

IEJ

Care Economy Project

Concept Note

Introduction

Care work, whether paid or unpaid, formal or informal, is a foundational component of human well-being and the cornerstone of the economy. It includes the labour and relations that maintain, sustain, and reproduce people, households, and communities across the life course. While the COVID-19 pandemic temporarily increased the visibility of care work and related care infrastructure, it did not produce a lasting reconfiguration of how care is organised, valued, or supported. Instead, in many contexts, including South Africa, there has been a return to fiscal consolidation and cost-cutting, with implications for already strained care systems.

Care continues to be treated as a private matter, often absorbed within families and communities, rather than a collective responsibility. This framing sustains a model where women, particularly Black and working-class women, shoulder the burden of unpaid or poorly remunerated care labour. Under financialised capitalism, care has been externalised, commodified, and in many instances, outsourced to underfunded non-state actors. The result is a fragmented, under-resourced system characterised by informalisation, low wages, and declining quality of care.

In the South African context, the long-standing undervaluation of care intersects with historical inequalities and an evolving political economy marked by austerity and fragmented service delivery. The Life Esidimeni tragedy is emblematic of this reality. In 2016 143 mental health patients died after being transferred from a long-term private facility to ill-equipped NGOs, highlighting the consequences of transferring care responsibilities under the guise of cost-efficiency. Driven by provincial budget cuts and bureaucratic decisions, patients were moved without adequate planning or resourcing, and with little regard for continuity of care. This event exposed the dangers of an institutional approach to care governed by financial priorities rather than human need. It further illustrated the absence of accountability mechanisms and the vulnerability of those receiving care when the state retreats and outsources its responsibilities without due oversight. The tragedy remains a powerful example of how the neglect of care as a public good can lead to fatal outcomes.

Why This Project Matters

The IEJ Care Economy Project is situated within this broader context of persistent care deficits, deepening gender inequality, and the continued erosion of state responsibility for care. While there has been some policy recognition of the care economy in recent years, the prevailing approach remains fragmented and limited in scope. Care continues to be relegated to the periphery of economic policymaking, with minimal integration into national development strategies, budgeting frameworks, or labour market planning. The project seeks to support a longer-term structural shift in how care is understood, measured, and prioritised, proceeding from the position that care is not an ancillary social concern, but an essential public good that is central to economic development, employment creation, and gender equity.

In South Africa, the state continues to rely heavily on families, particularly women and girls, to absorb the bulk of care responsibilities, especially in contexts where formal public provision remains inadequate. The care of children, older persons, and persons with disabilities is often framed as a private or moral obligation of individual households, rather than a structural issue requiring coordinated public intervention. Paid care work, meanwhile, is characterised by precarity, low wages, and poor working conditions. For example, community care workers, who provide critical services in the health and social sectors, continue to face uncertainty around employment protections, fair wages, and recognition. This reflects a broader pattern of outsourcing care to NGOs and underfunded community-based organisations, reinforcing the retreat of the state from direct service provision and producing a patchwork system that is uneven, difficult to navigate, and unable to meet the growing demand for care across the life course.

Importantly, South Africa's paid care economy already plays a significant role in the labour market, accounting for approximately 13.8% of total employment. However, this work is overwhelmingly performed by women, estimated at 84%, and is often poorly compensated and undervalued ([Counting Women's Work, 2023](#)). The failure to adequately recognise and support this workforce not only limits economic opportunities, but also undermines the quality and resilience of the care system as a whole.

These structural weaknesses are compounded by ongoing demographic and economic shifts. Although South Africa has long been characterised by a youthful population, it is now undergoing a quiet demographic transition, with rising median ages across all racial groups. This has intensified the demand for elder care while existing deficits in early childhood development, disability support, and health services persist. At the same time, South Africa faces one of the highest unemployment rates globally, currently at 32.9% according to [Statistics South Africa \(2024\)](#). Without targeted intervention, the caregiving burden will fall even more heavily on families, especially women, entrenching cycles of poverty and gender inequality.

Moreover, the gendered burden of care has direct links to other forms of inequality, including gender-based violence. As the Department of Science and Innovation has noted, care burdens and economic dependence increase vulnerability to violence, with new reports continuing to highlight the severity of South Africa's GBV crisis ([DSTI, 2023](#))

In response, the project emphasises the urgent need to build integrated, publicly supported systems of care that span the life course. This means moving beyond piecemeal or familialist approaches, and towards a structural transformation that centres care within social policy, labour market planning, and public finance. Only by treating care as a societal responsibility, embedded in democratic institutions and economic strategy, can South Africa begin to address the interlinked crises of inequality, unemployment, and social reproduction.

Approach

The Care Economy Project responds to a global context marked by shrinking civic space, growing authoritarianism, and escalating backlash against gender equality and women's rights. Across many countries, there is a coordinated pushback against feminist agendas, including those centred on bodily autonomy, care rights, and social protection. In this environment, the need for sustained, grounded, and transformative work on the care economy has become increasingly urgent.

The project approaches care not as a peripheral social issue but as essential public infrastructure, just as critical as roads, schools, or electricity. It is guided by a feminist political economy lens that positions care as a public good and a foundational component of any just and inclusive society. Care must be understood as a shared societal responsibility, and its provision must be reimagined beyond the private domain to encompass coordinated action by the state, market, communities, and households. This principle of co-responsibility is central to the project's framing, drawing on the work of feminist scholars such as Shahra Razavi, who conceptualises the "care diamond" to illustrate how care is produced and distributed across four key institutional pillars: the state, the market, families, and the not-for-profit sector.

Rather than treating care as an individual or familial obligation, the project promotes a structural approach that embeds caregiving within public systems and policies. It is grounded in the life course perspective developed in feminist scholarship, which asserts that care is not confined to childhood or old age but is a continuous and evolving need throughout human life. Everyone is both a caregiver and a care receiver at different stages of their lives. This understanding challenges rigid distinctions between the "economically productive" and the "dependent" and recognises care as central to human development and social cohesion.

The project also engages deeply with African feminist critiques, which warn against the romanticisation of community-based or familial care. While philosophies such as Ubuntu

have long emphasised mutual support and interdependence, these ideals can be used by states to justify the withdrawal of public responsibility. The reality for many South African families, especially those affected by poverty, HIV/AIDS, and unemployment, is that care responsibilities are borne by older women without adequate support. The project advocates for state-led investment in community health services, childcare centres, elder care programmes, and social protection systems to ease this burden and strengthen intergenerational care networks.

At the heart of the project's approach is the assertion that care must be treated as a public good. This is not simply a rhetorical stance but a call for policy and fiscal transformation. Just as societies have come to view education or clean water as collective entitlements requiring public investment, so too must care be recognised as central to social sustainability and economic development. Investing in care is therefore both a moral imperative and a strategic foundation for building cohesive, inclusive, and humane societies.

A central contribution of the project is to support the integration of care into public finance systems and macroeconomic planning. It recognises the importance of tools such as time-use surveys, which have made unpaid care work visible and measurable, and have influenced development frameworks. However, the project also critically reflects on the limits of such technocratic approaches. While quantifying care has been essential for securing policy recognition, over-reliance on metrics can obscure the relational, emotional, and ethical dimensions of care. By focusing too narrowly on what can be counted, there is a risk of reinforcing reductive economic paradigms that prioritise efficiency over dignity, and overlook the political choices behind how care is delivered.

Thus the project builds on the foundational contributions of feminist economics while advancing a deeper interrogation of how care is understood, valued, institutionalised, and governed, particularly within the South African context. It asks fundamental questions about what constitutes good care, who bears its burdens, and how care systems can be designed to promote justice rather than entrench inequality. Central to this approach is the development of a context-driven model of care analysis that is responsive to South Africa's unique social, economic, and historical conditions. The country's care economy is shaped by the legacies of apartheid, racialised inequality, high levels of informal work, and a complex mix of public, private, and community-based service provision. Imported policy frameworks, often grounded in Global North assumptions about households, labour markets, and welfare systems, risk misdiagnosing local dynamics or reinforcing existing inequities.

To counter this, the project advances a locally grounded framework that centres the lived realities of care in South Africa. This includes recognising the central role of grandmothers in intergenerational caregiving, the informal provision of early childhood development services, and the resilience of community care networks in contexts of state neglect or

withdrawal. It calls for combining feminist economic analysis with qualitative, ethnographic, and participatory methods that capture the relational, ethical, and political dimensions of care, its meaning, distribution, and transformative potential. In doing so, the project aims to embed care in national planning, budgeting, and infrastructure investment not as an afterthought, but as a central organising principle of economic and social policy. By developing a South Africa-specific care model, the project seeks to ensure that policy responses are not only technically sound, but also socially just, culturally relevant, and institutionally feasible.

Ultimately, the project seeks to shift the narrative: from care as a private burden to care as a collective responsibility; from fragmented services to integrated systems; from gendered obligation to institutional support. It envisions a society in which care is not an inhibitor but an enabler of dignity, equality, and wellbeing, for all. While the project recognises the deeply gendered nature of care, where women disproportionately shoulder its burdens, it also affirms that care is a universal human experience. Everyone, regardless of gender, both gives and receives care across their lives. Advancing care as a public good requires acknowledging its gendered dimensions while building systems that reflect its shared and interdependent nature. In doing so, the project promotes a more just and caring society where the right to care, and to be cared for, is recognised and realised for all.

Objectives

The Care Economy Project seeks to advance the recognition, redistribution, and resourcing of care as a central pillar of South Africa's economic and social development agenda. It aims to influence public policy and fiscal decision-making to ensure that care work, both paid and unpaid, is valued, supported, and integrated into macroeconomic planning.

This is pursued through four interlinked objectives:

1. **Promote the development and implementation of a National Care Strategy (NCS):** Support the institutionalisation of a coherent, cross-sectoral policy framework that recognises care as essential social infrastructure and ensures interdepartmental coordination.
2. **Advance the integration of care into fiscal policy and planning:** Drive the design and implementation of progressive, gender-responsive budgeting (GRB) and expenditure analysis across government departments, with a focus on identifying and financing care-related priorities.
3. **Leverage international platforms to mobilise investment in care:** Position South Africa as a leading voice in advocating for global and domestic commitments to care, including through engagement in the G20 and coordination with African and international civil society actors.

4. **Strengthen the institutional capacity of the IEJ and its partners:** Build a cohort of researchers and advocates with expertise in care-centred feminist economics and ensure care-related issues are mainstreamed across the IEJ's workstreams.

Core Activities and Outcomes

Outcome	Description	Activities
<p>Outcome 1: Care work is recognised as a public good and is adequately valued and systematically integrated into South Africa's social and economic policy frameworks.</p> <p>Out 1.1: A National Care Strategy (NCS) is adopted, institutionalised, and meaningfully implemented across key government departments</p>	<p>The National Care Strategy provides a holistic policy framework to guide how care is recognised, coordinated, and supported across government. Rather than treating care as the responsibility of a single department or sector, the strategy facilitates interdepartmental collaboration and aligns policies across health, education, social development, employment, and finance. This integrated approach ensures that care is no longer siloed but understood as a cross-cutting issue central to South Africa's social and economic development.</p> <p>A nationally coherent, cross-sectoral care strategy is essential to reversing current trends of fragmented service delivery, chronic underinvestment, and the continued burdening of families, especially women, with unpaid care responsibilities. It would ensure the provision of accessible, high-quality care services while creating sustainable and dignified employment, particularly for</p>	<p>Activity 1.1: Development of a proposal for a National Care Strategy</p> <p>Activity 1.2: On-going engagement with relevant policy makers to adopt the proposal to establish a National Care Strategy including how this intersects with National Treasury's purported gender-based budgeting framework. Similar engagement through the South African budget cycle.</p>

	<p>women. In doing so, the strategy marks a shift toward a social policy framework that explicitly prioritises care work, gender equity, and inclusive economic development.</p> <p>By establishing shared priorities, clear responsibilities, and integrated planning mechanisms, the strategy strengthens institutional coordination and enables more coherent and sustained responses to care deficits. It lays the groundwork for improved budgeting and resourcing decisions and supports the realisation of social rights. Ultimately, the National Care Strategy creates the conditions for a more inclusive, just, and resilient care system, one that recognises and supports both caregivers and care recipients.</p>	
<p>Outcome 2: Care is effectively resourced and integrated into public planning, budgeting processes, and macroeconomic policy, contributing to more equitable and gender-responsive fiscal governance.</p> <p>Out 2.1: Progressive, gender-responsive budgeting and expenditure analysis is designed and implemented across key</p>	<p>South Africa was among the early adopters of Gender-Responsive Budgeting (GRB) in the late 1990s, through the pioneering work of the Women’s Budget Initiative (WBI), a collaboration between parliamentarians and civil society. This initiative set a global precedent in highlighting how fiscal policy can be a powerful lever for advancing gender equality. However, in the years since, momentum around</p>	<p>Activity 2.1 Develop influencing strategy for Pathways for implementing GRB in South Africa</p> <p>Activity 2.2: Workshop to reconvene the Women's Budget Group initiative in South Africa (to discuss and refine stakeholder engagement strategy and pathways to implementing GRB).</p> <p>Activity 2.3: Co-write a resource with the UK Women's Budget</p>

<p>government departments and institutions (such as DSD, department of Health and National Treasury), with a specific focus on identifying, financing, and institutionalising care-related priorities throughout all phases of the budget cycle.</p>	<p>GRB has waned, and current budgeting processes remain largely gender-blind, with care work consistently undervalued and underfunded.</p> <p>This sub-outcome supports ongoing efforts to revitalise GRB as a practical and strategic tool to advance the objectives of the National Care Strategy. The current advocacy, led by government departments such as DWYPD in partnership with civil society actors including those involved in the revived Women’s Budget Group, seeks to embed gender analysis and care considerations across all stages of the budget cycle, from planning and allocation to implementation and review.</p> <p>The goal is to create an enabling environment, political commitment, and institutional mechanisms for sustained gender-responsive budgeting, with a particular focus on the identification, financing, and institutionalisation of care. GRB serves as a tangible expression of the National Care Strategy in action: it links high-level policy vision with concrete fiscal practices, ensuring that public resources are mobilised and allocated in ways that recognise, reduce, and redistribute care work, and contribute to a more just and inclusive economy.</p>	<p>Group on <i>Pathways for Implementing Gender-Responsive Budgeting in South Africa</i>.</p> <p>Activity 2.4 Workshop to launch and disseminate paper co-hosted with WBG in South Africa</p> <p>Activity 2.5 Engagement with relevant National Treasury officials to audit the status of GRB</p>
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<p>Outcome 3: South Africa leverages international and regional platforms (for example, G20, BRICS etc), to catalyse global and domestic commitments to invest in care systems and advance women’s economic empowerment.</p>	<p>This outcome focuses on positioning South Africa as a global leader in advocating for investment in care systems through international platforms, particularly the G20. It seeks to catalyse both global and domestic commitments to advance women’s economic empowerment by promoting public investment in care services, time-saving infrastructure, and social protection.</p>	
<p>Out 3.1 The South African government drives an ambitious agenda to see G20 countries commit to mobilising budgetary resources to promote women’s economic empowerment, in particular through investment in health, nutrition, education, and other care services; time-saving infrastructure and technology; and social protection.</p>		<p>Activity 3.1 Lead the IEJ’s G20 WEE work and engage G20 members on mobilising budgetary resources to promote women’s economic empowerment.</p>

<p>Out 3.2 A wide-range of African and G20 civil society stakeholders, including NGOs, social movements, labour unions, women’s rights organisations, and business groups, unite around calls to mobilise budgetary resources to promote women’s economic empowerment, in particular through investment in health, nutrition, education, and other care services; time-saving infrastructure and technology; and social protection.</p>		<p>Act 3. 2: Partner workshop bringing together a carefully chosen set of partners – particularly those based in Africa and in past and future G20 Presidency countries – in order to co-develop the research and policy proposals that will be advanced.</p>
<p>Outcome 4: Members of the Care Economy Project actively collaborate with other IEJ workstreams to embed a care-centred and intersectional feminist economic lens across the organisation’s broader research and policy agenda.</p>	<p>Establish a focused workstream to embed feminist economic approaches to care within IEJ.</p>	<p>Act 4.1 Co-author care and UBIG factsheet</p>

Future Work

Future phases of the project may deepen engagement with labour market reform and the conditions of work in care sectors, particularly through a focus on public employment programmes and the potential for decent work in state-supported care provision. In this regard, the project also aims to explore the potential of the *workers’ inquiry* approach, revived by feminist and autonomist scholars, to generate bottom-up knowledge about the lived experiences of care workers. Originally conceived as a method to link research and organising, the workers’ inquiry offers a powerful framework for understanding reproductive labour not simply as a category of work, but as a terrain of struggle over value, time, and social reproduction. Applying this lens to South Africa’s care sector would allow for grounded, participatory research that centres the perspectives of those performing undervalued and often invisible care work in homes, communities, and public programmes. It would also create opportunities for linking

analysis to organising strategies, with the aim of transforming the political and economic conditions in which care is delivered.

In tandem, the project will continue to explore the intersections between care and other critical systems, including food provisioning, nutrition, and gendered patterns of food insecurity, and trace how care both shapes and is shaped by broader economic trajectories. This includes analysing the impact of fiscal consolidation, macroeconomic reform, and the financialisation of public goods on care systems and the wellbeing of care workers. Through this work, the project seeks to support a longer-term shift toward a more caring state, one that recognises care as a public responsibility, ensures adequate investment in care infrastructure, and values care work as foundational to both social and economic wellbeing.

Theory of Change

The Care Economy Project at the Institute for Economic Justice (IEJ) is grounded in the recognition that care work, both paid and unpaid, is a foundational component of human well-being and economic functioning. Yet in South Africa, care remains profoundly undervalued, underfunded, and unequally distributed. Families, particularly Black and working-class women, continue to shoulder the bulk of caregiving responsibilities due to historical inequalities, fiscal austerity, and the state's withdrawal from direct service provision. Paid care work is often marked by low wages, insecure employment, and poor working conditions, while those who need care face inadequate and inconsistent support. These structural dynamics reinforce intersecting gender, race, and class inequalities and undermine the broader goals of inclusive development and social justice.

This project is situated within IEJ's broader mission to advance a democratic, equitable, and rights-based economy. It seeks to contribute to a long-term shift in how care is understood, governed, and resourced, and to reframe care as a collective public responsibility rather than a private burden. The overarching impact goal is to support the transformation of South Africa into a caring state, one that invests in just and inclusive care systems and guarantees decent work for care workers. In doing so, the project aims to reduce the disproportionate care burden on women, improve the conditions of caregivers and care recipients alike, and build a more inclusive, gender-equitable economy.

In the short term, the project focuses on producing high-quality, context-specific feminist economic research on the care economy and engaging key civil society and government stakeholders through dialogue, consultation, and collaborative spaces. In the medium term, it seeks to influence national and international policy processes, including gender-responsive budgeting, emerging care policy frameworks, and the G20 agenda, while cultivating stronger alliances between civil society, the state, and academic partners. These efforts aim to ensure care economy priorities are reflected in public finance debates and embedded in long-term planning and budgeting systems.

Over time, the project envisions care being systematically integrated into South Africa's macroeconomic and fiscal architecture. Feminist economic approaches are institutionalised across public policy processes, and care is recognised and treated as a public good essential to both economic resilience and social cohesion. As norms shift, care comes to be seen as a shared responsibility across society, with recognition that everyone, regardless of gender or income, is both a giver and recipient of care throughout their lives.

The project's approach is built on five interlinked mechanisms of change. First, it produces rigorous, locally grounded research that interrogates the governance, structure, and deficits of care provisioning, with a focus on labour dynamics, fiscal systems, and institutional arrangements. Second, it engages in targeted policy advocacy to influence decision-makers and embed care into fiscal and economic policy. Third, it supports alliance-building by strengthening partnerships with civil society organisations, state actors, and multilateral platforms. Fourth, it contributes to narrative change by challenging narrow technocratic and market-driven framings of care and promoting a bold vision of care as essential social infrastructure. Fifth, members of the Care Economy Project work across IEJ's other workstreams to embed a care-centred, intersectional feminist economic lens into broader areas of research and advocacy, including public finance, macroeconomics, labour, and social protection.

Ultimately, this Theory of Change rests on the belief that building a caring state is both necessary and possible. By embedding care into the heart of South Africa's economic and social policy, the project supports a future where the right to care, and to be cared for, is publicly recognised, equitably resourced, and made real for all. Care is no longer a constraint or a private cost, but the foundation of dignity, equality, and collective well-being.