

# SOUTH AFRICA HEALTH WORKFORCE ASSESSMENT



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## **DISCLAIMER**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government. This publication was made possible by the support of the American People through the U.S. Agency for International Development (USAID), with support from the U.S. President's Emergency Plan for AIDS Relief, under task order contract number AID-OAA-TO-15-00003, YouthPower Action under IDIQ contract number AID-OAA-I-15-00009, YouthPower: Implementation.

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# Table of Contents

<b>Acronyms and Abbreviations</b>	<b>ii</b>
<b>Executive Summary</b>	<b>iii</b>
Review of Youth Workforce Programs	iv
Analysis of Youth Economic Opportunities and Challenges in Health and Social Services	vi
Discussion and Conclusions	vii
<b>1. Introduction and Methods</b>	<b>1</b>
<b>2. Review of Youth Workforce Programs</b>	<b>2</b>
Program Overview and Characteristics	3
Program Impacts and Outcomes	8
Youth and Program Insight into the Education System: Toward Work Readiness	10
Youth Experiences and Challenges with the Labor Market	13
Opportunities Presented by Youth Workforce Programs	17
<b>3. Youth Economic Opportunities and Challenges in Health and Social Services</b>	<b>21</b>
Drivers of the Youth Employment Crisis in South Africa and Implications for Programs	21
Trends in the Health and Social Sector Labor Market	26
Skill Requirements in Health & Social Services Limit Accessibility to Youth	31
Youth Entry Points and Career Pathways in Health & Social Services	32
Health & Social Services Skill Development System	35
<b>4. Discussion and Conclusions</b>	<b>47</b>
Effective Practices, Outcomes and Gaps in Current Youth Workforce Programs	47
Opportunities and Constraints for Youth Employment in Health and Social Services	48
<b>Recommendations</b>	<b>52</b>
<b>References</b>	<b>56</b>
<b>Appendix A: List of Meetings</b>	<b>60</b>
<b>Appendix B: Interview Guides</b>	<b>61</b>
<b>Appendix C: Program Matrix</b>	<b>78</b>
<b>Appendix D: Key Public Sector Roles in the Health and Welfare Sector</b>	<b>85</b>
<b>Appendix E: Growth Trends and Job Creation Potential in Pharmaceuticals and Medical Tourism</b>	<b>87</b>
<b>Appendix F: Overview of Education and Training Financing in South Africa</b>	<b>88</b>
<b>Appendix G: Growth in Production of Registered Nurses 1997-2016</b>	<b>93</b>
<b>Appendix H: Previous Qualification Route for Nurse Training and Qualification (Closed in 2013)</b>	<b>94</b>
<b>Appendix I: Community Health Worker Roles in the National Primary Health Care Initiative</b>	<b>95</b>
<b>Appendix J: HIV Prevalence Rates and Risk Factors for AGYW in South Africa</b>	<b>96</b>

# Acronyms and Abbreviations

<b>AGYW</b>	Adolescent Girls and Young Women	<b>NEDLAC</b>	National Economic Development and Labour Council
<b>BBBEE</b>	Broad-Based Black Economic Empowerment	<b>NEET</b>	Not in Employment, Education, or Training
<b>BEE</b>	Black Economic Empowerment	<b>NGO</b>	Nongovernmental Organization
<b>CBO</b>	Community-based Organization	<b>NIMART</b>	Nurse-initiation and Management of Antiretroviral Treatment
<b>CHW</b>	Community Health Workers	<b>NQF</b>	South African National Qualifications Framework
<b>CSR</b>	Corporate Social Responsibility	<b>NSFAS</b>	National Student Financial Aid Scheme
<b>CYCW</b>	Child And Youth Care Workers	<b>NYDA</b>	National Youth Development Agency
<b>DBE</b>	Department of Basic Education	<b>PA</b>	Pharmacy Assistant
<b>DHET</b>	Department of Higher Education and Training	<b>PHC</b>	Primary Health Care
<b>DOH</b>	Department of Health	<b>PLHIV</b>	People Living with HIV/AIDS
<b>DSD</b>	Department of Social Development	<b>RN</b>	Registered Nurse
<b>DTI</b>	Department of Trade and Industry	<b>ROI</b>	Return on Investment
<b>DUT</b>	Durban University of Technology	<b>rPHC</b>	Re-engineering Primary Health Care
<b>EOH</b>	EOH Holdings Limited	<b>RPL</b>	Recognition of Prior Learning
<b>EPWP</b>	Expanded Public Works Programme	<b>SACSSP</b>	South African Council for Social Services Professionals
<b>FBO</b>	Faith-based Organization	<b>SANC</b>	South African Nursing Council
<b>FET</b>	Further Education and Training	<b>SAQA</b>	South African Qualifications Authority
<b>FGD</b>	Focus Group Discussion	<b>SETA</b>	Sector Education and Training Authority
<b>GEM</b>	Global Entrepreneurship Monitor	<b>SME</b>	Small and Medium Enterprises
<b>GET</b>	General Education and Training	<b>SMS</b>	Short Message Service
<b>HCT</b>	HIV Counseling and Testing	<b>SRH</b>	Sexual and Reproductive Health
<b>HEI</b>	Higher Education Institutions	<b>STEM</b>	Science, Technology, Engineering, and Mathematics
<b>HET</b>	Higher Education and Training	<b>TasP</b>	Treatment as Prevention
<b>HIV</b>	Human Immunodeficiency Virus	<b>TB</b>	Tuberculosis
<b>HRH</b>	Human Resources for Health	<b>TIMSS</b>	Trends in International Mathematics and Science Study
<b>HWSETA</b>	Health and Welfare Sector Education and Training Authority	<b>TVET</b>	Technical and Vocational Education and Training
<b>ICT</b>	Information and Communication Technology	<b>WBOT</b>	Ward Based Outreach Study
<b>IDI</b>	In-depth Interview		
<b>IE</b>	Improvement for Employment		
<b>IMF</b>	International Monetary Fund		
<b>ISFAP</b>	Ikusasa Student Financial Aid Programme		
<b>KII</b>	Key Informant Interview		
<b>M&amp;E</b>	Monitoring and Evaluation		
<b>NACCW</b>	National Association of Child Care Workers		
<b>NACOSA</b>	National AIDS Committee of South Africa		
<b>NATED</b>	National Accredited Technical Education Diploma		
<b>NDOH</b>	National Department of Health		

# Executive Summary

## Background and Assessment Objectives

The 'youth bulge' offers great long-term promise for a demographic dividend in many African countries. Yet in the near term, the youth bulge is also a major driver of complex economic and social development problems. This study focuses on two interrelated challenges that are particularly urgent in sub-Saharan Africa. The first is the massive generational crisis of youth employment and underemployment, resulting from the large and increasing number of youth entering the labor force, which far exceeds the number of jobs created.<sup>1</sup> The second is the threat of a rollback in progress on HIV treatment, with services in many sub-Saharan African countries under increasing strain to address the growing population of HIV-infected children maturing into adolescents and young adults.<sup>2</sup> Effective health systems depend greatly on a sufficient supply of health workers, with the skills and experience needed to meet the health needs of the population. The current health and social service workforce is inadequate to meet these growing needs, and shortages are projected to worsen over the coming decades, especially in HIV-affected countries with the most acute and rapidly growing health needs. Globally, the WHO has estimated a shortage of 18 million health workers by 2030.<sup>3</sup> South Africa stands as a prime example of the above trends.

Within this context, there is an imperative need to find solutions that can address health workforce shortages and provide economic opportunities for the large population of unemployed and underemployed youth, especially adolescent girls and young women. Accordingly, the goal of the YouthPower Action South Africa Health Workforce Assessment is to identify strategies for strengthening youth employment and career advancement in the health and social service sectors, through a study of conditions

in South Africa. The goal encompasses two primary objectives: 1) to draw lessons learned from leading youth employment programs that hold relevance for health and social sector employment, and 2) to map and analyze youth employment opportunities and challenges within the health and social services sectors, with a primary focus is on low- and middle-skill jobs that may be most accessible to marginalized youth populations.

Accordingly, the assessment includes two parts: 1) a review of selected South African youth workforce programs that provide vocational training, career guidance, job placement, and/or related services for youth workforce strengthening, and 2) an analysis of youth economic opportunities and challenges within the South African health and social sectors.

The program review included several youth workforce programs focused on health and social services employment, as well as a larger number that promote general skills and employment across a range of sectors. Drawing from key informant interviews (KIIs), a literature review, and secondary analysis of labor market information, the economic opportunity analysis contextualizes the program's review and maps potential opportunities for further strengthening.

Fieldwork covered a two-week period in September 2017 and was conducted by a four person, mixed international/local team. In total, the study incorporated in-depth interviews (IDIs) with over 25 stakeholders, including program managers, donors, academics, government officials, and employers. The team conducted four focus groups and two IDIs with youth program participants—one focus group discussion (FGD) with alumni of a program, and one FGD with unemployed youth. Geographic coverage included the cities of Pretoria, Johannesburg, and Cape Town and surrounding townships and rural areas.

The *YouthPower Action Health Workforce Assessment* supports USAID's complementary global strategic priorities of strengthening positive youth development and promoting human resources for health (HRH) for improved health outcomes in low- and middle-income countries. Toward the overall goal, a key objective is to identify economic opportunities for adolescent girls and young women

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1. Filmer, Deon., and Fox, Louise. (2014) Youth Employment in Sub-Saharan Africa. Africa Development Series. Washington, DC: World Bank.

2. Maskeu, M. et al. (2016). The youth treatment bulge in South Africa: increasing numbers, inferior outcomes among adolescents on ART. 21st International AIDS Conference, Durban.

3. World Health Organization (2016). "Global Strategy on Human Resources for Health: Workforce 2030." Retrieved from: <http://www.who.int/hrh/resources/globstrathrh-2030/en/>

(AGYW), recognizing the importance of women's economic empowerment to HIV prevention, and the potential risk of increased HIV incidence among growing youth populations.

## REVIEW OF YOUTH WORKFORCE PROGRAMS

The first half of the assessment offers a review of youth workforce programs within the health and social sectors, as well as other sectors. The objective was to identify characteristics, outcomes, and best practices of programs that could be applied to skill development and employment program strategies for the health and social service sectors. To select programs, the assessment team started with a list of health, social services, and general workforce programs suggested by USAID, which was supplemented through a Google search, desk review, and referrals from key informants. The selection criteria placed priority on programs currently engaged in workforce development for the health and social sectors, but also included employment programs that provide a broader set of skills and services to promote youth employability and employment.

The team spoke with representatives of 18 leading workforce programs, along with past or current youth participants of several programs. All programs prioritized vulnerable youth and covered a range of skills from soft skills to specialized technical skills. The list included Activate, Afrika Tikun, Bumb'Imgomso, Fit for Life, Fit for Work, Future Families, Future Me, Harambee Youth Employment Accelerator, Johnson & Johnson Bridge to Employment, Jump Start, Junior Achievement Africa, Kheth'Impilo, Love Life, mLab, Mentec Foundation, National Association of Child Care Workers (NACCW), National AIDS Committee of South Africa (NACOSA), Soul City, and Save the Children (for youth livelihood activities under the USAID-funded SPIRES project).

### Program Focus and Impact

Only three programs (Kheth'Impilo, NACCW, and NACOSA) focused on preparing youth for careers in the health and social service sectors; the assessment team could not identify other such programs currently active within South Africa. These programs facilitated training and work experience, and allowed for direct job placement

opportunities through partnerships with industry and government. A particularly successful example of a youth health workforce program is Kheth'Impilo, which trains and places youth in public or private employment as professionally registered pharmacy assistants (Pas), with reportedly all but a few graduates obtaining jobs in this growing field. A case study of Kheth'Impilo is provided in the review of youth workforce programs section of the full report.

**TABLE 1. Snapshot of Selected Health and Social Services Workforce Programs**

Name	Youth Workforce Services
Kheth'Impilo Pharmacist Assistant Program	Provides youth with basic and post-basic pharmacist assistant certification, training, and learnerships in support of health and community systems strengthening in marginalized communities.
NACCW	Provides accredited training and learnership opportunities for disadvantaged youth to enter employment as child and youth care workers.
NACOSA	Provides accredited training and learnership opportunities to disadvantaged youth, with a focus on girls and women, to support social service delivery to marginalized youth ages 10-19.

The remaining programs focused on a broad set of work readiness skills to prepare youth generally for market opportunities. Many of these broad programs had health and social sector relevance, in that training and/or work experience was within the industry, or industry-focused. For example, mLab focuses primarily on employment in mobile app development; a significant focus of mobile app development initiatives has been to address health industry needs and business opportunities. Another example is Fit for Life, Fit for Work, which placed some of their program graduates at reproductive health clinics as Linkages Officers or monitoring and evaluation (M&E) staff. Programs such as Bridge to Employment provide health career exposure to secondary school students, as well as

a range of interventions designed to improve academic achievement. These examples demonstrate that even broad work readiness programs can provide exposure and links to health and social service careers.

### **Program Funding and Accessibility**

Programs were financed through a mix of support from international donors, government (national, provincial, and municipal), and the private sector. None had any costs to participating youth (i.e., were free of charge); some offered modest stipends and/or travel allowances. Accessibility is limited, however, in most programs by minimum education requirements of a “matric” pass,<sup>4</sup> or the equivalent of a high school diploma (as noted later, almost two-thirds of South African youth do not meet this requirement). Job placement programs also typically use assessments or other screening processes for selection purposes that can further limit entry into the workforce.

### **Youth Employment Barriers**

Youth and other stakeholders highlighted numerous systemic barriers to employability and employment that must be overcome to unlock opportunities in the health and social service sector or more generally. Most stakeholders indicated that South African schools did little to prepare youth for employment or provide career guidance. Few youth we spoke to learned about careers in the health and social service sectors beyond becoming a doctor or nurse, even though a growing number of jobs are available in a wide variety of other health and social services fields. Many of these careers require a strong math and science foundation at the secondary level. Unaware of such opportunities, and their education and skill requirements, many youth end up locked out of promising health careers.

At the tertiary level, access and financing are key barriers, as well as a lack of information and awareness about career offerings and even basic application procedures and deadlines. Even for those who overcome such barriers and graduate from university, finding employment is exceedingly challenging due to depressed economic conditions.

Beyond education, young women and men from vulnerable communities who search for employment reported additional obstacles. These include job-seeking costs; a lack of social capital and prior work experience; employer entrance exams that test school learning rather than potential; and few opportunities for career development or progression.

Programs are using a variety of effective or innovative approaches to overcome barriers, as supported by evaluation evidence, M&E results, and observations from practitioners and youth. Examples include:

- identifying high-potential youth by applying alternative methods of assessing skills and potential (such as psychometric tests and behavioral observations).
- building youth experience, social networks, and credentials through opportunities such as project-based learning that provides a portfolio that can demonstrate skills, internships and apprenticeships with potential employers, or furnishing reference letters upon successful completion.
- ensuring that job opportunities are disseminated to graduates, by co-designing interventions with private and public sector employers and other local stakeholders.
- increasing youth versatility and self-employment potential by focusing on entrepreneurial skills and experience in addition to other technical or work readiness skills.
- supporting youth to cope with a challenging job market through extended support services for alumni (e.g., phone calls and group SMS chats, links to job opportunities, and engagement around emotional and physical health and wellbeing).

These strategies show potential for application to health and social sector workforce programs, in order to deepen outreach to disadvantaged youth and improve employment outcomes.

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4. “Matric” refers to the national, standardized examination, which represents the final exit qualification at the end of 12th grade. For more information, see “Drivers of the Youth Employment Crisis in South Africa and Implications for Programs” in Section 3.

## **ANALYSIS OF YOUTH ECONOMIC OPPORTUNITIES AND CHALLENGES IN HEALTH AND SOCIAL SERVICES**

The second half of the assessment offers a market review of youth economic opportunities and challenges within health and social services in South Africa. This is informed by several key informant interviews, a literature review and secondary analysis of labor market information.

### **Causes and Implications of the Youth Employment Crisis**

Youth and workforce programs have been designed to support youth to navigate a critical employment challenge. Unemployment in South Africa is 64.5% among youth ages 15–24, and 42.5 percent among those 25–34, according to the broad measure. Today, 7.5 million South Africans ages 15–34 are NEETs—not in employment, education, or training. Economic analyses show that the root cause of the crisis is a decline in economic growth and competitiveness, the result of which is that job creation is not keeping pace with the growing numbers of youth entering the labor force.

The employment crisis is also a contributing factor in HIV prevalence, with vulnerable AGYW at highest risk. New HIV infections are particularly high for girls ages 20–24, and are also of concern for adolescent girls (ages 15–19), as well as adult women (ages 25–49). There is good evidence that increasing employment opportunity and income levels for AGYW can contribute to reducing HIV risk and prevalence; however, this needs to be complemented by other measures such as reducing gender-based violence and addressing unequal gender norms.

### **Trends in the Health and Social Services Labor Market**

The health and social services sectors are bright spots for job creation within the bleak overall economic environment in South Africa. Labor market data show that the sectors are a large and growing source of employment in South Africa; they employ 604,155 workers, which represents over 6 percent of the 9.6 million total workforce in formal

non-agricultural jobs.<sup>5</sup> The sector workforce has grown a total of 9.7 percent from 2012–2016. Notably, 75 percent of workers in the sectors are female; women make up the majority of the ranks of managers, professionals, technicians and associate professionals, clerical support, and services and sales, in both the public and private sectors. Increasing employment in the health workforce thus has potential to economically empower women, with positive effects on their own health as well as of populations served.

From a public health standpoint, the “two-tier” system of public and private health care provision in South Africa reflects and exacerbates the country’s extreme inequality. The public sector serves over 80 percent of the overall population (almost 100 percent in rural areas), and accounts for a majority of spending, yet represents a lower share of employment.

The private sector is almost entirely responsible for recent employment growth in health and social services. Today, 330,015 workers are employed in the public sector, and 274,140 in the private sector.<sup>6</sup> Private sector growth is being driven by factors that include declining public sector service quality, a rising population that can afford private health services, and rapid growth in subsectors such as medical tourism and pharmaceuticals. Public sector hiring has stagnated and attrition is a critical problem, particularly at higher skill levels, due to comparatively poor wages, working conditions, facilities, and other factors. As a result, most specialists migrate to the private sector or outside the country for better opportunities.

The government’s 2012–2016 Human Resources for Health Strategy (HRH) envisions large and sustained increases in employment of doctors, nurses, and other health professionals, as well as of mid-level health workers, to meet

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5. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

6. Data presented follow the sector definition provided by the Health and Welfare Sector Education and Training Authority (HWSETA): “The economic activities that fall within the scope of the health component of the HWSETA range from all healthcare facilities and services, pharmaceutical services and the distribution of medicine, medical research, non-governmental organizations, to veterinary services. The social development component of the sector consists of the government, NGOs and private social work practices.”

the goal of greatly improving health outcomes. However, the prospects for funding and implementing those increases remain unclear.

### **Overview of Potential Youth Entry Points and Career Pathways in Health and Social Services**

Several specific fields and occupations within the sector show promise for employing large numbers of youth (especially young women), under current conditions and despite known constraints, based on recent and expected growth in employment. The magnitude of opportunities remains small in relation to the overall supply of youth seeking employment, however, and accessibility is a challenge for most marginalized youth. The shortlisted growth opportunities can be generally grouped into two tiers.

#### **TIER 1 (NURSING, PHARMACY, PHLEBOTOMY ASSISTANTS)**

The first tier shows high promise for employment, compensation, and career advancement, but is less accessible. Most new employment opportunities are in the health private sector. This includes entry-level jobs in the growing fields of nursing, pharmacy, and phlebotomy (drawing blood). In each case, jobs can be accessed by post-secondary youth via accredited short-term training programs (one to two years depending on the field and level), which may be offered by training institutions operated by private health employers or by accredited public or private training providers. Entry to these programs generally requires a secondary education, including a relatively strong math and/or science background. A limited number of funded learnerships are available, supporting access to these programs.

#### **TIER 2 (CHILD AND YOUTH CARE, SOCIAL AUXILIARY WORKERS, COMMUNITY HEALTH WORKERS)**

The second tier offers more accessible opportunities in the social welfare sector, but also lower pay in most cases as well as less advancement potential. The sector is less demanding than health in terms of math and science; more important are soft skills and personal attributes such as communication skills, integrity, trustworthiness, and an interest in service to one's community. Most new employment opportunities are in nongovernmental organizations (NGOs) funded by government, or in the

public sector. It includes child and youth care workers (CYCWs) and social auxiliary workers in the social services field, as well as community health workers (CHWs). Training and certification are available through accredited one-year training and learnership programs (funded, in some cases), which are offered by NGOs such as NACCW and NACOSA.

The health and social services skill development and qualifications system in South Africa is illustrated through examples of three entry-level occupations with high employment demand: nursing and the nursing assistant, CHWs and CYCWs. The report reviews evidence for labor market demand, education and training requirements and offerings, and opportunities and challenges related to employment and career advancement for each of these opportunities.

## **DISCUSSION AND CONCLUSIONS**

Health and social services deserve greater attention from youth employment stakeholders and programs, in light of the promising outlook for entry- and mid-level employment opportunities in several fields. Yet access by marginalized populations to those opportunities is by no means assured. Many youth and workforce development program managers, like most youth themselves, were not aware of relevant opportunities in the sector. The general oversupply of labor as well as other pervasive systemic barriers to youth employment are other challenges. Moreover, wages and working conditions in some growing fields are often poor, particularly in social services and community health, and career advancement potential is questionable.

### **Lessons, Good Practices, Challenges, and Gaps from Existing Programs**

The experience of current programs holds broad relevance for new strategies to link marginalized youth to employment, whether in health and social services or in other sectors that generate employment opportunities. Key elements of the successful Kheth'Impilo Pharmacist Assistant program should be considered for replication in current or future programs focused on health and social

services. Those include the focus on available, good jobs in the public and private sectors, buy-in from the relevant professional council, the participation of committed, qualified trainers, and a clear, articulated pathway for professional development.

Numerous current youth programs embody effective practices in workforce and youth development and supplied anecdotal evidence of positive outcomes, although evidence based on rigorously designed evaluations is lacking. Programs have developed a range of responses to common barriers to the employment of marginalized youth in South Africa. The benefits include not only employment effects (at least in the short-term), but also psychosocial effects, such as improved confidence and self-esteem, and improved soft skills and life skills they could apply in multiple contexts, whether in job interviews or in personal relationships, such as negotiating condom use.

Key program challenges and gaps include the typically high costs per participant and the question of sustainability of many donor-funded programs. Kheth'Impilo is an example of a program that has filled a critical gap in the health workforce by training pharmacy assistants who can free up the time of pharmacists in short supply. Although the Health and Welfare Sector Education and Training Authority (HWSETA) is currently funding the training costs, a cut in donor funding means the operational costs can no longer be met and the program is slated to end in April 2018. HWSETA funding for learnerships and private sector corporate social responsibility (CSR) investments can provide complementary, sustainable sources of support for a number of programs.

The ability of marginalized youth to access services is another key limitation of most current programs. Many require a matric (excluding the majority of the youth population, according to educational attainment statistics), and also select applicants of the highest caliber in an effort to ensure cost-effectiveness and positive employment outcomes. Many rural youth, township communities, and particularly youth without a matric appear to be underserved. Finally, although a number of programs are serving school-age youth, most youth programs reach young people far too late for optimal impact on the development of math and science skills that are needed for entry into health or numerous other growing sectors.

## **Constraints to Youth Employment in Health and Social Services**

The assessment identified a number of overarching constraints to youth employment and advancement in health and social services. Those include supply-side constraints (limiting development of youth assets such as skills, knowledge, and access to career education and labor market information) that limit access to available jobs, as well as demand-side constraints (such as regulatory barriers and industry or firm competitiveness) that hinder job creation.

### **SUPPLY-SIDE CONSTRAINTS**

- Weak systems for career exposure, information and guidance about opportunities in health and social services (and other sectors); unclear pathways and disparate information on many occupations, including required tertiary qualifications, and industry board certifications
- Lack of key skills for employability (soft and life skills, plus science, technology, and math) and associated supports for employment and positive youth development
- Lack of necessary occupation-specific skills and qualifications to access particular opportunities in health and social services (or other growth sectors)

### **DEMAND-SIDE CONSTRAINTS**

- Lack of quality employment and career advancement opportunities in the public sector
- Despite private sector growth in health value chains (e.g., pharmaceuticals, medical tourism, local service provision to health and social services facilities), job creation is not reaching its full potential due to issues such as regulatory barriers affecting small businesses and coordination problems between the public and private sectors

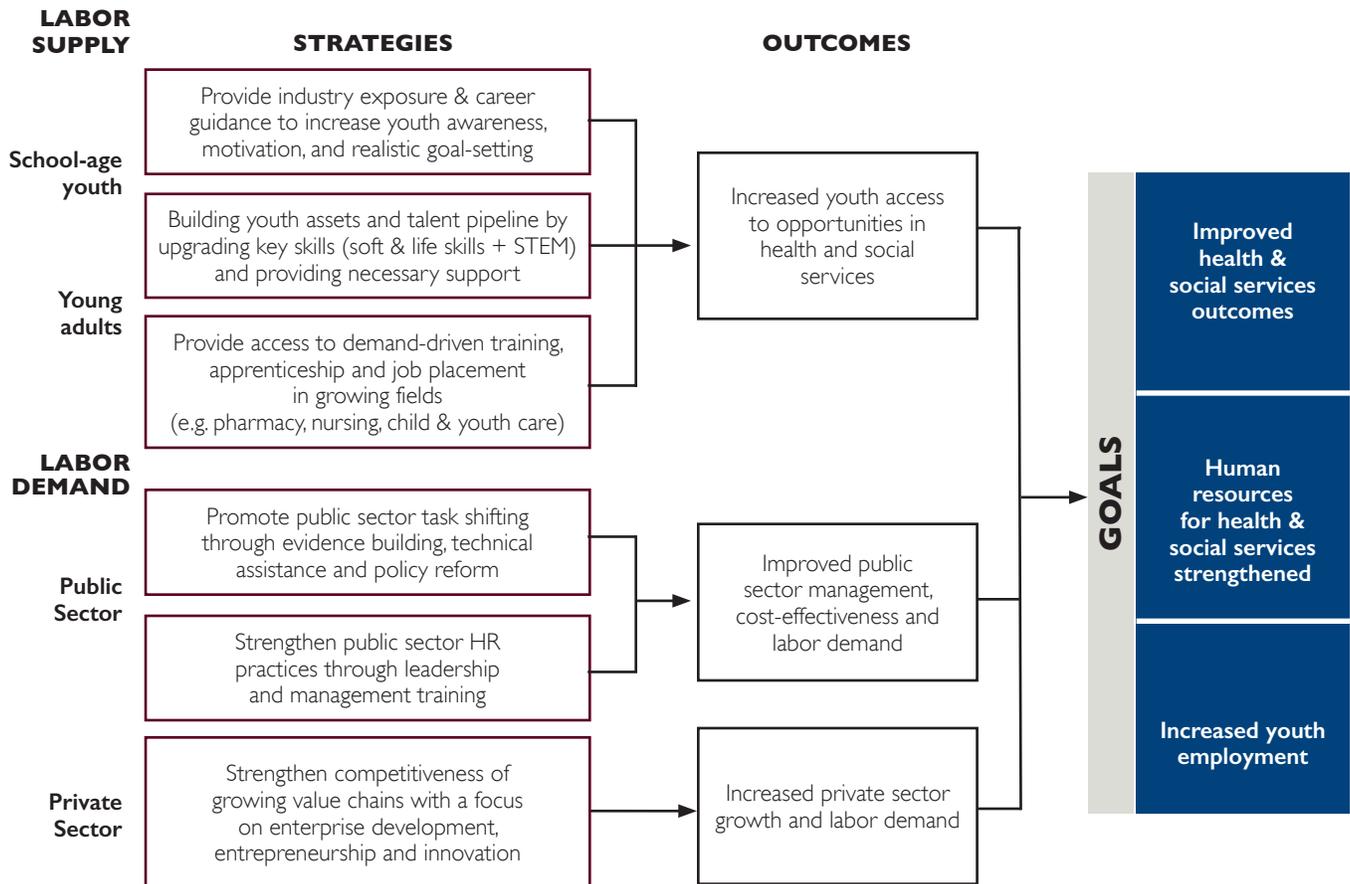
### Causal Model

To address the constraints, the assessment team developed a causal model for an integrated approach to health workforce development, supporting the interrelated development goals of improved health and social services outcomes, strengthened HRH, and increased youth employment.

The causal model yields recommendations for a complementary set of supply-side and demand-side strategies by existing or new health and workforce programs to improve youth access to employment opportunities in health and social services, while increasing the pool of opportunities available through improved public sector performance and private sector competitiveness and growth.

### Supply-Side Recommendations

- Existing or new programs should provide youth and communities with career exposure, information, and guidance about emerging opportunities and pathways in health and social services (beginning in adolescence and continuing into emerging adulthood). In partnership with employers, schools and other stakeholders, programs should build awareness among adolescents about the importance of strong math and science skills for a variety of careers in health and other STEM fields.
- Existing youth and work readiness programs should strategically link current youth participants to promising health and social services opportunities. For example, programs focused on retail service sector training and employment should inform youth about potential pathways into pharmacy careers via retail positions in pharmacies, and should explore recruitment and placement partnerships with retail pharmacy employers.



- Current or new youth workforce programs should expand youth access to existing demand-driven training and job placement programs and services (such as Kheth'Impilo or other accredited programs leading to public or private sector employment) that are aligned with growing opportunities in health and social services, as identified in this report. Youth access to existing high quality programs should be scaled. Specific services could include provision of scholarships or other kinds of TVET financing for disadvantaged youth who are qualified for such programs, or supplementary support to motivated youth who require math and science or soft and life skills in order to qualify. Programs should be designed or supported based on four key criteria, informed by the success of Kheth'Impilo. Those include: 1) availability of good jobs, 2) buy-in from the professional council, 3) participation of committed and qualified trainers, and 4) a clear articulated pathway for professional development. In addition, such programs should be adapted and tested in new technical fields in response to unmet demand (e.g. phlebotomy and, eventually, nursing) and geographic areas, in coordination with HWSETA.
- Current or new donor-funded health and HRH programs should strengthen skill recognition and career advancement opportunities for young health program staff and youth field workers, partnering with HWSETA and local education and training institutions to identify opportunities for skill certification or recognition of prior learning.
- New youth workforce programs should partner with the Department of Higher Education and Training and Ministry of Health to promote technical and vocational education and training (TVET) reforms and public-private partnerships, in collaboration with employers, private sector training programs, SETAs or other relevant accreditation and quality assurance bodies, and government. Those initiatives should focus on systematically embedding the four successful elements from Kheth'Impilo, as discussed above, at a greater scale.

### **Demand-Side Recommendations**

- Current or new HRH programs should include a focus on improving public sector managers' leadership and management skills, while specifically developing the motivation and skills to effectively integrate paraprofessionals such as pharmacy assistants, nurse assistants, or community health workers into public health sector budgeting and management (drawing on learning from successful programs such as Kheth'Impilo). The result will be to increase youth employment opportunities through effective implementation of public sector task-shifting—preserving service quality while improving efficiency through greater delegation of routine tasks.
- New economic competitiveness or enterprise development programs should strongly consider including a focus on growing health value chains such as pharmaceuticals or medical tourism due to their potential for generating jobs. Interventions may seek to increase competitiveness, innovation, entrepreneurship, and enterprise growth at policy, industry, and/or firm levels.

### **Research and Evaluation Recommendations**

- New research and evaluation initiatives should add to the body of evidence by studying the impact of programs on long-term outcomes related to employment, professional advancement, broader positive youth development outcomes (e.g., sexual and reproductive health or SRH), or quality of health services (for health workforce programs); potential displacement effects on other job seekers; as well as cost-effectiveness.

# I. INTRODUCTION AND METHODS

The YouthPower Action Health Workforce Assessment supports USAID's complementary global strategic priorities of strengthening positive youth development and human resources for health in low- and middle-income countries. The goal of the study is to identify opportunities for strengthening youth employment and career advancement in the health and social services sectors in South Africa, with a primary focus on low and middle-skill jobs that may be accessible to marginalized youth populations. Toward that goal, a key objective is to identify opportunities that can economically empower AGYW, recognizing the importance of women's economic empowerment to sustainable HIV prevention, and in light of the risk of increased HIV incidence driven by the youth bulge. The assessment integrates learning from 1) a review of youth workforce programs, including programs focused on employment in health and social services, as well as 2) an analysis of youth economic opportunities and challenges in the health and social services sectors.

The review of programs looked at the following issues: accessibility of programs, recruitment, provision of soft skills and life skills, job placement and career guidance, types of available opportunities and career pathways, alignment with opportunities in the health and social service sectors, costs, sustainability, program best practices, and gaps or areas for strengthening. The review incorporated program literature as well as findings from field visits.

To select programs, the assessment team started with a list of health, social services, and general workforce programs suggested by USAID. Other programs were added based on a Google search and recommendations from other programs, as well as key stakeholders in the health and social service sectors. Because few focused on the health and social sectors, other programs that provide a broader set of skills and services to promote youth employability and employment were included. Due to time constraints, the review focused geographically on Gauteng Province

and Western Cape Province, two provinces that afforded access to a high concentration of programs and relevant stakeholders. Included in the assessment were the cities of Pretoria, Johannesburg, and Cape Town and surrounding townships and rural areas; in addition, one program based in the Eastern Cape was reviewed over a Skype meeting with core management.

The analysis of youth economic opportunities and challenges in the health and social services sectors focused on assessing the sectors' potential for employing large numbers of marginalized youth, especially AGYW. The analysis incorporates recent literature and labor market data about the health and social sector labor force in South Africa, with a focus on growing subsectors and occupations that are accessible to youth with some post-secondary training or less. In addition, based on our readings and recommendations, a list of organizations, government agencies, and funders who were knowledgeable about issues of youth employment were contacted for KIs. The review looked at trends and factors such as public and private investments, wages, working conditions, regional disparities, migration, demographics, gender norms, and other factors that influence recruitment, retention, and career advancement patterns in the health and social sector workforce. The desk review included recent literature on HIV prevalence and vulnerability factors among South African youth, particularly among AGYW.

The field assessment covered a two-week period and was conducted by a four-person, mixed international/local team. Before any interviews were conducted separate interview guides and informed consent forms were developed for interviews with program managers, employers, key stakeholders, and for FGDs with youth. These guides along with the scope of work were submitted to FHI 360's Protection of Human Subjects Committee for ethical approval; the assessment was given a non-research determination.

The majority of the fieldwork was conducted from September 18–30, 2017, with a few interviews conducted by Skype outside these dates, or in person by the local team members. Overall, most of the individuals contacted were willing to meet with the team. There were a few instances, however, where it was not possible to schedule an appointment, and others where our requests for interviews were not answered. We were unable to schedule appointments with several government agencies that are relevant to the assessment, such as the National Youth Development Agency (NYDA) and the Expanded Public Works Programme (EPWP).

IDIs were ultimately conducted with over 25 stakeholders, including program managers, donors, academics, government officials, and employers (noted in Appendix A). In addition, we conducted four focus groups and two in-depth interviews with youth participating in workforce programs; one focus group with alumni of a program, and

one focus group with unemployed youth. Altogether, 29 young women and 23 young men between the ages of 18-30 years old were included in the assessment. All were recruited from programs that support underserved youth. The majority were from townships or rural areas, most had completed high school but only a few had university degrees. None had full-time employment though most were participating in workforce programs; the participants in the focus group for unemployed youth were the only ones not currently in a program. Due to time and logistical constraints we were unable to conduct program observations and, therefore, could not obtain first-hand information on the quality of program instruction.

Extensive notes were taken during interviews and FGDs were recorded and transcribed. Upon review, themes were identified and common and divergent responses reported. To protect confidentiality, the organization of individuals who are quoted in the report are not identified.

## 2. REVIEW OF YOUTH WORKFORCE PROGRAMS

The objective of the review was to identify characteristics, outcomes, and best practices of youth workforce programs, to inform the design of effective skill development and employment program strategies that could be applied or adapted to health and social services. Programs that provide youth with workforce skills can help bridge the gap between an education system that leaves vulnerable youth insufficiently prepared to continue their education or obtain employment, and available opportunities in the context of a challenging labor market.

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**This section presents findings from fieldwork visits, interviews, and focus group discussions with workforce program managers, youth, and other relevant stakeholders from selected youth workforce programs.**

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First, we describe the characteristics of the workforce programs contacted during the assessment, including those focused on health and social services programs, followed by program outcomes and impacts. Next, we explore youth experiences of the education system and labor market, based on the applied viewpoint from the perspectives of youth and those who work with them. Finally, we examine the gaps and opportunities identified through our interviews, as well as implications for youth employment strategies, whether focused on the health and social services sectors or more generally.

## PROGRAM OVERVIEW AND CHARACTERISTICS

The assessment team spoke with representatives of nearly 20 workforce programs along with past or current youth participants of several programs. All programs targeted youth from vulnerable communities and provided a range of skills, be these soft skills or more formalized training. The criteria for admission, the specific training provided, and the availability of job placements varied by program. A summary of the programs appears in Table 1 below, while a more detailed description, including population served, recruitment methods, and costs per participant, can be found in Appendix C.

Few programs were focused on health and social sector employment; there is a dearth of such programs within South Africa. Several programs had some application to the health and social sectors, however. Others could potentially be useful for promoting information or skills for entry to these sectors.

### Program Focus

Many programs focused very specifically on work readiness, offering bridging courses for youth who required certain skills development to access identified work opportunities. Kheth'Impilo, NACCW, and NACOSA were the only programs that provided training leading to careers in the health and social service sectors; these programs also allowed for direct job placement opportunities through partnerships with industry and government. Others worked closely with industry to identify need and demand, such as Harambee, JumpStart, and Afrika Tikkun, whereas others offered more broad work readiness skills development, to prepare youth generally for market opportunities, such as Fit for Life, Fit for Work, and ASPIRES. Programs such as Bridge to Employment and Future Me targeted youth at the high school level, providing math and science tutoring and broadening their knowledge of career opportunities.

Some programs were more holistically focused on the individual, offering soft skills development, leadership and mentorship programs that would allow youth to develop into actively engaged citizens; examples include Bumb'Imgomso, Love Life, and Soul City's Rise Clubs.

### PROGRAM COST AND RECRUITMENT

- None of the programs reviewed had any costs to participating youth.
- Some offered stipends and/or travel allowances, others did not.
- Stipends that were offered varied from R1000-R2000 (US\$85–US\$170) per month. In recruiting youth, programs used varied approaches.
- Some relied primarily on word of mouth.
- Others did more active recruitment by promoting at schools and community engagements, events, and by radio, newspapers, and online.

Many programs that centered on broader skills development had similar focuses and training areas, including SRH and HIV/AIDS, financial literacy, computer literacy, gender-based violence, career guidance, and psychosocial support. Activate, Future Families, Junior Achievement Africa, and Mentec had similar skills development pathways, although they focused their programs more on entrepreneurship and startup support. Activate supported existing entrepreneurship endeavors youth were undertaking and supported them in seeking funding opportunities. Other programs focused on training that would allow for the development of alternative career pathways, enabling youth to enter specific fields. For instance, the mLab Code Tribe provided technical training in the development of android-based mobile apps.

### Program Target Population

The target population of programs was generally 18–30 years, some starting sooner and others accepting older youth up to 35 years according to the South African definition. Most had a fair balance between urban and rural youth, recognizing and understanding the varied needs within each context.

**TABLE I. Overview of Workforce Programs Reviewed**

Program	Description
Activate	Connects youth to address tough challenges and initiative innovative and creative solutions. Covers education, health, arts, entrepreneurship. Target population: 20–34 years.
Afrika Tikkun	A for-profit social enterprise developing young people; 1 month course with soft skills and computer training; links to learnerships. Target population: 18–35 years.
Bumb'Imgomso	Creates possibility for the young people through a multi-sectoral package of interventions, including life skills, soft skills, mentorship, and leadership. Links with Harambee for work readiness. Target population: female youth.
Fit for Life	Provides youth with skills, knowledge, and helps them develop positive attitudes to effectively compete in the job market. Aims to reduce risk-taking behavior through improved economic prospects. Target population: 18–30 years.
Future Families	Provide care and support to vulnerable children and their families. Offers entrepreneurship and financial literacy, hiv and srh education, linked to aspires. Targets the family unit.
Future Me	Holistic, technology-enabled work readiness program for high school; provides the bridge between young people and the working world by addressing earlier gaps. Target population: secondary school.
Harambee	Assess demand versus supply and attempt to match through bridging and work readiness programs. Target population: 18–35 years.
Johnson & Johnson	Bridge to Employment Program pairs high school kids with local companies and institutes of higher learning to help set them up for success in the work world. Target population: high school students.
Jump Start	Work readiness program that develops the skills of unemployed young people and links them to career opportunities in the retail sector and the supply chain.
Junior Achievement Africa	Focus is on entrepreneurship and experiential learning, simulating or running a business. Begins with income generating activity; works at three levels: primary school, high school, and out of school.
Kheth'Impilo	Specializes in solution development and implementation for health and community systems strengthening in marginalized communities; post-basic pharmacist assistant certification and training.
Love Life	South Africa's largest youth leadership, life skills and sexuality awareness program; healthy sexuality and positive lifestyle programs in government clinics, community-based organizations, and schools.
mLab	Launched as a mobile technology accelerator to unlock the mobile apps economy. Evolved into a youth focused, tech-enabled, innovation, skills development, and startup support organization. Targets youth with matric or qualification.
Mentec Foundation	Provides an entrepreneurship class leading to the formation of cooperatives or group businesses with mentorship. The programs specializes in ICT training, including computer, Cisco networking, soft skills, and "IE" (improvement for employment). Target population: 18–35 years.
NACCW	Provides the professional training and infrastructure to promote healthy child and youth development; training opportunity for disadvantaged youth to enter employment as child and youth care workers.
NACOSA	Builds capacity with accredited training, mentoring, and technical assistance and channels resources to support service delivery on the ground, particularly among children and youth, key populations and women and girls. Target population: youth 10–19 years (older groups for training opportunities).
Soul City	Rise Up Mentorship and Leadership Club. Adopts a prevention approach that considers biomedical, behavioral and structural interventions. In and out of school programs. Target population: 15–24 years, female youth.
Save the Children (ASPIRES)	Save is a partner on ASPIRES and is the main sub-grantee. Combination approach of HIV prevention and economic strengthening. Target population: 14- to 24-year-olds, grade and upper school. Vulnerable youth from areas with high HIV prevalence.

## Program Accessibility and Reach

All programs had a focus on marginalized and vulnerable youth, and many targeted specific community locations to ensure that such youth were reached in program coverage. A noteworthy limitation on program accessibility is that the majority of the programs had matric qualifications as their entry requirements. Those that did not required some level of math and or English literacy and took youth through several phases of applications before accepting them into the program.<sup>7</sup>

## Health and Social Sector Programs

The three programs geared toward health and social services demonstrated noteworthy positive results and strategies that could be effective in opening up the industry more broadly to marginalized youth.

Kheth'Impilo, for example, had positive results in linking youth to pharmacy assistant posts in the public and private sectors, responding to the high demand for such positions in South Africa.<sup>8</sup> Since 2011, the program has trained over 800 basic and post-basic PAs across five provinces; 440 hold post-basic pharmacist assistants qualifications. The learnership has demonstrated a 95 percent completion rate and an estimated 222 percent return on investment (ROI).<sup>9</sup> Nearly all graduates are known to be employed, most in government, some in the private industry, and others have continued to pursue further studies. This program allows marginalized youth to enter the health sector with an average monthly salary of R15,000 (approximately US\$1,276). Kheth'Impilo has estimated that the program has generated an annual R79 million (around US\$6.7 million) back into the community through salaries; with total

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7 "Matric" refers to the national, standardized examination, which represents the final exit qualification at the end of 12th grade. For more information, see Section 3, Drivers of the Youth Employment Crisis in South Africa and Implications for Programs.

8 Pharmacists are a scarce skill, so post-basic pharmacist assistants allow for task shifting and easing this gap by taking some of the administration and other smaller tasks away from overburdened pharmacists. See further discussion of Pharmacy Assistant pathways in Section 3.

9 The ROI is calculated based on the total cost of the program (in terms of funding received) and on the total income of participants, based on government entry-level salaries for post-basic learners after qualification. For example, if 20 learners qualified at the end of year 3, Kheth'Impilo would calculate their annual income for that year as well as the next four years. If another 50 qualified in year 4, their salaries would be added from the date of qualification to end of the program. Source: Kheth'Impilo program.

estimated program costs of R71 million (approximately US\$6 million) over the last 7 years. Kheth'Impilo was one of the few programs that provide youth an immediate opportunity to work and earn an income as basic PAs, while advancing their qualifications into higher level positions.

NACCW has shown positive results for employment and career development in the social sector particularly. The accredited Isibindi program has trained over 7,000 CYCW, who are deployed locally by community-based organizations (CBOs), government, and faith-based organizations (FBOs) and are estimated to reach over 400,000 children. The 16-module program trains unemployed individuals (predominantly youth), selected by their communities, as CYCWs who are then employed by the state and NGO sector to meet the growing demand for social services in a cost-effective manner. Over 3,000 youth have participated in nationwide expos whereby various stakeholders and government representatives are available to provide youth with guidance and resources on career choices.

In addition, NACCW allows youth to provide essential services that support vulnerable children and families in their own communities, while entering a career in a recognized discipline. On average, each CYCW has assisted an average of 464 youth to obtain job placements, apprenticeships, and learnerships; trained 254 youth in structured evidence-based programs on employability and other soft skills; and trained 170 youth on entrepreneurship. NACCW has been recognized and scaled up by government, which provides stipends for in-training youth, identifies target areas and implementing partners for training, and offers employment opportunities. The largest employers of qualified CYCWs is the Department of Social Development (DSD) and DSD-subsidized NGOs.

NACOSA also provides accredited CYCW training and engages businesses to provide bursaries to community organizations that provide training and/or employment for CYCWs. NACOSA has recently begun to extend their training model into other fields, including social auxiliary work, CHWs, home-based careers, and auxiliary nursing. The result is to strengthen youth access to these sectors, while partnering with business to fund the training and

## PROFILE

# KHETH'IMPILO



In 2008, Kheth'Impilo piloted a pharmacy assistant learnership program, which was scaled and fully implemented in 2011. The program was conceived because of a recognition that pharmacy support personnel were needed to strengthen pharmacy services. To date over 800 youth from vulnerable communities have participated in the program with 443 receiving a post-basic pharmacy assistant qualification and the remainder the basic pharmacy assistant certification. The program is accredited by the South African Pharmacy Council. Nearly all program graduates are working; most in the public sector with the rest either in the private sector or continuing their studies. The Kheth'Impilo program exhibits a successful model of job creation through meeting a gap in the labor market for pharmacists and assistants.

The post-basic pharmacy assistant learnership is a best practice example of how marginalized youth can enter the health sector

and be empowered toward not only an employment opportunity, but also career progression and ownership. The program serves two key purposes. First, it eases the load on pharmacists (who are in short supply) and allows for more cost-effective service delivery. With 7 million people living with HIV (PLHIV) in South Africa, PAs can support differentiated models of care. Second, this program allows marginalized youth to enter the health sector with an average monthly salary of R15,000 (US\$1,276). Kheth'Impilo has estimated that the program has generated an annual R79 million (US\$6.7 million) back into the community through salaries.

Youth are recruited to the program largely through Facebook advertising or word of mouth; ideally, the program would like to do more outreach to high schools. Acceptance to the program is competitive and selective. Applicants take an English and math preselection test, and those who pass are invited for an in-person interview. Matric is required. Out of 200 applicants, less than half pass the preselection tests and approximately 40 will get into the program.

Successful candidates are paid an allowance. The monthly stipend helps with transport costs and also helps to support their families. The course has a balance between theoretical and practical learning. The program tries to place learners at facilities close to their homes.

The PA program began with funding from the Elton John Foundation, with additional funds received from USAID, HWSETA, and others. Currently, HWSETA is funding the training for 195 learners scheduled to complete the program in 2018. Operational funding is scheduled to end April 2018, however, and the program will close its doors. While there are a few other similar programs, Kheth'Impilo is the largest. If they close it may have a significant impact on the industry, since other programs cannot pick up the numbers that they train.

## KHETH'IMPILO SUCCESS FACTORS

Four fundamental drivers emerge in explaining Kheth'Impilo's success, which have relevance for other programs seeking to prepare youth for health and social service careers, particularly in the public sector.

### 1 AVAILABILITY OF GOOD JOBS

Although the public health care service faces severe skill shortages and has many job openings, at least on paper (see further details in Section 3), few are funded. Kheth'Impilo, has addressed this gap by locating services in provinces that are taking the initiative to fund PA posts to ameliorate the shortage of qualified pharmacists. A growing number of jobs for PAs are available in the private sector as well (See Section 3). All posts—both public and private sector—are well-paying and allow job holders to sustain themselves and their families.

### 2 BUY-IN FROM THE PROFESSIONAL COUNCIL

The Pharmacy Council, like other health and social services professional bodies in South Africa, plays a key role in regulating youth access to professional opportunities. In this case, the Pharmacy Council saw the need for pharmacy assistants early on and pro-actively worked with Kheth'Impilo and HWESETA to create the curricula and articulation pathways. Trainees are registered with the Council during training, and graduate with credentials that are professionally recognized (See #4 below). As a result, Kheth'Impilo graduates are immediately employable.

### 3 PARTICIPATION OF COMMITTED, QUALIFIED TRAINERS

Professional pharmacists volunteer for Kheth'Impilo training assignments and are assigned students once they've completed a mandated Pharmacy Council training course. This ensures a qualified, committed pool of trainers and mentors for program participants.

### 4 CLEAR ARTICULATED PATHWAY FOR PROFESSIONAL DEVELOPMENT

Participants have access to an articulated pathway for professional training and accreditation. Currently, post-basic PAs who wish to become fully fledged pharmacists are required to attend a university program that offers the course. Currently, universities do not offer recognition of prior learning (RPL) credit to facilitate advancement of youth with basic and post-basic pharmacist assistant qualifications, but that may change over time.

### POSITIVE EFFECTS OF PROGRAMS ACCORDING TO YOUTH AND STAKEHOLDERS

- Psychosocial benefits
- AGYW empowerment
- Life skills, including SRH knowledge
- Soft skills
- Development of technical skills and/or practical experience (select programs)
- Links to employment (select programs, i.e. Harambee and EOH have employment rates of 40%–50%)

employment of needed paraprofessionals. NACOSA views the health and social sector as potentially valuable areas for training investment. In addition, NACOSA's program provides a pathway to health and social service sectors employment for beneficiaries of more general youth livelihood programs that serve marginalized populations. For example, beneficiaries of the USAID-funded ASPIRES youth program, which helps highly vulnerable youth apply for jobs and explore self-employment options, are often linked with NACOSA's accredited training opportunities.

The Bridge to Employment program, discussed further below, provides health career exposure to secondary school students while providing a range of interventions designed to improve academic achievement, math and science skills, and life skills. Other programs, although not necessarily health and social sector focused, provided training and/or job placement services with high industry relevance. An example is mLab, whose primary employment market is in information and communication technology (ICT); participants have developed and commercialized mobile apps tailored to health industry needs. Another example is Fit for Life, which places numerous participants in jobs at the reproductive health clinic where the program is based; youth may obtain jobs as M&E or Linkage Officers.

## PROGRAM IMPACTS AND OUTCOMES

*“I think for me life skills had the most impact on me because you learned about positive thinking. I think that just boosted morale for me.”*

–(Female youth)

Although each program has its own goals, all aim to help youth to enter the workforce, whether directly or indirectly. Below we review the evidence for program impacts in two domains: psychosocial and employment.

### Psychosocial Impact

A Siyakha Youth Assets study by the Centre for Social Development (University of Johannesburg) allows for some insight into the impact of these programs. This evaluation includes eight programs in 48 sites, some of which were also reviewed in this workforce assessment; they have completed three rounds of data collection. Findings indicate that youth who enter the work readiness programs already have high levels of self-efficacy, self-esteem, and confidence. These levels did not change much between the pre- and post-tests though there was a small increase in self-efficacy along with a slight decrease in future orientation. Preliminary analysis of data from the third wave of data collection suggests that programs have positive psychosocial effects but their impact on employment is less clear. About one-fourth of program participants in the study reported employment at the third wave while average employment in South Africa is 23 percent. However, there are variations by program and Harambee and EOH have employment rates between 40 percent–50 percent, which may be explained by their close links to employers.

The findings from the Centre for Social Development study on the psychosocial impacts align with what program managers from this review are describing anecdotally about their participants. Managers described youth who *“transform”* over the course of the program even though when they come in they are *“beaten and broken.”* Another

described how even after two weeks he can see change and growth. ASPIRES staff also noted that the program is appreciated in the community and that parents have mentioned that they feel their children are politer, more helpful at home, and thinking more about their future.

Further, to the participants, the benefits range far beyond obtaining employment. One young man from Kheth'Impilo said he learned **“patience”** and that because he is training to be a pharmacy assistant, his **“father is more proud than ever.”** A young woman from Rise Up stated that Harambee taught her how to dress and present herself in an interview. Others mentioned how they learn from their peers as well as their instructors, and that their peers give them needed support. A young man from Fit for Life explained how the program helps participants **“get out of their shell.”** They learn that regardless of what happened in the past you are not alone and you can learn from others' stories. Girls in the Rise Up (Soul City) focus group find their group

### IMPACT OF WORKFORCE PROGRAMS ON AGYW HIV RISK AND VULNERABILITY

Youth workforce readiness programs were seen to have an impact on HIV risk and vulnerability behavior through life skills and knowledge around reproductive health development and safe sex practices; this was particularly evident for young women participating in these programs.

*“You need to put your foot down, that's when he takes you seriously.”*

*(Female youth)*

*“Sexual reproductive health, the skills they gave me there I still use today. From your basic HIV, the understanding of HIV, where you test, the treatment of it...I learnt a lot from that program.”*

*(Male youth)*

**“They teach you to be who you are.”**  
**–(Male youth)**

empowering and two described how they were able to insist on condom use with partners. One program manager reported that he had been told by an ASPIRES participant, *“If my friend had known about this program six months ago she would not be pregnant and HIV positive.”*

The Centre for Social Development study also found that despite these positive outcomes, youth were often less hopeful when exiting workforce programs. This was thought to be linked to youth exiting a system of structure and security into the precarious job market. **The lack of employment opportunities within South Africa, in comparison to the scope of need, was a persistent structural barrier; and even youth who showed notable positive outcomes through program engagement still had uncertainties about their ability to find sustainable and meaningful employment.** Thus, for many programs, one of the most important approaches was that of follow-up support for program alumni; Fit for Life is an example of this, providing alumni with a full year of support through phone calls and group SMS chats, job opportunity linkages, and engagement around their emotional and physical health and wellbeing.

### Employment Impact

Apart from the Siyakha findings, **hard evidence on the impact of the programs was often challenging to gauge as few have done full-scale evaluations of their program and its impact on youth employability.** Some programs reviewed in this study, however, noted success in employment for their participants, drawing from M&E data. Fit for Life, for example, estimated an 85% placement record, although they attributed their success to the small scope at which they implemented their model, (2,000 youth served nationally per year). The program was kept small to retain a highly personalized design, which is deemed to have a greater impact for individual beneficiaries. For example, Fit for Life engaged with external employer partners around the specific needs and skills of beneficiaries. For employment-focused programs such as Harambee, Kheth'Impilo, JumpStart, and mLab, however, their approach

was more centered on industry demand, aligning themselves with growing subsectors and job opportunities in various fields and then selecting and preparing qualified youth.

mLab demonstrated success in generating new jobs for South African youth with its Code Tribe program. mLab trained 217 programmers by 2017, of which 101 have completed the program and 67 of those have entered the workforce. Two have started businesses. mLab estimated that employed graduates have increased their household income by 250 percent at an average salary of R12,500 per month (US\$1,063). In addition, mLab itself created 31 new jobs in 2016, and 48 percent of these positions are filled by women. mLab's approach is distinguished through the focus on innovation, start-ups, and entrepreneurship (rather than simply job placement). Since its beginning in 2011, Harambee has placed 40,000 at-risk youth into sustained employment with over 400 employers.<sup>10</sup> In total, 1.1 million youth have contacted Harambee, of whom 350,000 have visited its centers for initial intakes/assessments.

Other programs had positive outcomes in terms of providing youth with practical skills and experience, be it through the program training itself, or through linkages with learnerships, internships or small projects within industry. Harambee program staff referred to such provision as "bankable benefits." It estimated that youth with experience are six times more likely to find a job than those with no experience,<sup>11</sup> and so such opportunity through these programs can have a positive impact at later stages. Many participants in mLab's Demola and Code Tribe programs, for example, were able to create their own pathways through app development. A youth participant from mLab noted that they really enjoyed the opportunity to create a portfolio for themselves and be enabled to demonstrate to industry what they were able to offer. Others had positive effects by linking youth with further education opportunities or the ability to enter additional training. All programs had an orientation toward social justice and problem solving.

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10. Meeting with Harambee.

11. Statistics South Africa (2013) Labour Market Dynamics in South Africa. Retrieved from <http://beta2.statssa.gov.za/publications/Report-02-11-02/Report-02-11-022013.pdf>

## **YOUTH AND PROGRAM INSIGHT INTO THE EDUCATION SYSTEM: TOWARD WORK READINESS**

Programs that train vulnerable youth to enter the workforce are providing knowledge, skills and experience that may be lacking from schools, parents, and communities. There was widespread agreement that the education system needs to do a better job of both educating its students and preparing them with the information and skills they need to either pursue further education or to obtain employment. Interview participants discussed the high school and tertiary education levels as well as the need for alternative educational pathways. Understanding the education system provides insight into the skills and career guidance students receive that enable them to enter the workforce in general and the health and social service sectors in particular.

### **The High School Education System**

Multiple weaknesses in the education system were described. The schooling system is seen as largely poor and inefficient due to a lack of resources and capacity, particularly in underprivileged areas. One government official said that school is considered "*training for unemployment*" while another stated, "*the education system has failed youth.*"

Many explained how half of all students drop out by grade 10, (dropout patterns and causes are described further in Section 3). It was noted that many of the teachers themselves are from a broken system and that the good ones often leave out of frustration.

Several mentioned the mismatch between the skills youth need in order to work and the education they receive. Some suggested youth often do not select the correct subjects that will open doors to the opportunities they desire, often because they were not given guidance in this regard. One noted how some teachers encourage their students to drop math and take math literacy, an easier course, in order to keep up their grade averages.

***“High school did prepare you just a little, with the job shadowing thing that we did for life orientation. It was a program where we had to go to work with our parents our aunts or whatever... so we can see how the corporate world is. But then, after that, it’s the programs that we attended after high school, that actually prepared us.”***

**–(Female youth)**

### **Career Guidance**

Most stakeholders indicated that South African schools did little to prepare youth for employment or provide career guidance though youth in the focus groups were more mixed in their opinions. Stakeholders and some youth felt that career guidance in schools is lacking and where it is offered, it is limited in terms of the pathways for either employment or further training. The traditional message of **“get a degree, get a job”** was seen as being emphasized, although it did not necessarily apply to the context in which South African youth find themselves, and few alternative pathways were proposed. Youth indicated that, at best, schools would **“direct us to websites where we can get the forms and helped us to fill them in”** (Male youth).

### **MAIN EDUCATIONAL CHALLENGES FOR YOUTH THAT AFFECT WORKPLACE READINESS**

- Inadequate preparation in math, science, and English language skills
- Insufficient career guidance especially regarding employment in health and social services sectors
- Lack of knowledge on further educational opportunities and various pathways
- Financial barriers to continuing education

Furthermore, the career options for youth who were not able to pursue further education were few in terms of the support, advice, and preparation offered by schools. Many youth identified after-school programs, such as the youth workforce strengthening programs assessed in this study, as being more effective at preparing youth for the working world.

Some youth in the focus groups, however, felt that they received adequate or at least some guidance. The group from mLab suggested that there is a difference between rural and urban schools with rural schools not providing this guidance while schools in urban areas did. A young man in the Kheth’Impilo program said that in his school career guidance was more about going to university and less about careers or other institutions of higher learning such as TVETs. The pamphlets they received provided information about becoming a teacher, doctor, or lawyer, but did not give a broader view of career possibilities. The participants in the NACCW focus group were very positive about the guidance they received in school and described how their teachers talked to them, organized trips to visit universities and career expos, and directed them to online sites.

### **Rural versus Urban Divide**

The issue of an urban and rural divide was mentioned by others. Many stressed that the level of opportunity and structural support in rural education is severely limited and this often puts such youth at a disadvantage when attempting to enter tertiary education or find a job, or even, for a large majority, complete high school.

### **School-based Programs**

Programs like Bridge to Employment were started to improve student math and science skills. This program, funded by Johnson & Johnson and implemented in partnership with the Department of Basic Education (DBE), has operated in Cape Town and Johannesburg and is about to start in East London. In Cape Town the program was run at the grade 10–12 level and aimed to support students in math, science and life skills through tutoring, workshops, career coaching, and field trips. Over the course of an evaluation, students’ overall averages and English language grades increased (and the increase was statistically significant) while math grades decreased and science grades

***“We all went to tertiary, but most... dropped out because they were looking for jobs, and most of them had the mentality, look, even if I get my degree, I’m not gonna get a job, so I’d rather start looking for a job now so that I have experience...”***

**–(Female youth)**

remained the same. The evaluation report speculates that to increase math and science grades, the program may need to start at an earlier age. All students were aware of health sector careers at the end of the evaluation, although less than one-fifth said they planned to enter the health field. One of the program’s greatest strengths was described as giving the students a reason to believe, to dream. Many other companies run programs similar to BTE, though efforts are uncoordinated. Further details about the BTE program can be found in Jere, 2014.<sup>12</sup>

### **Access to Tertiary Education**

Access to tertiary education is seen as a significant barrier to South African youth and for many even information on further education was limited. One program manager explained that many are not even aware of application deadlines so that they end up applying late and then sit around for a year. Even for those who are accepted to higher education, funding becomes a central challenge and can prevent some from even attending or can lead to early dropout. Several focus group participants talked about how they were unaware of bursaries for higher education; one mentioned he did not know about them when he entered TVET but was able to obtain one for his last year. It was also identified that tertiary education did not accommodate those who are not “gifted” and many youth from more disadvantaged schooling backgrounds struggled to transition effectively into the tertiary environment.

### **Value of Tertiary Education for Employability**

The experience of programs like Kheth’Impilo shows that post-secondary degrees in certain specific, high-

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12. Jere, M. (2014). BTE Evaluation 2013: Annual and End of Project Report. Zwaanswyk High School, Cape Town, South Africa. Cape Town: University.

demand fields can be a reliable route to employment for some youth (Section 3 provides more information on employment opportunities in health and social services). Yet in general, in the South African context youth noted that a tertiary degree did not necessarily result in employment and many youth felt they were “sitting on their degree,” some with student debt, still unable to gain entrance into the job market. This was linked to an impending sense of hopelessness, a feeling that no matter how hard one tried, regular and meaningful employment was unattainable. Youth with honors degrees were taking on entry-level jobs simply “to put bread on the table.” The notion that even university graduates cannot find jobs was voiced several times, including by the participants in the NACCW focus group who were all either in university or accepted to go to one.

### **Alternative Pathways for Further Education, Training, and Employment Opportunities**

Alternative pathways toward further education and career development include TVET centers for further education and training (FET), whose programs are typically more occupationally focused, less expensive, and less time-consuming than university education. However, many youth were unaware of these schools (as well as private training programs) or still found them largely inaccessible. As identified by a key stakeholder in the Department of Higher Education, such programs are often over capacitated and cannot meet the high demand from learners. In addition, informants noted that not enough attention was paid to youth unable to achieve matric; although TVETs in principle are able to accommodate youth with a grade 9 or higher level. A number of training programs specifically

***“If you face the facts in South Africa... there are people who are able to further their studies, but even if you get that opportunity to further your studies, you find difficulty finding a job. Because most of us we do have qualifications, but we’re sitting on them. You end up doing something which is not really in your interest, but just so you can get bread on the table.”***

**–(Male youth)**

for auxiliary workers within the health and social services sectors were offered through on-the-ground training such as by the HWSETA but most youth who participated in the focus groups were unfamiliar with these programs. Section 4 provides further details on post-secondary education and training pathways in health and social services. Within the health sector in particular, it was noted that the health sector is a difficult labor market for people in South Africa who have no further qualifications in health beyond a matric. Overall, informants expressed that one needs to continue to study at a tertiary level in order to get ahead and ultimately get a job and as one stakeholder noted, an FET degree is not seen as “*aspirational*.”

## YOUTH EXPERIENCES AND CHALLENGES WITH THE LABOR MARKET

Young women and men from vulnerable communities who search for employment face multiple obstacles. These include costs associated with seeking a job, a lack of social capital and prior work experience, employer entrance

**“It is hard for us to enter the industry, yet we are talented.” ”**

–(Female youth)

exams, few opportunities for career development or progression, and other barriers.

### Financial Challenges to Work Seeking

The costs to conduct a job search can be prohibitively high for vulnerable youth and were cited as a barrier to youth employment. Participants from the Centre for Social Development at the University of Johannesburg costed work seeking at an average of R400 a month (around US\$34), not related to transportation costs; this included expenses such as data, printing, child care, and information access. Data access was deemed to be particularly expensive in South Africa. “If you want to apply online, what if you don’t have data? You don’t have even email...” (Female youth). Since youth from vulnerable communities often live far from employment agencies and companies where jobs are located, and most require that CVs be

dropped off in person, transportation costs for job seeking can be very high; they have been estimated at an average of R500 a month (approximately US\$43).

### Lack of Social Capital and Prior Work Experience

Time and again, youth and stakeholders explained that employment opportunities relied on the level of experience a young person held, and a degree or certificate would rarely lead to a job opportunity if it was not accompanied by experience. However, this level of experience is not often afforded to youth, particularly those from disadvantaged backgrounds; there is an academic versus practical gap. It was explained that companies distrust the education system and are skeptical of the value of matric. They are also flooded with candidates seeking work, due to the dearth of other opportunities. Therefore, they prefer to hire those with proven track records and referrals.

This results in entry-level positions that require a few years of previous experience. In addition, a fear of labor laws that are viewed as “*strict and inflexible*” make it difficult and expensive to fire someone, which makes employers reluctant to take a chance on someone. These hiring

### MAIN CHALLENGES TO FINDING WORK ACCORDING TO YOUTH AND STAKEHOLDERS

- High costs to find a job
- Lack of prior work experience
- Lack of social connections to help facilitate entry to labor market
- Employer exams that test school knowledge not potential
- Volunteer work or learnerships that don't lead to accreditation in particular in health and social service fields

practices were described by one program manager as **“exclusionary and discriminatory.”** This leads to a situation where prior work experience, and who you know, are more important than qualifications. For youth from vulnerable communities who do not have social networks that can help gain them entry to the labor market, this can present an insurmountable obstacle.

### **Job Seeking**

The search for a job was described as **“disheartening”** and **“discouraging.”** Participants in the focus group for unemployed youth talked about applying for opportunity after opportunity but hearing nothing back. Several had the impression that the company already knew who they wanted to hire and as one unemployed young man stated, **“They’re just following protocol.”** Across groups several expressed their frustration that they had completed their studies but still could not find a job. One girl from Rise Up talked about how discouraging it is to be told to study but then there are no jobs and you end up at home. This was supported by youth, programs, and stakeholders who stressed that the career pathway of education to employment was simply not clear-cut anymore. A participant in the focus group for unemployed youth suggested that this is a change from her parents’ generation. As put forward by a youth participant, **“My mom still believes in the 90s days, when you have matric, you get a job... we don’t live in those 90s days”** (Unemployed female youth).

### **Learnerships and Volunteering**

As a result, youth often gravitated toward internships, learnerships and volunteering to gain experience. These can provide skills and build experience though earnings vary and are often just a stipend, which can be very low. Many in the focus group with unemployed youth say that they volunteer with NGOs to acquire skills. One young unemployed woman who had volunteered at an NGO said she preferred this to her job as a packer where she explained, **“you just pack and pack, you don’t learn anything”** (Female youth).

**“Our children have no one to knock on a door not to mention open it.”**

**(Future Families)**

**“However, I think it has created dependency for some people, the follow up program. I think it is supposed to be a two-way street, but for some people they expect Fit for Life to give them everything, they are not going to take that initiative.”**

**(Female youth)**

The same sentiment was expressed by a young man in the Kheth'Impilo program. He said his job as a meat packer after high school was **“horrible”** and it was just something to do to pass the time. This same young man further explained that when he did not get into university he wanted to get a learnership. When asked why he wanted a learnership over a paid job he replied that a learnership is an **“investment for the future.”** However, even pursuing an internship can be a challenge. One mLab participant talked about an internship he received that required he go there twice a week. He had to quit because he couldn’t afford the travel costs. Further, one stakeholder cautioned that youth become **“trapped in a cycle of volunteerism,”** which echoes the thoughts of one program participant in discussing learnerships who said **“but you can’t do that forever.”**

**Sometimes it’s all about connections... if I know somebody who works inside the company it’s easy to get a job... ‘Cause I went to one of the companies, I went to drop my CV and the receptionist said you’re just wasting your time, we’re just going to throw it.”**

**(Unemployed female youth)**

Also, the focus group with unemployed youth raised how volunteer work may not be recognized or accredited and thus not allowed for an advance in career strengthening. One youth explained how he had trained as a volunteer care worker with an NGO, and had acted as an HIV care and treatment counselor for several years, only for the program to end and for him to have no evidence or accreditation of the training and work he had undertaken. ***“You can’t look for a job with an attendance certificate” (Male youth)***. Another had a similar experience, ***“When you say you’ve worked for an NGO... where is the proof? Where is the certificate?... When the opportunity comes at a clinic for testing, you can’t apply” (Female youth)***. These stories, however, point to what may be a misperception on the part of the trainees in that the trainings they are receiving from the NGOs may prepare them for that specific work but may not be part of a government recognized, accredited training program.

In addition, some program staff and youth participants described a cycle of dependency on programs. Afrika Tikkun staff discussed how some of their participants do a training, then go sit at home, and then do training again and how they want to stop this cycle. Similar sentiments were expressed by Fit for Life and Activate where they talked about wanting program participants to take more initiative and be less dependent on the program. Youth participants also recognized this (see quote below).

However, again, it should be noted that in some cases, this level of dependency may also be related to the fact that there simply are no work opportunities, and even youth who exit these programs struggle to find meaningful and sustainable employment for themselves; these programs seem to offer a level of security and belonging that youth may not necessarily be able to find alternatively.

***“We are not supposed to be the generation that is spoon fed everything, you also need to take initiative in life... because no one owes us anything.”***

**(Female youth)**

### **The Entrance Requirements for Employment Opportunities and Traditional Means of Testing**

As a result of South Africa’s schooling system, it was recognized that employers are skeptical of the matric certificate and as a result, often implement standardized entrance tests that are designed to test school learning in areas of acquired knowledge, such as math, rather than a broader concept of ability. Harambee has developed a different set of tests that measure potential rather than school learning and have been successful in getting some employers to use them instead of the more traditional tests.

Falling within this category is also the lack of feedback and guidance from employers themselves. Many youth said they would go for several interviews or submit several applications and receive no call back, response, or feedback that would allow them to grow and learn for the next opportunity.

#### **HARAMBEE**

Harambee assesses demand versus supply and attempts to match youth to jobs through bridging and work readiness programs. Harambee hosts a one-day intervention program, which includes a psychometric assessment of employability in relation to available opportunities (e.g., call center operators, entry-level retail staff, or drivers). Following the assessment, selected youth enter a four-week bridge and training program, for employment opportunities that are pre-identified through partnerships with the private sector. Harambee also works closely with private sector partners to change employer mindsets around entry-level educational requirements and tests, encouraging a broader understanding of youth potential.

## Limited Career Progression and Opportunities

Even when someone is hired, career progression can be limited and can further dishearten youth. A young man in the Kheth'Impilo program who found a previous position through a family friend, explained how he was constantly passed over for promotion because of a lack of skills and certification even though he had been with the company for five years and he was doing work above his pay grade (he didn't go on for further study because had to support his family). The company did not offer to assist him to gain these additional skills and certification.

Many see entrepreneurship as a way to overcome these obstacles. Several program managers mentioned that many (sometimes half) of their program participants decide they do not want traditional employment but want to set up their own business instead. There are courses through SETA to set up a business yet one unemployed young man explained that he needed to pay R50 (approximately US\$4.25) to register the business along with other costs for which he didn't have the money.

mLab focus group participants were unanimous in their belief that they were most likely to find work through self-employment. They explained that even college graduates have a hard time finding a job. Even the mLab learners, with many who had been to university and had high-level tech skills, still did not believe they would be able to find traditional employment after they completed the program. They described how someone can apply for jobs 100 times and then only get maybe one call. They emphasized the need to change their mindset and focus on entrepreneurship. Instead of seeking jobs they needed to identify a problem and find a solution.

## Other Employment Challenges

Additional general challenges to employment that were noted include:

- Employers and employment agencies with predatory or unscrupulous practices. While searching for jobs online many have come across agencies that they go to in the hope of finding jobs but instead are charged high fees for trainings and certifications (e.g., for

## mLab



mLab was launched as a mobile technology accelerator to unlock economic opportunities through mobile app development. It has evolved

into a youth focused, tech-enabled, innovation, skills development, and startup support organization. mLab offers training in coding, skills development, innovation, linking with employment and start-up opportunities, running hack-a-thons to address social challenges. It creates employment opportunity through technological innovation and start-up support. In 2017, mLab's Code Tribe program had trained 217 programmers, of whom 67 had entered the workforce. Employed graduates have increased their household income by an estimated R12,500 per month (approximately US\$1,063), which is a 250 percent increase.

computer courses) and then no job materializes. Young women in the Rise Up focus group described employers who prey on vulnerable women by promising them a job in exchange for sex.

- Limited computer literacy and access to computers for many youth coming from disadvantaged schooling and home backgrounds. Having basic computer knowledge was seen as a minimum requirement for many jobs, even at the entry level and for many youth, such exposure had not been given at the high school level. Youth involved in workforce programs identified such training as providing an important skill though some said this type of training needed to be added or expanded (such as by adding more advanced training).

- Not enough family and community-based support and mentorship for the working world. This can be linked to the legacy of apartheid and the fact that many of their parents were not afforded the opportunities to enter meaningful further education, employment, or entrepreneurship opportunities and thus cannot offer experience or guidance in these areas. Further, with high levels of poverty, youth often face the burden of being breadwinners in their families and do not have the financial means to seek meaningful career paths. Young people need to earn an income starting at 18 years of age (at times younger) and contribute to the household. Further, many family and community members face health and social challenges, such as poverty, substance abuse, gender-based violence, family breakdown, ill health of family members, and the like, which can affect program retention. Strengthening coordination with the DSD and social services so that families can be referred when it is clear there are issues affecting participation was recommended as a way to help program participants.

## OPPORTUNITIES PRESENTED BY YOUTH WORKFORCE PROGRAMS

While the interviews revealed the many barriers and constraints vulnerable youth face toward pursuing higher education and obtaining gainful employment, they also showed that there are many committed individuals and organizations who are making some progress toward overcoming these barriers. From the results, a number of programmatic solutions and potential opportunities to address these barriers and constraints were identified. Yet ultimately, lasting change will need to come from policy reforms at the levels of the national and local government, including more effective collaboration and alignment of efforts among the public and private sectors to encourage inclusive growth and employment.

Yet ultimately, lasting change will need to come from policy reforms at the levels of the national and local government, including more effective collaboration and alignment of efforts among the public and private sectors to encourage inclusive growth and employment.



**TABLE 2. Program Solutions in Response to Gaps**

Solution or opportunity	Gap addressed	Program examples
<b>Increasing access to opportunities in the health and social service workforce</b>		
Enhanced links to government health and social service agencies and accreditation bodies	Opportunities for training for health and social service jobs enhanced Links to available job opportunities in these sectors enhanced	Kheth'Impilo, NACCW, NACOSA
<b>Increasing access to opportunities in the workforce in general</b>		
Create new employer entrance exams/ requirements	New exams test potential rather than school learning	Harambee, Mentec
Strengthening links to employers	Ensures graduates meet employer skill requirements; helps overcome employer reservations to hire youth from vulnerable communities with weak school system	Harambee, Mentec, JumpStart, Africa Tikkun
Use of reference letters, portfolios, and internships/learnerships	Can serve as a substitute for prior experience and lack of social connections	mLab, Fit for Life, JumpStart, Future Me, Bridge to Employment
Training on entrepreneurship	Creates the ability to identify and access new sources of income in a context of limited wage employment opportunities	mLab, Activate, Junior Achievement Africa, Future Families
<b>Increase opportunities to reach more youth with needed skills and exposure to new careers</b>		
Programs are adaptive and flexible	Can reach more youth in different communities (e.g., rural and urban; different provinces)	Fit for Life, Harambee, Junior Achievement Africa
Exposure to careers in the health and social services	Create more awareness and interest in jobs in these sectors	Fit for Life, Bridges to Employment
Exposure to new career opportunities in general	Help youth understand range of possibilities and be more realistic	Harambee, Soul City, mLab, Fit for Life, JumpStart, Future Me, Bridge to Employment

Table 2 highlights solutions and opportunities identified during the assessment, including those with potential to 1) increase opportunities in the health and social service workforce, 2) increase opportunities in the workforce in general, and 3) increase opportunities to reach more youth with workforce skills and exposure to new careers (including in the health and social services sectors). A brief discussion follows the table.

**I. Increase access to job opportunities in health and social services.**

NACCW's linkage with government in the training of child and youth care workers from marginalized communities, discussed earlier, is a good example of effective partnerships. Many youth participants will find employment placement through government, meeting a government-identified service gap; however, in other cases, youth will only receive a stipend as a result of funding constraints and this was a noted challenge that

needed to be further addressed. As outlined earlier, Kheth'implo is another strong example of a program that worked with government to create an accredited pharmacy assistant program that both fills a need within the health care system while also providing employment to youth from marginalized community.

## **2. Increase access to job opportunities in general.**

- Creating alternative entrance exams or skills assessments. Traditional employer exams are considered more a test of school learning rather than an adequate measure of an individual's capabilities, which handicaps youth from low-quality school systems. Programs such as Harambee and JumpStart are taking significant steps to change the mindset of industry in terms of talent and skill measurement. Harambee is considered a leader in bringing alternative assessment approaches into industry entrance requirements and measurements. JumpStart focuses from the beginning on selecting participants with strong work ethic and a positive attitude, intrapersonal skills that are difficult to teach and are highly valued by employers as predictors of retention and good performance.
- Creating industry relationships builds trust and shows that employers have greater confidence in program graduates. Mentec Foundation, JumpStart, and others have similar approaches, engaging with industry around need and facilitating a trusting working relationship that would afford their alumni an employment opportunity as a result of having gone through a program such as theirs, one that industry knows and trusts.
- Finding substitutes for prior work experience and social connections. The mLab program has learners build a portfolio of their work which may potentially substitute for prior experience. In addition, one stakeholder cited a study by the University of Cape Town demonstrated that a reference letter can serve as a substitute for social connections. Many programs stressed the importance of getting youth into meaningful internships and apprenticeships to allow them the opportunity to gain experience and develop practical knowledge. Some informants identified fairer labor laws as a clear need in order to level the playing field.

- Enhancing opportunities through entrepreneurship. As noted above, many youth are interested in starting their own businesses but more guidance is needed. Several programs noted that this is an area that they intend to expand as part of their program offerings. In addition, some described the Black Economic Empowerment (BEE) scores as an opportunity for stimulating the economy and providing vulnerable youth, in particular entrepreneurs, with employment possibilities. The revised scores rewards companies that use small and medium businesses that are at least 51 percent black, which can help youth who create new businesses. However, recent changes have left many companies trying to figure out how to be compliant, further research would need to be undertaken into how recent BEE changes could best be used to advance youth entrepreneurship.

## **3. Increase opportunities to reach more youth with workforce skills and exposure to new careers, including in the health and social service sectors.**

- Many programs showed that they are flexible and adaptive to changing environments. Several programs mentioned how when they move into new locations they have to adapt the program to a new population and different employment opportunities. Junior Achievement described how it redesigned its program in response to weaknesses identified through an evaluation. Also, while many indicated that they have entrance requirements, they were also flexible and made exceptions when they deemed it appropriate such as when Activate described how they accepted someone above their stipulated age range. Another noted how they cannot solve all problems so instead just focus on the problems that need to be solved for a given situation.
- Programs increase exposure to opportunities in the health and social service sectors. Discussions with youth and program managers suggest that youth receive little information about these careers in high school (beyond becoming either a doctor or a nurse) but can become interested once exposed to the possibilities. For instance, in the Harambee discussion group,

the participants said that they might be interested in these sectors but had not been exposed to information about health or social service careers. They were all currently interested in business because they think that's where the opportunities are. No one in the Rise Up group expressed an interest in any health or social service career and most of the NACCW group participants were going to university to study non-health-/non-social-related fields with the exception of one who wanted to study social work.

- Exposure to health and social service opportunities can create interest, however: One young man from Fit for Life explained how he had wanted to be a police officer and was disappointed when he wasn't accepted to the program. But now he is happy with his work at the health center where Fit for Life is based and feels that he is still providing a service to the community. The others in the Fit for Life discussion group were similarly happy with their work at a reproductive health clinic and a few specifically mentioned wanting careers in monitoring and evaluation of clinic data. Similarly, one of the Kheth'Impilo program participants said he wanted to be a pilot when he was growing up but now thinks he will be happier as a pharmacy assistant and wants to eventually go to pharmacy school. The other Kheth'Impilo participant we spoke to was previously working for a supermarket chain but similarly is happy with his new career path. The group with unemployed youth had four participants who had been employed at an NGO that provides HIV testing and support services. They liked their work and wanted to continue to pursue it but were unable to find opportunities. Finally, although mLab is a technology training program, many graduates go on to develop apps that focus on health or social issues and their Cape Town program has a dedicated health technology focus.
- Programs increase exposure to new and more realistic career opportunities. While mLab participants talked

about the need to find a career they are passionate about, they noted that on a practical level, passion doesn't always pay the bills. Staff at Activate talked about how their activators are very good at coming up with ideas but that these ideas don't necessarily translate into paying jobs. Most programs talked about retail and hospitality being the largest employment sectors, perhaps not careers that youth dream about but ones that can support a family. Several youth we spoke with had unrealistic expectations. As one program manager phrased it, "Youth have big dreams." In one group (Rise Up) most of the young women said they wanted careers as a singer or model or other jobs that they are unlikely to get. One wanted to open a school yet never said she wanted to be a teacher. Even the one who loved science and had a bursary to university wanted to be a model. As one program manager put it, "It's just reality that you can't always be what you want to be." Yet even those girls were looking for paid work at job centers. Programs can help provide their participants with more realistic guidance and expectations.

# 3. YOUTH ECONOMIC OPPORTUNITIES AND CHALLENGES IN HEALTH AND SOCIAL SERVICES

In this section, we summarize recent economic and employment trends in South Africa, then review their implications for skills and employment of youth, whether in health and social services or more generally. We then move to examine the specific characteristics of the health and social services labor market. That discussion includes a map of the health workforce system, a general review of skill requirements, and an overview of promising potential entry points for youth employment, including opportunities as well as sector-specific challenges. We then describe the health and social services skill development system, illustrated through in-depth reviews of career pathways for three key professions in health and social services: nurses, child and youth care workers, and community health workers.

## DRIVERS OF THE YOUTH EMPLOYMENT CRISIS IN SOUTH AFRICA AND IMPLICATIONS FOR PROGRAMS

### Job Creation is Not Keeping Pace with Demographic Growth

Low economic growth, exacerbated by rapid population increase, has led to a rapidly worsening employment crisis, with low skilled and youth populations most severely affected. Between 1995 and 2014, the labor force increased by almost 10 million, yet the economy created only 5.6 million jobs.<sup>13</sup> The inescapable result has been a drastic increase in unemployment.

According to the broad measure of unemployment,

13. Labour Market Intelligence Partnership. (2018). Retrieved from <http://www.lmip.org.za/>

which includes discouraged job seekers, the number of unemployed doubled from 1995–2014 (from 4.2 million to 8.4 million). The expanded unemployment rate was 62.5 percent among youth ages 15–24, and 39.3 percent among those 25–34, as of December 2016.<sup>14</sup> Today, 7.5 million South Africans ages 15–34 are NEETs—not in employment, education, or training. The number of people in this category is twice the number of people employed in the economy's largest sector (community and social services) and nearly six times as large as the number employed in mining and agriculture combined.

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**Today, 7.5 million South Africans ages 15–34 are NEETs—not in employment, education or training.**

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The employment crisis is also a contributing factor in HIV prevalence, with vulnerable adolescent girls and young women at highest risk. Economic challenges put young women at greater risk for transactional sex and HIV,<sup>15,16</sup> New HIV infections are particularly high for girls ages 20–24, and are also of concern for adolescent girls (ages 15–19), as well as adult women (ages 25–49). There is good evidence that increasing employment opportunity

14. Statistics South Africa. (2018). <http://www.statssa.gov.za/>

15. Ranganathan, M, L Heise, A Petitfor, RJ Silverwood, A Selin, C MacPhil, S Delany-Moretwe, K Kahn, FX Gómez-Olivé, JP Hughes, E Piwowar-Manning, O Laeyendecker and C Watts. (2016). Transactional sex among young women in rural South Africa: prevalence, mediators, and association with HIV infection. *Journal of the International AIDS Society*. 2016; 19(1): 20749. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4965597/>

16. KL Dunkle, RK Jewkes, HC Brown, GE Gray, JA McIntyre, SD Harlow. (2004). Transactional sex among women in Soweto, South Africa: prevalence, risk factors and association with HIV infection. *Social Science & Medicine*, volume 59, Issue 8: 1581–1592. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0277953604000504>

and income levels for AGYW can contribute to reducing HIV risk and prevalence; however, this needs to be complemented by other measures such as reducing gender-based violence and addressing unequal gender norms, which are also goals of PEPFAR's DREAMS partnership.<sup>17</sup> Appendix I outlines HIV prevalence in South Africa disaggregated by age, gender, ethnicity, and residence, followed by a brief summary of the major risk factors for AGYW.

### **Low Economic Growth and Declining Competitiveness Requires Greater Focus on Labor Demand**

The post-apartheid era in South Africa has brought many economic and social advances, including positive economic growth, improved access to services and housing, and reduced extreme poverty.<sup>18</sup> Yet in economic terms, South Africa has fallen into a particularly severe version of a global phenomenon that has been labeled a "middle-income country growth trap." This can be defined as a persistent cycle of low economic growth, a broader phenomenon that has affected a number of middle income countries over the past two decades, while others (e.g., China, India) have experienced rapid growth over the same period.<sup>19</sup> Since 1994, there has been a consistent trend of low growth and persistently high unemployment.<sup>20</sup> Moreover, the apartheid era legacy of extreme inequality has in fact continued to increase, and as a result South Africa today has one of the highest rates of economic inequality in the world.<sup>21</sup>

More recently, growth has been on a steadily declining trend beginning with a sharp downturn caused by the global financial crisis of 2007, and then again since 2010.<sup>22</sup>

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17. DREAMS Partnership. (2018). Retrieved from <http://www.dreamspartnership.org/#welcome>

18. Bhorat, Haroon, Cassim, Aalia, Hirsch, Alan. (2014). Policy co-ordination and growth traps in a middle-income country setting, The Case of South Africa. WIDER Working Paper. Retrieved from <https://www.wider.unu.edu/sites/default/files/wp2014-155.pdf>

19. Bhorat, Haroon, Cassim, Aalia, Hirsch, Alan. (2014). Policy co-ordination and growth traps in a middle-income country setting, The Case of South Africa. WIDER Working Paper. Retrieved from <https://www.wider.unu.edu/sites/default/files/wp2014-155.pdf>

20. Reddy, Vijay, Bhorat, Haroon, Powell, Marcus, Visser, Mariette, Arends, Fabien. (2016). Skills Supply and Demand in South Africa. Retrieved from [http://www.imip.org.za/sites/default/files/documentfiles/LMIP\\_SkillsSupplyandDemand\\_Sept2016\\_Author\\_0.pdf](http://www.imip.org.za/sites/default/files/documentfiles/LMIP_SkillsSupplyandDemand_Sept2016_Author_0.pdf)

21. South Africa is the most unequal country in the world, ranked according to World Bank data on Gini coefficients. GINI Index World Bank Estimate. Retrieved from <https://www.indexmundi.com/facts/indicators/SI.POV.GINI/rankings>

22. OECD Economic Outlook Issue 1. (2017). Retrieved from

The International Monetary Fund (IMF) projects growth of only 0.7 percent for 2017, rising slightly to 0.8 percent in 2018.<sup>23</sup> Investment and growth have been weighed down by high levels of political uncertainty and endemic corruption related to state-owned enterprises and other domains, offsetting more positive trends in the past year in terms of rising commodity prices and agricultural production.

A parallel trend of concern is that South Africa's global economic complexity ranking has declined from 50 in 2005 to 64 in 2015. The economic complexity index developed by Ricardo Hausmann and Cesar Hidalgo at Harvard University, is an empirical measure of applied knowledge in a country, based on the sophistication and ubiquity of a country's export products. The index has generally been shown to be a reliable predictor of future growth, so the substantial downturn over the past decade portends further challenges ahead.<sup>24</sup>

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### **Growth has been on a steadily declining trend beginning with a sharp downturn caused by the global financial crisis of 2007, and then again since 2010.**

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The above trends are all highly consistent with the definition of a 'stalled transforming economy,' according to a typology presented in a recent USAID review of evidence on youth employment programs in low-income countries. In such contexts, "previous economic growth, which featured the development of modern labor intensive enterprises and a large wage employment segment in the labor force, has stalled, reflecting an underlying loss of competitiveness." Drawing from findings of impact evaluations as well as economic theory, the authors challenge the cost-effectiveness of technical and vocational training and other supply-side programs and their long-term effect on employment, and question whether they may be simply redistributing the limited pool of available wage jobs among job seekers with little aggregate effect on employment

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<http://www.oecd.org/eco/outlook/economic-forecast-summary-south-africa-oecd-economic-outlook-june-2017.pdf>

23. IMF South Africa Country Profile. (2017). Retrieved from <http://www.imf.org/en/Countries/ZAF>

24. Atlas of Economic Complexity. (2016). Center for International Development at Harvard University.

(although they note this is rarely studied).<sup>25</sup> The authors note that addressing employment challenges in such environments primarily depends on increasing demand for labor, and thus recommend greater focus on demand-side program strategies (such as increasing firm competitiveness and growth).

### **Skills and Assets of Youth Workforce Need to be Aligned with the Requirements of Growing Sectors**

A structural skill imbalance has emerged in South Africa, since sectors in which growth has been more rapid, such as financial and services sectors, demand highly skilled labor. At the same time, growth has been sluggish in primary sectors (agriculture, manufacturing, and mining) that typically provide greater numbers of employment opportunities for lower skilled workers. In 2016, employment growth was highest among high-skill-level occupations such as managerial (5 percent increase) and professional employment (4.4 percent increase) while employment contracted in elementary occupations (2.5 percent decrease) and craft and related trades (2.7 percent decrease).<sup>26</sup>

At the same time, as discussed in further detail below, the vast majority of youth leave secondary schools (whether as dropouts or as graduates) with inadequate skills and qualifications for higher education and poorly equipped for opportunities in formal sector employment or in entrepreneurial activities. Beyond skills, youth generally lack work experience as well as strong networks or social capital that would aid in finding job opportunities, and tend not to have sufficient financial resources to enable mobility to areas where there is demand for labor.

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25. A recent USAID study warns that in contexts with a shortage of available wage jobs relative to the number of job seekers, supply-side interventions focused on training youth for available jobs run a high risk of displacement (i.e., redistribution of opportunities) as program beneficiaries displace other job seekers. Fox, Louise, Kaul, Upasna. (2017). The Evidence is in: How should youth employment programs in low-income countries be designed. USAID. Retrieved from [http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE\\_Final-USAID.pdf?MYY9plif42gPhhZi0V1oFLLQd\\_TfAz](http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE_Final-USAID.pdf?MYY9plif42gPhhZi0V1oFLLQd_TfAz)

26. Development Policy Research Unit. (2017). Monitoring the Performance of the South African Labour Market: An overview of the South African labour market for the Year Ending 2016 Quarter 3. Retrieved from [http://www.dpru.uct.ac.za/sites/default/files/image\\_tool/images/36/Publications/Other/2017-03-02%20Factsheet%2016%20-%20Year%20ended%202016Q3.pdf](http://www.dpru.uct.ac.za/sites/default/files/image_tool/images/36/Publications/Other/2017-03-02%20Factsheet%2016%20-%20Year%20ended%202016Q3.pdf)

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### **The vast majority of youth leave secondary schools (whether as dropouts or as graduates) with inadequate skills and qualifications for higher education and poorly equipped for opportunities in formal sector employment or in entrepreneurial activities.**

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The low quality of education has been recognized as among the key constraints to growth at a macro-level.<sup>27</sup> Moreover, despite the oversupply of job seekers, employers within growth sectors in South Africa have identified talent shortages as a serious constraint, creating challenges related to recruitment, retention, and ultimately growth. For example, one program director with a background in human resources for the garment industry explained that a lack of soft skills and other basic skills for entry-level occupations such as machine operators are a barrier to scaling up local manufacturing. These problems become even more acute at higher skill levels; for example, retailers reportedly find it very challenging to find or internally cultivate store managers who have industry specific experience, but also possess the broad range of interpersonal and technical skills that are needed to effectively manage business processes as well as people.

Only a fraction of youth enroll in tertiary education, and even fewer graduate. In 2014, the tertiary gross enrollment ratio was a mere 19.4 percent, according to data on current age cohorts.<sup>28</sup> Only half of those initially enrolled in tertiary education go on to graduate.<sup>13</sup>

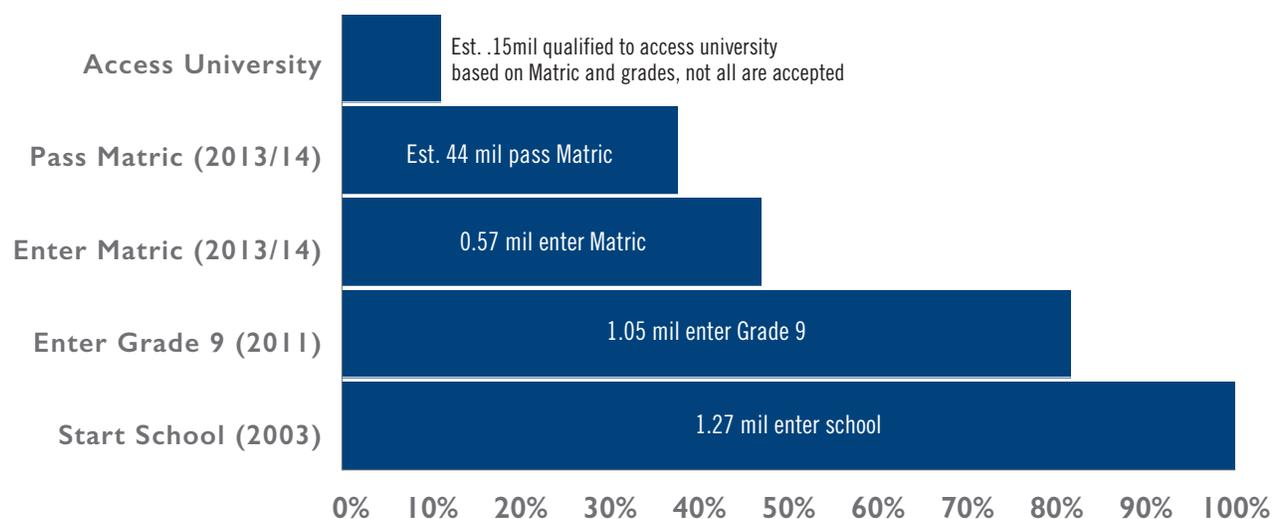
This grim situation follows from an accelerating progression of outflows of school dropouts, beginning at the early secondary level. Figure 1<sup>28</sup> below illustrates this dynamic for the cohort of youth now approaching 20 years of age. Only a small minority of those who began grade 1 ended up exiting secondary school with adequate qualifications to be eligible for university or college, based on grades and the results of the National Senior Certificate or matric.

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27. OECD Economic Outlook Issue 1. (2017). Retrieved from <http://www.oecd.org/eco/outlook/economic-forecast-summary-south-africa-oecd-economic-outlook-june-2017.pdf>

28. Children's Institute. (2015). Schooling in South Africa: How low-quality education becomes a poverty trap. Retrieved from [http://ci.org.za/depts/ci/pubs/pdf/general/gauge2015/Child\\_Gauge\\_2015-Schooling.pdf](http://ci.org.za/depts/ci/pubs/pdf/general/gauge2015/Child_Gauge_2015-Schooling.pdf)

**FIGURE I. Educational Exclusion of South African Youth (2013 cohort)**



Dropout rates are similarly high among females and males, but the reasons and dynamics vary by gender.<sup>29</sup> The top reason for girls dropping out is pregnancy, followed by financing. Girls in informal settlements and rural areas are more likely to drop out than those in formal urban areas. For males, the main reasons for dropouts are a lack of interest in school and repeated failure. Males who are working (regardless of income) and male orphans are especially likely to drop out.

Beyond the academic track, for those entering the workforce after secondary school, as discussed in greater depth later in this report, employers do not consider completion of matric to be a reliable marker of ability or skill, even for many entry-level jobs in service sectors, such as retail cashiers.

To strengthen alternative pathways into the labor market, the government has established a number of skills and training programs through public TVET institutions, known in South Africa as further education and training colleges (FET colleges). However, the public system remains characterized by endemic weaknesses such as weak employer partnerships, a narrow focus on technical content rather than 21st century skills, lack of qualified instructors, and barriers to accessibility due to location or financing.

29. Mkwanzani and De Wet. (2014) "School Dropout among African Adolescents in South Africa: Is there any gender differential?" *Gender & Behaviour* Vol. 12 No.4.

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**Employers do not consider completion of matric to be a reliable marker of ability or skill, even for many entry level jobs in service sectors, such as retail cashiers.**

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### **The Private Sector is a Major Investor and Key Potential Partner for Addressing Skill Shortages**

Private sector investments in education, skill development, and employment programs are large and increasing across many industries, including health. These efforts may provide promising opportunities for financing or leverage by youth employment program implementers and funders. In 2017, CSR investments totaled an estimated R10 billion (around US\$700 million); over half were directed to education and skill development programs.<sup>30</sup> As a point of comparison, estimated government spending on youth unemployment programs and services (training, employment services, unemployment benefits, etc.) is R14 billion (approximately US\$1.2 billion).<sup>31</sup>

30. Trialogue. (2017). The Business in Society Handbook 20th Edition Retrieved from <http://trialogue.co.za/wp-content/uploads/2017/12/BISHandbook2017.pdf>

31. Trialogue. (2017). The Business in Society Handbook 20th Edition Retrieved from <http://trialogue.co.za/wp-content/uploads/2017/12/BISHandbook2017.pdf>

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**In 2017, Corporate Social Responsibility investments totaled an estimated R10 billion (around US\$700 million); over half were directed to education and skill development programs.**

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Examples of industry-led youth employment initiatives include the Bridge to Employment career education program and the JumpStart program focused on the garment industry (both are included in the review of programs above). Bridge to Employment is funded and supported by Johnson & Johnson, while JumpStart is fully funded by the MRP Foundation associated with the Mr. Price group. The EOH job creation initiative reportedly has placed more than 8,000 learners and interns (80 percent of those trained) into jobs that pay up to R14,000/month (estimated US\$1,191) in a range of industries.<sup>32</sup>

Such programs aim to develop a talent pipeline to address the business needs of their companies or industries, in addition to making a contribution to the social and economic development needs of youth. Looking forward, a new Youth Employment Service program is now being developed through a partnership of government, labor, and private companies (e.g., Toyota, Nestle, Goodyear) with the goal of placing 1 million youth in one-year paid internships, 330,000 per year for the next three years.<sup>33</sup> The internship program will be fully private sector funded. It is not clear to what extent such efforts serve the most vulnerable youth populations.

In the health sector, private sector groups such as Mediclinic, Pathcare, and Netcare operate extensive in-house training programs, which offer youth a relatively affordable pathway into the health sector in several fields, often with guaranteed employment. Despite the costs they incur from such programs, employers benefit by maintaining direct control of training quality and relevance for entry-level workers, as well as for continuous professional development of their

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32. Shankar, Vignesh., Cooper, Ansulie., Koh, Harvey. (2015). Reducing Youth Unemployment in South Africa. Retrieved from <https://youtheconomicopportunities.org/sites/default/files/uploads/resource/Reducing%20Youth%20Unemployment%20in%20South%20Africa.pdf>

33. Trialogue. (2017). The Business in Society Handbook 20th Edition Retrieved from <http://trialogue.co.za/wp-content/uploads/2017/12/BISHandbook2017.pdf>

workforce. Those programs are discussed in greater depth later in Section 3, *Nursing and the Nurse Assistant*.

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An incentive for many private sector investments in economic inclusion is provided by South Africa's Codes of Good Practice on Broad-based Black Economic Empowerment (BBBEE), which were amended in 2015. Private companies in South Africa are publicly evaluated and scored for their contributions to the empowerment of marginalized black populations. One key informant who manages CSR programs noted that achieving a good score is critical to positive branding and increasingly is a factor in gaining or maintaining business partnerships, and that the weighting of the new scoring system may encourage greater investment in enterprise and supplier development in the future, in relation to skills development. Factors that contribute toward higher scores are procurement practices as well as CSR investments in socioeconomic development expenditure, skills development, and enterprise and supplier development.<sup>34</sup>

### **Entrepreneurial Activity is in Decline due to Weaknesses in the Enabling Environment**

The lack of formal employment opportunities for youth has led to greater programmatic emphasis on skills for entrepreneurship or self-employment as a potential livelihood pathway, as noted in the review of programs. In this context, although numerous potential entrepreneurial opportunities related to health and other sectors were discussed by informants for this study (e.g., mobile technology for health, sales and distribution of pharmaceuticals or medical supplies), it is also important to note the systemic barriers to entrepreneurship in South Africa today. The alarmingly titled Global

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34. Trialogue. (2017). The Business in Society Handbook 20th Edition Retrieved from <http://trialogue.co.za/wp-content/uploads/2017/12/BISHandbook2017.pdf>

Entrepreneurship Monitor South Africa Report 2016/17, “Can Small Businesses Survive in South Africa?” confirms that South Africa demonstrates “persistently low levels of entrepreneurial activity relative to other countries participating in GEM.” Although there are a few bright spots, the report notes that “A key priority is to introduce reforms aimed at fostering a more enabling business environment, particularly for the small and medium-sized enterprises which contribute so much to employment.”<sup>35</sup>

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**The alarmingly titled Global Entrepreneurship Monitor South Africa Report 2016/17, “Can Small Businesses Survive in South Africa?” confirms that South Africa demonstrates “persistently low levels of entrepreneurial activity relative to other countries participating in GEM.”**

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## TRENDS IN THE HEALTH AND SOCIAL SECTOR LABOR MARKET

### System Overview

Mapping the health workforce system helps to illuminate the major actors relevant to health workforce development and to understand their current or potential relationships to one another. Workforce development occurs within complex adaptive systems, which can be organized conceptually according to five major categories: 1) the public sector, 2) employers, 3) the education and training system, 4) the current and future workforce, and 5) intermediaries.<sup>36</sup>

Accordingly the team developed a descriptive key stakeholder diagram for the South Africa Health and Social Service workforce, drawing from the desk research

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35. Herrington, Mike., Kew, Penny, Mwanga, Alesimo. (2017). South Africa Report 2016/2017: Can Small Business Survive in South Africa? Global Entrepreneurship Monitor. Retrieved from <http://www.gemconsortium.org/country-profile/108>  
36. Workforce Connections Labor Market Assessment Tools, System Map. USAID. Retrieved from [https://d3n8a8pro7yhm.cloudfront.net/fhi360/pages/471/attachments/original/1449266465/Education\\_Summit\\_LMA\\_Guide\\_Final.pdf?1449266465](https://d3n8a8pro7yhm.cloudfront.net/fhi360/pages/471/attachments/original/1449266465/Education_Summit_LMA_Guide_Final.pdf?1449266465)

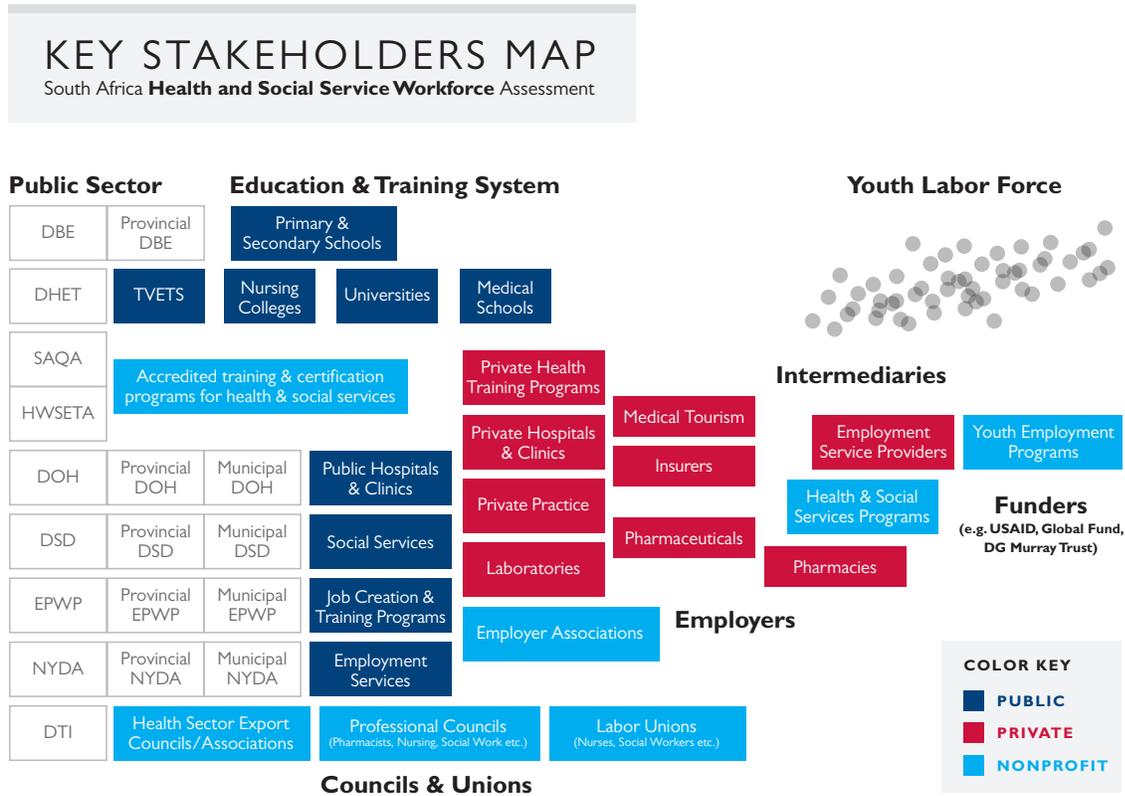
and fieldwork (See Figure 2 below). Although the map should be considered illustrative and is not intended to be comprehensive, it provides a practical point of reference for understanding system complexity and the great variety and diversity of actors.

The **public sector**, which sets and implements relevant policies, is represented on the left side of the map, running from top to bottom. The most relevant line ministries and other public institutions, from the perspective of the health workforce, include the DBE, the Department of Higher Education and Training (DHET), quasi-autonomous entities, including the South African Qualifications Authority and the HWSETA, the Department of Health (DOH), the DSD, the Expanded Public Works Program (EPWP), the NYDA, and the Department of Trade and Industry (DTI). The roles of key public sector institutions including DOH, DSD, and HWSETA are discussed in more detail in Appendix D.

**Employers** in the sector play a major role in human resource development through formal training as well as informal, on-the-job staff development. Those include public services (hospitals, clinics, social services and employment programs) as well as private actors including private medical groups (some of which run in-house training programs), the pharmaceutical and medical tourism industries, health insurance providers, and so on. Employer associations (such as the Hospital Association of South Africa) help organize the sector and play a coordination role with the Public Sector (for example, by sitting on the board of HWSETA). As discussed later in this section, employment is growing in health and social services, driven almost entirely by the private sector, creating new jobs and career opportunities for youth that do not require a university degree.

The **education and training system**, under the oversight of the DBE and DHET, provides formal education and training services for the sector. It encompasses primary and secondary schools, public and private, as well as a wide variety of tertiary institutions including public and independent TVET programs, nursing colleges, universities, and specialized medical schools. At the primary and secondary levels, education quality and access are major challenges for marginalized youth. At the tertiary level,

**FIGURE 2. Stakeholder Map**



as discussed later in this section, education and training pathways have been severely disrupted in nursing due to delays in implementing a new accreditation system, restricting education and training offerings and consequently, youth access. In other fields, HWSETA provides accreditation for tertiary education and training programs, as well as learnership funding targeted at skill areas in high demand such as pharmacy and phlebotomy.

The **current and future workforce** includes the swelling number of South African youth entering the labor force, existing workers and organized labor (e.g., nurses' union), and the unemployed. Due to low educational attainment of most youth in relation to the entry-level skill requirements of most health and social services jobs, the majority are excluded from available opportunities in the sector.

Competition for available opportunities is intense due to the large number of job seekers.

**Intermediaries** include public and private actors (e.g., job matching services, sector commissions) who play a direct role in labor market intermediation. A particularly powerful intermediary in this system is the professional councils (e.g., nursing, pharmacy, social work), since they have authority over occupational licensing as well as accreditation of education and training programs, and their actions may restrict or enhance youth access to employment in the sector. Their role is discussed in greater detail later in this section, in the discussion of the health and social services skill delivery system (see for example the discussion of Nursing and the Nurse Assistant).

### Increasing Job Opportunities in Health and Social Services, Led by Private Sector

The health and social services sectors are large and growing sectors of employment in South Africa, and especially for women. The health and social services employ 604,155 workers, which represents over 6 percent of the 9.6 million total workforce in formal non-agricultural jobs.<sup>37</sup> This workforce has grown a total of 9.7 percent from 2012–2016.<sup>38</sup> Notably, 75 percent of workers in the sector are female.<sup>39</sup> Women make up the majority of managers, professionals, technicians and associate professionals, clerical support, and services and sales, in both the public and private sectors.<sup>40</sup> Thus health and social services may be a particularly promising sector of employment for AGYW, both in terms of getting a job and career advancement potential.

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**Women make up the majority of managers, professionals, technicians and associate professionals, clerical support, and services and sales, in both the public and private sectors.**

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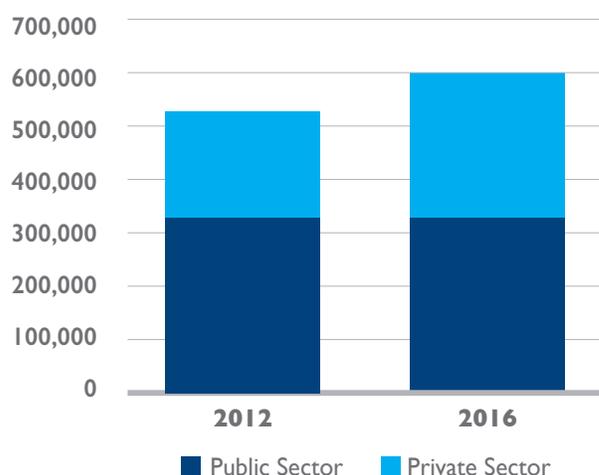
Yet most program managers and youth interviewed seemed unaware of job opportunities in health, apart from those with direct exposure to growing fields such as pharmacy.

The “two-tier” system of public and private health care provision in South Africa reflects and exacerbates the country’s extreme inequality. The public sector serves over 80 percent of the population (almost 100 percent in rural areas), and accounts for a majority of spending, yet represents a lower share of employment. Poor health outcomes are attributable to a complex set of factors, one of which is poor management of the health workforce.<sup>41</sup>

Employment growth in the health and welfare sectors has been entirely driven by the private sector; primarily in health (See Figure 3). In fact, public sector employment decreased

slightly (less than 1 percent) from 2012–2016. During the same period, the private sector workforce increased by 55,790 jobs, a rise of over 25 percent. Today, 330,015 health and social services sector workers are employed in the public sector; and 274,140 in the private sector.<sup>42</sup>

**FIGURE 3. The Private Sector is Driving Growth in Health and Welfare Sector Employment**



Within the private sector, the medical tourism and pharmaceutical industries are two key value chains that are creating current and future job opportunities in the health sector and associated industries (including manufacturing, retail, and hospitality and tourism). South Africa is a global leader in medical tourism, attracting patients (and health workers, for that matter) from across southern Africa on the basis of proximity and quality, as well as patients from advanced economies by offering a unique combination of comparatively affordable, high-quality medical care and world-class tourist destinations. The economic and employment benefits of medical tourism to host countries and local economies are well-established,

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37. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

38. *ibid.*

39. *ibid.*

40. *ibid.*

41. *ibid.*

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42. Data presented follow the sector definition provided by HWSETA: “The economic activities that fall within the scope of the health component of the HWSETA range from all healthcare facilities and services, pharmaceutical services and the distribution of medicine, medical research, non-governmental organisations, to veterinary services. The social development component of the sector consists of the government, NGOs and private social work practices.” HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

driven by increased revenues and value add from medical services, hospitality and tourism. Medical tourism creates employment at all levels of the health workforce. It has a large impact among entry- and mid-level occupations (e.g., nursing assistants), due to typically high patient-to-caretaker ratios. The sector also drives substantial employment effects in hospitality and tourism services, adjacent value chains offering large numbers of job opportunities for marginalized youth in South Africa (e.g., taxi drivers, hotel and restaurant staff, tour operator staff). From a public health perspective, medical tourism brings benefits as well as potential adverse effects that must be considered.<sup>43</sup>

The pharmaceutical industry is a growth industry with strong prospects. Steady growth in pharmaceutical spending is anticipated over the coming 10 years, from a base of US\$3.4 billion in 2015, with a compound annual growth rate of 7.1 percent. Strengths include South Africa's status as the largest and most developed drug market in Africa, the highest per capita spending on pharmaceuticals in Africa, anticipated high long-term demand, and an established local manufacturing sector that is attracting increased foreign investment as a platform for entering the African market.<sup>44</sup> The growing pharmaceutical value chain supports a large and growing number of employment opportunities that are accessible to marginalized youth. These include a wide range of entry-level, low-skill occupations in value chain functions including manufacturing, wholesale and distribution, and retail. The laboratory testing function provides opportunities in higher skill areas, such as pharmacology. Moreover, pharmaceutical sector growth underpins demand for pharmacy professions at all skill levels, including PAs and pharmacy technicians, as discussed in greater detail later in this section. Appendix E provides additional information on the medical tourism and pharmaceutical value chains.

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43. NaRanong, Anchana., NaRanong, Viroj. (2011). The Effects of Medical Tourism: Thailand's Experience. Bulletin of the World Health Organization. Retrieved from <http://www.who.int/bulletin/volumes/89/5/09-072249/en/>

44. BMI Research. (2016). South Africa Pharmaceuticals & Healthcare Report Q4 2016. Retrieved from <https://store.bmiresearch.com/south-africa-pharmaceuticals-healthcare-report.html>

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## The growing pharmaceutical value chain supports a large and growing number of employment opportunities that are accessible to marginalized youth.

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The overall expansion of the health and social services industries, combined with the influence of BBBEE policies on procurement practices as discussed earlier in this section, generate additional employment in firms that provide associated local services and products. That includes labor-intensive activities such as local manufacturing, sales, and distribution of pharmaceuticals and medical equipment and supplies, as well as service provision for medical or social services facilities such as cleaning, repair and maintenance, food preparation, and waste disposal.

### Public Sector Attrition Due to Mismanagement and Resource Constraints

The annual attrition rate from all health professions is an estimated 25 percent.<sup>45</sup> Rates are highest among highly skilled professionals such as specialist doctors, nurses, dentists, and allied health professionals (e.g., physiotherapy and occupational therapy) the majority of whom work in the private sector (usually in more urbanized and affluent areas) or migrate abroad. The ongoing hemorrhage and maldistribution of qualified professionals have serious and adverse effects on the reach, cost, and quality of public health care provision, particularly in rural and poor areas of the country. That in turn reinforces the trend of increased demand for private sector services among those who can afford to pay, contributing to a vicious cycle for HRH and inequitable outcomes.

“Push” and “pull” factors are at play in attrition and migration patterns. Push factors reflect poor public sector management, in some cases driven by political appointments of poorly qualified leaders, as well as resource constraints. They include the lack of funded posts in the public sector; working conditions, workload, workplace security, relationship with management, workplace morale, impact of HIV/AIDS, risk of TB, and personal safety. Major pull factors

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45. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

**TABLE 3. National Department of Health (NDOH) Current and Projected Shortages, Critical Health Professionals**

Gap in Critical Health Professionals					
Staff Name	Base Year	2011	2015	2020	2025
Enrolled Nursing Assistants	-8,381	-6,434	1,993	1,304	-723
Enrolled Nurses	21,010	22,471	4,470	4,061	3,046
Staff Nurse	-20,138	-19,805	-15,380	-8,990	-1,357
Professional Nurses	-20,736	-22,352	-22,121	-11,527	-898
Medical Practitioners	-4,145	-4,294	-3,930	-2,820	-1,213
Medical Specialists	-7,590	-7,471	-5,677	-3,158	-583
Dental Practitioners	0	168	480	603	519
Dental Specialists	-22	-24	-21	2	13
Community Health Worker	-11,689	-14,651	-14,279	-3,006	152
Home-Based Care Worker	-7,360	-9,655	-9,874	-2,079	197
Other	-23,911	-20,995	-2,096	8,135	9,414
<b>Total</b>	<b>-82,962</b>	<b>-83,043</b>	<b>-66,435</b>	<b>-17,475</b>	<b>8,568</b>
<b>% of Total</b>	<b>n/a</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>

Source: Human Resources for Health South Africa. HRH Strategy for the Health Sector: 2012–2016/7. National Department of Health, 2013. Accessible at: [www.hst.org.za/publications/NonHST%20Publications/hrh\\_strategy-2.pdf](http://www.hst.org.za/publications/NonHST%20Publications/hrh_strategy-2.pdf); accessed 08 Oct 2017.

include higher pay, better working conditions, better health system resources, and better education, training, and career advancement opportunities.

**The ongoing hemorrhage and maldistribution of qualified professionals have serious and adverse effects on the reach, cost, and quality of public health care provision, particularly in rural and poor areas of the country.**

It is also common for public sector doctors, nurses, and other professionals to moonlight in the private sector; working additional hours to gain additional income, as is the case in many other public health systems. Moonlighting among nurses employed at public hospitals has been identified as a predictor of intention to leave.<sup>46</sup>

46. Rispel, L.C., Chirwa, T., Blaawu. (2014). Does moonlighting influence South African nurses' intention to leave their primary jobs?. Global Health Action. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25537939>

### **Ambitious HRH Targets, Uncertain Implementation**

Through the 2012–2016 Human Resources for Health Strategy, the government has established ambitious targets for large and sustained increases in employment of doctors, nurses, and other health professionals, as well as of mid-level health workers, to address gaps and meet the goal of greatly improving health outcomes (see Table 3).<sup>47</sup> However, the prospects for funding and implementing those increases remain unclear.

47. Department of Health, Republic of South Africa (2011). Human Resources for Health South Africa: HRH Strategy for the Health Sector 2012/13 – 2016/17. Retrieved from [http://www.hst.org.za/publications/NonHST%20Publications/hrh\\_strategy-2.pdf](http://www.hst.org.za/publications/NonHST%20Publications/hrh_strategy-2.pdf)

Current conditions and trends within the public sector suggest that achieving these critically important goals will require the government to make major investments and management reforms to address the root causes of outflows of skilled professionals from the public sector. The proposed National Health Insurance System is a reform initiative that has the potential to provide further support for an expansion of services. Yet the timing and extent of implementation remain major questions.

From a health needs perspective, HWSETA has concluded that there is good evidence for an “acute skills scarcity” in many fields within the sector, including social services, nursing, emergency medical care, primary health care and community care, pharmacy, veterinary services, environmental health, and other health professionals. Yet the level of scarcity is difficult to quantify, particularly within the public sector where vacancies are often posted without regard to the level of funding available (as HWSETA acknowledges).

Educating and training additional health and social service workers is clearly needed, but must be aligned with labor market demand, or a complementary strategy to address demand-side constraints. As a cautionary example, HWSETA reports that today, in several provinces, there is a “huge oversupply” of social workers, in part due to a past supply-side approach to addressing shortages through bursaries. As a result, provincial-level DSD have extensive databases of unemployed social workers who cannot be hired due to budgetary constraints. Numerous other key informants confirmed this account.

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**Educating and training additional health and social service workers is clearly needed, but must be aligned with labor market demand, or a complementary strategy to address demand-side constraints.**

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## **SKILL REQUIREMENTS IN HEALTH AND SOCIAL SERVICES LIMIT ACCESSIBILITY TO YOUTH**

The health sector is generally characterized by high skill requirements, in line with the general tendency of current growth sectors in South Africa as discussed above. Even for most entry-level positions, accessibility is a serious challenge for the vast majority of South African youth. Forty-five percent of all employment in the sector is accounted for by managers and professionals (e.g., doctors, nurses, pharmacists), and about 23 percent by technicians and associate professionals (including technicians, enrolled nurses, ancillary health care workers). The remaining workforce consists of clerical support workers, service and sales workers, trades workers, plant and machine operators and assemblers, and elementary occupations.

There are a variety of entry points to the health and social services sector from secondary school or from tertiary training or education. The health sector, in particular, demands strong math and science skills, which has clear implications for education not only at the secondary level, but also at a more foundational level beginning in early childhood. For technicians and associate professionals, a matric is almost always a minimum prerequisite to technical training.

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**“The only people we hire without a matric are cleaners.” – Public Hospital Manager**

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In addition, most tertiary health education and training programs require grade 12 mathematics, and students in many fields (health sciences, nursing, pharmacy) must have performed well in physical sciences, life sciences, or both.<sup>48</sup> Very few South African secondary school graduates meet those standards, due to the poor quality of public education, which results in a narrow pool of potential candidates. South Africa finished among the five lowest performing

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48. HWSETA. (2017). Career Guidance: helping you make an informed career in the health, welfare and veterinary sector. Retrieved from [http://www.hwseta.org.za/wp-content/uploads/2017/10/HWSETA\\_CareerGuidance\\_A5-Booklet.compressed.pdf](http://www.hwseta.org.za/wp-content/uploads/2017/10/HWSETA_CareerGuidance_A5-Booklet.compressed.pdf)

countries on the 2015 Trends in International Mathematics and Science Study (TIMSS), with only slight improvement recent decades (from “very low” in 1993 to “low” in 2015).

The social welfare sector is less demanding in terms of math and science. More important are soft skills and personal attributes such as communication skills, integrity and trustworthiness, and a service orientation.

## **YOUTH ENTRY POINTS AND CAREER PATHWAYS IN HEALTH AND SOCIAL SERVICES**

Employment of paraprofessionals is increasing in specific fields within the sector; including pharmacy, nursing, and phlebotomy, driven primarily by health private sector growth. In addition, employment is growing in the fields of child and youth care and social auxiliary work, despite generally poor wages. Although by no means a ‘magic bullet’ solution to the massive youth employment problem for marginalized youth, these trends should be of interest to many youth employment programs, yet most workforce development program managers and youth were not aware of such opportunities. This may be because the magnitude of opportunities remains small in relation to the overall supply of youth seeking employment, so competition for such opportunities may be intense and accessibility is likely to be a challenge especially for marginalized youth. Of course, not all youth will be interested in or well-suited for these careers.

This is only a small subset of fields that provide employment opportunities in the sector. It should be considered a shortlist of those with the strongest evidence identified through the assessment of both 1) expected future employment growth and 2) potential accessibility to youth with secondary education, based on education and skill requirements or other factors. The fields are well-represented on the DHET’s 2015 “List of Occupations in High Demand,” based on objectively verifiable factors including past and recent growth in employment as well

as projected future growth.<sup>49</sup> Moreover, they are the major focus of employer requests for workforce training investments (discussed further below) as supported by HWSETA data and several a key informant interviews. Although current trends do not appear to be promising, there is also future potential for the public sector reforms and investments to generate greater demand in these fields.<sup>50</sup> Opportunity areas are summarized on Table 4 above. Complementing Table 4, additional information on each pathway is provided above, including the factors that appear to be driving employment growth.

### **Health Sector Opportunities**

Pathways discussed below are typically restricted to the minority of youth with matric and strong math and science scores. Those include:

**Pharmacy.** Youth may enter this field via training as a pharmacy assistant (one to two years, NQF level 3 or 4), pharmacy tech (three-year program), or pharmacist (four-year program). Once registered, PAs (as well as youth with more advanced qualifications) are met with high demand in the public and private sectors, including hospital, retail, and industrial settings, driven by the fast-growing pharmaceutical industry as discussed in Appendix E. One key informant from a private employment agency affirmed that PAs are “easy to place.” A good starting point for youth is reportedly through entry-level jobs at retail pharmacies, since employers will often pay for or facilitate initial training and certification for current employees who show interest and promise. The Pharmacy Council has accredited at least six providers of certificate programs for training registered pharmacy assistants, many of them private training providers.<sup>51</sup> Successful graduates of the Kheth’impilo Pharmacy Assistant program also gain professional registration.

49. For the full list see Department of Higher Education and Training, Government Gazette, 19 JANUARY 2016

50. HWSETA. (2017). Career Guidance: helping you make an informed career in the health, welfare and veterinary sector. Retrieved from [http://www.hwseta.org.za/wp-content/uploads/2017/10/HWSETA\\_CareerGuidance\\_A5-Bookletcompressed.pdf](http://www.hwseta.org.za/wp-content/uploads/2017/10/HWSETA_CareerGuidance_A5-Bookletcompressed.pdf)

51. South African Pharmacy Council. (2017). List of Approved Providers and Courses. Retrieved from <http://pharmaciae.org.za/list-of-approved-providers-and-courses-6/>

**TABLE 4. Summary of Key Growing Opportunities and Barriers for Youth in Health and Social Services**

<b>YOUTH EDUCATION</b>	<b>Growing Field and Entry Point</b>	<b>Post-Secondary Training Required and Possession Registration</b>	<b>Employment Settings</b>	<b>Other Potential Barriers Identified</b>
<b>MATRIC + MATH &amp; SCIENCE REQUIRED OR PREFERRED</b>	Phlebotomy (Phlebotomy Technician)	2 years NQF* 4 Accredited private or independent institutions** Health Professions Council	Pathology laboratories, community clinics, or other government institutions	Location of training opportunities
	Pharmacy (Pharmacy Assistant)	Basic: 1 year NQF 3 Post basic: 2 years NQF 4 Accredited private or independent institutions**	Public and private hospital, retail, and industrial settings	Location of training opportunities
<b>MATRIC REQUIRED OR PREFERRED</b>	Nursing (Nursing Auxillary)	1 year NQF 3 Accredited private or independent institutions** Nursing Council	Wide range of private and public medical facilities, current opportunities concentrated in private sector	Regulatory restrictions and current disruption of education and training Lack of public sector job opportunities
	Social Work (Social Auxillary Worker)	Non required HWSETA-accredited learnerships** NQF 4 South African Council for Social Service Professions	Employers are local NGOs or government, with placement in hospitals, hospices, community health agencies, schools, etc..	Poor pay and career advancement potential within social work
	Child & Youth Care (Child & Youth Care Worker)	None required HWSETA-accredited learnerships** NQF 4 South African Council for Social Service Professions	Employers are local NGOs or government, with placement in children's homes and boarding schools, etc.	Poor pay and career advancement potential within social work

**A good starting point for youth is reportedly through entry level jobs at retail pharmacies, since employers will often pay for or facilitate initial training and certification for current employees who show interest and promise.**

**Nursing.** Youth may enter as a nursing assistant and typically progress to more advanced qualifications and pay through additional training and recognition of prior learning. Employment growth is driven by the private sector. Jobs are currently scarce in the public sector, due to funding constraints, despite the demographics of an aging nursing workforce and severe shortages in the public sector.

Nursing can provide a pathway to careers in adjacent growing fields such as health insurance and medical sales (these typically require a bachelor's degree).<sup>52</sup> In the past, private sector training programs such as Mediclinic offered a reliable and relatively affordable pathway into the sector as a registered nursing assistant or certificate enrolled nurse, typically with guaranteed employment following successful completion.<sup>53</sup> Public nursing colleges have provided an affordable route into public sector employment. Entry to nursing education and training programs has for the most

52 Key informant interview with a medical employment agency.

53. Mediclinic Private Higher Education Institution Website. Retrieved from <http://www.mediclinic.co.za/Careers/training>

part been on hold since 2015, but pending implementation of a new qualifications system, new offerings will be available. *For further details, see discussion of “Nursing and the Nurse Assistant” in the section below.*

**Phlebotomy:** Youth may enter this fast-growing field, which specializes in drawing blood, as a phlebotomy technician. Demand for pathology testing is high and growing in South Africa, driven by the need for testing for HIV and other communicable diseases, among other applications. The most promising point of entry appears to be through private sector training programs such as Pathcare Academy’s Phlebotomy Assistant Learnership program, which provides fully funded training for qualified applicants (requires grade 12 with math and sciences study), with support from HWSETA learnership funds, as well as guaranteed employment following successful completion of training.<sup>54</sup>

### **Social Services Opportunities**

The social services sector also offers several growing entry pathways. These tend to be more accessible to youth (i.e., less demanding) in terms of education requirements than the health sector opportunities described above, particularly in terms of math and sciences. On the flip side, career advancement opportunities and pay tend to be lower. As noted above, there is an oversupply of professionals in relation to job opportunities for higher qualified social workers.

**Child and youth care worker:** The child and youth care field provides psychosocial and emotional support to vulnerable children and youth in South Africa. Demand is being driven by the government’s response to the increasing needs of this large and growing population. Training is typically provided on the job. HWSETA offers a learnership in Child and Youth Care (NQF Level 4). *For further details, see discussion of “Child and Youth Care Workers” in the section below.*

**Social auxiliary worker:** This position is engaged in social work activities (promoting social change, addressing social problems), including administrative duties. As designed, this should occur under the guidance and supervision of the social worker, although in practice that is reportedly not always the case due to severe shortages of social workers. Demand for social work auxiliaries is being driven by public sector task shifting. Specialized training is available through HWSETA-accredited service providers.

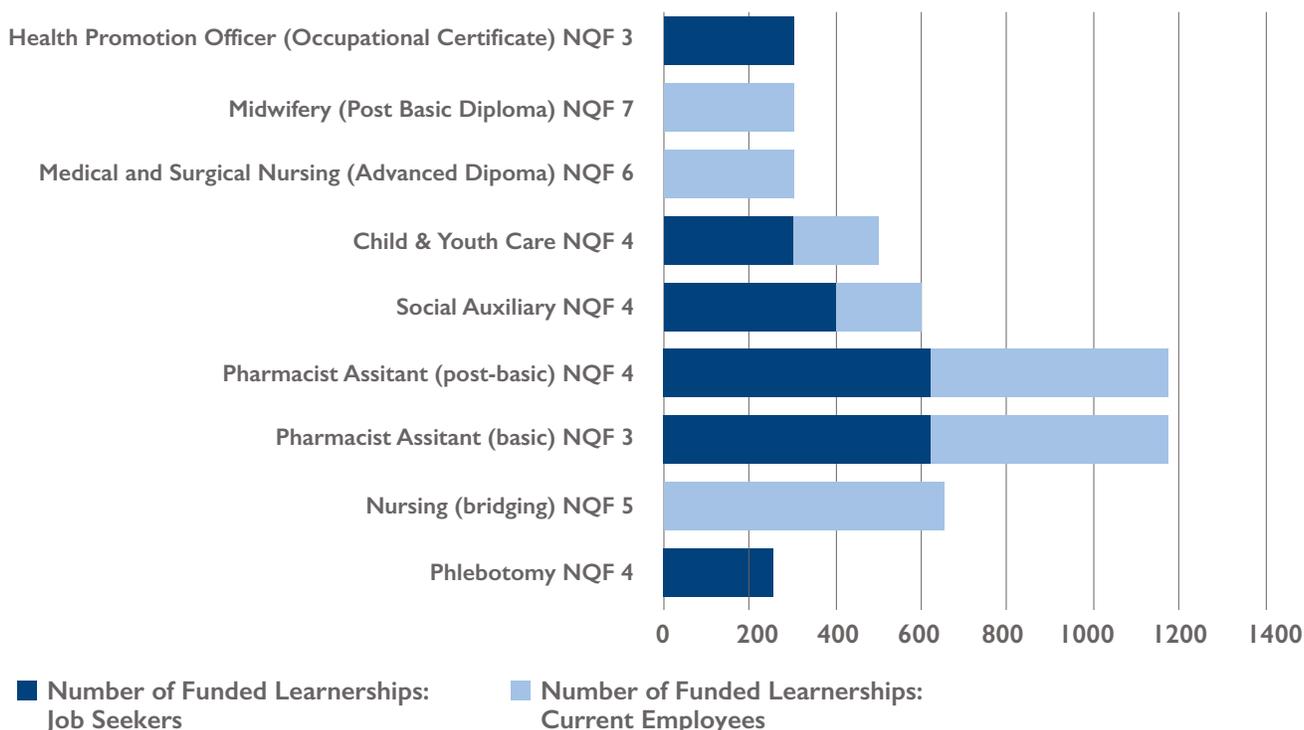
### **Employer demand and learnership opportunities:**

More evidence of employer demand in these fields is provided by data for 2017–2018 on HWSETA investments in funded learnerships in all of the growing fields identified above. Allocation is demand-driven, determined based on the content of employer requests that are made on an annual basis. The courses and learnerships are available to youth through HWSETA-accredited training partners, including programs such as Kheth’impilo, NACCW, and NACOSA, as well as private sector programs such as Pathcare Academy’s Phlebotomy Assistant Learnership program. In addition, sector-specific funding for learnerships is made available through HWSETA, for job seekers as well as for current employees. The learnerships cover fees for training courses plus a learner allowance for job seekers (versus course fees only for current employees). As such, demand-driven learnerships appear to be a promising way to promote the accessibility of these fields to marginalized youth job seekers.

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54. PathCare. (2006). The Pathcare Academy for Training and Development. Retrieved from <https://www.pathcare.co.za/pages/pathcare-academy-home.html>

**TABLE 5. HWSETA-funded Learnerships in Health and Social Services**



## HEALTH AND SOCIAL SERVICES SKILL DEVELOPMENT SYSTEM

In this section, we explore in greater depth South Africa’s system of training, education, and ultimately accreditation within the health and social services sectors, as it relates to three specific examples of careers with importance for employment, health, and social outcomes. To illustrate how the system works in practice, we explore in depth the specific education, training, and career pathways for three critical skill areas within health and social services. These are 1) nurses, 2) community health workers, and 3) child and youth care workers.

As background to this discussion, it is important to briefly discuss the South African National Qualifications Framework (NQF), which was established by the post-apartheid government as a key plank of its education and

training reform strategy.<sup>55</sup> Its aim is to accommodate all recognized qualifications in South Africa—those taught at school or university, as well as those acquired through on-the-job training. It reflects an inclusive vision for a system that provides youth with an increasingly integrated set of pathways, breaking down barriers among academic and vocational tracks and recognizing learning among populations who previously had low or no qualifications.

NQF levels and specific qualifications fall into three distinct groups or qualification bands:

1. General Education and Training (GET)—adult basic education and training as well as compulsory schooling up to grade 10
2. Further Education and Training (FET)
3. Higher Education and Training (HET)

55. For further details, please see Jewison, R. The National Qualifications Framework – Issues in Education Policy, Number 1. Centre for Education Policy Development, Johannesburg, 2017.

The key government agencies involved in the workforce development system for the health and social services, in coordination with the DHET, include the DOH, DSD, and HWSETA. They are included on the map above in Section 2 and their roles and mandates are summarized in Appendix D.

Beyond the sector-specific learnership opportunities summarized above, there are essentially four financing options for education and training in South Africa that have relevance for health education and training:

1. The state's National Student Financial Aid Scheme (NSFAS)
2. Bursaries and scholarships that are usually specific to particular areas of study and universities
3. Loans from banks and other credit providers
4. The Ikusasa Student Financial Aid Programme (ISFAP), a public-private partnership

For further details on each, please see Appendix F. It should be noted that most youth described the available financial aid programs (in general) as poorly run and difficult to navigate.

### **Nursing and the Nurse Assistant**

Nursing is a critically important occupation within the health workforce, as nurses constitute the largest number of health workforce employees nationally. The National Department of Health (NDOH) in its 2008 health workforce-planning model describes the national health system as a "nurse-based health system." A severe nursing shortage has emerged, driven by demand-side and supply-side constraints.

From a youth employment perspective, the long-term outlook for opportunities in nursing is strong due to high overall demand driven by private sector growth (primarily in urban areas), as well as good opportunities for career advancement among nursing assistants. More nurses are urgently needed, both to meet immediate and projected employment demand as well as to advance public health goals. The drastic and persistent shortage of nurses,

## **BOX I. Employment Growth and Nursing Occupations in High Demand**

### **Box I: Employment Growth and Nursing Occupations in High Demand**

Overall, employment in nursing is on a growth trend, and labor market data show this is true for a wide variety of fields and levels. Those include, for example:

- Clinical nurse practitioner
- Registered nurse (specialties, including mothercraft, aged care, child and family health, community health, critical care and emergency)
- Midwife
- Enrolled nurse

Employment growth is almost entirely driven by the private sector and disproportionately concentrated in wealthy urban areas.

Source: Department of Higher Education and Training, List of Occupations in High Demand, 2015.

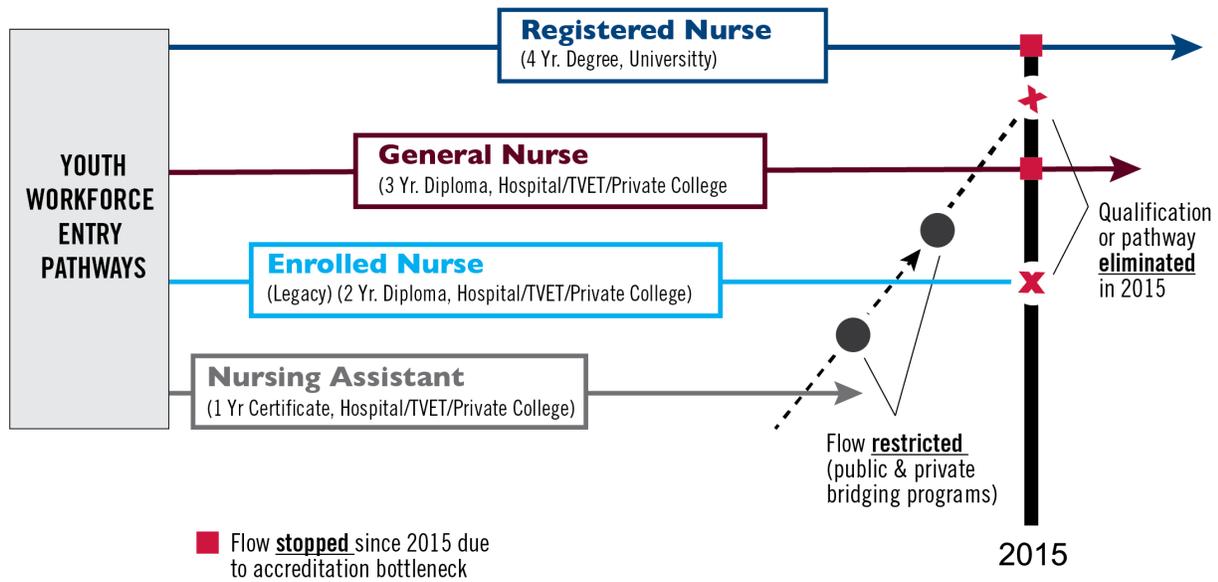
particularly in rural areas, is considered one of the foremost human resource challenges facing the South African health care system.

To illustrate why, nurses will play an increasingly vital role in managing AIDS as a chronic disease, driven by the introduction of task-shifting through nurse-initiation and management of antiretroviral treatment (NIMART) and Treatment as Prevention (TasP).<sup>56</sup>

Evidence suggests that constraints on public sector demand are a leading driver of the shortage. Thus, despite overall employment growth (See Box I above), under current conditions the job opportunities do not align well with the greatest areas of health need in the population.

56. Chang, Steven. (2016). Task shifting and NIMART in South Africa. [http://mepi.ukzn.ac.za/Libraries/Symposium\\_2016/Task\\_Shifting.sflb.ashx](http://mepi.ukzn.ac.za/Libraries/Symposium_2016/Task_Shifting.sflb.ashx)

**FIGURE 4. Key Regulatory Barriers to Youth Entry and Career Progression in Nursing**



Nurses are concentrated within urban areas due to better economic opportunities, which has led to shortages in rural areas despite attempts by government to offer better remuneration and conditions of service. A long-term challenge is to overcome the main constraints that cause South Africa’s public sector nursing shortage.

**Nurses are concentrated within urban areas due to better economic opportunities, which has led to shortages in rural areas despite attempts by government to offer better remuneration and conditions of service.**

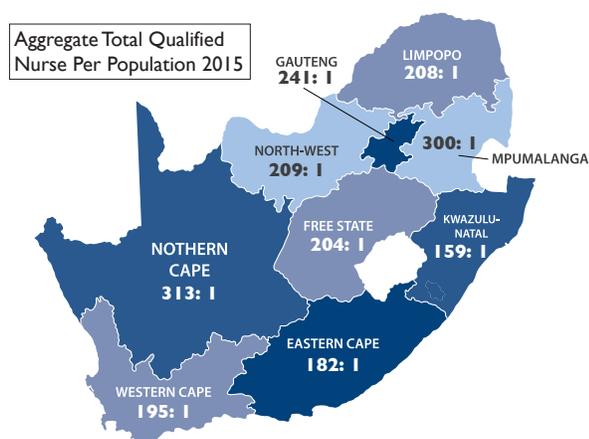
Within the context of urgent health needs and abundant job opportunities, it is deeply of concern that regulatory barriers have severely restricted the supply of new nurses in recent years. The flow of nurses through education and training was disrupted due to a 2015 change in the qualifications and accreditation system (as discussed further below), stemming from the 2008 Nursing Act.

Implementation of the new system has been extremely slow and remains largely incomplete, with negative effects on youth seeking a career in nursing, the education and training sector, and public and private sector health care providers. As a result, immediate action is needed to overcome the accreditation bottleneck and other restrictions to expand youth access to career opportunities in nursing. Figure 4 shows the multiple pathways for youth entry and career advancement and summarizes the key current regulatory barriers, which are explained in depth below.

## Causes of Public Sector Shortages and Other Challenges

Public sector demand is constrained due to management issues, wages, and working conditions, among other factors, as discussed in detail earlier in *Trends in the Health and Social Sector Labor Market*. As a result, many public sector nurses are migrating to the private sector or abroad. This is most evident among highly skilled specialists, resulting in increasing shortages of critical specialist postgraduate nursing skills in areas such as intensive care and obstetrics.<sup>57</sup> Another key challenge is the maldistribution of nurses, characterized by severe shortages in rural areas. See Figure 5 below for a breakout by province and by level of nursing. In terms of population per nurse ratios, Gauteng province ranks first, followed by the Western Cape and KwaZulu Natal. The provinces with the worst ratios are the Northern Cape and Mpumalanga. In comparison, the WHO's standard ratio is 333:1.<sup>58</sup>

**FIGURE 5. Nurse/Population Ratios Vary Widely by Province**

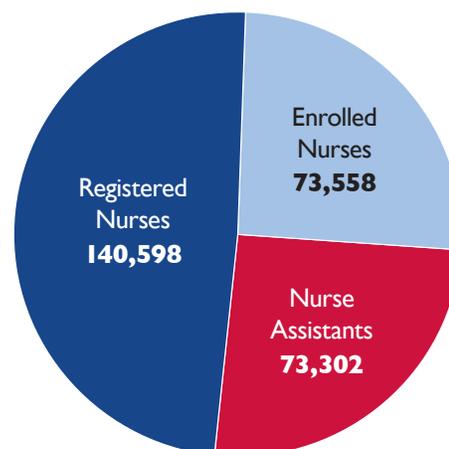


South Africa's nursing workforce is divided among three categories, according to level of training: professional registered nurses (four years), enrolled nurses (two years), and nursing assistants/auxiliaries (one year), (See Figure 6 below for skill mix by category).

57. Subedar H, Gray A, Govender M, Gengiah T & Singh J. (2005). The nursing profession: production of nurses and proposed scope of practice. In *South African Health Review*. Cape Town: Health System Trust; 88–101.

58. World Health Organization (2018). Density of nursing and midwifery personnel. Retrieved from [http://www.who.int/gho/health\\_workforce/nursing\\_midwifery\\_density/en/](http://www.who.int/gho/health_workforce/nursing_midwifery_density/en/)

**FIGURE 6. Skill Mix of South Africa Nursing Workforce (includes Public and Private Sectors)**



The skill mix among nursing categories in the public sector appears to be limiting employment opportunities at the lower skill levels (enrolled and auxiliary levels). According to one informant with industry knowledge, the typical ratio of lower level nurses to registered nurses in public sector facilities is only 1:5.

In contrast, a cost-effective and efficient nursing skill mix features a range of skill levels, with a division of labor in which the most routine tasks are delegated by RNs to enrolled nurses under their supervision, supported by nurse assistants. A 2013 study on the nursing skill mix in South Africa recommends a balanced approach with at least one enrolled nurse (plus additional nurse assistants) supporting every two to three RNs depending on the setting (See Figure 7).<sup>59</sup>

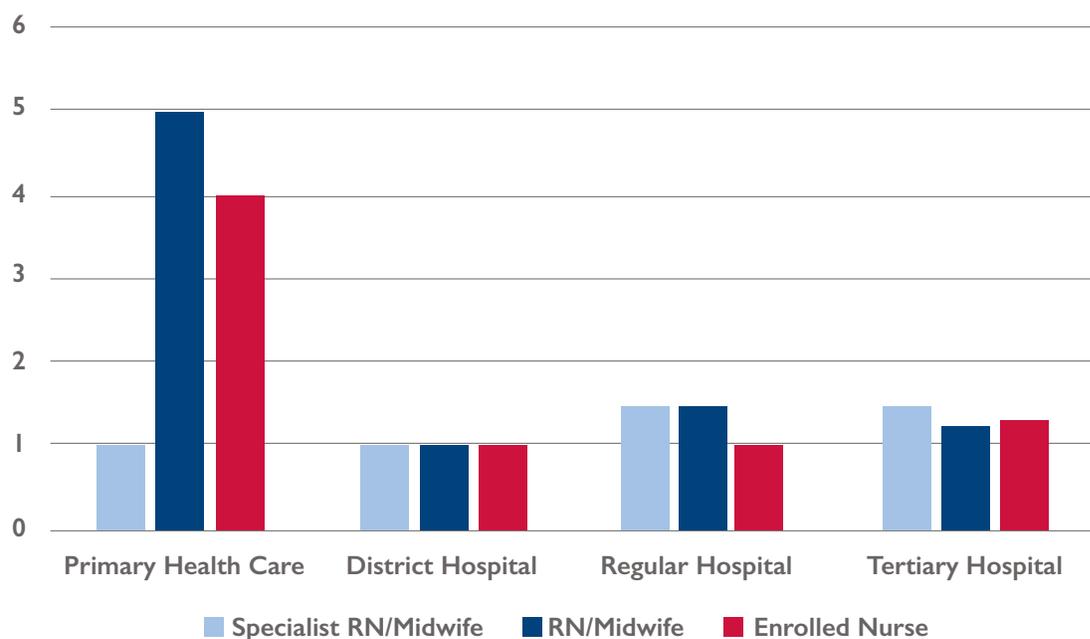
Another current challenge (and potential future opportunity) is that the nursing workforce is increasingly aging, particularly at higher skill levels, and the population is not currently being replaced.<sup>60</sup> The Department of Labor Framework for identifying and monitoring scarce skills<sup>61</sup>

59. Uys, Leana R, Klopper, Hester. (2013). What is the ideal ratio of categories of nurses for the South African public health system? *What South African Journal of Science*. Retrieved from <https://www.sajs.co.za/article/view/3894>

60. Rambur, Betty, Val Palumbo, Mary, McIntosh, Barbara., Mongeon, Joan. (2003). A Statewide Analysis of RN's Intention to Leave Their Position. Pg 182-188. *Nursing Outlook*, Volume 51, Number 4. Retrieved from [http://www.academia.edu/17757009/A\\_statewide\\_analysis\\_of\\_RNs\\_intention\\_to\\_leave\\_their\\_position](http://www.academia.edu/17757009/A_statewide_analysis_of_RNs_intention_to_leave_their_position)

61 Republic of South Africa Department of Labour (DoL) (2016) Master list of scarce and critical skills as at 8th August 2016.

**FIGURE 7. Recommended Skill Mix for Public Sector Nursing in South Africa, by Facility Type**



Numbers represent suggested ratios for different categories of nurses at different levels of the South African health-care system, according to a 2013 study by Uys and Klopper (cited in reference 59, page 38).

examined the age profile of the nursing corps and found that the highest concentration of nurses are ages 40–49 (32.8 percent) and that nurses age 25 and younger nurses comprise only 1.3 percent of the total workforce.

Among younger populations of nurses, the profession is practiced mostly at the lower categories of nursing. Young nurses (ages 25 and under) practice as nursing assistants, while those ages 26–39 are generally enrolled nurses and those in the public sector do not tend to progress further professionally because of a shortage of funded posts and a lack of incentives to study further. As the higher skilled cohort of nurses ages, there is an urgent need for upgrade skills in the current ranks of younger nurses while educating, registering, and employing greater numbers of young professional nurses.

### Training and Education of Nurses

The South African Nursing Council (SANC) regulates the nursing profession in South Africa, and its role includes a high level of authority over the education and training system. Its objectives and functions are, among others,

to promote provisioning of nursing services; set and control standards and quality of nursing education; and provide for and review the scope of practice of different categories of nurses and related nursing education training programs.<sup>62</sup> It is responsible for managing accreditation of nursing education institutions, and provides directives and regulations for new nursing programs/qualifications and endorses new curricula.<sup>63</sup> There are numerous, complex challenges facing the education and training system for nurses that require attention by the SANC, according to several expert informants.

### NEW QUALIFICATIONS SYSTEM AND ACCREDITATION BOTTLENECK

A new qualification route has been developed to take the place of the current system, and slow implementation has

62. South African Nursing Council. (2005). Nursing Act, 2005, Act No.33. Retrieved from <http://www.sanc.co.za/pdf/Nursing%20Act%202005.PDF>

63. South African Nursing Council. (2005). Circular 8/2014. Accreditation of Nursing Education Programmes and Nursing Education Institutions. Retrieved from <http://www.sanc.co.za/archive/archive2014/newscl408.htm>

**TABLE 6. New South Africa Nursing Qualification Route (Implementation Pending)**

NQF	Qualification	Learning Route	Professional Recognition
8	Bachelor's degree in nursing and midwifery (4-year full time; commencing 2020)	University or university of technology + recognition of prior learning Note* There is no clarity on how much credit universities will give for lower level courses	Registered (professional) nurse
6	3-year full-time diploma in nursing; commencing 2019 (general nurse)	Private and public hospitals, TVETs, private colleges + recognition of prior learning	General nurse
5	1-year Higher Certificate in Nursing Auxiliary; commencing 2018 (nursing assistant, pupil nurse)	Private and public hospitals, TVETs, private colleges	Nurse auxiliary/nursing assistant
4	National Senior Certificate (matric)	High school, public/private FET colleges	n/a

created a major challenge for the nursing workforce. The two-year enrolled nurse qualification is being phased out in favor of a three-year general nurse qualification. In addition, moving forward, only universities and nursing colleges affiliated with or part of a university, will be able to offer the four-year bachelor's degree for a registered or professional nurse. See Table 6 below for the new qualification route.

Going forward, despite unsatisfied demand for professional nurses, private sector training institutions have to date been restricted from offering the new four-year registered nurse diploma program. Instead, it appears that only universities and nursing colleges affiliated with or part of a university will be able to offer the qualification. An unresolved problem is that too few secondary graduates qualify for entrance to such programs each year.

The system has not yet taken effect, due to a bottleneck related to accreditation, and therefore, there has been no annual intake of students into the system (apart from nursing assistants) since 2015. All institutions must undertake a burdensome three-step process for approval of new programs, involving approvals from three separate bodies. That includes 1) endorsement by the SANC, 2) approval of "educational fitness" by the Council for Higher Education, and 3) submission to the DHET to obtain a registration certificate and number. According to an expert informant, there is widespread acknowledgment that the

main problem is that the SANC is slow in processing accreditation requests by institutions, because the council has not been able to agree on standards and curricula. The same informant reported that almost every public and private educational institution that had been accredited under the old or legacy system has applied for accreditation under the new system. Yet since 2015, only five institutions have been fully accredited to begin training nursing assistants; not a single institution has been accredited for any of the other higher levels of nurse education. Only recruits into the legacy system before 2015 are still in training and are being allowed to complete their education. Another lasting impact is that very few institutions are ready to begin training at the new entry level basic nursing auxiliary level in 2018.

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**All institutions must undertake a burdensome three-step process for approval of new programs, involving approvals from three separate bodies.**

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One positive sign, however, is that in a recent meeting with education and training counterparts, the SANC openly acknowledged that it was not managing the transition from the old to the new system well and asked for help in clearing the backlog.

## Access to Nursing and Career Advancement Programs

Youth may enter the sector at the lowest level through one-year nursing assistant courses, with good upward progression opportunities. Once qualified as a nurse assistant, youth may then use bridging courses to advance to staff nurse and RN without interrupting employment. The two major challenges to youth career advancement are the requirement of simultaneous work and study with long hours, as well as the additional two to three years required to achieve RN status (compared with a four-year university program). However, the two most pervasive barriers to youth education and training—financing and employment opportunities—do not apply.

Entry level nursing assistant courses are offered by private sector in-house training programs as well as by public sector nursing colleges. Students are typically from the lower end of the socioeconomic spectrum. Both pathways often end up directly or indirectly leading to employment in the private sector, according to expert informants. To compare training options briefly:

**Private sector training courses** cost approximately R33,000 (around US\$2,800). In comparison, starting annual salaries (in general) reportedly begin at over R70,000 (approximately US\$6,000) and average much higher. Typically all of the private sector training graduates, including the nursing assistants, have been guaranteed employment with the various hospitals of private organizations that provide training. A key informant from a private training group reported that this program is in high demand; there are several times as many applicants as available spaces. Around 70 percent of trainees successfully graduate and are employed. From there 60 percent of nursing auxiliaries then continue their studies to the level at least of a staff nurse (under the old system). From this level, 80 percent went on to graduate as registered nurses via bridging programs. The RN level typically pays salaries of R150,000 (approximately US\$12,600) and up in the private sector. Companies like Netcare consciously offer incentives to staff to continue their training since it makes good business sense to have qualified staff working for them.

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**Typically all of the private sector training graduates, including the nursing assistants, have been guaranteed employment with the various hospitals of private organizations that provide training.**

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Private sector students typically pay for their own studies through family resources or through bursaries. Once employed, the private hospital group will often pay for further studies and continue to pay salaries during the study period. For graduates with high marks, private employers often reward their performance by continuing to pay for their studies and may even pay them a bonus. Reportedly there are around 1,500 graduates per year on average from the various training programs of each of the three major private medical groups.

**Public sector nursing college courses** cost around R20,000/US\$1,680. Full nursing bursaries are offered by DOH to every student at TVET or public nursing colleges. Around 50 percent of students drop out of these programs. Reportedly, employment in the public sector is available to all graduates, but typically this is in a temporary position without benefits, due to the lack of permanent positions available in the public sector. Thereafter, nurses often move to the private sector for employment.

Political accountability for the education and training of nurses now rests with the DHET. Yet an expert informant noted that public nursing colleges (TVETs offering nursing) continue to be part of DOH, which is dragging its feet on transferring them to DHET. This raises questions/confusion around funding for these institutions and is hindering them being able to prepare for the new education system.

### TRENDS IN NURSE EDUCATION AND TRAINING FLOWS

We examined the availability of new nurses annually via the statistics on registrations compiled by the South African Nursing Council for the period 1997 to 2016. There was a 129 percent growth in annual nursing output over this period (up from 5,768 to 13,236).<sup>64</sup> Output of enrolled

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64. Breier, M., Wildschut A., Mgqolozana T. (2009). Nursing in a new era. Research Brief No. 1. *The professions Project Education, Science and Skills Development Programme. Human Sciences Research Council (HSRC)*

nurses and nursing assistants (para-professionals) more than tripled between 1997 and 2007, a trend that continued until recently. Despite the critical shortage of nurses, and the increasing nursing education and training output, the annual number of new registered nurses has only increased modestly, with a compound annual growth rate of only 4.6 percent from all sources. Reasons for the disconnect include a shortage of funded posts within the public sector, as well as SANC restrictions on the number of registered nurses who may be trained by private nurse education institutions. In addition, nursing is in many cases not seen as a career, but as a stepping stone to other opportunities in medicine or business. See Appendix G for review of production of nurses over time.

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**Despite the critical shortage of nurses, and the increasing nursing education and training output, the annual number of new registered nurses has only increased modestly, with a compound annual growth rate of only 4.6 percent from all sources.**

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From 1997–2016, output of registered nurses from private sector institutions increased more than tenfold while that in the public sector increased only 28 percent (and dropped significantly in 2000 and 2001).<sup>65</sup> The relative rise in training by the private sector is largely attributed to the supply gaps and entrepreneurial opportunities that arose as cuts in provincial health budgets led to a decline in public hospital training of nurses. The number of small privately run colleges mushroomed, often run by the former principals of public colleges closed by government. Private colleges and private hospitals now produce the bulk of lower level nurses.

Most of the growth came in the form of enrolled nurses and nursing assistants who had leveraged bridging courses offered by both public and private institutions in order to improve their qualifications to that of a registered nurse. See Appendix H for this route. Regrettably, while bridging programs allow the current population of enrolled nurses

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65. Breier, M., Wildschut A., Mqolozana T. (2009). *Nursing in a new era*. Research Brief No. 1. *The professions Project Education, Science and Skills Development Programme*. Human Sciences Research Council (HSRC)

to improve their qualifications, they do not bring new entrants into nursing programs. Further, these programs only train for the general nursing program and do not include in demand specializations such as midwifery, for example.<sup>66</sup>

### **Community Health Workers (CHWs)**

CHWs are essential to the success of South Africa's strategy for improving health outcomes, particularly in underserved rural areas. There is well-established evidence on the role of CHWs and community-based health action in improved health outcomes, and increasing consensus on their importance in primary health care (PHC) systems and in achieving universal health coverage.<sup>67, 68</sup> They play a vital mediating role between the formal health system and marginalized populations.<sup>69</sup> South Africa has made major strides to integrate CHWs into public health planning and to develop an education and training framework for CHWs that is highly accessible to rural populations and provides a stepping stone to further career opportunities, as described in further detail below.

What appears to be missing from the equation is a national policy on the remuneration, employment, and deployment of CHWs. As a result, programs are uncoordinated, unregulated, and unstructured, with none formally forming part of the country's public health system. That has hindered implementation of the DOH's 2010 national primary health care initiative (summarized in Appendix I) and leads to provinces implementing plans that suit their particular needs.

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66. Midwifery is a specialized skill set much in demand, as noted above, but training is only offered at public sector colleges and hospitals since private sector institutions are not equipped to train midwives.

67. Tulenko K, Mogedal S, Afzal MM, Frymus D, Oshin A, Pate M, et al. (2013). Community health workers for universal health-care coverage: from fragmentation to synergy. *Bulletin World Health Organization*, 847–52. Dahn B, Woldemariam A, Perry H, Maeda A, von Glahn D, Panjabi R, et al. (2015). Strengthening primary health care through community health workers: investment case and financing recommendations. *Geneva: Office of UN Secretary General's Special Envoy for Financing the Health Millennium Development Goals and for Malaria*.

68. Dahn B, Woldemariam A, Perry H, Maeda A, von Glahn D, Panjabi R, et al. (2015). Strengthening primary health care through community health workers: investment case and financing recommendations. *Geneva: Office of UN Secretary General's Special Envoy for Financing the Health Millennium Development Goals and for Malaria*.

69. Macinko J, Harris MJ. (2015). Brazil's family health strategy — delivering community-based primary care in a universal health system.

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## What appears to be missing from the equation is a national policy on remuneration, employment, and deployment of CHWs.

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Addressing this constraint is essential to implementing current strategies and achieving their desired impact on national health outcomes.

CHWs are community members selected by their peers or community-based organizations to perform functions related to health care delivery, who have no formal professional training or degree.<sup>70</sup> They provide basic health and medical care to their community and are further capable of providing preventive, promotional, and rehabilitation care to these communities. They are increasingly advocated as a potential solution to overcoming current shortfalls in human resources for health in different settings. Friedman provides good descriptions of the project development and implementation of the CHW movement in South Africa.<sup>71, 72</sup>

### Demand for CHWs

From a population health needs perspective, HWSETA estimates the need for CHWs for PHC from 2012–2030 to be 700,000 CHWs.<sup>73</sup> These estimates are based on their interviews with the NDOH and National Planning Commission. The NDOH is somewhat more modest in its requirements at 45,000 CHWs for PHC outreach by 2030. HWSETA notes that these estimates are based on “desired” positions that, in the current fiscal reality the NDOH and the government currently faces are unlikely to be filled and paid for. Even so, employment is growing as “CHWs are needed and are being hired by provinces, either directly or through NGOs.”<sup>74</sup> Moreover, innovations may support an expanded and more targeted and cost-effective role

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70. Other names for this type of health care provider include village health worker, community health aide, community health promoter, and lay health advisor.

71. Friedman I. (2002). Community Based Health Workers. *South African Health Review*, 161-180.

72. Friedman I. (2005). CHWs and Community Caregivers. Towards a Unified Model of Practice. *South African Health Review*, 176-188.

73. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

74. Dr Richard Cooke, Head Dept. Family Medicine. University of the Witwatersrand. FHI 360 Study Interview, 02 Oct 2017.

for CHWs. The AITA Health Project, implemented by the Departments of Family Medicine Wits and the University of Pretoria, are piloting the use of mobile technology to streamline and decentralize decision making and key actions such as appointment scheduling.

Perhaps the most pressing demand-side constraint is poor or no remuneration of CHWs, which is a considerable source of debate as well as unhappiness on the part of CHWs. This issue, if not addressed, has the potential to undermine CHW recruitment, performance, and retention. CHWs are not formally employed by the public health care sector. Rather they are contracted by provinces, or subcontracted by an NGO delivering community-based health care services under a contract with the province. Remuneration typically takes the form of stipends and these range from R1,000 to R 2,300 monthly (approximately US\$85–US\$195)—in all cases, well below the national minimum wage level of R3,500 (around US\$300). Late or irregular payments are also a serious concern in several regions.

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## Perhaps the most pressing demand-side constraint is poor or no remuneration of CHWs, which is a considerable source of debate as well as unhappiness on the part of CHWs.

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### Training and Education of CHWs

In South Africa, there is currently no policy that governs the CHW program. Standardized training to be followed when training this cadre follows the HWSETA-accredited courses that are offered by both accredited private as well as public FET colleges. The qualifications will facilitate access to, mobility, and progression within education and training for learners who were previously disadvantaged or who were unable to complete their schooling and, therefore, were denied access to FET. It will also assist those who have worked in this field for many years, but have no formal recognition of knowledge and skills that they have acquired non-formally but would like to achieve this recognition through the process of recognition of prior learning (RPL) and/or formal study. At the entry level, there are three one-year-long accredited courses under the HWSETA banner:

1. Ancillary Health Care – NQF level 1 (now called Occupational Certificate: Health Promotion Officer; NQF level 3.)
2. Community Health Work – NQF level 4
3. Child and Youth Care – NQF level 4.

These can provide a direct pathway to higher level qualifications such as nursing, pharmacy assistant, pharmaceutical sales, or medical secretary, through additional education and training. As shown previously, HWSETA-funded learnerships are available for Health Promotion Officers.

From a youth employment perspective, despite poor wages currently available to CHWs, the qualification can be used as a stepping stone to more desirable careers. For many younger workers in particular, a CHW position may provide entry to a nursing career, rather than a long-term commitment to this cadre.<sup>75</sup> Articulation to a career in nursing, for example, could happen through a Nursing Auxiliary program, as discussed above. Unfortunately, under the new nursing qualification system, CHWs would need to attend a university or nursing college full-time four-year program in order to reach the top qualification level, Professional Nurse.

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**From a youth employment perspective, despite poor wages currently available to CHWs, the qualification can be used as a stepping stone to more desirable careers.**

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### **Child and Youth Care Worker (CYCW)**

CYCWs are on the front lines of efforts to address the vast psychosocial needs of vulnerable children and youth in South Africa. CYCWs work with children and adolescents, with or without special developmental needs, to promote and facilitate optimum development and the ability to function effectively within different contexts. The CYCW workforce originally was developed to care for children in residential facilities, but increasingly are employed

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75. Schneider H., Hlophle H., van Rensburg D. (2008). Community health workers and the response to HIV/AIDS in South Africa: tensions and prospects. *Health Policy & Planning*, 179–187. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18388133>

outside institutional settings, focusing on the growth and development of children and youth in other contexts such as the family and the community.

Two primary factors are driving the shift to providing community-based services through CYCWs deployed at the community level where children and youth are in need of services. First, working with children and families in their communities has been recognized as key to reducing the number of children coming into residential care. Second, the HIV epidemic has increased the number of orphans and vulnerable children in poor rural areas where there were few support services. Like CHWs, job opportunities for CYCWs are plentiful and there are well-articulated qualification and career pathways in the sector. The major demand-side constraint is remuneration, which is generally poor.

The child and youth care workforce in South Africa has been built systematically from the bottom up through the creation of a professional association and the development of various training programs. In response to demand from their members, the NACCW has developed training for CYCWs, with a focus on providing services to poor and rural areas.

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**Like community health workers, job opportunities for CYCWs are plentiful and there are well-articulated qualification and career pathways in the sector. The major demand-side constraint is remuneration, which is generally poor.**

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Programs are NQF and South African Qualifications Authority (SAQA) accredited and offer a well-articulated career pathway, which in principle could allow for matriculation to a doctoral program, although in practice career progression opportunities for most CYCWs are more limited. Ample employment opportunities are available for underserved and other youth who achieve qualification and professional registration, both within communities through NGOs and CBOs as well as in the public sector:

## Demand for Child and Youth Care Workers

There are thousands of CYCWs in South Africa, and demand continues to grow in response to social needs and in recognition of their potential to contribute to a cost-effective response to South Africa's longstanding shortage in social work skills.

There is no consensus on the number of CYCWs in South Africa. The professional body, the South African Council for Social Services Professionals (SACSSP) has registered 2,674 CYCWs who are eligible to vote in its elections.<sup>76</sup> NACCW has 1,562 paid up members but also have distinct records of 11,833 individuals who have attended one of their training courses.

DSD plans, if implemented, will generate demand for an estimated 1,600 additional CYCWs per year, based on the latest data available.<sup>77</sup> Looking further forward, HWSETA's Skills Plan 2016/2017 to 2021/2022 suggests that 55,000 social service professionals, including CYCYWs would be needed by 2030.

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### DSD plans, if implemented, will generate demand for an estimated 1,600 additional CYCWs per year, based on the latest data available.<sup>78</sup>

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In terms of wages and working conditions, there are considerable variations among CYCWs and the levels of compensation are not comparable with other social service professions. Learners in recognized learnerships receive a minimum allowance that is regulated by law. Learners in the DSD's Isibindi program receive R1,500 per month in the first year and R2,800 per month in the second year.

Most CYCWs are employed by NGOs who offer compensation starting around R60,000 (approximately

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76. Kathy Scott, Training Manager, the National Association of Child Care Workers (NACCW) FHI 360 Study interview, Ottery Cape Town. 28 Sept 2017.

77. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

78. HWSETA and Statistics South Africa (2016). Sector Skills Plan Update for the Health and Welfare Sector in South Africa for the period 2016/17 to 2021/22. Retrieved from <http://www.statssa.gov.za/?p=10530>

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## BOX 2. Drivers of CYCW Demand

### FOUR KEY DRIVERS OF DEMAND FOR CYCWS

1. A new model of social services is emerging, promoted by implementation of the Children's Act of 2012, which integrates developmental, preventative, and therapeutic services in the life space of children.
2. The number of skilled social service professionals is insufficient to meet the growing demand for services. Past measures, including bursaries, payment of student debts, and higher compensation packages for social workers have not been effective in addressing shortages, which at root are largely due to public sector funding constraints. As a result, many skilled personnel have left the profession.
3. Entry-level CYCWs may train and work in the communities where they are needed most, since NACCW is able to deliver on-the-job training anywhere there is demand, even in the most remote rural communities across the country. In other fields such as auxiliary social work, training opportunities (and consequently the trained workforce) is geographically limited.
4. Development of the CYCW workforce aligns with other government priorities and has shown promise to reduce the cost of social services.

US\$4,883) per month, often without medical or pension benefits. CYCWs employed by DSD earn annual salaries ranging from R111,700 (approximately US\$9,090) at the entry level to R232,235 (approximately US\$18,900) for senior mentors (in 2015 prices).

**TABLE 7. Accredited Qualifications: Educational Requirements**

Level of Operation	Entry Level Qualification	Entry Level Qualification Offered by Duration	Duration
Specialist CYCW	Ph.D.	<ul style="list-style-type: none"> <li>University of Pretoria</li> <li>Durban University of Technology (DUT) from 2014</li> </ul>	3 years
	Master's degree	<ul style="list-style-type: none"> <li>University of South Africa (UNISA) offered a Masters until 2006</li> <li>DUT from 2014</li> </ul>	2 years
CYCW	Bachelor's degree	<ul style="list-style-type: none"> <li>Monash7 offers a four year BA (hons)</li> <li>DUT offers a BTech</li> </ul>	4 years
Auxiliary CYCW	FETC	NACCW, and three private training providers	18-24 months
Learner CYCW	Grade 10	Schools	

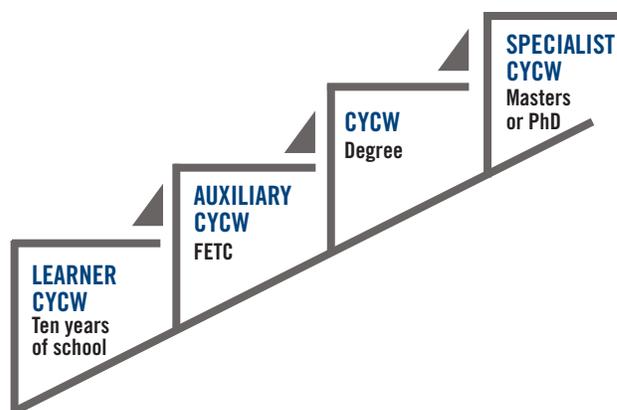
**Education and Training of CYCWs**

At the entry level, NACCW offers a full-time course of study for the Auxiliary CYCW course. It is 30 percent classroom based and 70 percent practice-based. Learners are supervised in the workplace by a senior CYCW and by a mentor. Typically, students complete the course in two years. The course costs between R16,000 (approximately US\$1,300) to R17,000 (approximately US\$1,423), paid for by the students themselves or by their employers. As noted above, starting annual salaries reportedly begin at around R60,000 (around US\$5,021), representing a reasonable return on investment, especially considering that students are partially reimbursed through a stipend while they study full time. Financial assistance is available in the form of HWSETA-funded learnerships as well as bursaries. In order to practice, students are required to get and maintain registration with the professional body, the SACSSP.

Registration as a professional requires that the applicant have a degree obtained at one of the universities such as the Durban University of Technology (DUT). Demand for places on the CYCW degree outstrips supply, and many

potential students do not apply because they cannot afford to study full time in Durban. DUT offers a Ph.D. course in health sciences that can be offered to people who specialize in child and youth care. The career pathway and qualifications framework are summarized in Figure 8 and Table 7.

**FIGURE 8. Qualifications and Career Path for Child and Youth Care Workers**



Source: Technical Brief No. 5 (March 2013). Child and Youth Care workers in South Africa. Retrieved from <https://www.msh.org/resources/child-and-youth-care-workers-in-south-africa>

## 4. Discussion and Conclusions

Economic analyses show that the root cause of South Africa's youth employment crisis is that the economy, overall, is not producing enough jobs to accommodate the growing numbers of youth entering the labor force. Interviews with youth and other stakeholders demonstrate the depth and complexity of the resulting economic and social challenges facing young people today. This section draws learning from the first two sections to identify key constraints to youth accessing economic opportunities in health and social services sectors, and recommends actions that could help overcome those constraints.

### EFFECTIVE PRACTICES, OUTCOMES, AND GAPS IN CURRENT YOUTH WORKFORCE PROGRAMS

Numerous current youth employment programs enjoy evidence of positive outcomes and embody effective practices in workforce and youth development. As described earlier, evidence from the University of Johannesburg on a sample of current youth employment programs shows that they are generating positive psychosocial effects.

In the health and social services sector, the Kheth'Impilo Pharmacist Assistant program has had highly successful results in job placement, while also enhancing community access to local pharmacy services. Key elements of the program are worthy of consideration for replication in current or future programs focused on health and social services. Those include the focus on available, good jobs in the public and private sector; buy-in from the relevant professional council, the participation of committed, qualified trainers, and a clear articulated pathway for professional development. Growing fields like phlebotomy, nursing, and child and youth care in particular appear to offer comparable opportunities for effective youth workforce programming in the sector:

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**In the health and social services sector, the Kheth'Impilo Pharmacist Assistant program has had highly successful results in job placement, while also enhancing community access to local pharmacy services.**

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General youth workforce programs reporting good success linking youth to jobs include those with strong industry ties (like Jumpstart, Harambee, EOH, and Mentec) as well as programs like Fit for Life, Fit for Work that provide a holistic training and job placement model customized to the needs of vulnerable beneficiaries. Such programs report achieving high employment rates, at least in the short-term, although impact on long-term employment is usually not measured.

Programs also appear to provide many other benefits beyond employment, at the level of individual youth participants, including building soft skills such as a positive self-concept, social skills and communication. As prior USAID YouthPower Action research shows, building such skills can foster positive outcomes across multiple important domains of youth's lives, not only in the workforce but also including violence prevention and SRH.

Many programs are very expensive, although costs vary and it is difficult to find objectively comparable data. Sustainability is a significant issue for most donor-funded programs. The assessment team learned of a number of donor-funded programs that were no longer operating or on the verge of closing down as a result of cuts in, shifts in, or a lack of funding. Kheth'Impilo, for example, is scheduled to end in April 2018 due to lack of operations funding. One program manager remarked that **"All roads to scalability lead to public financing."** Other programs, such as Activate, noted that donor funding tended to be concentrated around bigger programs, and that smaller, grassroots programs that were doing meaningful work on the ground were often overlooked.

More positively, HWSETA provides a sustainable source of funding for demand-driven learnerships in the sector, which can be offered by youth programs and has supported the implementation of Kheth'Impilo, NACCW, and NACOSA. Private sector-funded programs such as JumpStart also do not appear to face a sustainability constraint, and private sector investments in education, skill development, and employment initiatives are on an upward trend. On the other hand, such programs may not always have a dedicated focus on marginalized youth.

Accessibility is another key limitation noted for most programs reviewed. Many programs require a matric (thereby excluding the majority of the youth population), and also select applicants of the highest caliber, among those eligible. Many informants spoke of the need for more programs that target youth in rural areas or townships, and that provide opportunity for youth without a matric or further qualification. In addition, there was a feeling that young people who drop out of school are largely neglected. Moreover, most youth programs reach young people far too late for optimal impact on the development of math and science skills that are needed for entry into health or other growing sectors.

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The dearth of overall job creation in South Africa suggests that to achieve sustainable long-term employment outcomes, training programs or other supply-side interventions that seek to address the youth employment crisis in South Africa should be aligned with economic trends or strategies that can increase labor demand. Otherwise, programs risk resulting primarily in their beneficiaries displacing other job seekers, with little aggregate effect on employment.<sup>79</sup>

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79. A recent USAID study warns that in contexts with a shortage of available wage jobs relative to the number of job seekers, supply-side interventions focused on training youth for available jobs run a risk of displacement (i.e., redistribution of opportunities) as program beneficiaries may simply displace other job seekers. Fox, Louise, Kaul, Upasna. (2017). The Evidence is in: How should youth employment programs in low-income countries be designed. *USAID*. Retrieved from [http://](http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE_Final-USAID.pdf?MYY9plif42gPhhZi.0Vl.oFLLQd_TfAz)

## **OPPORTUNITIES AND CONSTRAINTS FOR YOUTH EMPLOYMENT IN HEALTH AND SOCIAL SERVICES**

From a youth employment perspective, it is thus noteworthy that health and social services are among the sectors generating growth in current and future youth employment opportunities in South Africa. The sectors are of special importance for the employment of women, who make up the majority of the workforce and have strong opportunities for advancement to senior positions. The assessment found that the health and social services sectors are offering numerous specific, promising pathways to young people that do not require university education.

Employment opportunities are increasing for para-professionals in health fields including pharmacy, nursing, and phlebotomy for the most part driven by private sector growth. In social services, employment is growing in child and youth care, and social work, primarily in government-funded NGOs.

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**The health and social services sectors are of special importance for the employment of women, who make up the majority of the workforce and have strong opportunities for advancement to senior positions.**

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Despite the growth in employment opportunities, access by marginalized populations is by no means assured due to the oversupply of labor as well as other pervasive barriers to youth employment. Moreover, wages and working conditions in these fields vary considerably and are often poor, particularly in social services and community health.

Emerging from the assessment are a number of overarching constraints to youth employment and advancement in health and social services. We have grouped the constraints into supply-side and demand-side constraints, which can be defined as follows.

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[static.globalinnovationexchange.org/s3fs-public/asset/document/YE\\_Final-USAID.pdf?MYY9plif42gPhhZi.0Vl.oFLLQd\\_TfAz](http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE_Final-USAID.pdf?MYY9plif42gPhhZi.0Vl.oFLLQd_TfAz)



**Supply-side constraints** pertain to the development of specific technical or soft and life skills and other interventions to overcome systemic barriers for youth to access available employment or self-employment opportunities; they may also include aspects related to labor market intermediation, such as career education and labor market information.

**Demand-side constraints** relate to barriers to employment generation, either by public or private sector employers or entrepreneurs.

This assessment, by design, primarily focused on supply-side programs and employment strategies, as well as on identifying opportunities and challenges around potential entry-level employment opportunities for youth. Yet as discussed above in the first part of Section 3, labor market literature and data from South Africa suggest that demand-side constraints are a major barrier to youth employment, including in the health and social services sector. USAID and other international donor agencies have a broad range of tools and experience in human resources for health as well as private sector development that could be leveraged in support of stimulating employment demand in the health sector. Demand-side interventions to promote job creation should align and interface with, or perhaps be integrated with supply-side programs that seek to link youth to employment opportunities in health and social services.

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**Demand-side interventions to promote job creation should align and interface with, or perhaps be integrated with supply-side programs that seeking to link youth to employment opportunities in health and social services.**

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### **Supply-Side Constraints**

**YOUTH LACK CAREER EXPOSURE, INFORMATION AND GUIDANCE ABOUT OPPORTUNITIES IN HEALTH AND SOCIAL SERVICES (AND OTHER SECTORS)**

A key finding from this assessment is that youth are

often isolated from career information and typically lack exposure to the wide variety of career pathways (and associated education and training services) available to them. These needs also span work readiness skills and knowledge of areas such as job search strategies, navigating private employment services, and the like. Several youth reported, based on personal experience, that the need for career guidance is particularly acute in rural and other socio-economically marginalized areas. As discussed in the program assessment, most stakeholders agreed that such services should begin in adolescence (a much earlier age than the population served by most youth employment programs). This view is reinforced by data on the prevalence of school dropouts beginning in early secondary.

According to one manager of a program focused specifically on strengthening career guidance in schools, few youth would be able to identify careers in the health sector beyond being a doctor or nurse, or potentially a pharmacist, despite the high labor demand for paraprofessionals in several fields as identified in this report. Access to such opportunities, as in many other growing sectors in South Africa, depends highly on a strong foundation of math and science skills in particular, which are optimally developed no later than secondary school. Many secondary school-age youth make important decisions on issues such as math and science education, without an understanding of the implications for their future employment prospects. Thus, it appears that school-age youth would greatly benefit from a better understanding of issues such as:

- The growth in job opportunities in numerous career pathways into health and social services that do not require a four-year degree
- Industry processes and skill requirements, wages, working conditions, and career advancement
- Skill and qualification requirements for opportunities at various levels
- Education and training options available, and the importance of accredited programs that lead to professional registration and have a good record of job placement
- Education and training costs and financing options

## MARGINALIZED YOUTH LACK KEY SKILLS AND ASSOCIATED SUPPORTS FOR EMPLOYMENT AND POSITIVE YOUTH DEVELOPMENT

The experience of existing programs points to a bundle of critical foundational skills and supports that are often in need of strengthening and support among marginalized youth to prepare them for available employment or other livelihood opportunities. Moreover, many of these same assets equip youth to navigate challenges and opportunities in other areas of their lives. This pattern holds true for health and social services as well as in other fields. Specific needs vary of course, depending on beneficiary characteristics and the requirements of employment opportunities.

Youth skill needs often include foundational soft and life skills that allow marginalized youth to navigate opportunities and challenges in the workforce as well as other areas of their lives.<sup>80</sup> Among those, interpersonal skills (e.g., social skills and communication) are often especially important for many careers in health and social services, which generally require a high level of interaction with people and a strong service orientation.

Beyond those, and as noted above, weak STEM academic skills of most youth, and particularly in science and math, are a constraint on access to several growing entry-level paraprofessional opportunities that could offer a career pathway into the health sector. This appears to be the case in other growth sectors in South Africa as well, which tend to have comparatively high skill requirements. Moreover, global trends indicate that STEM skills, as well as soft and life skills, will likely be increasingly essential in the future across many fields, especially in modern formal employment.

In addition, given the high HIV prevalence and risk among marginalized populations, SRH-related knowledge and skills are particularly needed. Tailored strategies are needed for empowering AGYW, due to their unique vulnerability.

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80. Gates, Sarah., Lippman, Laura., Shadowen, Noel., Burke, Holly., Diener, Obed., Malkin, Morissa. (2016). Key Soft Skills for Cross-Sectoral Youth Outcomes. *USAID YouthPower Action*. Retrieved from <https://www.fhi360.org/sites/default/files/media/documents/resource-soft-skills-report.pdf>

All of the above skills and supports would optimally be provided to marginalized youth during adolescence, if not earlier. However, the experience of current programs show that they are needed by many older youth as well. For those youth, other constraints identified included the costs associated with seeking a job, a lack of social capital and prior work experience, employer entrance exams, a lack of computer literacy and technology access, and a lack of family and community-based mentorship and support.

## YOUTH LACK NECESSARY SKILLS AND QUALIFICATIONS TO ACCESS SPECIFIC OPPORTUNITIES IN HEALTH AND SOCIAL SERVICES (AND OTHER SECTORS)

Employment and career advancement in health and social services depends heavily on access to specialized, accredited training and qualification opportunities, as well as registration by professional councils. It appears that South Africa already has ample training capacity to meet employers' needs in entry-level fields, especially for the health sector: Private medical groups meet their own training and recruitment needs by operating in-house technical training programs in relevant skill areas; reportedly those are cost-effective, yield excellent employment outcomes, and equip youth with professional registrations in their fields. There are also numerous existing private or public training institutions in this space (NGOs, private training institutions, or TVETs) whose programs have been accredited by the relevant professional councils.

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### **Employment and career advancement in health and social services depends heavily on access to specialized, accredited training and qualification opportunities, as well as registration by professional councils.**

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Accessibility to such programs appears to be a far greater challenge. There are undoubtedly barriers to entry for marginalized youth, in terms of cost as well as qualifications (e.g., math and science or soft skills). The review of programs identified several, including Kheth'Impilo, NACCW, and NACOSA that are dedicated to providing training and direct job placement to address workforce needs in the health and social service sectors. All had a specific focus on marginalized and vulnerable youth ages 18–30, generally

with a minimum requirement of a matric pass. Notably, each of the programs leverages learnership funding from HWSETA, which also is available to youth in other high-demand fields such as phlebotomy. Outside such programs, however, most youth interviewed did not have knowledge of these emerging fields of employment.

The challenge of RPL is another barrier for job seekers, as well as those who wish to enroll at institutions of further education and training. RPL is meant to facilitate access to, and mobility and progression within education, training and career pathways.<sup>81</sup> Generally, RPL is accepted by TVET and other higher education institutions, but universities have been less accepting, which in some cases requires students to repeat courses. This challenge also affects youth who support service provision through USAID DREAMS and other programs, as highlighted by youth in focus groups in Section 2. Youth employed on such projects in positions such as counseling and testing officers reported that they had received no certification that would enable further career progression as a result of the knowledge, experience, and skills gained.

Even for youth who access the education and training system for health and social services, another roadblock to employment often comes in the form of recognition from professional councils (e.g., the Health Professionals Council of South Africa, the Pharmacy Council, Nursing Council). As discussed in depth in the overview of Nursing and the Nurse Assistant in Section 3, the councils' actions in some cases have effectively disrupted and restricted education and training of health and social services professionals, which appears to be out of step with the health and social service needs of the population, employer demand, as well as the interests of youth seeking employment.

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81. SAQA defines recognition of prior learning as "the comparison of the previous learning and experience of a learner howsoever obtained against the learning outcomes required for a specified qualification and the acceptance for purposes of qualification of that which meets the requirements." See "Recognition of Prior Learning in the context of the South African NQF," South African Qualifications Authority. (2002). The Recognition of Prior Learning in the context of the South African National Qualifications Framework. Retrieved from [http://www.saqqa.org.za/docs/pol/2002/rpl\\_sanqf.pdf](http://www.saqqa.org.za/docs/pol/2002/rpl_sanqf.pdf)

## **Demand-Side Constraints**

Two major constraints emerged that align with core global areas of programming and competencies by USAID and other funders concerned with youth employment. Both require further study that is beyond the scope of this assessment, but can be briefly summarized as follows.

### **THE PUBLIC SECTOR WORKFORCE LACKS QUALITY EMPLOYMENT AND CAREER ADVANCEMENT OPPORTUNITIES**

There are pervasive, well-documented challenges in public sector employment in health and social services, particularly related to recruitment and retention (See summary in Section 3, Trends in the Health and Social Sector Labor Market). Those are having a detrimental impact on health, HRH, and, as this analysis shows, youth employment outcomes. The challenges are attributable to funding constraints but also to poor management practices.

Even without increasing current funding levels, multiple benefits could arise from more effective implementation of task-shifting, including cost savings on training and education, taking advantage of local language capabilities and other skills, bringing services closer to the population, and increasing health system efficiencies. Moreover, task-shifting has been recognized by the NDOH as an effective strategy to offset critical skills shortages. The NDOH also encourages provincial departments of health to put the strategy into effect via human resource policy directives. A contributing factor to management issues, in the health sector specifically, is that managers are often doctors with advanced medical training but little experience or training in management or leadership.

### **PRIVATE SECTOR GROWTH AND EMPLOYMENT CREATION IS LIMITED BY BARRIERS TO COMPETITIVENESS**

The private sector is the primary engine of employment creation in these sectors (especially in health), as discussed above in Section 3, *Trends in the Health and Social Sector Labor Market*. Supporting firms and entrepreneurs in growing industries and value chains would also have positive impacts on the number of jobs available. The literature indicates that medical tourism and pharmaceuticals in particular are value chains that have strong prospects and employment generation potential for marginalized youth,

and are sectors of high importance to HRH and health outcomes (see discussion earlier in this section, in Trends in the Health and Social Services Labor Market). As such, they are worthy of consideration for inclusion in private sector development efforts supported by development funders.

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**The literature indicates that medical tourism and pharmaceuticals in particular are value chains that have strong prospects and employment generation potential for marginalized youth, and are sectors of high importance to HRH and health outcomes.**

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Local provision of goods and services to health and social services industry leaders and facilities is another promising area, due to strong overall industry growth plus the impact of BBBEE policies on procurement practices and CSR spending by private health care groups and other large companies in the health sector. Further assessment would be needed for prioritizing sector-specific barriers and opportunities that could be addressed most effectively with support from development programs.

## RECOMMENDATIONS

In response to the key constraints identified, the assessment team developed a causal model that links health workforce strategies to positive outcomes, and ultimately to the interrelated goals of improved health and social outcomes, strengthened HRH, and increased youth employment.

### Supply Side

#### BUILD YOUTH ASSETS AND TALENT PIPELINE

A number of opportunities appear to be promising for closer health and social services linkages in partnership with existing programs that are focused primarily on work readiness. These include:

- Raise youth awareness of emerging career opportunities, pathways, and challenges in health and social services, as well as education and training options. Some program participants appear to be potentially qualified, but are not aware of the opportunities available. Programs could bring in guest speakers or use other low-cost methods to address this gap.

- Partner with health sector employers, such as in the pharmaceutical sector, to place youth in entry-level retail positions in pharmacy settings that could lead to advancement into pharmacy for interested and qualified youth (i.e., with required math and science or other skills), through further training funded by employers or by the HWSETA pharmacist assistant learnership program for existing employees. A number of youth employment programs, including JumpStart and Harambee, are already specialized in training and job placement for the retail sector more generally.
- In rural areas, explore options for creating or linking to social enterprise opportunities for entrepreneurial graduates of youth programs. For example, Dharma Life (originally founded in India and now expanding into South Africa), provides a base-of-the-pyramid approach to distribution of health and other products with social impact potential.<sup>82</sup>
- Promote more effective coordination among work readiness programs themselves, as well as between such programs and employers, around the theme of youth employment opportunities in health and social services (this would also be applicable to other growth sectors). A greater focus appears to be needed on addressing systemic challenges, which requires leadership, political will, and integrated approaches that align efforts of youth, industry, policymakers, and education and training initiatives around common goals.

### DEMAND-DRIVEN TRAINING AND JOB PLACEMENT

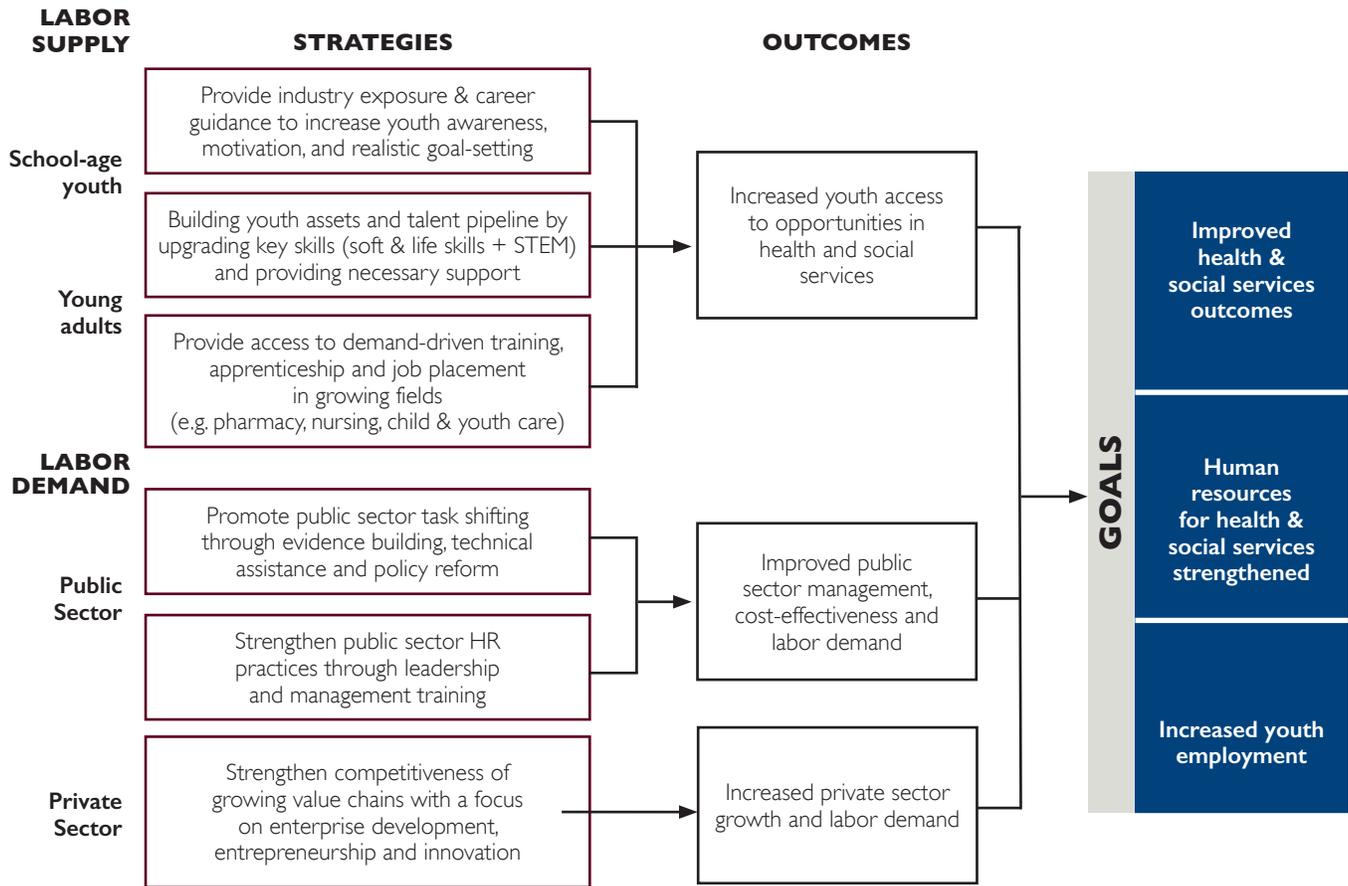
#### Replicate or Scale Effective Practices of Public Sector Focused Health Workforce Programs

Programs like the Kheth'Impilo Pharmacist Assistant program in Western Cape appear to offer promise for addressing both youth employment and HRH outcomes, supported by HWSETA-funded learnerships that place youth in public health facilities. Such programs may also have a sustainable demonstration effect. For example, the government of Western Cape is now investing public employment program funds into job training programs for pharmacy assistants, using a similar model to Kheth'Impilo.

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82. See <http://dharma-life.in/> and <http://www.ijcct.org/ngopartners/dharma-life/>

**FIGURE 9. Causal Model for an Integrated Approach to Health Workforce Development**



Lessons and successful elements from Kheth'Impilo could be studied with a view to expanding the model to other provinces, or other fields with public sector shortages as well as overall growing numbers of job opportunities (phlebotomy, or, once current qualifications issues are resolved, nursing). An in-depth assessment or evaluation of opportunities to extend or adapt the Kheth'Impilo program to other fields could be a useful next step.

**Strengthen Professional Development in Donor-funded Health and HIV Programs**

A potential opportunity exists to strengthen pathways for professional development in skill sets of critical importance, focusing on staff of existing NGOs that are providing health/HIV services with funds from USAID or other donors. Such programs reportedly provide valuable training and on-the-job experience to youth, yet that learning may

not be formally recognized or linked to the qualifications system. New linkages with accredited training institutions, in partnership with HWSETA, could help promote RPL and advancement of qualifications for staff in positions such as HIV care and treatment counselors. A rapid assessment activity is recommended to identify where such opportunities and linkages could be further developed.

**Increase Youth Access to Private Sector-focused Training and Employment Programs**

Promoting youth access to existing demand-driven programs, such as private sector training programs for pharmacy and phlebotomy, should be the primary focus of programming that aims to link youth to immediate employment in the health sector. Experience of existing programs suggests that barriers to entry for marginalized youth might include cost of training or transport, or

qualifications (e.g., math and science or soft skills), among others. Lessons from effective programs (as discussed in Section 1) suggest that these barriers could be bridged by first identifying marginalized youth with high motivation and potential to succeed in these fields (through methods such as behavioral assessments, character references, and/or psychometric tests), and then preparing and supporting them to overcome structural barriers. Such an approach could be especially promising for preparing AGYW for careers in health and social services.

### **Promote TVET Reform and Public–Private Partnerships**

A longer term initiative is to engage the public TVET system in more effectively serving the needs of health and social services employers. Currently, the public TVET system (apart from nursing colleges) appears to be a marginal contributor to skill development and employment in the sector. A key stakeholder from the Department of Health suggested there be a move toward more competency-based education and training programs that have immediacy for the workplace. Aligning TVET offerings with HWSETA curricula and accreditation, in collaboration with relevant professional councils, is a clear opportunity to improve and demonstrate relevance to the needs of health and social services employers. In addition, international best practice suggest that public–private partnerships would be an essential starting point. Private sector training programs such as Netcare, Pathcare, and Mediclinic provide excellent opportunities for youth entering the private sector, and could serve as a model or source of training capacity for public-sector-focused programs in emerging paraprofessional fields. Further engagement with industry is needed to assess the level of potential employer interest and willingness to invest in such an effort.

### **Demand Side**

#### **Support Public Sector Task-Shifting and Improved Management for Increased Youth Employment Opportunities**

In support of DOH's objective to promote implementation of task shifting, programmatic approaches could include research and evidence building (including on outcomes related to service provision and to employment), technical assistance to health policymakers, and improved leadership and management skills for health sector managers (often

doctors with advanced medical knowledge but little experience or training in management). Such activities should specifically develop managers' motivation and skills to effectively integrate paraprofessionals such as pharmacy assistants, nurse assistants, or community health workers into public health sector budgeting and management (drawing on learning from successful programs such as Kheth'Impilo). Further assessment is recommended of constraints and programming opportunities that could advance task-shifting goals in public sector employment while optimizing youth employment outcomes.

### **Strengthen Private Sector Competitiveness, Entrepreneurship, and Innovation**

In the private sector, demand-side approaches could be effective in stimulating job creation through increased competitiveness, innovation, and enterprise growth at policy, industry, and/or firm levels. Such approaches are widely utilized by USAID and other funders in a variety of economic sectors globally. Within health and social services, the literature suggests that the dynamic and growing subsectors of medical tourism and pharmaceuticals may offer particularly promising opportunities. Industry informants indicated that recently enacted BBBEE policies have increased incentives for partnerships with SMEs, as well as greater corporate investment in enterprise and supply chain development. Pharmaceuticals, medical tourism, or other growing health value chains are recommended for consideration in current or future private sector development initiatives, pending deeper assessment of competitiveness constraints and employment generation and entrepreneurship potential.

### **Research Recommendations**

The existing universe of well-established and diverse programs provides rich opportunities for research and evaluation initiatives that could generate new evidence about effective youth employment programming in South Africa and comparable economic contexts. This assessment identifies emerging evidence from the University of Johannesburg that some current programs are successfully achieving positive employment outcomes (at least in the short term) as well as psychosocial and other benefits. At the same time, a recent USAID study of youth employment

programs in low-income countries has raised serious questions about supply-side programs in contexts where the supply of wage employment is limited in relation to the number of job seekers, as in South Africa.<sup>83</sup>

Accordingly, useful directions for future research that would complement current studies could include the impact of programs on long-term outcomes related to employment, professional advancement, broader positive youth development outcomes (e.g., sexual and reproductive health), or quality of health services (for health workforce programs), the extent of displacement of other job seekers, as well as cost-effectiveness.

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83. Fox, Louise, Kaul, Upasna. (2017). The Evidence is in: How should youth employment programs in low-income countries be designed. *USAID*. Retrieved from [http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE\\_Final-USAID.pdf?MvY9plif42gPhhZi.0V1.oFLLQd\\_TfAz](http://static.globalinnovationexchange.org/s3fs-public/asset/document/YE_Final-USAID.pdf?MvY9plif42gPhhZi.0V1.oFLLQd_TfAz)

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# Appendix A: List of Meetings

<b>Programs</b>	<b>Stakeholders</b>
Africa Tikkun	Department of Health
Activate	Department of Higher Education
Bumb'ingomsa	Health & Welfare SETA
Fit for Life, Fit for Work	Johnson & Johnson
Future Families	Eta Lyons (Health Recruitment Firm)
FutureMe	FHI 360, DREAMS Program
Harambee	Save the Children, ASPIRES Youth Livelihoods Program
JumpStart	Netcare (Private Health Care Company)
Junior Achievement	NACOSA Training Institute
Kheth'impilo	Triologue
Loveline Groundbreakers	University of Johannesburg
Mentec Foundation	DG Murray Trust
mLab	USAID
NACCW	
Soul City	

# Appendix B: Interview Guides

## IA. YOUTH

### PROGRAM PARTICIPANTS: IDIS

### Informed Consent

Hello my name is \_\_\_\_\_.

I am/we are conducting an assessment for FHI 360 to learn more about programs that train youth to get jobs. We are especially interested in training for jobs in the health and social service sectors. We would like to ask you about your knowledge of these programs and your experiences with them. We would also like to hear your ideas on what types of programs would help you or your friends to get good jobs with career possibilities. We will keep anything you say to us private and we will not record your name anywhere. We will not tell your teachers or people who work at this program anything you tell us. You do not have to participate in this interview if you don't want to. If you decide not to it will not affect your participation in this program. If you agree to participate, you do not have to answer any question you do not want to. This interview will take about 30 minutes.

Do you agree to be interviewed?  Yes  No

Is it ok if we record the interview on a recorder?  Yes  No

Signature: \_\_\_\_\_  
*Interviewee*

Signature: \_\_\_\_\_  
*Interviewer 1*

Signature: \_\_\_\_\_  
*Interviewer 2*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Introduction

1. Are you still in school? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What grade are you in (or what was the last grade you completed?) What is/was your favorite subject?
3. If you could have the job of your dreams, what would it be? Do you know what type of training or skills you would need to get that job?
4. How did your school prepare you to get a job (not just your dream job but any job)?
5. In what ways do you think your school could have done more to prepare you for a job?

## Employment

6. Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. What do you do?
8. What type of jobs do you think you can realistically get?	
9. What types of skills would you need to get it? Is it something you think you would like to do?	
10. Have you considered working in the health or social sectors?	
11. What types of jobs are available in these sectors? (List some possible jobs in these sectors—do these sound like something you might want to do?)	
12. How do you or your friends learn about jobs in your community?	
13. Are there employment agencies you can visit?	
14. Are there sites online that you use? What sites are these?	

## Workforce/Training Programs—general

15. What types of programs do you know of that train youth to prepare for jobs?
16. Do you think your friends or other people your age know about these programs?
17. In what ways do you think programs could do a better job of making sure you and your friends are aware of these programs?
18. What are the benefits of enrolling in these programs?
19. What are the challenges that your friends or others your age may face if they want to enroll in these programs/what might prevent them from enrolling?
20. Are there financial challenges?
21. Would they have the support of their families? Communities?

## Workforce Program—specific program

(Name of program: \_\_\_\_\_)

22. How did you hear about this program?
23. What classes have you taken? Which ones did you like the most? Why did you like them? Which ones did you like the least? Why did you not like them?

24. Are there classes or programs that are not offered that you wish you could take? What are they?

25. In what ways does this program prepare you to get a job when you are finished? (probes—is there career counseling, job placement, mentoring, training in resume development, interview techniques).

26. What types of other training or help do you think you need in order to get a job?

27. Have you had any job interviews? Any job offers? For what types of jobs?

28. What do you like best about this program?

29. In what ways do you think it can be improved?

30. Do you think you will finish? If not, why not?

## IB. YOUTH

### NON-PROGRAM PARTICIPANTS: FGD

### Informed consent

Hello my name is \_\_\_\_\_  
\_\_\_\_\_. I am/we are conducting an assessment for FHI 360 to learn more about programs that train youth to get jobs. We are especially interested in training for jobs in the health and social service sectors. We would like to ask you about your knowledge of these programs and your experiences with them. We would also like to hear your ideas on what types of programs would help you or your friends to get good jobs with career possibilities. We are asking you to participate in a focus group discussion to talk about these issues. You will be together with about seven other young people of about your age. We will keep anything you say to us private and we will not record your name anywhere. We ask that participants not reveal outside the group information they may have heard in the group. Even though we will ask people in the group not to reveal anything to others, we cannot guarantee this. You do not have to participate in this discussion if you don't want to. If you agree to participate, you do not have to answer any question you do not want to. This focus group discussion will take about an hour.

Do you agree to be interviewed?

Yes

No

Is it ok if we record the interview on a recorder?

Yes

No

Signature: \_\_\_\_\_  
*Interviewee*

Signature: \_\_\_\_\_  
*Interviewer 1*

Signature: \_\_\_\_\_  
*Interviewer 2*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Introduction

**Add a few questions just to get people talking.**

## Employment

1. What do you think about the employment situation in South Africa for people of about your age?
2. What types of jobs would you and your friends like to have? What types of training and skills would you need for these jobs? Do you think you and your friends have these skills? Do they require a high school degree? What about university?
3. How did your high school prepare you to get a job? In what ways do you think your school could have done more to prepare you for a job?
4. What types of jobs do you think are available for youth without a degree?
5. What types of skills would you need to get these jobs? Is it something you think you would like to do?
6. Have you considered working in the health or social sectors?
7. What types of jobs are available in these sectors?
8. (List some possible jobs in these sectors—do these sound like something you might want to do?)
9. How do you or your friends learn about jobs in your community?

10. Are there employment agencies you can visit?

11. Are there sites online that you use? What sites are these?

## **Workforce/Training Programs**

12. What types of programs do you know of that train youth to prepare for jobs?

13. Do you think your friends or other people your age know about these programs?

14. In what ways do you think programs could do a better job of making sure you and your friends are aware of these programs?

15. What are the benefits of enrolling in these programs?

16. What are the challenges that your friends or others your age may face if they want to enroll in these programs/what might prevent them from enrolling?

17. Are there financial challenges? What kind?

18. Would they have the support of their families? Communities?

19. What types of programs do you think you or your friends would be interested in attending?

## **Wrapping Up**

Add a few questions

- Assessment Programs (IDIs, program data, observation)

## NEED FORM TITLE

### Informed consent

Hello my name is \_\_\_\_\_. I am/ we are conducting an assessment for FHI 360 to learn more about workforce programs that train vulnerable youth. We are especially interested in training for jobs in the health and social service sectors. We would like to ask you about your program. In particular, we are interested in the types of training you provide, the types of services you offer (e.g., mentoring, job placement), and the types of jobs your students eventually obtain. We would also like to hear your thoughts about how workforce programs can better serve vulnerable youth and help provide them with meaningful employment opportunities. We will keep anything you say to us private and we will not record your name anywhere. You do not have to answer any question you do not want to. This interview will take about an hour.

Do you agree to be interviewed?

Yes

No

Is it ok if we record the interview on a recorder?

Yes

No

Signature: \_\_\_\_\_  
*Interviewee*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_  
*Interviewer 1*

Signature: \_\_\_\_\_  
*Interviewer 2*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Program Overview

1. Please describe a little bit about your program.
2. What kinds of skills do the students learn? Technical skills? Soft skills? What types of life skills do you build?
3. Do you provide any health information to your students such as about family planning, sexually transmitted diseases, HIV?

## Recruitment

4. Do you do actively recruit?
5. What types of populations do you target (e.g., adolescent girls, young women, marginalized youth)? Please describe your methods of recruitment.
6. How do youth learn about your programs? In particular, how do girls learn about them?

## Costs

7. What kinds of costs do your students incur to participate in this program (e.g., tuition, books, other fees, transport)?
8. Are any of the program costs subsidized?
9. Do you receive funding from donors? If so who are the donors?
10. How much is the cost per student? How much of this cost comes from donor funding?

## Support

11. What kind of support do you think your students get from their families? Communities?

12. What types of barriers do you think youth face in enrolling in your program or other workforce training programs?

13. What do you think could help youth to overcome these challenges?

14. What types of training do you think parents or communities would be supportive of?

15. Do you think they are supportive of training to prepare their children for jobs in the health or social sector?  
Why or why not?

## Job Placement and Careers

16. To what extent are program offerings aligned with growing subsectors and job opportunities in the health and social service sector?

17. Which of your programs do you feel have the greatest job potential?

18. Are there fields where you see potential for growth? Do you have programs to meet this need or how would you adapt/add programs?

19. What kinds of career guidance and job placement services to you have?

20. What percent of your program graduates have a job within six months of program completion?

21. What types of jobs do they get?
22. Are these jobs with potential for growth?
23. What is the range of salaries?
24. What type of training/ mentoring do students get to search for jobs (interview techniques/resumes)? Is there any follow up once they receive a job?
25. Is there any ongoing mentoring/coaching either from the program or the employer?
26. Are there opportunities for further training or retraining?
27. What type of training do your career counselors get?
28. Do they or others reach out to possible employers to get them interested in your students?
29. Do you feel they have good labor market information?
30. What other sources of career information are available to your students and their parents? What are the most reliable sources? What are the sources that are most applicable to your students? Are there employment agencies? Online resources?

31. Are there particular companies/ industries that you are connected to for job placement? Do they provide any support to the program (e.g., money, internships, jobs, mentoring)?

32. Is there any investment from the health or social service sector? What types?

## Wrapping Up

33. What do you see as the challenges for today's youth in South Africa in obtaining employment in particular for those without a university degree or even a high school degree?

34. How do you see your programs meeting the needs of these youth?

35. What are the aspects of your program that you think are working particularly well? What types of challenges do you face? What would you need to address these challenges?

36. Do you keep data on your programs, such as the number of students, gender, ages, job placement? Would it be possible for us to see it? Look at summary reports for the past year?

- Employers (public, private, recruitment agencies)

## NEED FORM TITLE

### Informed consent

Hello my name is \_\_\_\_\_.

I am/we are conducting an assessment for FHI 360 to learn more about workforce programs that train vulnerable youth. We are especially interested in training for jobs in the health and social service sectors. We would like to ask you about your knowledge of these programs. We would also like to hear if you have employed participants from workforce programs and your experiences with them. Finally, we would like to talk to you about your thoughts as to how programs can train vulnerable youth in South Africa for opportunities that will provide them with meaningful employment. We will keep anything you say to us private and we will not record your name anywhere. You do not have to answer any question you do not want to. This interview will take between 30 minutes and an hour.

Do you agree to be interviewed?

Yes

No

Is it ok if we record the interview on a recorder?

Yes

No

Signature: \_\_\_\_\_  
*Interviewee*

Signature: \_\_\_\_\_  
*Interviewer 1*

Signature: \_\_\_\_\_  
*Interviewer 2*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Introduction

1. What do you see as some of the main issues regarding youth and unemployment in South Africa?
2. How are these issues different for boys and girls?
3. How does education level affect employment?
4. What kinds of differences are there by ethnic group?
5. Is there any data on labor force participation, and employment/unemployment levels and rates, especially by age, gender, ethnic group, and level of education?

## Education

6. Let's turn to the educational system: What percent of youth graduate from high school?
7. Do you think high schools prepare their students for jobs after graduation? How do they prepare them? What more could they do?
8. What kind of education and training do people need to get a decent-paying job? Is a university degree necessary for a good paying job?
9. Do high schools provide career guidance to their students? How do they do this?

10. What types of institutions do students go to after high school? Aside from universities, are there technical and vocational training institutions? What types of skills do they teach? Can these be attended even without a high school diploma?

11. Who runs these institutions? Is there usually a cost? How easy or difficult are they to get into?

12. What pathways exist for dropouts to reenter the education system?

## **Workforce Programs**

13. Is anyone talking about the need for/importance of skill/workforce development, and if so, who, and at what levels (government ministries, individual firms, etc.)?

14. What is your opinion on workforce programs that train youth for jobs in the health and other sectors? Which ones are you familiar with?

15. To what extent are workforce program offerings aligned with growing subsectors and job opportunities in the health and social service sectors?

16. How accessible are workforce programs to vulnerable populations (adolescent girls and young women, marginalized youth)? Specifically, to what extent do recruitment policies/practices encourage or limit participation?

17. What is the perceived quality and the relevance of programs to specific job vacancies, and to what extent are they meeting the needs of employers?

18. What do you see as gaps or areas for strengthening of workforce programs?

## **Job Placement**

19. Where do young people and parents go for information on career opportunities? What reliable sources of information exist?

20. What types of web-based and social media sources exist with information about jobs?

21. Are any NGO's engaged in labor market activities such as career counseling, information, training, job development?

## **How and where are donors currently investing in economic/ workforce development?**

22. How are workforce programs funded? To what extent are programs sustainably financed?

23. What are current donor investments or programs in education and training with respect to workforce development?

24. To what extent do donors coordinate their efforts in this area?

25. Have previous workforce efforts been evaluated? What are the lessons learned about what has worked and what has not worked?

26. What are the USAID Mission's priorities with respect to workforce development and other investors?

27. If you could make one recommendation for improving the quality and type of investments donors are making in economic and workforce development in your country, what would you recommend?

## Wrapping Up

28. What are your thoughts about how to get more young men and women without university level education into the workforce?

29. What do you see as some of the growth areas for employment in South Africa (if health not mentioned, what about the health and social service sectors)? How could workforce programs take advantage of this growth?

# Appendix C: Program Matrix

Program	Description	Services provided	Target population	Recruitment	Costs
Activate	A network of young leaders equipped to drive change for the public good; connects youth to address tough challenges and initiative innovative and creative solutions.	Cover many sectors including education, health the arts, entrepreneurship. 5 core pillars: 1) Capacity building – Academy, leadership training; 2) Academic-accredited leads to qualification; 3) Switch-business related; 4) Connect/ inspire; 5) Provoke/ influence.	Must be 20–34 years old but they've made exceptions (e.g., a 37 year old leading program in a rural area). Looking for leaders.	To become an Activator; can apply online or can call.	Program has no cost to student. It's funded by donors, including DG Murray Trust. Some international donors. Little local funding.
Afrika Tikkun	A for-profit social enterprise developing Young People from Cradle to Grave.	1 month course with soft skills and computer training. Link to learnerships. Work closely with them in order to present them to industry. Provides health/ SRH education.	Must have completed grade 10. Serve youth 18–35.	Pop up activators, advertisement in malls, community registrations, word of mouth. Encourage youth to join through family assessments. Recruit about 80 youth every month and run 10–11 courses per year	Program has no cost to student. It's funded by donors. Companies pay R1,000 (around US\$84) stipend, which is matched by AT.
Bumb'Ingomso	Bumb'Ingomso aims to build a sense of real and imminent possibility for the young people of Buffalo City through a multi-sectoral package of interventions.	Life skills, soft skills, mentorship, and leadership program, linked to Harambee for work readiness	Offers services to young women in local settings. Based in Buffalo City, Eastern Cape. Recruitment of youth is undertaken through radio, street engagement, and community-level activations. They have a youth magazine (YAKA) that offers guidance for youth.	Radio, street engagement, community activities	Program has no cost to student. Bumb'ingomso is co-financed by the Federal Government of Germany through KfW and the DG Murray Trust. DG Murray Trust provided 200 million for 3 years

Program	Description	Services provided	Target population	Recruitment	Costs
Fit for Life	The Fit for Life, Fit for Work program provides participants with skills, knowledge and helps them develop positive attitudes to effectively compete in the job market. The program aims to reduce risk-taking behavior through improved economic prospects, heightened sensitivity to sexual and reproductive health and rights issues and enhanced self-esteem.	Four to six week training model in: Life skills Sexual and reproductive health Work readiness Career guidance Computer skills Psychosocial counseling of participants is an added component. Includes 1 year post-program support.	Targets previously disadvantaged youth ages 18–30.  Entry requirement is a matric, but they have been flexible on this depending on the context in which the program is implemented.  Changed in some contexts to allow non-matriculants, to encourage return to matric. 25–30 youth per cohort; Average of 7–10 cohorts per year.	Primarily word of mouth. To enter the program, first submit a CV, go through a pre-assessment in person. After assessment, will select group based on need / vulnerability objectives.	R3,000–R4,000 (around US\$250–US\$335) for entire program (including post-program support)
Future Families	The Future Families Mission is to provide care and support to vulnerable children and their families, be they infected and affected by HIV/AIDS, refugees, or asylum seekers, or have experienced sexual and gender-based violence, to ensure that children have a safe environment in which they can reach their full potential.	Entrepreneurship and financial literacy. HIV and SRH education. Social work services for families, children, and youth through in-school and out-of-school programs. Linked to ASPIRES.	Family unit	Through schools and in community	Program has no cost to student. It's funded by donors.
Future Me	Future Me is a holistic, technology-enabled work readiness program for high schools that provides the bridge between young people and the working world.	Run the program in schools, connecting youth with themselves, exposing them to wider world. Job shadowing; building fundamental skills; help students find pathways to employment or qualifications that will lead to employment.	They are focused on secondary schools. Most work readiness programs focusing on youth post-matric/ grade 12. Future Me address the earlier gap.	School engagement and partnering	No costs to youth.

Program	Description	Services provided	Target population	Recruitment	Costs
Harambee	Harambee assess demand versus supply and attempt to match through bridging and work readiness programs	1 day intervention program. For those placed in jobs, they enter a 4 week bridge and training program. Follow-up with alumni on work opportunity.	Disadvantaged youth, 18–35 years.	In-office application, word of mouth, online	Program has no cost to student. It's funded by donors. High cost per student in bridging program. Companies also pay recruitment fee.
Johnson & Johnson	Bridge to Employment Program aims to empower youth by helping them excel in school and life.	Pairs high school kids with local companies and institutes of higher learning to help set them up for success in the work world.	High school students. Recruited in grade 9; program runs for grades 10, 11 and 12 (matric).	Recruitment through school partners.	Program has no cost to student. It's funded by donors.
Jump Start	Jump Start is a work readiness program that develops the skills of unemployed young people and links them to career opportunities in the retail sector and the supply chain.	Links unemployed young people to career opportunities in the retail sector and the garment sector supply chain	Unemployed young people who are unable to get into tertiary institutions, or who have dropped out of tertiary institutions.	In collaboration with local partners, word of mouth.	None to participants, costs are paid by Mr. Price Foundation.
Junior Achievement Africa	Aims to be the catalyst for every young person's entrepreneurial journey through experiential programs; works at three levels: primary school, high school, and out of school.	The focus is on experiential learning, simulating or running a business. Begins with income-generating activity. Post-program 6-month mentorship.	In school and out-of-school youth. Must have completed grade 10. Good knowledge of English.	Radio and newspapers	R7,000 (around US\$585) per participant includes 20 weeks of training and 6 months of mentorship.
Kheth'Impilo	Specializes in solution development and implementation for health and community systems strengthening in marginalized communities.	Post-basic Pharmacist assistant certification; equipping learners with relevant legislative and ethical requirements, knowledge and practical training in order to register as a pharmacy assistant (Basic).	Need to have English and math at the matric level (preferably with a pass rate of 50% or more)	For recruitment of youth—go to high schools and promote the program—target previously disadvantaged areas	R70 million (approximately US\$5.8 million) 4budget across 5 years of operations and training. Cost is R100,000 (around US\$8,370) per learner per year (with a stipend of R2,000/ US\$167 monthly)

Program	Description	Services provided	Target population	Recruitment	Costs
Love Life	South Africa's largest youth leadership, life skills, and sexuality awareness program, has been at the forefront of promoting healthy lifestyles and social agency among South African teenagers since 1999.	groundBREAKERs who each mentor a team of five in the implementation of Love Life programs. They facilitate Love Life's healthy sexuality and positive lifestyle programs in government clinics, social franchises (community-based organizations), and schools.	groundBREAKERs are typically youth ages 20-25 from disadvantaged communities, typically with matric certificate and past experience in social change.	Youth festivals, schools, community engagement, clinics, CBOs. Young people can access healthy sexuality and telephonic counselling free of charge, also via a Youth Line.	groundBREAKERs receive stipends, paid by LoveLife with support from funders.
mLab	Launched as a mobile technology accelerator to unlock the mobile apps economy. Evolved into a youth focused, tech-enabled, innovation, skills development and startup support organization.	Coding/skills development; Lean innovation; accelerator/incubator; APP fund. Training programmers through CodeTribe program; link with employment and start-up opportunities; run hack-a-thons to address social challenges.	Must have matric. Some youth who don't have university qualifications, but they have passed math at grade 12. 51% of the recruitment population are females.	Source students from universities, website, tweet, radio interviews, TV, distribute flyers around universities. Select for telephone interviews and in-person interviews, from next intake we want to start running boot camps – a few days/week, work on real-life coding before the program has started to assess aptitude, as well as levels of passion and commitment – then will select from this group.	Cost per student around R40,000 (around US\$3,350). Innovation hub now covers stipends of R2,000 (estimated US\$167). No fee from students. Excess of 6 million per year for running the program, facilitators, stipends—Innovation Hub and other stakeholders supplement other costs.

Program	Description	Services provided	Target population	Recruitment	Costs
Mentec Foundation	Specializes in the sourcing, distribution, and management of skills development funding to support the short supply of skilled staff and improve employment prospects by redressing previously disadvantaged groups through training and education. The programs specializes in ICT training, including computer, Cisco networking, soft skills, and "IE" (improvement for employment).	The program provides an entrepreneurship class leading to the formation of cooperatives or group businesses with mentorship. Training 968 candidates in areas including: construction, hospitality, IT essentials, mobile software development, web development, food processing. Graduates form cooperatives or start businesses.	Females are 70% of the participants. Mentec serves youth ages 18–35, in groups of 35–45. Youth need to have matric in general. Others may enter with grade 9, but need to successfully complete an online program before being enrolled.	Their approach is to look at all the companies in an area. They engage with the companies, learn about their workforce, and find out how the program can assist. An early step is to convene all the key stakeholders (municipality, employers, government, young people).	They have partnerships with the municipality Ekurhuleni, Accenture, Rockefeller Foundation, Bright house. Municipalities often provide in-kind contributions (e.g., training space). Employers pay a fee for youth who are placed.
NACCW	Provides the professional training and infrastructure to promote healthy child and youth development and improve standards of care and treatment for orphaned, vulnerable, and at-risk children and youth in family, community, and residential group care settings.	Develop and professionalize the child care worker within social services	HWSETA criteria for entry = read and write in English, cleared against the police clearance for children. Criteria are not provincially standardized. Isibindi program has 16 modules, takes 1½ years for completion; balanced knowledge and practical experience.	Recruit through adverts and community engagements. Government identifies implementing partners and target areas that they work in. Supports training and deployment.	No cost for student. Supported by Department of Social Development, who also provides stipends.

Program	Description	Services provided	Target population	Recruitment	Costs
NACOSA	NACOSA is a network of over 1,500 civil society organizations working together to turn the tide on HIV, AIDS and TB in Southern Africa. NACOSA promotes dialogue, builds capacity with accredited training, mentoring and technical assistance and channels resources to support service delivery on the ground, particularly among children and youth, key populations, and women and girls.	The NACOSA Training Institute is a center of excellence providing affordable, accredited and quality training and development opportunities to organizations, businesses, and their frontline staff. NACOSA represents a global community of learning drawing on the latest experience from the field. Offers multiple auxiliary and FET training opportunities.	Targets youth 10–19 years for life skills and psychosocial support; older groups for training opps (i.e., matriculants).	Partnered with several community-based programs; network of programs.	Principal recipient of the Global Fund and in partnership with USAID and PEPFAR and other public and private sector partners.
Soul City	Aims to create a just society in which young women and girls are safe, and have the opportunities to enable them to reach their full potential.	Rise Up Mentorship and Leadership Club. Adopts a prevention approach that considers biomedical, behavioral, and structural interventions. Key themes will include: female and male condom use; enhancing risk perception of transactional and intergenerational sex; increasing access to HCT and contraceptive services; tackling alcohol misuse; addressing gender-based violence; supporting career and enterprise development.	Rise Up has clubs with both in school and out-of-school girls, 15–24 years.	Community engagement	Program has no cost to student. It's funded by donors.

<b>Program</b>	<b>Description</b>	<b>Services provided</b>	<b>Target population</b>	<b>Recruitment</b>	<b>Costs</b>
Save the Children	Save is a partner on ASPIRES and is the main sub grantee. Combination approach of HIV prevention and economic strengthening.	Project has 4 pillars: 1) Financial capability; when 80% complete move to next 2) Entrepreneurship (microenterprise) 3) Employability 4) Tertiary Education. They teach soft skills and link them to jobs. Jobs can be paid jobs, internships, apprenticeships, volunteer.	Target population: 14- to 24-year-olds, grade and upper school. Vulnerable youth from areas with high HIV prevalence. They have targeted recruitment of 60% girls.	Reach youth both in and out of school. School recruitment, community engagement sessions, door-to-door recruitment. Youth might be referred by other programs.	There is no cost to participant. Cost to program is R1,000/ participant for 10 sessions. Covers transport and food.

# Appendix D: Key Public Sector Roles in the Health and Welfare Sectors

The key government agencies involved in the workforce development system for the health and social services, in coordination with the Department of Higher Education and Training include the Department of Health, Department of Social Development, and HWSETA. Their roles and mandates are briefly summarized below.

## **National Department of Health (NDOH)**

According to the South African Constitution, health is a concurrent competence of both the national and provincial spheres of government. In addition, local governments (municipalities) have responsibility for municipal health services, which are predominantly restricted to environmental health issues. Therefore, while there is a National Department of Health, along with a National Minister of Health, there are also nine provincial departments of health. Overall policy guidance is provided from the national sphere, but delivery of health services is the responsibility of the provincial departments. This arrangement is also mirrored in the financing of public sector health services. Provinces are funded from the national budget based on an equitable-share approach.

## **Department of Social Development (DSD)**

The DSD is responsible for policy and oversight in the critical areas of social assistance and social-welfare services. Its core functions are:

- Management and oversight over social security, encompassing social assistance and social insurance policies that aim to prevent and alleviate poverty in the event of life cycle risks such as loss of income due to unemployment, disability, old age or death occurring.
- Developmental social welfare services that provide support to reduce poverty, vulnerability, and the impact of HIV and AIDS through sustainable development

programs in partnership with implementing agents such as state-funded institutions, nongovernmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs).

## **Health and Welfare Sector Education and Training Authority (HWSETA)**

South Africa's economy is divided into functional sectors and each of these sectors is represented by one of 21 Sector Education Training Authorities (SETAs). HWSETA is responsible for the education, training, and skills development requirements of the health, social development and veterinary sectors. It is part of and derives its mandate from the Department of Higher Education and Training (DHET). The HWSETA exists to achieve the following within the health, social development, and veterinary sectors:

- Develop and implement the Sector Skills Plan
- Skills development planning, programs, and initiatives
- Monitor education and training
- Identify workplaces for practical work experience
- Support and facilitate the development of the National Skills Development Strategy
- Disburse levies collected from employers
- Forge links with all stakeholders and relevant bodies
- Account for the effective and efficient use of public monies in line with the provisions of the Public Finance Management Act
- Promote of the employment of disabled persons

HWSETA and its peers exist to service the training and development needs of its client employers and stakeholders in medicine, pharmacy, medical research, nongovernmental

organisations to veterinary services. Its social development component comprises the government, NGOs, and private social work practices.

### **Health and Social Services Education and Training System**

Neither the NDOH nor the DSD is directly involved in education, training and development in the country. Those activities fall under DHET and its organs such as the HWSETAs, secondary and vocational schools, technical and vocational colleges and universities. However, the two departments are powerful stakeholders in the areas of focus, direction, and content of education disciplines that impact directly on their portfolios. Key tools they use in this regard are the Human Resources for Health Strategy (HRH) in the case of the NDOH and the Manpower Planning Tool in the case of the DSD to make their requirements known. Employers make their workforce requirements known to their SETA through Sector Skills Plans that set out their immediate and future training and workforce needs. The SETA then plans training and development of sufficient resources to meet this putative demand.

A unique feature of the health and welfare sector is that a majority of the health care practitioners, social service professionals, and paraprofessionals are regulated by professional councils. These statutory professional bodies play a formative role in determining the scope of practice for professionals and specialist occupations. They also regulate the education and training standards required to practice as professionals in the health and welfare sector. Another influential stakeholder is the NGO sector, which government relies on to offer social services on its behalf.

Also represented within the HWSETA structure are the four labor unions for the health and welfare sector. Each union has a seat on the HWSETA board. In addition to this forum, they are able to engage directly with the government as well by using the statutory National Economic Development and Labour Council (NEDLAC) forum to raise and reach consensus on issues of social and economic policy, to make economic decision making more inclusive, and promote the goals of economic growth and social equity.

These stakeholders work singly, or in concert, with the HWSETA and the education institutions to ensure that their workforce requirements in terms of skills sets and numbers of personnel are met. Examples of this co-operation exist in the creation of paraprofessional occupations in the pharmacy industry for Basic and Post-Basic Pharmacy Assistants. This qualification, which requires holders thereof to maintain a registration with the Pharmacy Council of South Africa, was created in response to the ongoing and chronic shortage of pharmacists in the country. Another illustration of this is the child and youth care worker qualification in response to a demand for professional social work services from the DSD. With the initial impetus coming from a collaboration between the DSD and the NACCW, the qualification is now professionally recognized and is a stepping stone on an academic level to potentially a Ph.D. degree. In addition, employment opportunities are plentiful in public service as well as with NGOs, particularly as the enforcement of the Child Act ramps up and CYCWs can act as multipliers for single social workers in terms of managing an enlarged caseload. Social work auxiliaries are a similar case in point and able to function in a similar fashion.

At this level of co-operation and facilitation, education and training or workforce requirements work well. However, it became apparent through the interview process that skills planning still largely exists within departments and institutions and that there is no credible institutional mechanism for skills planning for the sector as a whole. Next, in the area of vocational education, the public TVET colleges are in a position to play a pivotal role in skilling youth for the world of work but they currently lack the capacity to respond suitably to sector and national skills needs. They and employers need to come closer to each other to design workplace programs that ameliorate the stigma of “no work experience” for youth by encouraging better use of workplace skills development.

# Appendix E: Growth Trends and Job Creation Potential in Pharmaceuticals and Medical Tourism

The medical tourism and pharmaceutical industries are two key private-sector-led drivers of future employment demand in the health sector and associated industries. This appendix provides a brief overview that highlights their economic contributions and future prospects, with a focus on the anticipated employment benefits for marginalized youth.

## Medical Tourism

South Africa is a global leader in medical tourism, attracting patients from across southern Africa and beyond on the basis of proximity and quality, as well as patients from advanced economies by offering a unique combination of affordable, high-quality medical care and world-class tourist destinations. South Africa has a strong reputation with UK and US markets in areas, including dental procedures, cosmetic surgeries, fertility procedures, kidney and stem cell transplantation, and physical therapy. Demand is strong and increasing, as the global medical tourism market continues to grow rapidly, driven by aging populations and rising health costs in advanced economies, as well as rapidly increasing South-South trade.

Although South Africa does not publish official data on medical tourism earnings, it is known to be among the top global exporters of medical services. Between 2003 and 2009, an estimated 1.9 million visitors travelled to the country for medical treatment. A review of data from comparators makes clear that the sector is generating tens if not hundreds of millions of dollars in foreign exchange earnings, which is supporting employment in the health as well as tourism, hospitality, and other associated sectors.<sup>84</sup>

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<sup>84</sup> An example of South Africa's investments is the forthcoming world-class Thukela Health and Wellness Center; approved by the KwaZulu Natal Department of Health, which is projected to cost \$380 million. The facility is marketing itself as a one-stop shop for medical tourism and health care treatment, which will offer cosmetic and advanced medical surgery, an oncology unit, and a world-class luxury rehabilitation

For example, as a point of comparison, Tunisia earned US\$82 million from medical tourism in 2010 and averaged annual growth of 20 percent from 2003–2010. Many other top medical service exporters averaged annual growth in earnings of 10 percent or more over the same period.<sup>85</sup>

## Pharmaceuticals

The pharmaceutical industry is a growth industry with strong prospects in the near-term future. Strengths include South Africa's status as the largest and most developed drug market in Africa, the highest per capita spending on pharmaceuticals in Africa, anticipated high long-term demand, and an established local manufacturing sector that is attracting foreign investment as a platform for entering the African market.<sup>86</sup> Most major pharmaceutical multinational corporations (e.g., Pfizer; GlaxoSmithKline, Sanofi) are operating in South Africa, and in some cases are manufacturing locally, primarily serving the local private health care market. BMI forecasts steady growth in pharmaceutical spending (including prescription drugs and over-the-counter sales) over the coming ten years, from a base of US\$3.4 billion in 2015, with a compound annual growth rate of 7.1 percent in USD.

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center. The facility will be built over 10 years with expected employment of 5,000 staff positions once operational.

<sup>85</sup> African Development Bank. (2013). The Growth of International Trade in Health Services: Export Prospects in North Africa. Retrieved from <https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Economic%20Brief%20-%20The%20Growth%20of%20International%20Trade%20in%20Health%20Services%20Export%20Prospects%20in%20North%20Africa.pdf>

<sup>86</sup> BMI Research. (2016). South Africa Pharmaceuticals & Healthcare Report Q4 2016. Retrieved from <https://store.bmiresearch.com/south-africa-pharmaceuticals-healthcare-report.html>

# Appendix F: Overview of Education and Training Financing in South Africa

## I. National Student Financial Aid Scheme (NSFAS)

This scheme falls under the auspices of the Department of Higher Education and Training and is available to students for program of study at universities and further education and training (FET) colleges.

Applicants have to be South African citizens who have been accepted by a public university or FET college for either a first undergraduate university degree or a national certificate program at an FET college.

The student will need to meet the requirements of NSFAS's "financial means test." This assesses household income, number of dependents of the household studying and the costs of study, among other factors, to assess whether the family can contribute to tertiary costs. Only students from households earning less than R122,000 (approximately US\$10,210) a year are eligible. The actual amount of the loan is determined on a sliding scale. Students whose families cannot afford to pay anything toward their education receive full funding, which is up to R71,800 (around US\$6,000) a year for a university degree.

NSFAS funding is available in the form of a loan, which students repay once they start working and earn more than R30,000 a year (approximately US\$2,510). The current interest rate on repayments is 5.2 percent, but up to 40 percent of the loan may be converted to a bursary if the student succeeds academically. The loan includes money for tuition, campus or private accommodation, food, books, and travel costs.

Students must apply for a NSFAS loan through the university or college that will host their studies. Each institution is allocated a certain amount of money for these loans, with the allocation formula taking into account its fees and the number of black, colored, and Indian students enrolled. The institutions then apply the rules set down by

the NSFAS to determine which students will be funded.

The scheme can accommodate only a limited number of students. There are always more students applying for financial aid than the NSFAS can fund. In 2009 the maximum loan amount for each student was R47,000 (approximately US\$4,000).

The cut-off date for NSFAS applications is determined by the university. In most cases, it is March of the academic year, but many ask students to apply before then.

Students who drop out of their studies are liable for loan funding received to that point. Unemployed people are not expected to pay, according to the NSFAS website, but must start paying as soon as they begin earning R30,000 (around US\$2,500) or more a month.

The NSFAS budget for the 2016/2017 financial year is R10 billion (approximately US\$836 million). The scheme assisted over 400 000 students at universities and colleges across the country in 2016. This number has doubled since 2009, when the NSFAS provided loans and bursaries to just under 200,000 students.

Close to 416,000 students received a bursary or loan from NSFAS in the 2013 academic year, a significant increase since 2011 when fewer than 289 000 students benefitted from the scheme. In 2013, over 220,000 FET/TVET college students received a loan or bursary from NSFAS, while about 195,000 higher education institution (HEI) students benefitted from NSFAS. Table 8 shows that the number of FET/TVET college students benefitting from NSFAS increased dramatically since 2011, from about 115,000 in 2011 to more than 221,000 in 2013. By 2013, the number of FET/TVET college students benefitting from NSFAS exceeded the number of HEI students who received NSFAS loans and bursaries.

**TABLE 8. Number of students who received loans from NSFAS. 2011–2013**

Year	Public HEIs		Public FET Colleges		Total		Percentage change on amount provided
	Number of students	Amount provided R'000	Number of students	Amount provided R'000	Number of students	Amount provided R'000	
2011	173,927	4,561,359,562	114,971	1,116,767,169	288,898	5,678,126,731	55
2012	194,504	5,871,489,880	188,182	1,822,497,265	382,686	7,693,987,145	35.5
2013	194,923	6,729,069,970	220,978	1,953,253,361	415,901	8,682,323,331	12.8

Source: NSFAS Annual Reports (2011/12;2012/13;2013/14).

NSFAS dispensed close to R8.7 billion in loans or bursaries in the 2013 academic year, an increase of 12.8 percent from the previous year. Table 8 shows significant increase in the amount of funds spent on loans or bursaries since 2011, with expenditure in 2012 about 36 percent higher than in 2011.

## II. Bursaries

A bursary is financial assistance given to students, usually to study in a specific field, as determined by the sponsor. They differ in amount and duration, depending on the conditions of the bursary. Recipients are selected according to various criteria set by donors, including academic merit and financial need. The bursaries often have employment conditions attached to them.

One example is the Funza Lushaka bursary scheme managed by the Department of Basic Education. It is a special multi-year program established to incentivize high-achieving students to study to become teachers. It provides financial support to students for the entire duration of the program linked to a full teaching qualification, either the Bachelor of Education Degree, or a general undergraduate bachelor's degree with suitable subjects that enable the teaching of school subjects. A Postgraduate Certificate in Education must follow the general undergraduate degree. Students specializing in national priority areas, such as mathematics, science, and the Foundation Phase, are most often beneficiaries of the Funza Lushaka bursary scheme.

More than 14,000 students received a Funza Lushaka bursary in 2013, compared with about 9,000 in 2011. Funza Lushaka beneficiaries comprised over 8 percent of all students enrolled in the field of education in 2013. Table 9 shows that the percentage of "education" students who benefited from the Funza Lushaka bursary scheme increased from about 5 percent in 2011 to over 8 percent in 2013. The Funza Lushaka bursary scheme dispensed almost R900 million in 2013 (around US\$75 million), more than double the amount spent in 2011 when the amount spent was about R443 million (approximately US\$37 million).

### SOCIAL WORK BURSARY

Bursaries for those interested in studying social work are provided by the Department of Social Development. (The student applies for the bursary at the Provincial Department's offices.) These bursaries have a work back condition, i.e., the student works for the DSD for the number of years for which he/she received the bursary.

### NATIONAL SKILLS FUND

Bursaries from the National Skills Fund are available for students with a study focus in a scarce skills area. Universities/universities of technology determine which students qualify for such funds. There are no conditions attached to these bursaries.

**TABLE 9. Number of students in HEIS who received a Funza Lushaka bursary and the amount provided, 2011–2013**

Year	Number of students enrolled in the Education Field	Number of students who received a Funza Lushaka bursary	Percentage of students who received a Funza Lushaka bursary	Amount provided (in Rands)
2011	164,939	8,893	5.4%	442,846,392
2012	168,608	11,702	6.9%	666,782,495
2013	172,991	14,473	8.4%	890,104,296

Source: NSFAS Annual Reports (2011/12;2012/13;2013/14).

### Scarce Skills Area

- Accounting
- Financial management
- Actuarial studies
- Auditing
- Business management
- Economics
- Physics
- Computer science
- Chemistry
- Geology
- Information systems
- Mathematical sciences
- Agriculture
- Statistics
- Financial Accounting
- Bio-technology
- Engineering

For more details on these bursaries, the student should contact the Financial Aid Bureau at the academic institution at which they intend to study.

### FET COLLEGE BURSARIES

Bursaries for the National Certificate (Vocational) and for certain National Accredited Technical Education

Diploma (NATED) courses at FET Colleges are available for qualifying students. There is no employment condition attached to these bursaries. Students must apply for funding through the FET college's Student Support Services.

### BURSARIES FOR STUDENTS WITH DISABILITIES

Students must provide proof of their disability and a quotation for assistive devices as required documents with the application form. Funding for assistive devices follows the same approval process as for financial aid. If the student is successful in their application for financial aid and has received notice of the final approval amount from NSFAS, they may arrange to purchase their assistive device through the student disability unit at the university or FET college where they are going to study. The university or FET College can purchase the assistive device on their behalf.

The Department of Higher Education and Training has a Careers Advice Services unit that publishes a Bursaries and Study Loans Information Pack. In addition to the information covered herein, it has a list of South African companies and institutions that provide bursaries to students. Available at: [www.saga.org.za/docs/misc/2014/Bursary\\_Pack\\_27\\_February\\_2014.pdf](http://www.saga.org.za/docs/misc/2014/Bursary_Pack_27_February_2014.pdf)

### SCHOLARSHIPS

Scholarships are normally awarded to students based on outstanding academic achievement, such as distinctions in grade 12 or first-class passes if the student is already attending a tertiary institution. Scholarships do not normally require the recipients to repay the cost of tuition and very rarely have employment conditions attached.

### III. Loans from banks and other credit providers

The “Big 4” South African banks—Absa, FNB, Nedbank, and Standard Bank—all offer loan packages for students. The products for full-time students are structured so that the interest charges do not compound over the entire period of study, which could be four years or more. This means that, although the capital may be repaid only once students have completed their studies, the interest on the loan and the loan administration fees must be serviced as students study. This is done either by the student, if he or she is earning an income, or by a sponsor (someone who takes responsibility for the loan, alternatively referred to as the principal debtor, guarantor, or surety), such as a parent.

For example, a student is loaned R60,000 (around US\$5,100) a year for four years, the interest rate is 10 percent and the administration costs are R50 a month (approximately US\$5). Interest is therefore R6,000 (approximately US\$500) and administration charges are R600 (around US\$50) a year, which means an annual repayment by the sponsor of R6,600 (estimated US\$552), or a monthly repayment of R550 (approximately US\$46) in the first year. In the second year, the interest, now on a loan of R120,000 (around US\$10,200), will be R12,000 (estimated US\$100), which, plus the administration charge, will mean a monthly payment by the sponsor of R1 050 (approximately US\$90). In the third year, on a loan now of R180,000 (around US\$15,100), the sponsor will have to pay R1,550 a month (approximately US\$130), and in the fourth year, on a loan of R240,000 (estimated US\$20,100), the sponsor will have a monthly payment of R2,050 (around US\$172).

At the end of the study period, the student will owe a capital amount of R240,000 (around US\$20,085), which, if paid off over time, will attract its own interest and administration charges. If the interest is not paid and allowed to compound during the study period, the total amount owed by the end of the four years, excluding the administration charges over that time, would be about R330,500 (approximately US\$27,700).

A big difference between the NSFAS loan and a student bank loan, apart from qualification criteria, is that a NSFAS loan holds the student solely liable for the debt, whereas the

banks insist on a parent or guardian of the student bearing ultimate responsibility for the debt.

### OTHER CREDIT PROVIDERS

One example of such an institution is Fundi, a partnership between Monash South Africa and Fundi. The partnership offers “affordable, expert educational finance solutions to Governmental employees and their dependents, to further their education journey in public and private Universities, Colleges and Schools.” Since they first started in 1996, they have helped over 850,000 students, sponsors, and companies with funding to the collective value of R4.5 billion (approximately US\$38 billion). In 2014, they assisted 130,000 students.

### IV. The Ikusasa Student Financial Aid Programme (ISFAP)

A new national student funding program, in partnership with the private sector, is expected to be rolled out in 2018.

According to the Actuarial Society of South Africa, the society’s members, with support from the banking and financial services sectors, are helping to develop a viable program for funding tertiary education: the Ikusasa Student Financial Aid Programme (ISFAP). The program will run parallel to the NSFAS.

The ISFAP was initiated by a ministerial task team established in May 2016 under the chairmanship of former FirstRand chief executive, Sizwe Nxasana, to design a comprehensive funding and support model for poor and “missing middle” students. The term “missing middle” applies to students who come from families with an annual household income of between R122,000 (the NSFAS maximum) (approximately US\$10,209) and R600,000 (around US\$50,212).

Unlike the NSFAS, the new scheme will be student-centered, with the money “following the student” instead of being allocated to universities and colleges. The scheme will not only cover tuition and living expenses, but will also provide students with academic support and life and social skills. It is also designed to address the country’s dire shortage of skills in certain disciplines; there will be a focus on funding those qualifications that are in demand.

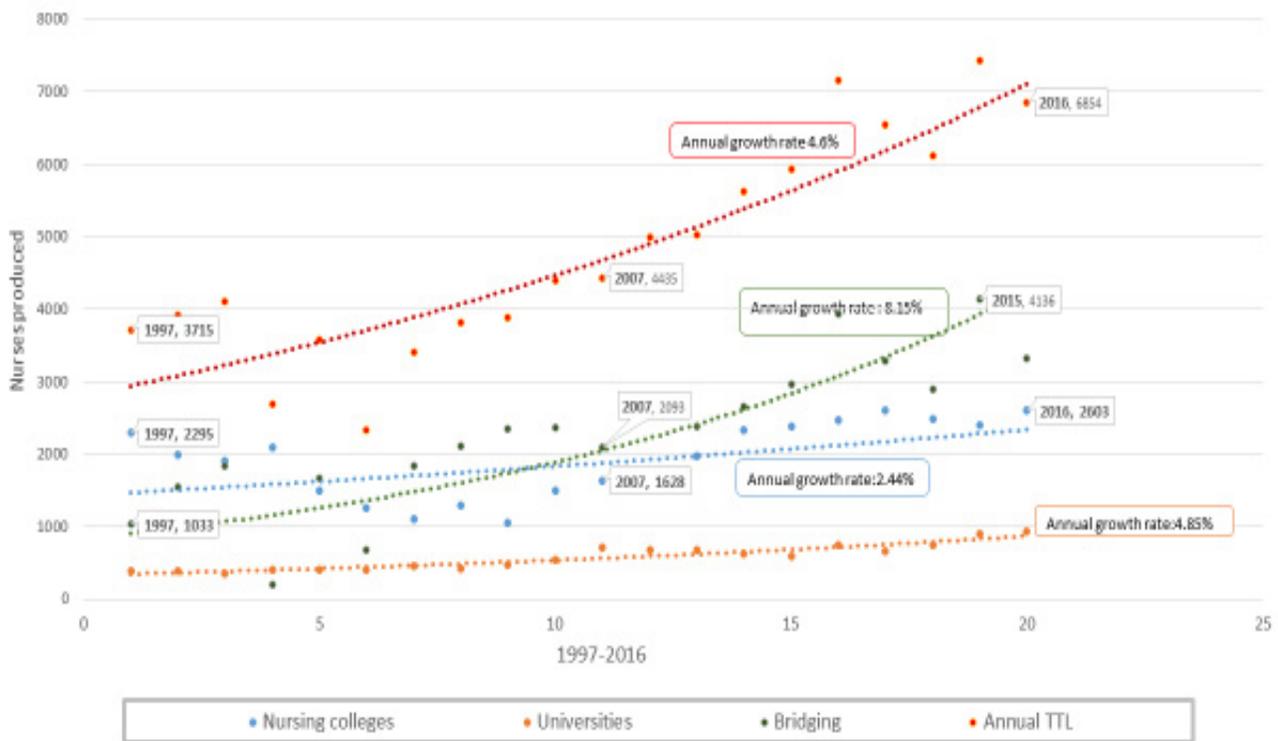
In reviewing funding for further education for South African youth, it is important to reflect upon youth voices. Youth themselves have been raising the significant struggle that they experience in accessing tertiary education through the #FeesMustFall movement that has swept the country since 2015. This was part of a much larger collective movement of students and academic staff "[mobilising for direct action against the reality of institutional racism](#)" within South African tertiary education, which included protests against the rise in student fees and the detrimental outsourcing policies of universities.

# Appendix G: Growth in Production of Registered Nurses 1997–2016

Figure 9 illustrates the growth in production of registered nurses from nursing colleges, universities, and bridging programs. Public colleges such as TVETs and private institutions offered four-year bridging programs to enrolled nursing assistants and enrolled nurses to improve their

qualification to that of registered nurse. These institutions, both public and private, had have their courses certified in terms of the NQF and they themselves had to be qualified as training institutions by SAQA.

**TABLE 9. Growth in production of registered nurses 1997-2016**



Source: Data sourced from South African Nursing Council Statistics. Accessible at [http://www.sanc.co.za/stats\\_ts.htm](http://www.sanc.co.za/stats_ts.htm), Accessed on 13 Oct 2017.

# Appendix H: Previous Qualification Route for Nurse Training and Qualification (Closed in 2013)

**TABLE 10.**

<b>NQF level</b>	<b>Example of qualifications</b>	<b>Learning routes to qualification</b>	<b>Professional recognition</b>
7	Bachelor's degree in Nursing	University or university of technology + recognition of prior learning	Registration with the South African Nursing Council as a registered (professional) nurse.
6	3-year diploma for staff nurse	Private and public hospitals, TVETs, private colleges + recognition of prior learning	Registration with the South African Nursing Council as a staff nurse.
5	2-year Nursing Diploma (enrolled nurse)	Private and public hospitals, TVETs, private colleges+ recognition of prior learning	Registration with the South African Nursing Council as an enrolled nurse.
4	1-year Nursing Diploma (nursing assistant, pupil nurse).	Private and public hospitals, TVETs, private colleges	Registration with the South African Nursing Council as nurse auxiliary or nursing assistant
4	National Senior Certificate (matric)	High school, public/private FET colleges	

# Appendix I: Community Health Worker Roles in the National Primary Health Care Initiative

In 2010, South Africa's National Department of Health (NDOH) launched a national primary health care (PHC) initiative to strengthen health promotion, disease prevention, and early disease detection. The strategy, called Re-engineering Primary Health Care (rPHC), aims to provide a preventive and health-promoting community-based PHC model. A key component of rPHC is the use of community-based outreach teams staffed by generalist community health workers (CHWs). The teams would be led by professional nurses (referred to as "Outreach Team Leader"), linked closely with other community-based providers (e.g., environmental health officers) and local PHC facilities.

CHWs would be assigned to electoral wards, responsible for a defined number of households and accountable to the local health facility. The Discussion Document also proposed that CHWs be incorporated into the health system as part of the formal health workforce. The roles of teams were to be comprehensive: extending beyond HIV/TB to include maternal-child health and chronic non-communicable diseases; with preventive and promotive, in addition to care orientations, and mobilizing cross-sectoral collaboration on the social determinants of health.

With respect to the Ward Based Outreach Teams (WBOTs), the NDOH defined an overall model and roles, developed a curriculum (with the ultimate goal of national certification), provided initial training and designed a routine monitoring system linked to the national District Health Information System. It stopped short of providing ring-fenced funding and the detailed design, and implementation of the WBOTs strategy was left to provinces, which proceeded to adopt and adapt the strategy in varying

ways and at different paces. Nxumalo et al.<sup>87</sup> explored the provision of primary health care by CHWs in two provinces, Gauteng and Eastern Cape. They found that the limited resources available to Gauteng CHWs hindered their ability to meet householders' needs and for householders to benefit from existing services. CHWs in the Eastern Cape were better able to address the needs of poor householders because of the organizational support available to them.

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87 Nonhlanhla N., Goudge J., Manderson L. (2016). Community health workers, recipients' experiences and constraints to care in South Africa – a pathway to trust. *AIDS Care* Vol. 28, Iss. sup4. Retrieved from <http://www.tandfonline.com/action/showCitFormats?doi=10.1080%2F09540121.2016.1195484>.

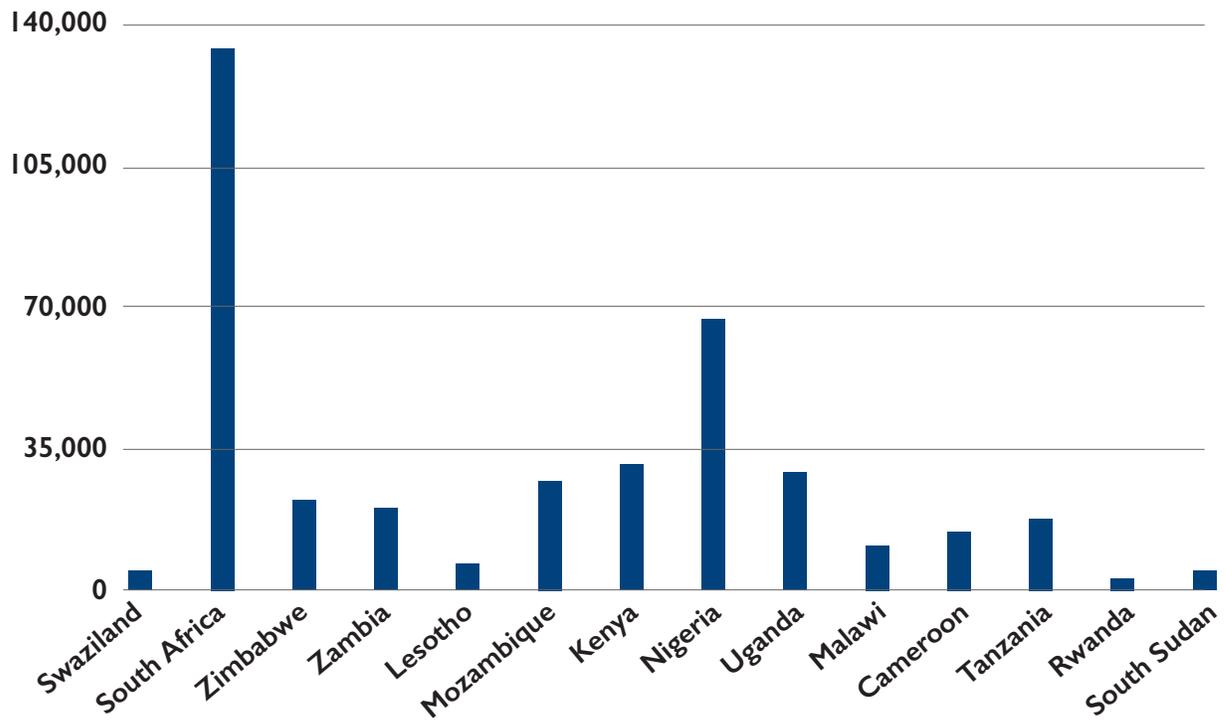
# Appendix J: HIV Prevalence Rates and Risk Factors for AGYW in South Africa

## I. HIV prevalence disaggregated by age, gender, ethnicity, and residence in South Africa

The vast majority of countries where HIV prevalence among adolescent girls and young women (AGYW) exceeds 1 percent, ages 15–24 years, is within sub-Saharan Africa (UNAIDS, 2016; check ref. 17). South Africa has one of the highest rates of HIV prevalence and infection within this region. The figure below, taken from UNAIDS 2016 estimates, demonstrates the high HIV infection rate for young women ages 20–24 years in several country groups within sub-Saharan Africa; South Africa holds the highest new infection rate, at 135,000 new infections in 2016 for this age group.

Figure 10 demonstrates how new HIV infections are particularly high for girls ages 20–24 years, however within South Africa, incidence rates are equally as concerning for adolescent girls from 15–19 years, as well as adult women from 25–49 years. Data presented below allow us to better understand HIV incidence and identify key population groups at risk, when looking at indicators of sex, age, race, and locality.

**FIGURE 10.** Number of new HIV infections among young women 20–24 in sub-Saharan Africa



Source: UNAIDS, 2016

**TABLE 11. Overall HIV prevalence by sex, age group, race, and locality, South Africa 2012**

Variable	n	%
<b>Sex</b>		
Male	12,896	9.9
Female	15,794	14.4
<b>Age Group (years)</b>		
0–14	8,039	2.4
15–24	5,890	7.1
25–49	8,830	25.2
50+	5,986	7.6
<b>Race</b>		
Black African	18,629	15.0
White	1,733	0.3
Colored	5,625	3.1
Indian or Asian	2,626	0.8
<b>Locality Type</b>		
Urban Formal	14,821	10.1
Urban Informal	3,329	19.9
Rural Informal	7,801	13.4
Rural Formal	3,046	10.4
<b>Total</b>	<b>28,997</b>	<b>12.2</b>

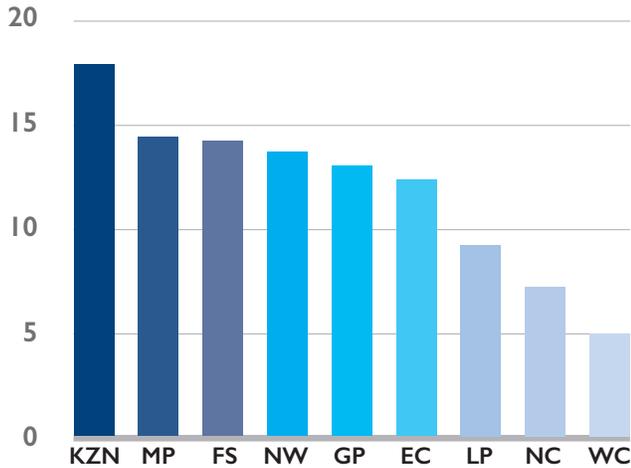
Source: South African National HIV Prevalence, Incidence and Behaviour Survey, 2012

As indicated in the table above, the female population shows a higher incidence of HIV, this is particularly high ages 25–49 years; a UNAIDS 2016 review showed that incidence rates are at the highest for women ages 15–24 years; this is clearly reflected in Figure 12. However, as Figure 12 indicates below, new infection rates are highest for women 25 - 49 years; this is important for policy considerations. In terms of ethnic divides, black Africans are disproportionately affected and remain the most vulnerable population group in terms of HIV prevalence. South Africans who resided in rural informal settings had a higher HIV prevalence rate than that of urban formal areas;

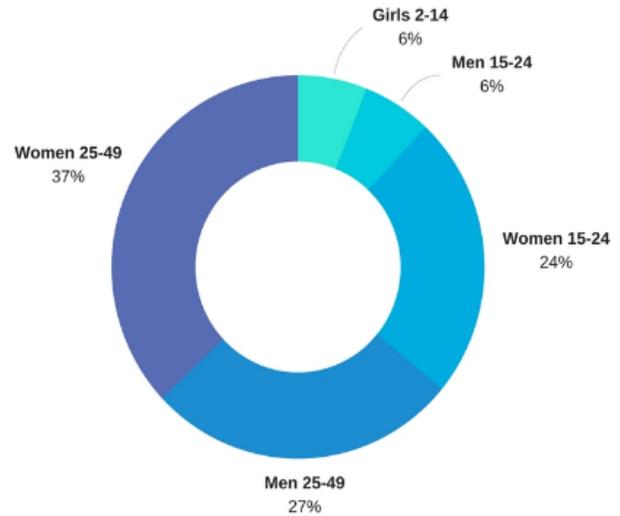
the highest prevalence rate existed within urban informal areas, which tend to be largely under-resourced and lacking in basic necessities and services. Figure 11 below gives an indication of HIV prevalence per province, allowing further insight into the urban–rural divide.

However, what is of notable consideration is in the UNAIDS 2016 review of these data, it was estimated that new infection rates are higher within the urban formal areas

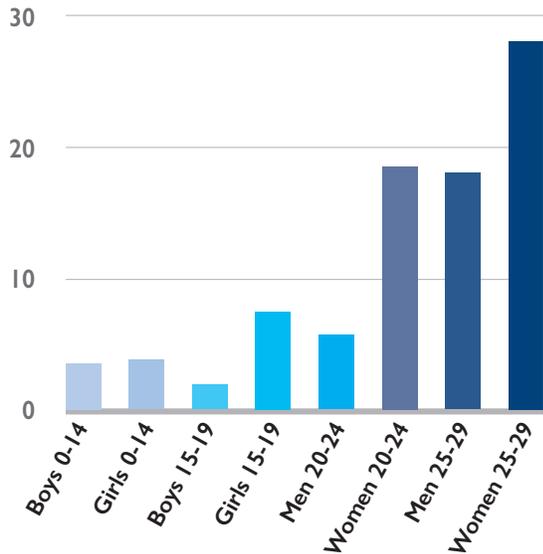
**Figure 11. HIV Prevalence by Province, South Africa 2012<sup>88</sup>**



**Figure 13. HIV new infection rate in South Africa by Age and Sex\***

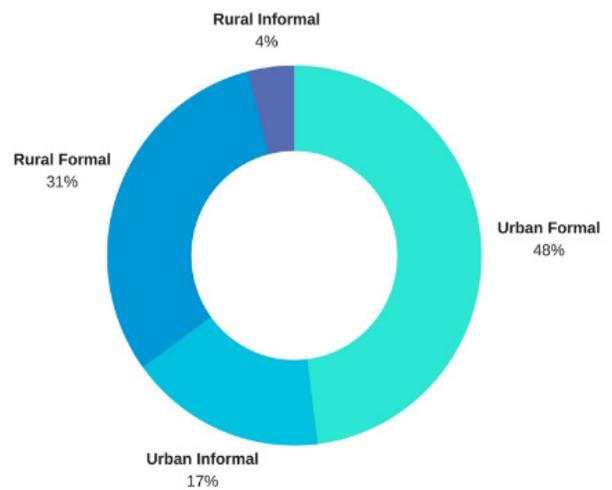


**Figure 12. HIV Prevalence by Sex, South Africa 2012**



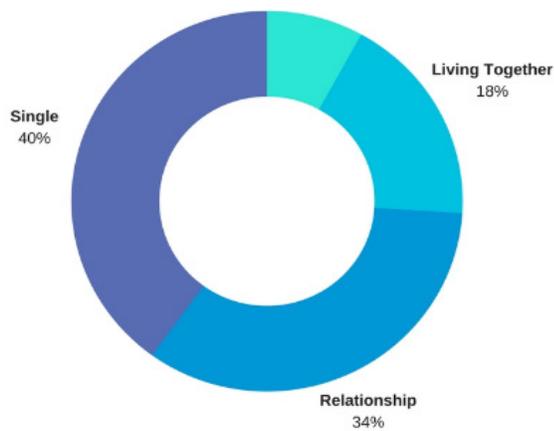
Source: South African National HIV Prevalence, Incidence and Behavior Survey, 2012

**Figure 14. HIV new infection rate in South Africa by Residence\***



88 KZN-KwaZulu Natal; MP-Mpumalanga; FS-Free State; NW-North West; GP-Gauteng; EC-Eastern Cape; LP-Limpopo; NC-Northern Cape; WC-Western Cape.

**Figure 15. HIV new infection rate in South Africa by Nature of Relationship**



\*Source: UNAIDS 2016 Estimates based on South African 2012 Survey

**I. Summary of the major risk factors for AGYW**

There are several risk factors to take into account when considering HIV prevalence and incidence among AGYW. Behavioral and relational factors linked to gender and social norms, as well as structural factors are the key drivers of HIV acquisition and transmission, including **age-disparate sex**, whereby younger women are in relationships with older men often creating an unequal power balance that increase HIV risk for AGYW; **multiple partnerships**, be it AGYW who have had a history of multiple partners, or AGYW who are with men who have had multiple partners; **sex work** and sexually exploited girls; **transactional sex**, whereby sex is exchanged for material or financial means and support, particularly in impoverished households and communities; **early sexual debut**, with studies finding that early sexual activity can increase HIV risk behavior in later engagements; as well as **gaps in knowledge** and **limited personalized risk perception**, whereby AGYW will often not perceive themselves as being at risk or relate to disseminated HIV statistics and information. Cultural factors in South Africa can also contribute to increased risk for young women, with **social and gender norms** facilitating unequal power dynamics in particular with regards to negotiating condom use (UNAID, 2016).

In addition, structural factors such as **limited access to education**, and in particular low secondary school attendance (UNAID, 2016), **labor migration**, **poor access to sexual and reproductive health and HIV services**, **orphanhood**, **child sexual abuse**, **gender-based violence**, and **marriage patterns** have significant effect on HIV risk for the AGYW population group (PSI, 2016; UNAID, 2016). With high incidence rates particularly for young women (which has increased steadily from 20.5 percent in 2008 to 22.3 percent in 2016), evidence suggests that many of these risk factors could potentially be mitigated by increased economic empowerment for AGYW.

**Figure 16. HIV Prevalence amongst South African women, 15-49 years, from 2008-2016**

