing to adequately operationalise the interdependence of both.

To address these challenges, the paper recommends five strategic interventions: adopting a systems approach to childcare policy; increasing and reallocating funding; implementing existing reforms in service provision and child maintenance; closing national data gaps; and launching a coordinated campaign to transform gender norms. These measures would position childcare not only as a developmental and economic priority but also as a public good requiring substantial state leadership and societal commitment.

Ultimately, unlocking childcare in South Africa offers a critical lever for inclusive growth, gender equality, and improved outcomes for future generations.

1. Introduction

South Africa's childcare system exists within a contested hybrid care regime that is characterised by inequalities along class, racial, and gender lines. The system is underpinned by a structural undervaluation of the care economy as a strategy to realise inclusive economic growth in South Africa. This is due to prevailing gender norms that result in women carrying the burden of unpaid childcare work and the lack of political and public will to make universal access to affordable quality childcare an apex priority for human and economic development. The absence of a functioning childcare system creates challenges for children, women, and the broader society, which require urgent resolution.

A childcare system is located within a country's broader care regime, which is typically understood as the set of regulations, policies, and general arrangements that each country puts in place to deal with care responsibilities, repartitioning these between the state, the market, the family, and the not-for-profit sector (Degavre & Nyssens, 2012). A childcare system refers to the set or network of services, policies, regulations, resources, and infrastructure that these stakeholders collectively provide to support the care of children from birth to age six to enable families (particularly women) to balance their caregiving and other responsibilities.

South Africa's childcare system places a strong emphasis on driving the early childhood development (ECD) agenda which is not located within the broader childcare system. The country's efforts to date have centred on realising children's rights and their development outcomes and have considered women's outcomes as a secondary objective. This is despite a commitment to gender equality and women's economic participation being a foremost priority within the legislative and policy framework. To accelerate inclusive economic growth, a shift in focus that integrates both children's and women's rights within a holistic view of the childcare system is required. This document reviews the literature on the different components of the childcare system in South Africa to inform strategic policy interventions to unlock childcare that benefits women, children, and the broader society.

The next section details the methodology and is followed by an outline of South Africa's care regime and the underpinning societal norms and family structures within which it operates. The fourth section describes South Africa's childcare system, detailing the implications of the status quo for women and children, and evidence of the effect of childcare provision on these two population groups. The fifth section interrogates tensions regarding framing the investment case, outlines key arguments and summarises key strategic policy interventions to unlock childcare to benefit women, children, and the broader society.

2. Methodology

This paper employs a qualitative review of existing literature to examine South Africa's childcare system within the broader care regime. A systems-based analytical lens was applied to assess the interrelated components of childcare, including service provision, funding, regulation, social assistance, health services, parental leave, and gender norms.

The review draws on a wide range of primary and secondary sources, including government reports (e.g. *ECD Census 2021*, *South African Early Childhood Review 2024*), academic literature, and national labour and demographic statistics. Policy documents and programme evaluations from key departments were also analysed. Literature was selected purposively to prioritise empirical and policy-relevant evidence, with particular attention to studies using robust methodologies such as randomised control trials, quasi-experimental designs, and systematic reviews. International evidence, particularly from low- and middle-income countries, was incorporated to highlight transferable insights and global benchmarks.

A critical policy analysis approach was used to assess structural gaps, implementation challenges, and the gendered nature of care. This enabled the identification of leverage points for reform and informed the development of recommendations to strengthen South Africa's childcare system for the benefit of women, children, and broader socio-economic development.

3. South Africa's contested hybrid care regime

The design of a country's care regime reveals important information about the value it assigns to care and who the country deems responsible for its provision within the society. Button et al. (2018) argue that the post-apartheid government in South Africa continued the apartheid regime's trend of shifting the burden of care away from the state towards families. The 1997 *White Paper for Social Welfare* and the 2012 *White Paper on Families* place the family as the primary provider and assign the state a supportive role but are both blind to the gendered nature of care provision within families (Kasan, 2024). Moreover, the 2012 White Paper faced several criticisms, including its silence on the gendered dimensions of care provision and championing a heteronormative family structure as the most "stable" (Hall & Richter, 2018a). The *Revised White Paper on Families in South Africa* of 2021 takes this criticism into account; however, it continues to see the role of the state as supportive and fails to include indicators to monitor gender and parental division in childcare work (Hatch, 2023).

Feminist economics positions care as a public good, requiring public investment in robust and functional care systems to realise the benefits that accrue to society (Folbre, 2006). Instead of a dichotomy between capitalist market values that view care as a commodity and family values of caring and sharing that are relegated to the private sphere, Razavi's (2007) foundational work proposed a care diamond model that links family/household, markets, the state, and the not-for-profit sector (including voluntary and community provision). This model considers care to be the responsibility of all stakeholders but holds a distinct and pivotal role for the state as a decision-maker whose actions shape the responsibilities assumed by other institutions within the diamond (Razavi, 2007). There has been considerable progress in the decades since the model was first presented, with international organisations taking up the care agenda as a core priority and championing increased intervention by the state. This is highlighted in the [International Labour Organization \(ILO\) resolution](#) on decent work and the care economy, which states that "the State has a primary responsibility for care provision, funding, regulation and ensuring high standards of quality, safety and health for care workers and care recipients" (International Labour Organization, 2024). Within this context, a position that merely sees the state's role as supportive rejects the value of care as a public good and ignores the powerful role the state possesses and must play to unlock the value of functional care systems.

The democratic government inherited a deeply unequal care regime that combined liberal, conservative, and social democratic features. Thirty years after the end of apartheid, South Africa's care regime can still be described as a hybrid mix of market, state, and kin. The formal care regime accessed by high-income households (most of whom are White) has retained "liberal" features (Button et al., 2018). These households buy childcare and domestic labour, insure themselves and purchase personal care in their homes or private institutions when members reach old age. The informal care regime largely accessed by Black African households is characterised by continued dependence on the family (primarily women) and has thus retained conservative features (Mahon, 2018).

Kasan (2024) notes that a structural shift in fiscal policy with the introduction of the neoliberal Growth, Employment and Redistribution (GEAR) strategy represented a departure from the social

objectives of the Reconstruction and Development Programme introduced in 1994. GEAR called for a significant reduction or elimination of social services, thereby reducing the state's role in care provision and leaving other institutions within the care diamond to close this gap. Studies on the effectiveness of GEAR point to a fundamental restructuring of macroeconomic policy towards privatisation and liberalisation (Nattrass, 1998; Heintz, 2003). This persisting neoliberal architecture of the South African economy is argued to continue to explain the significant gaps in the provision of quality care, which are imperfectly addressed through markets and largely resolved through a reliance on the unpaid and undervalued care labour of women (Kasan, 2024).

3.1 Gender norms and attitudes underpinning the care regime

The care regime's reliance on women is made possible by South Africa's patriarchal system that privileges men over women, which includes harmful gender norms and attitudes that violate women's rights and lead to structural gender imbalances in the provision of care. The government's commitment to eradicating gender inequality, as evidenced by a plethora of policies, programme frameworks, and legislation that have this as an explicit priority, has yet to lead to the radical transformation required to dismantle patriarchy and fundamentally shift gender norms (Inclusive Society Institute, 2023).

A 2022 study by the Human Sciences Research Council (HSRC) on gender-based violence in South Africa found that South African society remains deeply patriarchal, with widely held views by both women and men that a woman's place is in the home (Zungu et al., 2024). Most ever-partnered women (59.6%) agreed that a woman's most important role is to take care of her home and cook for her family. This is compared to 66.6% of ever-partnered men who agreed with this statement. Additionally, most of the ever-partnered men (69.5%) believed that a woman should obey her husband (Zungu et al., 2024). These findings suggest strong norms in society around the role of women as caregivers and a power imbalance between women and men.

Other studies on gender norms in the country suggest some shifts over time. Another HSRC study on views around parental leave suggests progressive shifts towards shared responsibility in this regard (Makusha et al., 2024).

Table 1: Preferences regarding distribution of parental leave, 2012 and 2022 (%)

	2012	2022	Change
The mother should take the entire paid leave period and the father should not take any paid leave.	61	46	-15
The mother should take most of the paid leave period and the father should take some of it.	24	30	5
The mother and the father should each take half of the paid leave period	12	20	8
The father should take most of the paid leave period and the mother should take some of it.	1	2	2
The father should take the entire paid leave period and the mother should not take any paid leave.	1	1	0
(Do not know)	1	1	0
Total	100	100	0

Note: Survey question: "Still thinking about the same couple, if both are in a similar work situation and are eligible for paid leave, how should this paid leave period be divided between the mother and the father?"

Source: HSRC SASAS (2012, 2022).

Table 1 shows a marked decrease between 2012 and 2022 (from 61% to 46%) in the proportion of respondents who believe the mother should take the entire paid leave period and the father should not take any paid leave (Makusha et al., 2024). This suggests a growing acceptance of shared responsibility in caregiving; however, most respondents still believe that childcare is predominantly the mother's role. In addition, Rabe (2021) argues that gender norms around men's roles in care provision have also been slowly shifting. South African men are still expected to be the primary breadwinners, and this ideology remains pervasive in the country despite high levels of unemployment that render many men unable to perform this role. This has implications for their gender identity, mental health, and potential role as active caretakers. The *State of South Africa's Fathers 2021* report elaborates on these implications, noting that unemployed and poor men who are unable to provide for their children often face shame and humiliation and are more likely to disengage from their families (Malinga, 2021).

3.2 Family disruption and the transformation of kinship

The gender norms are at odds with the reality in South African society, where family structures have undergone dramatic structural changes that make adherence to patriarchal gender roles untenable. Despite the 2012 *White Paper on Families'* depiction of a "stable" family as nuclear, the descriptive statistics on household structures in South Africa show a high prevalence of extended family living, with 66% of African children living in such structures (Hall & Mokomane, 2018).

In addition to extended family living, African children are also found to be the least likely to reside with their biological fathers (Hatch, 2023). Hall & Richter (2018b) note that South Africa is unique in this respect, with the feature considered an outlier even by African standards. Female primary caregivers in mother-only or neither-parent households are primarily assisted solely by other women. In contrast, men are the primary assisters to women in two-parent households. This means that children are more likely to receive care from their fathers if they reside with them.

A decline in marriage rates and, more recently, declining cohabitation explain the high prevalence of female-headed households in the country (Statistics South Africa, 2024a). More than 42% of households in South Africa are headed by women, with many of these in rural areas (Statistics South

Africa, 2021). These households are characterised by dependence on social grants and are the least likely to have an employed adult resident (Hatch, 2023).

Enforced family disruption through the migrant labour system over decades of institutionalised racial segregation under the apartheid regime is another important shock that explains South Africa's family structures. Martin et al. (2018) also attribute the prevalence of children living with neither parent to South Africa's predominant patrilineal family systems that emphasise blood relations over the marital unit as its organising frame. Even before apartheid, this system had already normalised children living with family members who have sufficient resources for caregiving. The migrant labour system's role has been to scale up and entrench this as the dominant family structure in the country.

The HIV/AIDS epidemic, high levels of unemployment and significant increase in the value of the Old Age Pension are key factors that have restructured the role of older people in family networks in South Africa. Older people, particularly grandmothers, stepped in to care for children of adults who suffered from HIV (Button et al., 2018). The receipt and value of the Old Age Pension raised their responsibilities to care for kin and the relative power of older people within the family structure. This requirement to care for other family members has also been driven by high levels of unemployment, with South Africa's rate often cited as a global outlier (Shah, 2022). Unemployed adults are likely to reside with parents or kin to access financial support and care (Klasen & Woolard, 2000).

In conclusion, the design of South Africa's care regime has not only been informed by economic and policy shifts. It has patriarchal foundations that have shaped the historical and prevailing gender norms and is the result of a long legacy of family disruption in the country. Mahon (2018) reflects that, ultimately, the interventions introduced have contributed to reducing extreme poverty but have had a limited effect on reducing inequality. Importantly, because of the blindness to gender dynamics in both policy and programming, the interventions have reinforced gendered patterns of care, particularly in Black African families. The above family disruptions have led to a reliance on the unpaid care work of women as a central component of the childcare system, limiting their ability to participate in the economy. The reproduction of inequality remains central to the architecture of South Africa's care regime, rendering it unfit to address the needs of South African families comprehensively.

4. South Africa's childcare system

The South African childcare system comprises childcare provision, subsidies for children administered to providers, regulation, social assistance, maternal and child health, parental and family leave, and child maintenance. Interventions to shift gender norms are not typically included in a childcare system; however, their importance in determining the division of care responsibilities warrants their prioritisation. These components are collectively provided by the state, markets, not-for-profit sector, and families, and are categorised into programmes or provisioning, public and private funding, policies and legislation, and prevailing gender norms.

Table 2: Components of South Africa's childcare system

Childcare system component	State	Markets	NPOs	Families/ households
Programmes and provisioning				
Childcare provision	x	x	x	x
Social assistance/cash transfers	x			
Maternal and child health programmes	x	x	x	
Family and caregiver support	x	x	x	x
Public and private funding				
Subsidies to parents			None	
Subsidies to providers	x		x	
Incentives for employers			None	
Tax regime support			None	
Policies and legislation				
Parental and family leave	x	x	x	
Child maintenance	x		x	x
Prevailing gender norms and attitudes				
Shifting gender norms	x	x	x	x

This section focuses specifically on the state's role and outlines the publicly provided components of the childcare system. South Africa's system places a strong emphasis on ECD, a subset of the childcare system, which the South African National Integrated ECD Policy (2016) defines as a package of services that includes all the interventions that promote stimulation or early learning; maternal and child primary health; nutrition support for pregnant women, mothers, and children; support for primary caregivers; and social protection services. These are collectively known as the Essential Package of ECD services. The policy further defines ECD programmes as "programmes that provide one or more forms of daily care, development, early learning opportunities, and support to all children from birth until the year before they enter formal school". The sections that follow outline the state's role in delivering the different components of a childcare system.

4.1 Childcare provision

The current portfolio of childcare programmes, as outlined in Figure 1 below, includes centre-based programmes, childminders, playgroups, mobile ECD programmes, and toy libraries.

Figure 1: Programmes offered within the childcare system

Modality	ECD centres	Childminders	Playgroups	Mobile ECD programmes	Toy Libraries
Delivery setting	Purpose-built ECD centres or multi-use centres such as homes, community halls, places of worship, etc.	Usually the childminder's home	Generally homes, community halls, and places of worship; some are provided in safe outdoor spaces	Provided from a mobile vehicle, usually set up in an open space or community building such as a place of worship or community hall	Early learning sessions can be offered at the toy library (fixed structure) or via a mobile or playgroup model
Dosage	Often daily, for the full day	Often daily, for the full day	Usually 2 or 3 sessions per week, lasting 2 to 4 hours each	Usually 1 or 2 sessions per week, 2 to 4 hours each	Based on demand
Fees charged	Yes	Yes	Sometimes	Rarely	Rarely
# of children	More than 6	6 or fewer	Usually 10 per group	Usually 15 per group	Usually 10 to 15 per group
Key features	ECD centres can offer age-appropriate ECD services across all age cohorts; they provide a daily, structured programme that is well suited to preparing children aged 3 to 4 years for school. They cater for children whose caregivers require full-day care services.	Considering young children's age-differentiated learning and social needs, very young children are better suited to being in the care of childminders who can offer a secure, nurturing environment in a home setting. ⁱ These nurturing and trusting relationships are necessary for infants' and toddlers' confidence to explore and actively engage with their surroundings, critical for their learning and development. ⁱⁱ	Playgroups are promoted in the ECD Policy as an important early learning programme modality, necessary to drive scale-up of early learning programmes within a variety of community settings. ⁱⁱⁱ Unlike centre-based programmes, playgroups are often free. Playgroups can be targeted at any age cohort, but are particularly suited to children aged 2 to 3 years, when they start learning the concepts of sharing and group interactions.	Mobile ECD programmes are generally proposed to cater for children only where other ECD services are unlikely to be provided. A mobile ECD programme is similar to a playgroup, except that the service is provided from outside the area where it is delivered.	Toy libraries serve as repositories of toys and learning materials appropriate for children of different ages and different capabilities, and at different developmental stages. Toy libraries sometimes also offer playgroups or mobile ECD sessions.

Source: Brooks (2021).

i Ebrahim, H., Seleti, J. & Dawes, A. Learning begins at birth: Improving access to early learning. In Berry, L., Biersteker, L., Dawes, A., Lake, L., & Smith, C. (eds) (2013) *South African Child Gauge 2013*. Cape Town. Children's Institute, University of Cape Town

ii Page, J., Clare, A. Nutbrown, C. (2013). *Working with babies and children from birth to three*. Sage Publications Ltd.

iii RSA. (2015). *National integrated early childhood development policy*, Government Printers, Pretoria.

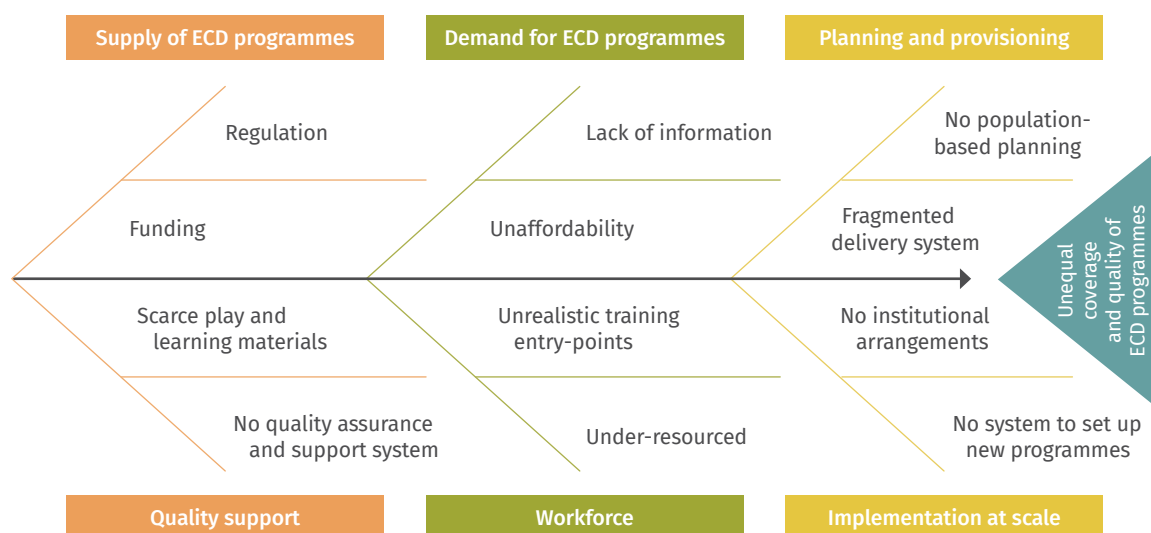
Childcare provision in South Africa is predominantly undertaken by private providers and civil society organisations (Department of Basic Education, 2022). Approximately 42,430 early learning programmes were recorded in the country in 2021. Of these, 48% were in quintile 1 and 2 communities, and 60% were in urban areas (Department of Basic Education, 2021). Additionally, 76% of programmes were within 1km of a primary or combined school. Most programmes open before 08:00 a.m. and close at 16:00 p.m. or later, allowing them to align with the workday, an important feature for enabling increased labour force participation of caregivers.

The state provides some financial support in the form of an ECD subsidy, which is designed to enable access for children from low-income households and cater for their nutritional requirements. The recent increase in the subsidy from R17 to R24 per child per day is progressive and serves to restore its purchasing power. However, even at R24 per child per day, the subsidy is still only covering less than 50% of the cost of operating a childcare programme in the country (Kika-Mistry & Wills, 2024). Moreover, only 627,000 of the 2.3 million eligible children receive the subsidy, requiring excluded children's caregivers to pay fees to access childcare programmes (Department of Basic Education, 2023). As a result, the poorest families cannot access ECD programmes, as they cannot afford the fees required to supplement the subsidy.

To be eligible for this subsidy, providers must register with the department and are required to target services to children who reside in households earning below a prescribed threshold. The Department of Basic Education's 2021 ECD Census found that four out of 10 programmes were conditionally or fully registered, and an additional 16% were in the process of registering. Importantly, 41% of programmes were not registered. Critical challenges with meeting the regulatory norms and standards required to register, such as safety measures and red tape at the local municipal level, explain the low rate of registration (Department of Basic Education, 2022). A mass registration drive led by the Department of Basic Education and social partners is under way to address this gap. A red tape reduction unit in the Presidency has established a technical working group co-led by the Department of Basic Education to address red tape within ECD that leads to high coverage gaps.

In the diagram below, the ECD 2030 strategy summarises these and other structural challenges that explain the unequal coverage of ECD programmes. Five critical structural challenges identified in the strategy include underfunding; regulatory red tape that inhibits registration of programmes at scale; limited or poor access to information and prohibitive programme costs; poor planning that ignores population-based methods and lack of mechanisms to manage the establishment of new programmes; and workforce constraints such as poor working conditions and a lack of sustainable jobs.

Figure 2: Structural challenges that inhibit equal coverage and quality childcare programmes



Source: Department of Basic Education (2023).

This brief overview highlights a sustained crisis emanating from poor implementation of several of the crucial inputs and activities to the level and scale required to unlock outputs and outcomes that respond to the severity of the problem. This has several implications for the core target populations within families: women and children. These are discussed in the subsections below, along with evidence of the effect of childcare provision on each group. The latter focuses on empirical studies that seek to establish a causal effect to draw insights into critical factors leading to the desired results.

4.1.1 Implications for women

In the absence of a functioning childcare system that enables access for all children, women carry the burden of childcare responsibilities in several ways: as primary providers of unpaid childcare work in the family; as primary bearers of the opportunity cost of care provision (in the form of non-participation or attenuated participation in the economy); as undervalued childcare workers in the care economy; and as informal workers with limited access or no access to labour market protections. Each of these implications is briefly discussed below.

Women as primary providers of unpaid care work in the family

Statistics South Africa's 2010 Time Use Survey showed that women spent six times as long as men on unpaid care of persons, including children (Statistics South Africa, 2010). More recently, Mosomi & Thornton (2022) showed that women were disproportionately affected by the COVID-19 pandemic and took on additional childcare work, doing more hours than men. Unpaid care work affects all women in the household. As explained in section 3.2, grandmothers have been central to family structures in South Africa. In addition, younger girls are often unable to complete their primary education and young women adults their tertiary education because of care or other family commitments at home (Smout, 2021).

Women as labour force participants

The Quarterly Labour Force Survey Quarter 4 results of 2024 showed that only 55.2% of women participate in the economy compared with 65.5% of men (Statistics South Africa, 2025). Mosomi & Thornton (2022) used data during the pandemic to show that the larger share of unpaid care work placed an upper limit on the amount of time women could spend on paid labour market work and the type of work they could do. Moreover, 1.8 million (88%) of the more than two million labour force participants who reported not working because of family considerations or childcare were women (Statistics South Africa, 2025). Black African women, with a rate of 38% compared with 34% and 32% for Black African men and South Africa respectively, are the most vulnerable group to unemployment in the country (Statistics South Africa, 2025).

Women as care workers in the (informal) care economy

The care work undertaken within the childcare system forms part of the care economy, which the ILO defines as both paid and unpaid, and direct and indirect care, its provision within and outside the household, as well as the people who provide and receive care, and the employers and institutions that offer care (International Labour Organization, 2024). The care economy is characterised by a dominance of women in the workforce, and unpaid, invisible, and undervalued work that is devoid of benefits and protections, as most of the economy is informal (World Economic Forum, 2024). The latest ECD census of 2021 estimates that the workforce in the sector comprises 198,000 workers, 91% of whom are female (Department of Basic Education, 2021). Many operate or work in programmes within the informal economy, with limited access to formal labour protections such as Unemployment Insurance Fund and social assistance. Moreover, women in the informal economy often cannot access existing childcare programmes because of operating hours that are misaligned with their needs and lack of access close to their place of employment or home (Moussié et al., 2021).

Although the state has increased the proportion of the subsidy allocated to salaries from 30% to 40%, at R24 per child per day the total value of the subsidy remains insufficient to provide an adequate childcare service and to remunerate workers at or above the national minimum wage (Mpumalanga Department of Education, 2024). Fees are therefore the primary source of funding for childcare providers and constitute 69% of the average total income (Department of Basic Education, 2021). In low-income contexts where many parents cannot afford to pay fees, providers are forced to accept the resultant low wages that result in the care sector's undervaluation and contribute to the gender wage gap (Pleace et al., 2023).

The ILO's 5R framework provides a comprehensive approach to fundamentally restructure the system to recognise, reduce, and redistribute unpaid care work, and reward and represent paid care work. Table 3 outlines UN Women's (2022) recommended interventions for each element of the framework. Interventions being partially implemented or facing challenges in South Africa are marked in bold. All others are currently not being implemented.

Table 3: State of implementation of the 5R framework in South Africa

5R framework	Recommended interventions
Recognise	<ul style="list-style-type: none"> ➤ Incorporating measures of paid and unpaid care work in national statistics and measures of economic progress ➤ Measuring time use and unpaid care work and its distribution within families and communities ➤ Tracking care in public policies and investments ➤ Documenting the social and economic multipliers of investments in care ➤ Recognising women's work and care responsibilities across their life course
Reduce	<ul style="list-style-type: none"> ➤ Increasing access to care-relevant infrastructure and time- and labour-saving technologies
Redistribute	<ul style="list-style-type: none"> ➤ Investing in quality, affordable, and accessible care services ➤ Ensuring care-friendly and gender-responsive social protection systems ➤ Implementing gender-responsive maternity, paternity, and parental leave policies ➤ Implementing family-friendly workplace policies and arrangements ➤ Shifting social norms on care ➤ Engaging men and fathers in care ➤ Developing care-relevant training and advocacy tools
Reward	<ul style="list-style-type: none"> ➤ Ensuring decent work for all care workers, including in the informal economy ➤ Extending social protection to informal workers
Represent	<ul style="list-style-type: none"> ➤ Formalising care and domestic work ➤ Promoting freedom of association, social dialogue, and collective bargaining for care workers ➤ Ensuring equal opportunity and treatment for migrant care workers

Source: UN Women (2022).

The above suggests an emphasis in South Africa on the redistribution of care work, less effort on rewarding and ensuring representation for paid care work, and limited efforts to recognise unpaid care work. An in-depth analysis of current efforts and challenges is required to provide a detailed overview of the gaps that must be addressed.

4.1.2 The effect of childcare provision on women

There is limited evidence of the impact of childcare on women's labour force participation in South Africa. However, international literature from the Global South, particularly Latin America, has found significant gains and sheds light on which factors are important to consider in pursuing both women's and children's outcomes. A review of this evidence shows an overwhelmingly positive effect on women in terms of various outcomes, including labour force participation and increased labour supply (hours worked). With unemployment rates in South Africa being higher for women, especially Black women, the provision of affordable and quality childcare presents an opportunity to address this challenge.

An Argentinian study estimated that, on average, 13 mothers started to work for every 100 youngest children who attended preschool (Berlinski et al., 2011). Díaz & Rodríguez-Chamussy (2013) reviewed international evidence and evidence in Latin America and the Caribbean, and found significant effects of childcare on maternal labour supply, noting that this evidence was consistent regardless of the type of arrangement used for childcare (formal or informal). The use of informal arrangements, especially a reliance on other household members (mostly women), creates a burden and limits their ability to engage in non-care activities. Understanding the context of other arrangements available to families is critical to ensure that publicly provided childcare achieves its intended outcomes. For example, where it merely substitutes informal arrangements, it may have little to no effect on women's labour force participation (Batthyány & Genta, 2020).

Attanasio et al. (2022) assessed the effect of a publicly provided daycare programme in Brazil on the labour market outcomes of not only parents but all the members of the household. The authors found that the observed rise in labour force participation was primarily driven by grandparents and adolescent siblings, not parents, as many were already working. In Burkina Faso, positive effects were observed on women's employment, with the intervention also tracking the effect on employment from women securing jobs as childcare providers. The latter was found to have a greater impact on labour force participation (Ajayi et al., 2022). Mata (2018) studied the effects of two programmes in Costa Rica and found a positive effect on labour force participation and no effect on unpaid domestic work from one but the opposite effect from the other. They posit that the difference may be explained by a negative unintended effect of a strong emphasis on poverty in the eligibility criteria, which disincentivises labour market entry and results in women allocating free time to education and training activities.

Halim et al. (2021) reviewed 22 studies that plausibly identified the causal impact of institutional childcare on maternal labour market outcomes in lower- and middle-income countries and provided a summary of conditions that may affect the magnitude of effect sizes. The first is whether the childcare programme was designed with or without the mother in mind. Programmes designed with the mother in mind often operate for the full workday and are located close to children or women's places of employment. The second is a child's age, with women found to be more willing to place older children in institutional childcare compared with younger children, and maternal labour outcomes found to be strongest for ages three to eight years old. The last is targeting, where mixed results were found for concentrating on low-income households. This is partly explained by the opportunities available for this cohort of women in the labour market, which is relevant to high unemployment contexts such as South Africa. Complementary support mechanisms (such as skilling and training interventions) need to be implemented together with childcare to enable women to reap the full benefits of childcare.

4.1.3 Implications for children

Children do not choose where they are born, and research shows that those born into adverse early environments experience deficits in skills and abilities that lead to adverse outcomes well into adulthood. The negative effect extends beyond the individual and leads to high social costs and financial deficits that society must bear (Heckman, 2012). The *South African Early Childhood Review 2024* paints a worsening situation for South African children. Failure to effectively protect children from the adverse effects of the COVID-19 pandemic has led to them experiencing higher probabilities of living in poverty and with food insecurity and malnutrition, and dying before they turn five, than before the pandemic (Hall et al., 2024). A key implication of current childcare provision in the country is the failure to reverse this trajectory for children currently excluded from accessing high-quality childcare programmes.

According to the *South African Early Childhood Review 2024*, there are 1.15 million children aged between three and five years old who are not attending any childcare programme and face the risk of significant development challenges (Hall et al., 2024). For those who are enrolled in childcare programmes, the Thrive by Five Index finds that more than half (57%) of children aged four and five are not on track to meet cognitive and/or physical development milestones (Giese et al., 2022). These outcomes highlight the implications of chronic underinvestment in ECD for children (Department of Basic Education, 2023). Without the subsidy, low-income households that are eligible but do not receive it must pay fees to access childcare for their children. This presents a significant barrier to access for many, with caregivers in quintiles 1 and 2 spending approximately half of the value of the Child Support Grant (CSG) on childcare (Department of Basic Education, 2021).

4.1.4 The effect of childcare provision on children

Evans et al. (2024) systematically reviewed 71 studies from 33 low- and middle-income countries that evaluated centre-based childcare interventions that included child development outcomes. Consistent with other research, the review found that girls benefit more than boys. The finding concerning socio-economic status was less consistent, i.e. children from low-income contexts do not always derive more benefits than other children. Moreover, the authors found no detrimental impact of daycare on younger children's developmental outcomes, but a lower proportion of studies found a positive effect on access. This suggests that childcare interventions may be less effective at raising take-up for the youngest children.

In a study of the roll-out of a childcare programme in Burkina Faso, Ajayi et al. (2022) found a significant effect on improvements in gross and fine motor scores of children and no impact on language scores. Chaparro et al. (2020) analysed data from a randomised intervention designed to support babies born with low birthweight and those who are premature. Treatment families received free, high-quality, centre-based childcare services for children between 12 and 36 months. The authors found that this childcare programme led to increases in child cognitive skills that were four times higher than if a similar amount had been spent on cash transfer to the family. They also recorded larger effects for children of mothers with less education.

Attanasio et al. (2022) found that daycare attendance results in large and sustained positive effects on children's height, shorter-term gains in cognition, and no detectable changes in behavioural problems. The authors found that sustained gains in height are mainly due to access to better nutrition at daycare centres, and short-term gains in cognition are due to improvements in home resources and environments. This suggests that investments in families and home environments must be made as a complementary strategy to enhance the overall impact of childcare programmes.

Quality is a critical determinant of the effects observed in childcare provision studies. Heckman (2012) stressed that returns are only observed for high-quality programmes, i.e. high quality is the mediating factor enabling mitigation against the deficits and risks disadvantaged children experience. A South African impact evaluation of five programmes found that they perform extremely well in raising the learning outcomes of children from low-income contexts to levels that are more appropriate for entering Grade R (Van der Berg, 2023). The paper did not, however, consider indirect effects through improvements in children's home environments, which may also explain the large effect sizes. The authors noted that this may be due to the programmes being high functioning, which limits the generalisation of the results but highlights the important role of quality in achieving significant effects on children's outcomes.

There are currently no studies that have investigated the causal effect of childcare programmes on caregivers' labour market outcomes in South Africa. This is a research gap that needs to be urgently closed. Given South Africa's unique family structures with a high prevalence of extended family living and reliance on kin, it would be critical for the study to extend beyond maternal labour market outcomes and study shifts that occur for all women responsible for childcare in the household and/or community.

4.2 Social assistance targeted at children

South Africa's social assistance framework currently provides for three non-contributory social grants that are targeted at children as outlined in Table 4 below.

Table 4: Child-targeted social grants in South Africa

Child-targeted social grant	Description	Recipients in 2024	Value in 2024 (rands)
Child Support Grant	Paid to caregivers to support with covering the cost of children's basic needs	13.3 million	R530
Foster Child Grant	Paid to a court-appointed foster parent to support and cover the cost of a child needing care and protection	168,000	R1,180
Care Dependency Grant	Paid to parents, primary caregivers or foster parents of children with severe mental and/or physical disabilities that require full-time home care	238,000	R2,180

Source: SASSA (2024).

The gendered nature of social grants, with most recipients being women, has had mixed and sometimes contradictory effects. The grants have raised the relative power of women, often young women in the case of the CSG, by enabling them to control resources (Granlund & Hochfeld, 2020). Feminists have also argued that the grants serve to both entrench gendered norms that associate care with women and to also penalise women for their role in direct care through failure to include allocations for the caregiver in the design of the CSG, thereby making invisible what is required by them to perform the care work (Inclusive Society Institute, 2023).

Nonetheless, extensive local evidence records a significant contribution of the grants to poverty and inequality reduction, which has largely benefited women and children. For example, the CSG, in large doses early in life, is found to boost children's nutrition significantly (Agüero et al., 2006), increase the likelihood of attending an ECD programme (Department of Social Development, 2008), and improve children's standardised height for age (stunting) and weight for age (malnutrition) (Patel et al., 2018). GroundUp's (2023) analysis of the real values (in 1994 prices) of the CSG and Foster Child Grant (FCG) to national poverty lines from 1994 to 2022 found that the CSG has consistently been valued below the food poverty line while the FCG was initially aligned with the upper-bound poverty line and is currently only slightly above the lower-bound poverty line. Moreover, the CSG's annual increases have failed to keep up with inflation and no longer cover the minimum costs of feeding and clothing a child (Martin et al., 2018). A recent review by the Department of Social Development raised a warning that if the CSG is not increased to at least the level of the food poverty line, the poverty reduction gains will be eroded (Hall et al., 2023). The latter is also likely to be accelerated by the reduced take-up of the CSG, with a continued decline observed since 2020, when the COVID-19 lockdowns commenced (Hall et al., 2024).

4.3 Maternal and child healthcare and nutrition

Maternal and child healthcare is currently provided through the public healthcare system. The Department of Health provides various services and support to pregnant women, caregivers, and children. These services include free primary healthcare services for children and families; the Integrated Nutrition Programme for children under the age of six, and pregnant and breast-feeding women; support to promote optimal feeding practices (e.g. breast-feeding); growth monitoring; and provision of micronutrient supplements (Martin et al., 2018). Before the COVID-19 lockdowns, South Africa had been making major gains in coverage across almost all maternal and child health services. Several of these have recovered to pre-pandemic levels, such as the rate of immunisation, which currently sits at 86%, and delivery in a facility, which was at 83% in 2021/2022 compared with 10 percentage points less than a decade before. Indicators that highlight deterioration in progress include antenatal care bookings, which declined during 2020/2021 for most provinces (Hall et al., 2024).

4.4 Parental and family leave policies

The United Nations Children’s Fund defines family-friendly policies as those that help balance and benefit both work and family life by providing three essential resources parents and caregivers of young children need: time, finances, and services (UNICEF, 2019). This broad definition encompasses paid parental leave, support for breast-feeding, affordable, accessible and quality childcare, and child benefits. This section focuses on parental leave policies in South Africa.

South Africa’s Basic Conditions of Employment Act recognises the need for caregiving support to working parents and provides entitlements for maternity, adoption, parental leave, and commissioning parental leave. All these leave entitlements are unpaid; however, employees who contribute to the Unemployment Insurance Fund are entitled to claim benefits for the duration of any unpaid leave (Commission for Conciliation, Mediation and Arbitration, 2022). Each of these leave entitlements is described below.

Table 5: Parental and family leave entitlements in South Africa

Policy	Description
Maternity leave	Employees who have given birth are entitled to four months of unpaid maternity leave and are prohibited from working for six weeks after the birth of the child unless certified by a doctor to do so.
Parental leave	Amendments to the Basic Conditions of Employment Act in 2020 replaced three days of family responsibility leave upon the birth of a child, with 10 consecutive days of unpaid parental leave for an employee who is a parent of a child. A key shift was the removal of the “birth of a child” as one of the conditions, making the entitlement accessible to adoptive parents.
Adoption leave	For children aged two years or younger, the law entitles a single adoptive parent to 10 consecutive weeks of unpaid adoption leave. Only one adoptive parent is entitled to the 10 weeks in the event of two adoptive parents. The other parent is, however, still entitled to 10 consecutive days of normal parental leave described above.
Commissioning parental leave	This relates to surrogacy and entitles commissioning parents to leave. Only one parent is entitled to 10 consecutive weeks’ unpaid commissioning parental leave. The other is entitled to 10 consecutive days of normal unpaid parental leave.

Source: Commission for Conciliation, Mediation and Arbitration (2022).

A contention of the family leave policies has been South Africa's limited leave allowance for fathers, which, at only 10 days, perpetuates the norm that women are responsible for childcare (Smout, 2021). This has recently been challenged by a groundbreaking court judgment granting parents the right to share four months of parental leave. If confirmed by the Constitutional Court, the judgment would usher in a new, more equitable framework for parental leave in the country (Makusha et al., 2024).

Notwithstanding this progress, challenges remain with ensuring South Africa's family policies are designed to achieve gender equity in childcare and caregiving. First, the time allocated to parents is insufficient. Shared parental leave of 16 weeks between two parents will still fall short of the 14 weeks recommended by the ILO if shared equally (International Labour Organization, 2000). Second, shared parental leave is more easily implemented where parents live together. Two-thirds of children in South Africa do not live with their biological fathers in the same household, which will complicate decisions regarding how to share the leave. Third, gender norms limit the take-up of the leave by fathers (Makusha et al., 2024). Lastly, paid parental leave is a solution that covers a small percentage of the population, i.e. formally employed workers who contribute to the Unemployment Insurance Fund. Most South Africans are unemployed or informally employed and are therefore excluded from these entitlements (Statistics South Africa, 2024b).

There is no local evidence on the effect of parental and family leave policies on women's and children's outcomes. International evidence, predominantly in the Global North, suggests mixed results concerning the effect on women's labour market outcomes and effects on children. There is evidence of positive effects of paid leave on reductions in deaths among infants and young children (Ruhm, 2007), while some studies suggest that a mother working in the first year may be detrimental to the child's health (Lo Bue et al., 2023). Low & Sánchez-Marcos (2015) found a substantial positive effect on mothers' employment rates, especially those of children aged nought to two years. They argued that this is due to women entering the labour force to qualify for leave and returning because of job protections. Some evidence suggests that parental leave's effect depends on its duration. One study argued that leave periods longer than three months were detrimental (Bates et al., 2023), while another only observed this effect with durations longer than a year (Olivetti & Petrongolo, 2017). The mixed nature of the results suggests that context plays a critical role. With South Africa's unique family structure, inequality and high levels of unemployment, country-specific studies of this effect are necessary to inform fit-for-purpose design that makes the trade-offs between different options explicit.

4.5 Child maintenance

The South African Maintenance Act 99 of 1998 affirms that the "duty of supporting a child is an obligation which the parents have incurred jointly" regardless of the residency of the parent (Republic of South Africa, 1998). Hence, absent parents must pay maintenance for their children with the amount informed by the value of the child-rearing costs. Defaulting on maintenance is a criminal offence in South Africa; however, because of low levels of enforcement, this risk is not a deterrent. The system has been plagued by several challenges for many years, including a shortage of trained investigators and maintenance officers, and difficulty with tracing defaulters (Mdluli & Odeku, 2022). Hatch (2023) notes that greater resilience against poverty is achieved from access to formal sector labour market earnings. For many children, because of the gender gap in labour force participation and employment, this can only be accessed through maintenance payments by absent fathers. Concerningly, most children with absent fathers do not receive any financial maintenance (Martin et al., 2018). Despite changes proposed in the Maintenance Amendment Bill, the frequency of defaulting and the limited ability to address it remains pervasive.

4.6 Shifting gender norms and attitudes

Harper & Marcus (2021) define several levels at which norm change and gender transformation occur, namely the individual, interpersonal, community or organisational, and the policy and legal environment. The South African state's efforts at shifting gender norms have occurred to varying degrees at each level. The policy and legal environment across several departments has played a significant symbolic role, with several court challenges leading to major shifts in adoption leave and, more recently, shared parental leave. The Department of Women, Youth and Persons with Disabilities holds a specific mandate on achieving gender equality. More specifically, the department is tasked "to lead on socio-economic transformation and implementation of the empowerment and participation of women, youth and persons with disabilities through mainstreaming, advocacy, monitoring and evaluation" (Department of Women, Youth and Persons with Disabilities, 2024). This is pursued through initiatives implemented directly through the department and those of the Commission for Gender Equality, one of its entities. Reviewing the department's work provides a sense of government-led interventions regarding gender norms.

Important recent changes within the department are the development of the Promotion of Women's Rights, Empowerment and Gender Equality Bill and a National Policy on Women's Empowerment and Gender Equality over the past year (Department of Women, Youth and Persons with Disabilities, 2024). Neither of these is publicly available yet. However, it will be critical to assess the extent to which the care economy and, more specifically, childcare are included in the framing and interventions. The department also notes that it will pilot a social behaviour change intervention in the 2024/2025 financial year to address patriarchal and cis-heteronormative norms that result in gender-based violence and femicide (Department of Women, Youth and Persons with Disabilities, 2024).

A review of the Commission for Gender Equality's reports suggests a broader emphasis on gender equality and a series of interventions to improve public education and shift gender norms. The Gender and Development programme capacitates organisations on human rights and gender norms in the form of participatory capacity-building workshops with gender and development practitioners and trainers with a view to them training others and the community at large. The commission reached 1,162 stakeholders through these workshops and 4,320 people through public education and outreach sessions in 2023/2024. Both these numbers are low considering the prevalence of traditional gender norms in the country.

There are limited rigorous evaluations of interventions' impact on shifting gender norms and attitudes. What Works' evaluation of community activism approaches in South Africa, Ghana, Rwanda, Nepal, and DRC to shift harmful gender attitudes, roles, and social norms concerning violence against women recommends at least 18 to 36 months to implement the norm change approaches. Other best practices include combining behavioural change communication activities (such as using the radio) with opportunities for interpersonal communication, skills building and change in thinking through structured participatory approaches and responding to the core needs of the target audience, e.g. providing support for survivors of violence. The South African intervention, the Sonke Community Health Action for Norms and Gender Equity trial, led to the important insight that low engagement was due in part to men needing to earn an income to provide for families and that in such contexts, including elements of economic empowerment as part of the norms-shifting intervention may be beneficial.

An evaluation of the MenCare 50:50 programme in the Free State found that it increased awareness of gender inequality in households and communities and that men reported increased involvement in hours spent on childcare (Sonke Gender Justice, 2022). The evaluation did not, however, find any change in women's caregiving responsibilities because of increased involvement by men.

A key insight from the evidence and interventions that are being implemented is that the focus remains on families as the primary providers of care and shifting the inter-family/inter-household distribution of care work. A critical gap is interventions that seek to shift norms around the distribution of care work between families and the state, emphasising the recognition of care as a public good for which the state should play a greater role.

5. Framing the investment case

As highlighted in the evidence presented in section 4.1, childcare can contribute to a “triple social and economic dividend” by improving ECD outcomes, increasing women’s participation in the labour market, and creating new jobs and income-generating opportunities. More importantly, this dividend accrues to all of society. The International Monetary Fund’s analysis of the role of different structural fiscal policies in female labour force participation in Organisation for Economic Co-operation and Development countries found that government investment in early childcare and education, active labour market programmes, and unemployment benefits were the most effective, with active labour market programmes generating the largest increase (Asai et al., 2023). Additionally, a study of the societal effects of childcare in the US found that a tax-financed free preschool programme for low-income children led to society-wide gains for average earnings, higher intergenerational earnings mobility, and schooling mobility (Heckman & Raut, 2016). Understanding and quantifying these benefits for South Africa is an important foundational block for building an investment case for childcare.

5.1 Ideological tensions in framing the investment case

Alfers (2015) reviewed contesting feminist ideological positions that have shaped policy debates and the prioritisation of investment in childcare. Importantly, the authors note that the chosen policies are often instead based on a response to shocks or structural changes in population dynamics, the labour market, and macroeconomic dynamics. In times of crises, governments will ignore the arguments for childcare and instead turn on and turn off policies in response to what will efficiently resolve a crisis at hand, e.g. when men’s labour supply falls sharply during wars, governments ignore whatever resistance was previously in place and make the necessary policy and investment changes to enable women to work. Three main debates that have shaped the childcare agenda are equality versus difference, women’s rights versus children’s rights, and instrumentalism versus social justice.

Equality versus difference: Central to this debate is a question about whether women’s inclusion should be based on equal status with men, i.e. relieve women of the burden of care to enable their choice to participate in the economy the same way men do, or if it should acknowledge that women play a different role in society and therefore what is required is a complete change to the definition of citizenship (instead of setting men’s citizenship as the standard) (Alfers, 2015). Over the past few decades, the move has been towards offering women flexibility and choice to resolve the tensions in their separate roles by accessing support from a system that includes a range of instruments (e.g. tax credits, social care services, social protection, parental leave, etc.). South Africa’s policy positions have tended to lean towards the equality argument even if implementation thereof has fallen short.

Women’s rights versus children’s rights: A false dichotomy has also historically been created between women’s rights and children’s rights. The global position has shifted towards seeing the two as intricately linked. There is advocacy for governments to account for and provide policy frameworks that address the unique vulnerabilities experienced by both. Reflecting on South Africa’s position, an argument can be made that this integration of women’s and children’s rights is recognised but not fully operationalised. The childcare provision system specifically has prioritised children’s rights, often at the expense of women, as demonstrated by the allocation of the ECD subsidy. Women are implicitly expected to accept significantly lower wages or none to provide childcare services.

Instrumentalism versus social justice: Policies are termed instrumentalist if they are designed to purely serve the objectives of economic growth, productivity, and efficiency. These arguments position childcare (and those who provide it) as an instrument or a means to achieving economic ends. The rights-based argument recognises care as a universal human right which encompasses the right to care, to be cared for, and to take care of oneself (Pautassi, 2023). There has been a growing recognition that both arguments are important and necessary, and pragmatism informs how they are balanced when the case for childcare is made to different audiences. Both arguments have been made in South Africa; however, instrumentalist framing of the investment case is dominant.

5.2 Overview of key instrumentalist arguments

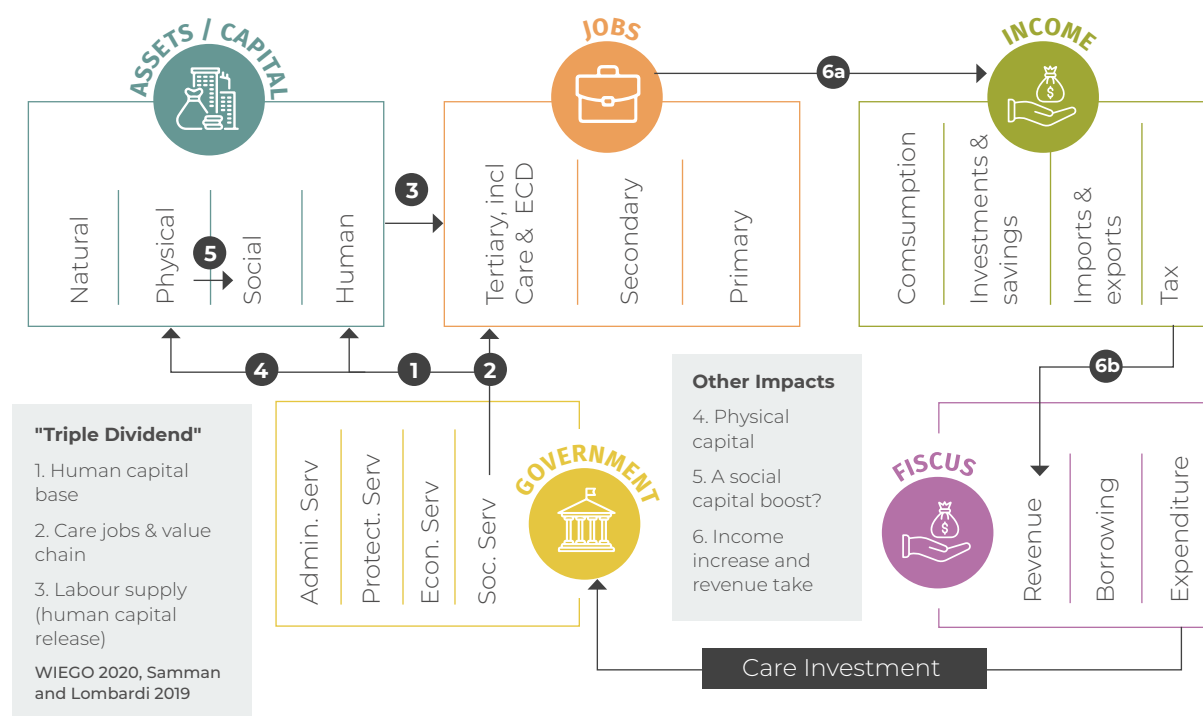
Despite overwhelming empirical evidence of the significant economic and social returns of investing in childcare and growing global advocacy, chronic underinvestment remains prevalent, especially in the Global South. Latin America contrasts this position in the Global South with examples such as Uruguay, Chile, and Brazil, where care has become a central strategy for resolving social and economic challenges. Batthyány & Genta (2020) note that the change in Uruguay was achieved through a combination of academic studies that conceptualised care and provided evidence, new official statistical data on time spent on care, action of social organisations, and the political decision to rethink the welfare model.

A shift is observed in the dominant instrumentalist arguments that have been put forward in the past few decades from a strong focus on the human capital returns, particularly for the children receiving the care, to a stronger focus on multigenerational impacts (on children, parents, and assisting family members, especially grandmothers) and multifaceted effects (on the economy, social cohesion, gender equality).

This is seen with a dominant foregrounding of the human capital argument and long-term child benefits in a 2016 investment case for South Africa (Desmond et al., 2016). The investment case provides a counterargument to the dismissal of ECD as having the highest return in the long term, arguing that “the problem is that many of the benefits are counter-intuitive, and this can lead to investment cases being resisted by sceptical policymakers. Benefits which arise because of early childhood development interventions but only occur later in life once children receive subsequent investments can easily be wrongly attributed to having resulted only because of those subsequent investments and not because of early childhood development interventions”(Desmond et al., 2016).

This “short-termism” problem has persisted, and to counter it, a recent investment case by Ilifa Labantwana foregrounds multifaceted short-term economic benefits and the unique ability of childcare to improve gender equity (Kruger & Almeleh, 2024). The paper explores several channels to achieve this, which are outlined below.

Figure 3: Ilifa Labantwana: early childhood care and education impact channels on the economy



Source: Kruger & Almeleh (2024).

The channels through which childcare impacts on the economy include:

- an impact of childcare on the human capital of society;
- an impact on job creation (direct and indirect) for mostly women in the sector (which is labour-intensive and poised to address the unemployment challenge in the country);
- an impact on labour force participation and employment of women who can access other jobs in the labour market;
- an impact on physical public infrastructure in communities because of investment in buildings and other facilities (economic returns arise through raising the value of surrounding properties and improved access to basic services);
- an effect on social capital through stronger relations between community members induced by the presence of childcare providers in the community; and
- an income effect on aggregate demand resulting from increased jobs and taxes flowing to the fiscus.

6. Recommendations for system-level intervention

South Africa currently implements childcare in a fragmented and dysfunctional manner that substantially attenuates the potential impact of the individual components of the childcare system. The first crucial intervention would be for the country to adopt a systems lens to childcare and prioritise several shifts that would unlock the returns. These are discussed below.

The first is to **connect legislation, policy frameworks and programmes to develop a childcare system and improve coherence and coordination** within and between the state and non-state stakeholders. An overarching strategy for the system that articulates the country's objectives and targeted outcomes for the system in its entirety is necessary. This is to ensure that all system components are adapted and enhanced to contribute towards a common set of outcomes. This would also require a review of the existing coordination mechanisms for ECD to broaden these to include missing childcare stakeholders. Additionally, a holistic review of legislation and policies on childcare is required to ensure that these are complementary and reinforce the overarching objectives for childcare.

Second, the state needs to **significantly increase the funding available for the childcare system and allocate funding from a system lens, i.e. allocations to one component are not made in isolation** from other system components. Instead, the proportion of funding allocated should aim to optimise the multiplier effect across the system and the wider economy. This requires a clear understanding of how the different parts of the system jointly and independently result in the desired outcomes.

Third, **implementing existing recommendations around childcare provision and maintenance** should be prioritised. Extensive work has been undertaken to understand the levers of change required to improve the delivery and quality of existing childcare programmes and rapidly scale up new programmes. Similarly, there is a strong understanding of interventions required to resolve the core drivers of challenges in the child maintenance system.

Fourth, **national data gaps need to be urgently closed**. An important finding from the review of the current system is the prevalence of fragmented and weak monitoring systems that lead to critical data gaps, which limit the undertaking of research that can inform an evidence-based design of the childcare system. South Africa does not have a clear picture of which children are accessing which combination of components in the childcare system and to what extent.

Finally, **a whole-of-society approach to addressing prevailing gender norms around childcare** is required. There are currently few direct interventions to shift gender norms around childcare as part of the childcare system. All key stakeholders have an important role to play in closing this gap through a whole-of-society approach.

7. Conclusion

The above review highlights that South Africa's childcare system currently falls short of realising its full potential to support both child development and women's economic participation. Although the country has made notable progress in prioritising ECD, the system remains largely market-led, underfunded, and inaccessible to many, especially low-income households. The absence of universal, free, quality childcare perpetuates gendered divisions of labour, leaving women to absorb the burden of unpaid care work at significant personal and economic cost.

Current government efforts to shift gender norms around care are also limited in scale and fail to recognise care as a public good requiring a stronger state role. Although some legal and policy advances, such as expanding parental leave, are promising, implementation gaps and prevailing norms continue to hinder progress. The existing fragmentation and dysfunctionality substantially attenuate the potential impact of the individual components of the childcare system.

The paper proposes five strategic policy recommendations to realise triplex socio-economic dividend: (1) adopt a systems approach to childcare policy and planning; (2) increase and reallocate funding to ensure sustainability and equity across system components; (3) implement existing recommendations on service provision and child maintenance enforcement; (4) close national data and evidence gaps; and (5) launch a coordinated, long-term campaign to shift societal norms around care.

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