COSATU

The Care Economy:

Policy Demands and the Rights of Care Workers

A Draft Framework for the COSATU National Gender Conference
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Prepared by

NALEDI
National Labour and Economic Development Institute

1. Introduction: Why the Care Economy Matters for COSATU

This document is written for COSATU shop stewards, organisers, and Gender Conference delegates. Its purpose is to help us build a common understanding of the care economy - what it is, why it matters, and what we as a labour movement should demand.

The care economy sits at the heart of gender inequality in South Africa and around the world. It is the work of looking after people - children, the elderly, the sick, and people with disabilities. It is cooking, cleaning, bathing, teaching, nursing, and comforting. It is the work that makes all other work possible.

Without care work, there is no economy. Workers cannot work if no one cares for their children. The sick cannot recover if no one tends to them. Society cannot reproduce itself if care collapses.

Yet care work remains among the most undervalued, underpaid, and unprotected work in our country. It is overwhelmingly performed by women, and disproportionately by black women. This is not an accident. It is the result of a system - capitalism, shaped by patriarchy and apartheid - that has always depended on extracting women's labour for free or for almost nothing.

As a trade union Federation, COSATU has a responsibility to name this system clearly and to fight for its transformation. This document identifies conceptual tools and policy demands to do that.

2. What Is the Care Economy? A Conceptual Framework

2.1. Defining Care Work

The care economy encompasses all the activities and relationships involved in caring for people across the life course, from birth through childhood, through illness or disability, and into old age.

Care work refers to the labour involved in sustaining and reproducing life on a daily and generational basis. It includes both direct and indirect forms of care, and spans both paid and unpaid work.

Direct care refers to the hands-on care of people, such as caring for children, the sick, and the elderly, including daily physical and emotional support, teaching, and nursing.

Indirect care refers to the essential labour that sustains households and enables direct care, including cooking, cleaning, washing, and maintaining living environments.

Both forms of care are essential to the functioning of society and the economy, yet they are systematically undervalued and disproportionately performed by women.

From a social reproduction perspective, care work must be understood not only in terms of what is done, but how it is organised within society. Care is produced across three interconnected spheres:

- **Households**, where care is largely performed as unpaid labour, predominantly by women
- **The state**, through the provision of public services such as healthcare, education, and social protection
- **The market**, where care is commodified and provided for profit, including private healthcare, private education, domestic work, and childcare

Across these spheres, care work takes different labour forms:

Unpaid care work, primarily located in households and communities, forming the invisible foundation of the economy

Paid care work, which spans:

- the **public sector** (for example nurses, teachers, and social workers employed by the state), and
- the **private and informal economy** (for example private-sector nurses and teachers, domestic workers, community health workers, and home-based carers)

The same categories of care workers may be located in different sectors, but experience very different working conditions, levels of protection, and degrees of commodification.

2.2. Social Reproduction Theory: Care as the Foundation of the Economy

Socialist feminist scholars, particularly Tithi Bhattacharya, have developed the concept of social reproduction theory to explain why care work is systematically devalued under capitalism. Social reproduction refers to the processes through which human life is reproduced and sustained biologically, emotionally, and socially.

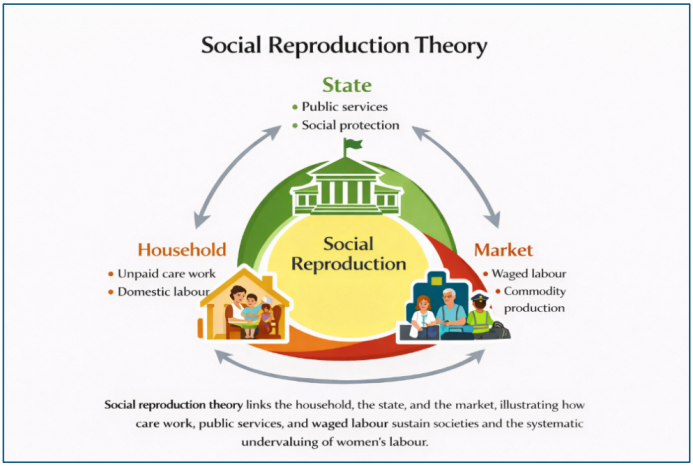
Bhattacharya's key insight is this: **capitalism depends on the daily and generational reproduction of the workforce, but it does not pay for it.** Instead, it offloads the cost of reproducing workers onto women, families, and communities - treating care as a private responsibility rather than a public one.

Social reproduction theory explains that the work that keeps people alive and able to work - like care, raising children, education, and maintaining households - is part of the economy, not separate from it.

This work happens across three connected spaces: households, the state, and the market. In households, it is mostly unpaid and done by women. The state supports it through public services like healthcare, education, and social grants. The market also provides care, but people must pay for it.

Capitalism depends on all this work, but tries to avoid paying for it. Instead, it shifts the costs between households, the state, and the market, often pushing the burden back onto families and especially women.

This is why care work is undervalued. It is essential to the economy, but the system is organised in a way that keeps it invisible and underfunded.



2.3. Feminist Economics: Making the Invisible Visible

Economist Nancy Folbre coined the phrase "the invisible heart" to describe the caring labour that sustains society but goes unmeasured in GDP and uncompensated in wages. Feminist economics has developed tools to make this work visible — including time-use surveys that measure how many hours women spend on unpaid care, and satellite accounts that estimate its economic value.

Studies consistently find that if unpaid care work were paid at market rates, it would represent between 10 and 39 percent of GDP in most countries. In South Africa, women perform approximately two to three times more unpaid care work than men. This is a massive economic contribution - and it is systematically excluded from our measures of national wealth and productivity.

The feminist economics argument is not just moral - it is macroeconomic. Ignoring care work produces a distorted picture of the economy, leads to bad policy, and perpetuates the conditions that keep women poor.

2.4. The African Feminist Tradition: Ubuntu and the Politics of Care

African feminist thinkers remind us that care is not simply a problem to be solved, it is also a value to be affirmed. The philosophy of ubuntu - I am because we are - places care and interdependence at the centre of social life.

But African feminists are equally clear that ubuntu has been weaponised. The expectation that women will care for everyone, endlessly and for free, has been justified by appeals to tradition, community, and culture. African feminist analysis exposes this as a form of gendered exploitation, not the expression of shared values.

A genuinely ubuntu-based approach to care would mean: care is everyone's responsibility, it is shared fairly, and those who perform it professionally are recognised and paid accordingly. The labour movement must fight for an ubuntu that liberates women - not one that traps them.

3. The South African Care Economy: Who Does the Work?

South Africa's care economy is shaped by the triple legacy of apartheid, patriarchy, and capitalist exploitation. The workers at its base are predominantly black women, and their working conditions reflect all three forms of oppression.

Care work in South Africa is performed by a wide range of workers across different sectors of the economy. This includes both formal, unionised workers such as nurses, teachers, and cleaning and support staff, as well as highly precarious workers in domestic work, community-based services, and public employment programmes. While these workers often perform similar forms of care labour, their working conditions differ significantly depending on how that work is organised and who employs them.

3.1. Health, Education, and Support Workers

A significant proportion of care work in South Africa is performed by workers in the health, education, municipal and public service sectors. This includes nurses, teachers, social workers, and a wide range of support workers such as cleaners, porters, patient care assistants, kitchen and food service workers, security staff, and administrative workers in hospitals, schools, clinics, and other institutions across both the public and private sectors.

These workers collectively form the backbone of the country’s formal care infrastructure. While professional care workers such as nurses and teachers are often more visible, the functioning of care systems depends equally on support workers whose labour sustains the environments in which care is delivered. Cleaning, food preparation, patient transport, administration, and basic care assistance are not auxiliary tasks, they are integral to the delivery of health, education, and social services.

Many of these workers are organised within trade unions, including COSATU affiliates, and deliver essential services at scale. However, their working conditions are increasingly shaped by restructuring across the care economy. In the public sector, austerity, budget constraints, and hiring freezes have led to chronic understaffing, rising workloads, and declining conditions. Workers across all categories are expected to do more with fewer resources, often at the cost of both their own wellbeing and the quality of care provided.

These pressures are unevenly distributed. While nurses and teachers face intensification of work, support workers are often the first to be externalised through outsourcing. In both health and education, services such as cleaning, catering, maintenance, and security have been systematically contracted out to private companies. This has resulted in lower wages, reduced job security, and weaker labour protections for workers performing essential functions within care systems. Workers may labour in the same institutions, performing interdependent roles, but under entirely different employment conditions.

In the education sector, austerity has also had direct implications for both teaching and support staff. SADTU has warned of growing class sizes, unfilled posts, and the potential loss of teaching positions as provincial departments struggle with budget constraints and compensation ceilings. Funding shortfalls have raised the prospect of educators being declared in excess or posts being cut or not renewed, creating instability and uncertainty across the system. Even where large-scale retrenchments are avoided, hiring freezes and the non-filling of vacancies have similar effects, increasing workloads for remaining teachers and reducing the system's capacity to support learners. This effectively shifts the burden of budget cuts onto classrooms, workers, and learners.

At the same time, support staff in schools, including cleaners, administrative staff, and food handlers, often face even more precarious conditions, particularly where their work is outsourced or linked to programme-based employment. The result is a schooling system increasingly sustained by overstretched teachers and undervalued support staff.

In the health sector, similar dynamics are evident. Research shows that a significant proportion of nurses engage in moonlighting or agency work, effectively working multiple jobs to compensate for inadequate wages. This results in extended working hours across public and private facilities, contributing to exhaustion and burnout. More than half of nurses surveyed report being too tired to work. At the same time, hospital support workers, including cleaners, porters, and patient care assistants, face heavy workloads, exposure to health risks, and often inadequate pay and protection, particularly where services are outsourced.

Resource allocation within the health system further reflects a growing imbalance between management and frontline care. While overall spending has increased, this has not translated into adequate staffing or improved working conditions. Instead, there has been disproportionate growth in management and administrative posts, with far slower expansion of frontline health workers, including both professional and support staff.

Social workers play a critical role across the care economy, providing essential services in child protection, mental health support, gender-based violence response, and community welfare. Despite the highly skilled and emotionally demanding nature of their work, social workers in the public sector face heavy caseloads, resource constraints, and increasing administrative burdens. Many are required to manage large numbers of complex cases with limited support, undermining both worker wellbeing and the quality of care provided. In the NGO sector, social workers are often employed on insecure contracts, with lower pay and fewer protections, further contributing to fragmentation within the care workforce.

These dynamics are compounded by deep inequalities between the public and private sectors. A significant share of health funding is directed towards the private sector, which serves a minority of the population, while the public sector, serving the majority, remains under-

resourced and understaffed. This places sustained pressure on workers and further fragments the workforce.

Municipal workers also form part of the wider care economy where they provide services essential to sustaining life and social wellbeing. Water, sanitation, waste removal, environmental health, community facilities, and local social support services are all part of the material infrastructure on which care depends. Yet municipalities are increasingly using EPWP workers and outsourced labour to perform ongoing functions, while failing to fill permanent posts. This weakens service delivery, fragments the workforce, and shifts the burden of social reproduction onto insecure and underpaid labour.

Taken together, these trends demonstrate that even within formal employment, care work is shaped by austerity, privatisation, and labour fragmentation. Workers are pushed into multiple forms of employment, while the system fails to invest adequately in the full range of workers, both professional and support, on which care depends.

This has produced a fragmented care workforce in which workers performing interdependent roles are employed under very different conditions. While some workers are formally employed, many support workers remain outsourced, precarious, or excluded from full labour protections, despite being essential to the delivery of care.

Despite higher levels of formalisation, this sector remains deeply shaped by gendered and racialised inequalities. Work historically associated with women, particularly care and support work, continues to be undervalued relative to its social importance.

This section shows that even where care work is formalised, austerity, privatisation, and outsourcing continue to erode conditions and reproduce inequality within the care workforce.

3.2. Domestic Workers

There are close to one million domestic workers in South Africa, making it one of the largest categories of employment in the country. The overwhelming majority are black women. Domestic workers clean, cook, care for children, and care for the elderly in other people's homes.

Despite legal protections under the Basic Conditions of Employment Act and, more recently, the National Minimum Wage Act governing their wages and conditions, domestic workers

remain among the most vulnerable workers in South Africa. Many are still paid below the minimum wage, lack written contracts, and work long and irregular hours. For live-in domestic workers in particular, the boundary between work and personal time is often blurred, increasing their exposure to control, exploitation, and abuse.

Domestic workers are covered by the Unemployment Insurance Fund, but registration remains inconsistent and enforcement is weak. Maternity leave, sick leave, and family responsibility leave rights exist in law but are frequently violated in practice, and workers often lack the resources to enforce them.

Domestic workers also face significant exposure to violence and harassment in the workplace. Working in private households, often in isolation and without oversight, they are particularly vulnerable to verbal abuse, sexual harassment, economic coercion, and other forms of gender-based violence. Access to reporting mechanisms and legal remedies remains limited, especially where workers fear dismissal or eviction.

Migrant domestic workers face even greater levels of vulnerability. Many are undocumented or have insecure immigration status, which limits their access to legal protections and increases their dependence on employers. This makes them particularly vulnerable to exploitation, including extremely low wages, non-payment, and abusive working conditions. The threat of dismissal is often tied to the risk of detention or deportation, further entrenching employer power. Language barriers, isolation, and lack of access to information further restrict their ability to organise or seek redress. These conditions create a layered labour market in which migrant women are concentrated in the most insecure, lowest-paid, and least protected forms of care work. This reflects a broader pattern in the care economy, where the most precarious and least protected work is often performed by migrant women.

Domestic workers are now covered by the Compensation for Occupational Injuries and Diseases Act (COIDA), following the Constitutional Court's Mahlangu ruling, won through longstanding domestic worker organising by SADSAWU. However, implementation remains incomplete, with many employers failing to register and workers still unable to access compensation in practice. This gap between legal rights and lived reality reflects a broader pattern across informalised and precarious care work. It is therefore essential to enforce and strengthen mechanisms that enable domestic workers to access compensation without being dependent on employer registration.

Domestic work shows how the care economy depends on the invisibility of work performed in private spaces, where labour protections are weakest and enforcement is hardest.

3.3. Early Childhood Development (ECD) Workers

South Africa has approximately 40,000 early childhood development (ECD) centres serving millions of young children. ECD practitioners, the vast majority of them women, are responsible for the cognitive, social, and emotional development of children in their earliest and most formative years. The evidence is clear: quality early childhood care and education produces lifelong benefits for individuals and society.

Despite their critical role, ECD workers are among the lowest-paid workers in the education sector. Many earn very low wages in under-resourced, community-based centres, where pay

often falls below minimum wage levels in practice. A large proportion work in centres that are inadequately funded by government, with subsidies that are insufficient to cover decent wages, infrastructure, and learning materials.

In addition, some ECD workers are employed through programme-based arrangements such as the Expanded Public Works Programme (EPWP), reflecting a broader trend in which essential care services are delivered through precarious and underpaid labour rather than formal employment.

The shift of responsibility for ECD to the Department of Basic Education, which took effect on 1 April 2022, was a significant policy step. However, implementation and funding have been slow, and workers' pay and conditions have not kept pace with the growing recognition of the importance of ECD workers. As a result, a sector that is critical to both child development and economic participation continues to rely on underpaid and insecure labour.

Early childhood development work illustrates how essential social infrastructure is sustained through the systematic undervaluation of feminised labour.

3.4. School Food Handlers

School food handlers, employed through the National School Nutrition Programme (NSNP), are responsible for preparing and serving meals to millions of learners across South Africa. This work is essential to both education and social protection, ensuring that children are able to learn, concentrate, and remain in school. The vast majority of food handlers are black women, many of them drawn from the same low-income communities as the learners they serve.

Despite performing regular and necessary work within the public education system, food handlers have historically been classified as "volunteers" and paid stipends rather than wages. This classification obscures the reality that they work fixed hours, perform ongoing duties under the direction of schools and education departments, and are integral to the daily functioning of the schooling system.

Through sustained organising and advocacy, including work led by the Labour Research Service (LRS) together with SADTU and the food handlers, important gains have been made. In particular, there has been an agreed shift away from the classification of food handlers as "volunteers", alongside the agreement to set standard working hours at eight hours per day. This represents a significant step towards recognising food handlers as workers rather than informal participants in a programme.

However, this is just the beginning of recognising food handlers as workers with rights. Food handlers continue to be paid stipends rather than wages, and do not enjoy full labour rights or job security. The persistence of programme-based employment models means that, despite important victories, the underlying structure of precarious and undervalued care labour remains intact.

The experience of school food handlers shows both the power of organising to win recognition and the need to fight for full employment, decent wages, and labour rights.

3.5. EPWP Workers

The Expanded Public Works Programme (EPWP) employs hundreds of thousands of workers, many of them women, in community care, social services, and infrastructure work. It was originally designed as a short-term poverty relief and job creation initiative. In practice, however, it has become a mechanism through which municipalities and government departments deliver ongoing public services using cheap, precarious labour.

EPWP workers are often treated as 'participants' or 'beneficiaries' rather than as standard employees. They receive stipends or special EPWP rates rather than negotiated wages and are covered by a weaker and more limited set of protections than standard employees. EPWP workers are paid far below the general national minimum wage under a lower special statutory rate.

Their employment is temporary by design and governed by a Ministerial Determination under the Basic Conditions of Employment Act, which provides a reduced set of labour protections compared to standard employment. In practice, this means that workers performing essential and ongoing care work often have no job security, limited access to benefits, and weak protection against unfair labour practices.

Research shows that in many municipalities, EPWP workers make up a significant portion of the workforce delivering basic services. This is not a temporary intervention - it is a structural labour regime. SAMWU has highlighted the fact that municipalities are not filling vacancies and exploiting EPWP workers to cut costs. EPWP workers get paid way below the minimum wage and do not receive employee benefits but they do the same work as municipal workers.

This model shifts the cost of public service delivery onto a predominantly female workforce that is denied employment security, benefits, and collective bargaining rights. COSATU rejects this arrangement. Public care work is real work and must be recognised, formalised, and properly paid.

3.6. Community Health Workers (CHWs)

Community health workers are the frontline of South Africa's public health system, delivering primary health care and connecting communities to clinics. They provide basic health education, support patients with chronic illness, and conduct home visits for the elderly and people with disabilities. There are estimated to be between 50 000 and 70 000 CHWs in South Africa. The vast majority are black women.

Community health workers in South Africa are employed through a fragmented set of arrangements, including direct employment by provincial Departments of Health, contracts through NGOs, and programme-based models such as the Expanded Public Works Programme. While policy direction increasingly supports the integration of CHWs into the public health system, implementation remains uneven. The National Health Insurance framework envisions a stronger role for CHWs, but without full and consistent reclassification and proper employment, NHI risks being built on a foundation of undervalued care labour.

Through sustained organising and legal action, NEHAWU, and other organisations have secured important gains for community health workers to be integrated into the public health

system, marking a significant step towards recognising their work as employment rather than volunteer or programme-based labour.

This represents a historic victory for care workers and the labour movement. However, the process remains incomplete. Many CHWs are still employed through NGOs or precarious programme arrangements, and conditions across the sector remain uneven.

At the same time, new forms of exclusion and fragmentation are emerging within the sector. Qualification requirements linked to formalisation processes risk excluding older care workers with decades of experience who do not hold matric certificates, despite having performed this work for many years. No care worker who has sustained the system for years should be excluded from formalisation on the basis of qualifications imposed after the fact. In addition, the continued outsourcing of functions such as lay counselling to NGOs creates divisions between workers performing similar roles under different conditions, undermining collective organisation and standardisation of employment.

Workers have consistently raised a clear set of demands: for dignified wages; formal, safe and dignified working conditions; recognition and professional respect; access to training, career pathways and professional development; and meaningful representation in policy design and decision-making processes.

These demands reflect not only a struggle for improved conditions, but for the recognition of care work as skilled, essential labour that must be fully integrated into the public sector.

The challenge now is to extend this victory to all CHWs and to ensure that integration translates into secure employment, fair wages, and full labour rights across the system.

While community health workers have won important gains in the struggle for recognition as workers, the continued use of programme-based labour such as the EPWP exposes a system that depends on keeping care work cheap, insecure, and outside full labour protections.

4. The Rights of Care Workers: International and Domestic Frameworks

4.1. ILO Convention 189: Decent Work for Domestic Workers

ILO Convention 189, adopted in 2011, is the global standard for the rights of domestic workers. It establishes that domestic workers are entitled to the same fundamental labour rights as all other workers, including freedom of association, collective bargaining, protection from forced labour and child labour, and protection from discrimination.

Convention 189 requires that domestic workers have written employment contracts, access to information about their conditions of employment, regulated working hours, weekly rest periods of at least 24 consecutive hours, minimum wage protection, and access to social security.

South Africa has ratified ILO Convention 189. Ratification is the first step that must be followed by effective enforcement.

Ratification is not enough on its own - it must be accompanied by enforcement. COSATU calls for adequately resourced labour inspection of domestic work, accessible complaint mechanisms for domestic workers, and legal aid and support for workers who need to enforce their rights.

4.2. ILO Convention 190: Freedom from Violence and Harassment at Work

ILO Convention 190, adopted in 2019, is the first international labour standard to explicitly address violence and harassment in the world of work. It recognises that workers have the right to a world of work free from violence and harassment, including gender-based violence and harassment (GBVH).

Convention 190 is particularly significant for care workers, who face unique vulnerabilities. Domestic workers work in private homes, often with no witnesses, and may be dependent on their employers for housing. ECD and care workers face harassment in workplaces that may have weak governance. Home-based carers work in isolation.

Convention 190 defines violence and harassment broadly - including psychological abuse, threats, and controlling behaviour, not only physical assault. It requires member states to adopt laws, policies, and practical measures to prevent, address, and respond to workplace violence and harassment.

South Africa has ratified ILO Convention 190 on violence and harassment in the world of work. However, gaps remain in the domestic legal framework. COSATU has identified key limitations in the Code of Good Practice on the Prevention and Elimination of Harassment, which falls under the Employment Equity Act. In particular, the Code relies heavily on individual reporting by victims, placing the burden on workers to come forward in contexts where fear of victimisation, job loss, or retaliation is high.

By contrast, protections under occupational health and safety legislation are more far-reaching, as they require employers to proactively identify and manage risks through workplace risk assessments and preventative measures. This approach is especially important for vulnerable workers, including domestic workers and home-based care workers, who often work in isolated environments with limited oversight.

COSATU therefore calls for stronger enforcement of existing protections, as well as the development of comprehensive legal and institutional mechanisms that shift responsibility onto employers and the state. This includes proactive prevention measures, accessible and safe reporting systems, and dedicated support services for care workers experiencing gender-based violence and harassment in the world of work.

4.3. Collective Bargaining and the Right to Organise

All care workers - whether employed by private households, community organisations, or the state - must have the right to organise and bargain collectively. This is a fundamental right under both South African law and international standards.

In practice, domestic workers, community health workers and EPWP workers face serious barriers to organisation: they are dispersed across hundreds of thousands of private homes, many are afraid of victimisation, and the power imbalance with individual employers is extreme. COSATU recognises the vital role of unions like SADSAWU in overcoming these barriers, and commits to supporting the organising of all care workers across all sectors.

The labour movement must also push for sectoral bargaining frameworks for care work — so that wages and conditions are set at a sector level, not left to the mercy of individual employer-worker relationships.

5. Why Public Investment in Care Matters

The argument for transforming the care economy is not only a matter of rights and justice - it is also a matter of sound economic policy. The ILO, the IMF, and a growing number of economists have demonstrated that investing in care infrastructure is one of the most effective strategies for economic growth, job creation, and reducing inequality.

5.1. Care Work as Economic Infrastructure

We invest in roads so that goods can move. We invest in electricity so that factories can run. We must invest in care so that workers can work.

Care infrastructure - including crèches, home-based care services and after-school programmes - is economic infrastructure. It sustains the daily reproduction of the workforce and removes the barriers that prevent women from participating fully in paid work.

Research by the ILO and others shows that investing 2% of GDP in the care economy could create millions of jobs and significantly increase women's employment. In South Africa, where women's unemployment far exceeds men's, this is not only a gender equality imperative - it is a strategy for decent work, expanded employment, and strengthening the social wage.

Critically, care must not be treated as a new site for profit extraction. A transformative care economy requires public investment, decent wages, and the formalisation of care work. It means shifting away from the commodification of care and recognising it as a public good and a collective responsibility.

The consequences of failing to treat care as essential infrastructure are already visible in South Africa. While children go hungry, funds allocated for the ECD nutrition programme remain unspent. The failure to implement the programme, despite substantial budget allocations, reveals a deeper problem in how care is organised and prioritised. Although state policy recognises the importance of child nutrition, resources are not reaching children. Instead, the burden is shifted onto underfunded centres, low-paid workers, and poor households. With very limited funding reaching the ground, those with the least resources are expected to carry the responsibility. This is not simply a delivery failure. It reflects a system that continues to displace the costs of social reproduction onto women and poor communities rather than meeting them through effective public provision.

5.2. Care Investment Creates Decent Jobs

When governments invest in public care services, they create jobs - and when those jobs are properly formalised, with decent wages and conditions, they create good jobs. The care sector has the potential to be a major driver of formal employment, particularly for women who are currently trapped in informal and domestic work.

But this requires a deliberate policy choice: care jobs must be designed as decent work from the start. Stipends and short-term contracts must be replaced with permanent employment, living wages, and career pathways. The EPWP model of building care infrastructure on cheap, temporary, feminised labour must end.

5.3. Redistributing Unpaid Care Work

The macroeconomic case also requires confronting unpaid care work directly. The current distribution of unpaid care work - in which women do the overwhelming majority - is a form of structural inequality that cannot be addressed through labour market policy alone.

Governments, employers, and society must share responsibility for care. This means: adequate and accessible public childcare; paid parental leave for both parents; flexible work arrangements that support care responsibilities; and a culture shift that normalises men as caregivers. The labour movement has a role to play in all of these - in bargaining, in policy advocacy, and in our own internal culture.

6. Policy Demands: What COSATU Is Fighting For

The analysis in this document shows that the care economy in South Africa is organised through austerity, privatisation, and the systematic undervaluation of feminised labour, producing a fragmented and unequal system that fails both care workers and the people who depend on care.

COSATU must therefore advance a set of demands that transform how care is funded, organised, and valued. This requires not only improved conditions for individual workers, but structural change in how the state and the economy support care.

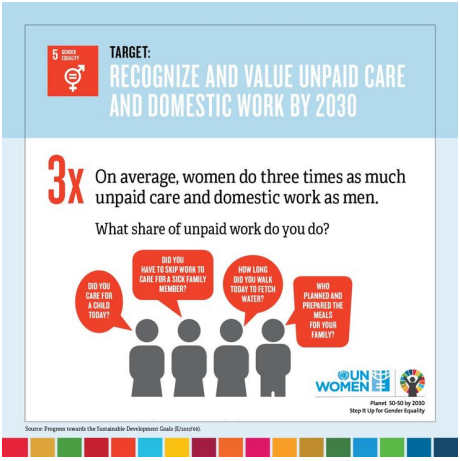
The following demands are proposed for adoption as COSATU policy and for integration into campaigns, bargaining strategies, and broader struggles for economic justice.

6.1. Public Financing and Ending Austerity in Care

- An end to austerity measures that undermine care services, including hiring freezes, post cuts, and compensation ceilings in health and education.
- Increased public investment in the care economy as a central pillar of economic policy, including the expansion of frontline care jobs across health, education, and community services.
- A commitment to rebuilding and expanding the public sector care workforce, including both professional and support workers.
- A phased programme of insourcing of outsourced services in health, education, and other public care sectors.
- Reallocation of public spending towards frontline service delivery, with a clear shift away from excessive administrative expansion and outsourcing.
- An end to the use of EPWP and outsourcing as substitutes for permanent municipal employment in services essential to care and social reproduction.
- A commitment to building a universal, publicly funded care system that reduces reliance on precarious and programme-based labour.

6.2. Recognition and Measurement

- Government must conduct and publish regular time-use surveys measuring unpaid care work in South Africa.
- The National Treasury must implement gender-responsive budgeting, with explicit tracking of how budget allocations affect women and care workers.



- Statistics South Africa must develop a care economy satellite account to measure the full economic value of care work.

6.3. Living Wages and Decent Work for Care Workers

- Establish clear pathways towards living wages across all care sectors, including domestic work, ECD, community-based care, social work, municipal services and public employment programmes. Living wages must include fair pay, a social wage, and access to social protection.
- Reclassify all publicly funded and programme-based care workers, including EPWP and community health workers, as employees with full labour rights, UIF contributions, and wages aligned with public sector equivalents. Ensure formal employment, career pathways and sector-wide agreements across the care economy.
- Ensure adequate and stable public funding for care work, including ECD and social services, with salaries benchmarked to qualifications and aligned with equivalent public sector roles, and improved staffing levels and working conditions.
- Enforce labour rights across the care economy, including mandatory written contracts, full implementation of the National Minimum Wage, and protection of all care workers, including migrant workers, from exploitation, non-payment and discriminatory pay practices.
- Fully implement ILO Conventions 189 and 190, including labour inspection, workplace protections, and measures to address violence and harassment in all care settings.
- End outsourcing and insource all care and support workers in health, education and municipal services, including cleaners, porters, food service workers and administrative staff, with equal pay, conditions and protections for all workers performing essential care functions.
- Guarantee equal pay for work of equal value across all care sectors, including between directly employed, outsourced, NGO and programme-based workers, and ensure no worker is excluded from formalisation due to retrospective qualification requirements.
- Ensure fully paid maternity, parental and caregiving leave for all workers, alongside protection from dismissal or discrimination related to pregnancy and care responsibilities, and workplace measures that support workers with care responsibilities.

6.4. Building Public Care Services

- A national care infrastructure plan, treated as economic infrastructure equivalent to roads and energy.
- Universal access to subsidised, quality early childhood development for all children from birth to school age.
- Expansion of public home-based care services for the elderly and people with disabilities, staffed by properly employed and adequately paid workers.
- A dedicated and ring-fenced budget line for care economy investment in the national budget, with annual reporting to Parliament.

6.5. Social Protection

- A permanent Basic Income Grant at a level that provides genuine income security for workers, including those in precarious care work.
- Extension of UIF coverage to all care workers, with proactive registration campaigns targeting sectors such as domestic work.
- Access to National Health Insurance for all care workers, including those not covered by employer-based medical aid.

6.6. Gender-Based Violence and Harassment

- Full enforcement of ILO Convention 190 and adoption of any further implementing legislation, regulations, and workplace mechanisms needed to protect care workers.
- Extension of occupational health and safety protections to all care work, including domestic and home-based care work, with mandatory risk assessments, preventative measures, and clear employer accountability for GBVH.
- Safe, accessible, and confidential reporting mechanisms for GBVH in domestic and care work settings, designed to protect workers from retaliation, dismissal, or loss of housing.
- Specialist support services, including legal aid, psychosocial support, and shelter, designed for care workers, with particular attention to live-in domestic workers and migrant workers.
- Employer education and accountability mechanisms on GBVH responsibilities, including in private households employing domestic workers.

7. The Labour Movement's Role: What COSATU must do

Transforming the care economy requires not only policy change, but a strategic shift in how the labour movement organises, bargains, and builds power. COSATU has a critical role to play in advancing these struggles within workplaces, communities, and its own structures.

7.1. Organising Care Workers

COSATU affiliates must prioritise the organising of care workers across all sectors, including domestic workers, ECD practitioners, community health workers, and workers in public employment programmes.

This includes workers in outsourced, NGO-based, and programme-based employment arrangements, who are often excluded from traditional organising structures. Building organisation in these sectors is essential to overcoming fragmentation and strengthening collective power across the care economy.

7.2. Bargaining for Care

The care economy must become a central focus of collective bargaining.

Shop stewards and bargaining structures must advance demands for:

- living wages and equal pay for work of equal value
- the insourcing of outsourced workers
- secure employment and an end to precarious work
- paid maternity, parental, and caregiving leave
- workplace protections against gender-based violence and harassment

These are not marginal issues, they are central to improving working conditions and addressing structural inequality in the labour market.

7.3. Strengthening Gender Transformation and Women's Leadership

The labour movement must reflect the change it seeks to achieve.

This includes ensuring that:

- women are represented at all levels of leadership
- organisational practices take account of care responsibilities
- gender-based violence and harassment are addressed seriously within union structures

Strengthening feminist leadership within the labour movement is essential to advancing the transformation of the care economy.

7.4. Building Alliances and Advancing a Care Economy Agenda

Transforming the care economy requires broad alliances across trade unions, women's organisations, community structures, and progressive social movements.

COSATU should take a leading role in building a care economy agenda across these spaces, including through engagement at NEDLAC and through international solidarity with care worker movements.

8. Strategic Priorities for the COSATU Gender Conference

The National Gender Conference should discuss the following as possible resolutions:

- Establishing living wages as a central demand across all care sectors, and rejecting the use of stipends and sub-minimum wages for essential care work.
- An end to austerity measures that undermine care services, including post cuts, hiring freezes, and non-implementation of bargaining agreements in public services.
- Increased public investment in care as essential economic infrastructure, including the expansion of decent, secure jobs across all care sectors.
- The full recognition of all care workers as workers, including the reclassification of EPWP workers and the full integration of community health workers into the public health system.
- Challenging the use of outsourcing and EPWP to replace permanent municipal jobs in services essential to care and social reproduction.
- The insourcing of outsourced support workers and equal conditions for all workers performing essential care functions.
- The enforcement of ILO Conventions 189 and 190 and for stronger protections against gender-based violence and harassment in all care work settings.
- The organising of care workers across all sectors and committing COSATU affiliates to advancing care economy demands in collective bargaining.
- Implementation of a comprehensive social protection floor, including a permanent Basic Income Grant and National Health Insurance.
- Advancing maternity, parental, and caregiving rights, including paid parental leave, workplace protections, and measures to support the redistribution of care between women and men.

9. Conclusion: Care is the Economy

Care is the foundation of the economy and of social life. It sustains workers, households, and communities, and makes all other forms of production possible. Yet in South Africa, care continues to be organised in ways that rely on the undervaluation of women's labour, the fragmentation of the workforce, and the systematic underinvestment in public services.

The result is a care economy that is stretched, unequal, and increasingly unable to meet the needs of both workers and the people who depend on care. Across sectors, from domestic work to community health, from ECD to public services, the same pattern is visible: essential work is performed under conditions of insecurity, low pay, and weak protection, while the state relies on precarious and undervalued labour to sustain the system.

Transforming the care economy therefore requires more than incremental reform. It requires a decisive shift away from austerity and towards sustained public investment in care as essential social and economic infrastructure. It requires the expansion of decent, secure employment across all care sectors, and the recognition of care work as skilled, essential labour.

For the labour movement, this is not a secondary issue. The care economy sits at the centre of struggles over work, inequality, and social reproduction. It shapes who can participate in the economy, under what conditions, and at what cost.

COSATU has a critical role to play in advancing this transformation, through organising care workers, bargaining for improved conditions, and leading broader struggles for public investment and economic justice.

This is a struggle for dignity, for equality, and for a different way of organising the economy. It is a struggle that the labour movement must take forward.

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COSATU

COSATU HOUSE
110 Jorissen Street, Cnr Simmonds,
Braamfontein, Johannesburg, Gauteng, SA, 2000
PO Box 1019 Johannesburg 2000
Telephone: 011 339 4911