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HANDS-ON

Experience Learning



Issue 35: September 2026

The legacy of Douglas and Eleanor Murray

Invest in South Africa's potential

DGMT

DGMT is a South African public innovator through strategic investment. Our goal for South Africa is a flourishing people, economy and society. Towards this end, DGMT currently distributes about R200 million per year and leverages and manages a similar amount of funding through joint ventures with other investors.

Through our Hands-on Learning publication, we hope to play a helpful role in synthesising information from innovators and implementers in civil society, supporting them to share what they have learnt so that others are able to draw from and build on their experiences.

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Starving the fuel to its fire
Why curbing heavy drinking can help lower gender-based violence in South Africa

About a third of South African women over 18 have experienced physical or sexual violence in their lifetime. Add to that the fact that about seven women are killed in the country every day — in about 90% of cases at the hand of an intimate partner or family member. Gender-based violence (GBV) is not just a problem in South Africa; it's officially considered a national disaster. Yet progress on ending it has been discouragingly slow. Could using the momentum for alcohol policy reform help to create urgency for addressing GBV?

This learning brief looks at the links between GBV and heavy drinking, what evidence tells us about how limiting the flow of alcohol in communities can help us get a grip on violence against women, and what effective interventions might be.

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LEARNING BRIEF 2

Finding their footing
How public employment programmes can support young people in crafting a better life

For millions of young South Africans, the path from learning to earning is neither clear nor guaranteed. Almost four in 10 young people aren't working or in education or training, and the response hasn't kept pace with the scale or complexity of the crisis. The problem has many sides: a labour market that can't absorb everyone who's ready to work; jobseekers whose skills don't match what employers need; little room for young entrepreneurs to fail; and persistent barriers that keep those furthest from opportunity at the back of the line.

In this learning brief, we look at public employment programmes (PEPs) as one part of a wider response that needs to support young people across their journey into work.

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LEARNING BRIEF 3

Early identification, early access
Why universal early hearing screening makes sense for South Africa

International guidelines recommend that all newborns should have their hearing tested within one month of birth. If they have hearing loss, they should be formally diagnosed by three months of age and receive appropriate intervention by the time they are six months old. But South Africa doesn't have a national policy for universal newborn hearing screening, and many of the almost 6 000 babies born deaf in South Africa every year only get diagnosed sometime after their second birthday. By that time a critical window for brain development has been missed, which compromises their ability to learn, do well at school and interact with the world around them.

In this learning brief, we look at how the Hold My Hand Accelerator, a public–private collaboration between DGMT and the Presidency, worked with subject specialists to propose a new policy and set in motion a trial project to support universal newborn hearing screening in South Africa.

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OPPORTUNITY

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Release systemic chokes that trap us in inequality



STARVING THE FUEL TO ITS FIRE
WHY CURBING HEAVY DRINKING CAN HELP LOWER GENDER-BASED VIOLENCE IN SOUTH AFRICA

About a third of South African women over 18 have experienced physical or sexual violence in their lifetime. Added to that is the fact that about seven women are killed in the country every day — in about 90% of cases at the hand of an intimate partner or family member. Gender-based violence (GBV) is not just a problem in South Africa; it's officially considered a national disaster. Yet progress on ending it has been discouragingly slow. Could using the momentum for alcohol policy reform help to create urgency for addressing GBV?

This learning brief looks at the links between GBV and heavy drinking, what evidence tells us about how limiting the flow of alcohol in communities can help us get a grip on violence against women, and what effective interventions might be.

NUMBERS WE DON'T WANT TO KNOW

Labelling gender-based violence (GBV) as a problem in South Africa is an understatement. In fact, in 2025, the government classified violence against women as a national disaster, which needs to be dealt with through "exceptional measures".[1]

The severity of the situation is clear from the statistics. In 2022, results from the first national survey on GBV in South Africa showed that 35% of women over 18 had experienced physical or sexual violence in their lifetime.[2] About a quarter of women surveyed said the perpetrators were men with whom they were or had been in an intimate relationship, such as a spouse, boyfriend or lover, and just over a fifth of men interviewed reported having been physically violent with their partners.[3]

Moreover, data from 2020/21 shows that about seven women are killed in South Africa every day — in about 90% of cases at the hand of an intimate partner or family member.[4] The rate of this type of femicide was 4.5 times higher than the world's average at the time and double what was seen in the rest of Africa, which is already the region with the most such murders relative to the size of the female population.[5]

These numbers have changed little over the last 15 years,[6] and earlier research has shown that GBV costs the country between 0.9% and 1.3% of its GDP.[7] But beyond the economic costs, violence against women destroys families and creates intergenerational trauma,[8] and not snuffing it out perpetuates inequality and strips women of their agency.

A VICIOUS CYCLE

Research shows that situations at the individual, relationship, community and societal level can all trigger GBV, and specifically when the perpetrator is an intimate partner.[9] But these exist on top of deeper-rooted constructs such as patriarchy and a culture of interpersonal violence, which often operate with poverty as a structural driver that fuels alcohol use.[10] In turn, drinking stokes GBV and a vicious cycle ensues.

Heavy drinking is a problem in South Africa to start with. In 2019, the country's drinkers consumed, on average, about 27 litres of pure alcohol each,[11] which puts us among the top 10 spots in the world in terms of heavy consumption.[12] In addition, an analysis of data from 2014/15 also shows that 43% of alcohol consumers in South Africa qualify as heavy drinkers,[13] meaning that they have five or more standard drinks a day or in one sitting in a month. (A standard drink is a beverage that contains 15 ml of pure alcohol and works out to roughly 125 ml of wine, one 330 ml can of beer, or about 40 ml of hard liquor.) In 2019, four out of 10 drinkers reported bingeing on alcohol by having five or more drinks in one sitting.[14]

Heavy drinking is a bigger problem among men than women. Nearly half of adult men binge drink, compared with about 12% of women, and mostly between the ages of 20 and 44.[15] Research also shows that poorer communities are disproportionately affected by alcohol use and that more than 50% of men who are unemployed or get paid in cash binge drink.[16]

1 See: https://www.gov.za/blog/violence-against-women-national-disaster-demands-national-action

2 Zungu, N.P. et al. 2024. The first South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration. Cape Town: Human Sciences Research Council.

3 Ibid.

4 Abrahams, N. et al. 2024. 20 years of femicide research in South Africa. Research brief. Pretoria: Medical Research Council of South Africa.

5 UNODC. 2021. Killings of women and girls by their intimate partner or other family members: Global estimates 2020. https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf; The global rates have changed little by 2024. See: UNODC and UN Women. 2025. Femicides in 2024: Global estimates of intimate partner/family member femicides. United Nations.

6 Abrahams, N. et al. 2024. 20 years of femicide research in South Africa. Research brief. Pretoria: Medical Research Council of South Africa.

7 Oosthuizen, M., Martin, L. and De Villiers, D. 2024. Towards a gender-based violence index for South Africa: An overview and proposed way forward. Commission for Gender Equality.

8 See: https://www.gov.za/blog/violence-against-women-national-disaster-demands-national-action

9 Ramsoomar-Hariparsaad, L. and Maker-Diedericks, A. 2021. Alcohol availability and gender-based violence (GBV) in Southern Africa: An evidence review. Medical Research Council and South African Alcohol Policy Alliance.

10 Gibbs, A. et al. 2020. New learnings on drivers of men's physical and/or sexual violence against their female partners, and women's experiences of this, and the implications for prevention interventions. ***Global Health Action*** 13(1): 1739845. doi: https://doi.org/10.1080/16549716.2020.1739845

11 World Health Organization. 2025. Global Health Observatory: Alcohol levels of consumption. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-(15-)consumption-in-litres-of-pure-alcohol

12 Ibid.

13 Vellios, N.G. and Van Walbeek, C.P. 2018. Self-reported alcohol use and binge drinking in South Africa: Evidence from the National Income Dynamics Study, 2014–2015. ***South African Medical Journal*** 108(1). https://doi.org/10.7196/samj.2018.v108i1.12615

14 World Health Organization. 2024. Global status report on alcohol and health and treatment of substance use disorders. Geneva: WHO. Data for the WHO report is sourced from the South African Wine Industry Information and Systems.

15 Theron, M., De Man, J., Harker, N. and Swart, R. 2024. Predictors of harmful, hazardous or dependent alcohol use in South African adults: National Dietary Intake Survey 2022, University of the Western Cape. Paper presented at the 50th Annual Epidemiology Symposium of the Kettil Bruun Society, Glasgow, Scotland. 9-13 June 2025; National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC) and ICF. 2017. South African Demographic and Health Survey 2016: Key indicators report. Pretoria, South Africa, and Rockville, Maryland, USA.

16 Probst, C., Parry, C., Wittchen, H.U. and Rehm, J. 2018. The socio-economic profile of alcohol-attributable mortality in South Africa: A modelling study. ***BMC Medicine*** 16, 97.

These statistics don't mean that lower levels of consumption are safe. The risk of intentional injury[17] or death from an alcohol use disorder[18] more than doubles for every two drinks consumed. Health authorities typically define moderate drinking as fewer than two drinks per day for men and one drink per day for women, but caution that no level of consumption can be seen as safe because of the carcinogenic properties of alcohol.[19]



CAN TACKLING TWO NEGATIVES MAKE A POSITIVE?

This background presents GBV as part of a syndemic – the convergence of two or more problems in a population due to similar root causes. But if heavy drinking feeds into GBV, does it then also follow that if we can get unchecked alcohol use under control, we could make inroads in the fight against GBV too?

Yes, says Kashifa Ancer, project lead for Rethink Your Drink, the alcohol harms reduction campaign incubated by DGMT. "Our argument is that we cannot adequately deal with GBV and femicide reform if we're not looking at alcohol legislation. If we don't deal with the alcohol issue, we won't see a major decrease in the statistics."

The reasoning is simple. Alcohol is a proximal aggravator of GBV, says DGMT's CEO, David Harrison. It sits on top of deep layers of historical and societal norms, systemic inequalities and economic marginalisation that perpetuate male dominance and power imbalances in families and communities.[20] "Alcohol fuels the expression of these in the moment," he says. "Although we know that all these levels must be addressed if we're going to combat GBV, working only on the deep-lying bottom levels isn't the quick solution. But what we ***can*** do now is to work at that top level. And while it's not the whole answer, addressing alcohol use in communities can be a mitigator that can yield a significant reduction in the short term."

Statistics from Covid-19 lockdown periods back up the link between alcohol, injuries and violence. For example, trauma admissions to the emergency department of a large regional hospital in the Western Cape fell by between 60% and 70% during complete alcohol bans compared with times when alcohol flowed freely.[21] When both alcohol restrictions and curfews were in place — even for fairly modest durations — unnatural deaths dropped by 26%.[22] When researchers zoomed in on femicides specifically, they found that complete alcohol bans led to cases dropping by between half and two-thirds, depending on the movement restrictions implemented. When alcohol sales were partly restricted and some form of night-time curfew held, fewer femicides were reported too, although the change was not statistically significant.[23] However, a marked drop in cases was noted even during partial alcohol restrictions and curfews when numbers were compared with pre-pandemic conditions.[24]

Despite South Africa's historically high GBV statistics, as well as the strong local and international evidence on the link between alcohol use, trauma and interpersonal violence, action on both GBV and alcohol reform has been discouragingly slow.

17 Taylor, B. et al. 2010. The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. ***Drug and Alcohol Dependence*** 110(1-2): 108–116. doi: https://doi.org/10.1016/j.drugalcdep.2010.02.011

18 Carr, T. et al. 2024. The risk relationships between alcohol consumption, alcohol use disorder and alcohol use disorder mortality: A systematic review and meta-analysis. ***Addiction*** 119(7): 1174–1187. doi: https://doi.org/10.1111/add.16456

19 Centers for Disease Control and Prevention. 2025. About moderate drinking, 14 January. https://www.cdc.gov/alcohol/about-alcohol-use/moderate-alcohol-use.html; Ortolá, R., Sotos-Prieto, M. and Garcia-Equinas, E. 2024. Alcohol consumption patterns and mortality among older adults with health-related or socioeconomic risk factors. ***JAMA Network Open*** 7(8):e2424495. doi:10.1001/jamanetworkopen.2024.24495; World Health Organization. 2023. Joint statement by WHO/Europe and IARC to the European Parliament – raising awareness of the link between alcohol and cancer, 6 November. https://www.who.int/europe/news/item/06-11-2023-joint-statement-by-who-europe-and-iarc-to-the-european-parliament---raising-awareness-of-the-link-between-alcohol-and-cancer

20 Zungu, N.P. et al. 2024. The first South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration. Cape Town: Human Sciences Research Council.

21 Chu, K.M. et al. 2022. Trauma trends during COVID-19 alcohol prohibition at a South African regional hospital. ***Drug and Alcohol Review*** 41: 13–19.

22 Moultrie, T.A. et al. 2021. Unnatural deaths, alcohol bans and curfews: Evidence from a quasi-natural experiment during COVID-19. ***South African Medical Journal*** 111(9): 834–837. https://journals.co.za/doi/epdf/10.7196/SAMJ.2021.v111i9.15813

23 Abrahams, N. et al. 2025. Association between alcohol use and femicide in South Africa during the COVID-19 pandemic: A cross-sectional study. ***Lancet Global Health*** 13(7): e1291–1300. https://doi.org/10.1016/S2214-109X(25)00115-9

24 Ibid.

The economic value of the alcohol industry is often wielded as an argument, with a recent cost–benefit analysis — with funding from the South African Liquor Brand Owners Association — showing that making and selling alcohol has a net positive effect on the country's economy.[25] This study contradicts an earlier analysis by health economists demonstrating a significant net cost to society.[26] On review, it's clear that the industry-funded analysis substantially underestimated direct costs (such as the healthcare and educational costs of foetal alcohol spectrum disorder and welfare costs linked to GBV and child abuse). It also based its calculations of indirect societal costs on far lower estimates of the value of a statistical life.[27] "While the assumptions underlying both economic benefit and indirect societal costs may be argued," says Harrison, "the notion that the pursuit of wealth and wellbeing of a nation pulls in different directions is wrong."

Studies by the Organisation for Economic Co-operation and Development (OECD) show that although increased alcohol manufacturing and sales do bolster countries' GDP, economic costs overtake the benefit curve from about 23 grams of pure alcohol, which is the same as about 1.5 standard drinks, and then far outweigh the benefit trend as alcohol consumption increases.[28] What this tells us is that moderate drinking can indeed contribute economically, but that heavy drinking — like what we see in South Africa — costs a society more than it contributes in terms of healthcare, social welfare, crime prevention and management, productivity losses and community dysfunction. "For these reasons," says Harrison, "DGMT's focus on alcohol reform is to reduce heavy drinking, not kill the industry."

But arguing for alcohol reform purely from a numbers perspective is hard, says Ancer. "We can't look at people's lives only in terms of money. Life is so much more. How many jobs is a death worth? How many jobs is an assault worth? Because that's essentially what the economic argument says: that what is happening in the country is okay, because at least it's creating jobs, at least it's maintaining some sort of economic benefit."

A CLUSTER OF INTERVENTIONS

How then do we create the urgency that will drive change? For one, GBV has been classified as a national disaster. This means government has to fast-track its response and can use disaster regulations.

Trauma injuries, unnatural deaths and femicides all dropped when alcohol was less available, and outlets had to close earlier during lockdown restrictions. Government's response to the Covid-19 pandemic showed that things can be done fast.

But a big part of the problem with restricting alcohol availability, outside of national disaster periods, is that national, provincial and local governments all have a say about different parts of liquor legislation. For example, national laws make the rules about alcohol manufacturing and wholesale distribution, whereas provincial governments make laws about retail sales and micro-manufacturing. Local governments usually make laws that regulate how, where and when liquor is sold to the public.

"We need a coherent legal framework for alcohol across the country," says Harrison.

"Ultimately though, especially with the emergence of e-commerce, a constitutional amendment may be needed to bring retail sales under the ambit of national government as well," Harrison explains.

There is also political will to act now, and it's important to take advantage of the current policy space, says Ancer. "The fact that President Cyril Ramaphosa specifically mentioned the harms of alcohol and the need to address alcohol policy in his 2026 State of the Nation Address is a major win for alcohol harms reduction advocates."[30]

In September, President Ramaphosa instructed five key departments to deliver a coordinated legislative and enforcement package to curb alcohol-related violence. He set a 60-day deadline for it to be presented to Cabinet.

25 Barr, G. 2024. A cost-benefit analysis for alcohol in South Africa for the year 2019. ***South African Journal of Economic and Management Sciences*** 27(1): a5314. https://doi.org/10.4102/sajems.v27i1.5314

26 Matzopoulos, R. et al. 2022. Estimating the changing burden of disease attributable to alcohol use in South Africa for 2000, 2006 and 2021. ***South African Medical Journal*** 221(8b): 662–675.

27 Matzopoulos, R., Truen, S., Bowman, B. and Corrigall, J. Right of reply: The cost of harmful alcohol use in South Africa: A reply to Murray and Barr (2022). ***South African Medical Journal*** 2022;112(7): 451–452. https://samajournals.co.za/index.php/samj/article/view/9

28 OECD. 2021. Preventing harmful alcohol use. OECD Health Policy Studies. Paris. https://doi.org/10.1787/6e4b4ffb-en

29 See: Disaster Management Act, 2002. Chapter 3. https://www.gov.za/sites/default/files/gcis_document/201409/a57-020.pdf

30 See: https://www.thepresidency.gov.za/state-nation-address-president-cyril-ramaphosa-1

It's clear from DGMT's perspective that the conditions for urgency exist; the next issue requiring consensus is the type of interventions needed. DGMT's focus is on a cluster of interventions, says Harrison. "Firstly, we need to stop cheap alcohol from flooding communities, particularly in poorer areas, because we know that there's a strong association between low socio-economic status and heavy drinking. Secondly, we need to restrict availability. And thirdly, we want children and teenagers protected from exposure to alcohol and advertising."

STOPPING CHEAP ALCOHOL FROM FLOODING COMMUNITIES

A 2015 analysis shows that people, and especially men, in poorer communities drink more, and often at binge levels.[31] But the harm from excessive alcohol consumption in these communities has a disproportionate effect, with more than four times as many alcohol-related deaths occurring in low-income groups than in high-income groups.[32]

Beer dominates the consumer market. In 2024, it accounted for 75% of total sales by beverage volume and about 55% by pure alcohol volume.[33] And with it being fairly cheap — a quart (750 ml) costs about the same as a 700 g loaf of white bread[34] — people might well choose to buy a drink over food. In fact, according to the consumer price index for June 2026, households spent about the same amount of their income on beer as on vegetables.[35]

Industry pricing strategies also encourage drinking larger volumes at a time.[36] For example, a 750 ml bottle of lager costs around R22, which means at an alcohol volume of 5%, it contains 37.5 ml of pure alcohol. This translates to 2.5 standard units of alcohol. At R22, it therefore means each unit of alcohol costs R8,80.

However, a six-pack of 330 ml bottles of lager costs about R90, with a single one amounting to R15. A bottle like this contains 16.5 ml of pure alcohol, which is 1.1 standard units; so, a single unit of alcohol (15 ml) costs R13,60 when beer is sold in a 330 ml bottle — 1.5 times more than what a unit of alcohol costs in a 750 ml bottle.

Alcohol is cheap and widely available, so making it more expensive can influence consumer behaviour. This can be achieved by taxing drinks more, setting a minimum price for alcoholic beverages or implementing a combination of these. Minimum unit pricing is an especially attractive measure in South Africa, as it can target both heavy drinking linked to cheap alcohol (which tends to be drunk disproportionately by the people who consume the highest amounts) and high-strength drinks.[37]



31 Probst, C. et al. 2018. Socio-economic profile of alcohol-attributable mortality. ***BMC Medicine***.

32 Ibid.

33 South African Wine Industry Information and Systems. SA Wine Industry 2024 Statistics NR 49. https://www.sawis.co.za/info/download/Statistiek_boek_2024.pdf. 2024

34 You can buy a 750 ml bottle of beer for R20–R30, depending on the brand and where you buy. A 700 g loaf costs between R19 and R25, also depending on the brand and where you buy.

35 See: Statistics SA. Consumer Price Index, June 2026. Pretoria: Statistics SA. https://www.statssa.gov.za/publications/P0141/P0141June2026.pdf

36 Prices of Castle Lager as advertised by major retail chains on 27 August 2026. A standard unit of alcohol is 15 ml.

37 Harrison, S. Minimum unit pricing. Policy brief 11. Cape Town: DGMT; Gibbs, N. et al. 2022. Equity impact of minimum unit pricing of alcohol on household health and finances among rich and poor drinkers in South Africa. ***BMJ Global Health*** 7(1):e007824. https://gh.bmj.com/content/7/1/e007824

MAKING ALCOHOL LESS AVAILABLE

Getting a drink in South Africa is easy. Studies show that in some residential areas, you can expect to find around three to six liquor outlets per square kilometre,[38] and in some places even as many as 33 in an area of this size.[39] Research also shows that the more available alcohol is, the more people drink — and the more harm it causes.[40]

Availability is a key driver in the link between alcohol use and GBV, with both outlet density and trading hours contributing to the amount people drink. Modelling studies show that the negative consequences of alcohol use can drop markedly when liquor outlets like bars, taverns and clubs, where alcohol is bought and drunk on site, close earlier. For example, a local study by the Research Unit on the Economics of Excisable Products[41] at the University of Cape Town shows that if current laws were to change in the Western Cape so that bars, clubs or restaurants would have to stop selling alcohol by midnight, up to 380 500 fewer cases of intentional injuries (e.g. domestic violence and assault) linked to drinking and up to 44 300 deaths could be avoided over the next 20 years.[42]



38 Ramsoomar, L. et al. 2024. Mapping alcohol outlet density and outlet trading times in two South African communities: A community centred approach. South African Medical Research Council. https://saapa.africa/mapping-alcohol-outlet-density-and-outlet-trading-times-in-two-south-african-communities-a-community-centred-approach; Bowers, Y. et al. 2020. Alcohol outlet density and deprivation in six towns in Bergrivier Municipality before and after legislative restrictions. ***International Journal of Environmental Research and Public Health*** 17(3), 697. doi: 10.3390/ijerph17030697

39 Ramsoomar et al. 2024. Mapping alcohol outlet density.

40 Campbell, C.A. et al. 2009. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. ***American Journal of Preventive Medicine*** 37(6), 556–569. doi: 10.1016/j.amepre.2009.09.028; Taylor, B. et al. 2010. The more you drink the harder you fall. ***Drug and Alcohol Dependence.***

41 See: https://commerce.uct.ac.za/reep

42 Filby, S. et al. March 2023. The impact of reducing trading times of retailers selling alcohol for onsite consumption: Western Cape analysis. The study was commissioned by DGMT and submitted as part of expert evidence in legal proceedings brought against Kannaland Local Municipality in 2024.

PROTECTING CHILDREN AND TEENAGERS FROM EXPOSURE TO ALCOHOL

The Draft Liquor Amendment Bill, which was first introduced for comment in 2016, was set to help protect children against the harms — and temptation — of early drinking, with provisions that would restrict alcohol marketing in places where children hang out; prevent bars, taverns or liquor shops from operating close to schools or churches; and raise the legal drinking age from 18 to 21 years.[43] But the proposed Bill has been in limbo for a decade, with analyses pointing to the alcohol industry having had a strong hand in its stalling.[44]

Underage drinking is risky, research shows. Teenagers who drink, and especially those who drink heavily, are more likely to find themselves in situations where impaired judgement leads to violence, crime, traffic accidents and risky sexual behaviour, including intimate partner violence.[45] Experiencing or witnessing violence can also fuel harmful alcohol use as a way of coping, and being in crowded, poorly managed drinking venues can lead to more aggression among drinkers.[46]

But more than that: starting to drink heavily before the age of 21 has long-term consequences. Research shows that starting to use alcohol during adolescence can harm the brain structures that control planning, decision-making, memory and attention — functions that are important for learning and work performance — and up the chances of alcohol dependence in adulthood.[47] This can affect someone's earning potential and mental health, which, in turn, can aggravate situations that lead to violent behaviour.

43 Department of Trade and Industry. Draft Liquor Amendment Bill, 2016. Invitation for public comment published in Government Gazette, 30 September 2016. https://www.gov.za/sites/default/files/gcis_document/201609/40319gon1206.pdf

44 Mitchell, G. et al. 2025. Alcohol industry involvement in the delayed South Africa Draft Liquor Amendment Bill 2016: A case study based on freedom of information requests. ***Globalization and Health*** 21:11. https://doi.org/10.1186/s12992-025-01097-5

45 National Research Council (US) and Institute of Medicine (US) Committee on Developing a Strategy to Reduce and Prevent Underage Drinking; Bonnie RJ, O'Connell ME, eds. Reducing underage drinking: A collective responsibility. Washington, DC: National Academies Press; 2004: 3 – Consequences of underage drinking. https://www.ncbi.nlm.nih.gov/books/NBK37591/; World Health Organization. 2016. WHO Facts on youth violence and alcohol. Geneva: WHO; Hingson, R, Heeren, T and Zakocs R. 2001. Age of drinking onset and involvement in physical fights after drinking. ***Pediatrics*** 108(4):872-877; Salas-Wright, C.P. et al. 2016. Age-related changes in the relationship between alcohol use and violence from early adolescence to young adulthood. ***Addictive Behaviors Reports*** 4: 13-17.

46 World Health Organization. 2016. WHO Facts on youth violence and alcohol.

47 See: National Research Council (US) and Institute of Medicine (US) Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Reducing underage drinking; Chapter 3. https://www.ncbi.nlm.nih.gov/books/NBK37591/

LESSONS LEARNT

Relative to the researchers and advocates who have been working towards GBV reform for years, DGMT is a new voice in this policy space. But DGMT's connection to community-based organisations across South Africa allows it to channel their voices to shape policy to improve the lives of all South Africans. It's the synthesis of their experiences and that of other countries that equips DGMT to help fast-track efforts to drive down GBV.

Here are five things the organisation has learnt about combining alcohol reform and GBV advocacy:

1 TAKE ADVANTAGE OF THE CURRENT POLICY SPACE

The Covid-19 data on the links between GBV and alcohol availability provided credible evidence that bolstered the policy argument for stricter regulations, says Ancer. High-level political will to curb heavy drinking for the good of South Africa's future, as expressed through the President's 2026 State of the Nation Address and the National Strategy to Accelerate Action for Children (NSAAC), has opened a policy window that can lead to real change. DGMT has leveraged this opportunity by presenting to several government bodies including National Treasury, Cabinet and Parliament's Interministerial Committee on GBV, demonstrating evidence that not only supports the link between heavy drinking and GBV but also offers interventions that can help to curb excessive alcohol use. "Our hope is that there's going to be a convergence, that dots are going to connect in people's minds because they'll see that there's a common theme — harmful drinking — that needs to be addressed," explains Harrison.

2 MOVE FROM AWARENESS-RAISING TO CAPACITY BUILDING

"People experience alcohol harm every day; they don't need to be made more aware of it. What we need to do now is capacitate people to participate in public processes," says Ancer. This means equipping people with knowledge on, for example, how liquor policy and licensing processes work, so that communities can stand up for change and mobilise against the free flow of alcohol in their neighbourhoods. That's why Rethink Your Drink is bringing together civil society players working in the GBV space to make clear the link to heavy drinking, amplifying the voice for policy reform.

3 POSITION MESSAGES WISELY

It's important to position alcohol reform as one of many measures that need to be in place to end GBV. "We don't want to create the impression that if stricter liquor laws are passed, GBV will just be gone," says Ancer. "It's somewhat of a double-edged sword: if we say drinking is not the direct cause of violence, then people might well say, 'Then why are we bothering?' But the other side of it is that if we do say alcohol is a direct cause of GBV, we may undo the goals of advocates trying to address the deeper societal and systemic roots of violence against women and girls. So, we're in the process of investigating and learning, so that we can get to that one sentence that will neither undermine GBV advocacy nor downplay the urgency needed for alcohol reform."

The same goes for the message about the role of the alcohol industry in South Africa, explains Harrison. "We're not trying to say that the alcohol industry is not a contributor to economic benefit in South Africa. But there's a tipping point at which the costs outweigh the benefits, and so we're really trying to reframe the argument around alcohol reform as being about optimising the net economic benefit while reducing social and health costs."

4 LEVERAGE POLICY WINDOWS

"Opportunity arises when empirical evidence built over a long time, public demand and political interest come together. That's where we are now and why it's important to keep on building the evidence base," says Harrison. Bringing people together with seemingly different goals and helping them see the common theme in their work is a big part of this. "When we started getting involved in GBV advocacy, we found a reticence among activists to talk about alcohol harm, almost as if talking about the role of alcohol would somehow undermine the argument that GBV is about male attitudes and behaviour. But what we've seen over time, aided by the results from the Covid-19 lockdowns, was a growing fusion of analyses between activists in the GBV space and those working towards alcohol reform," he explains.

National Treasury has also proposed raising excise taxes and introducing a minimum price on alcohol, and the Department of Trade, Industry and Competition is formulating amendments to the Liquor Act. "These are huge policy wins that are happening in small parts. It's been years since we've seen this kind of political momentum in the alcohol space and our hope is that we can really latch onto this and push something forward," says Ancer.

5 BE PRAGMATIC IN YOUR APPROACH

We have to accept that industry has a strong voice in South Africa, says Harrison, and therefore it's important to be realistic about proposing interventions that can work in the country's context. "But you can only be pragmatic if you have a very clear north star."

"We're driven by specific objectives, and that means that sometimes we'll be working closely with government, but sometimes we will actually be challenging them. Having the moral legitimacy to do that is critical." And this means that the organisation has to be clear on what the goals are, what compromises it will accept, and then "be willing to be bold and be brave", he concludes.

WHAT'S NEXT?

In 2026, Rethink Your Drink convened a dialogue with civil society organisations working in the GBV space, where data on the link between heavy drinking and violence against women and girls was presented. As a next step, they will be working towards turning the discussions into concrete ways to amplify the kind of reform needed to address both GBV and heavy drinking. The team has also submitted a formal request to the Constitutional Review Committee to ask that liquor licensing be moved from a provincial function to a national competency.

This brief was written by Linda Pretorius and edited by Rahima Essop, with contributions from Kashifa Ancer and David Harrison.





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HANDS-ON
Experience Learning

September 2026 | Issue 35

OPPORTUNITY

9

Create new connections to opportunity for young people

FINDING THEIR FOOTING
HOW PUBLIC EMPLOYMENT PROGRAMMES CAN SUPPORT YOUNG PEOPLE IN CRAFTING A BETTER LIFE

For millions of young South Africans, the path from learning to earning is neither clear nor guaranteed. With almost four in 10 young people not having a job or not being in some form of education or training to help them get a job, the response to youth unemployment has not kept pace with the scale or complexity of the crisis. The problem has many sides: a labour market that can't absorb everyone who is ready to work; jobseekers whose skills don't match the needs of employers; limited room for young entrepreneurs and self-employed people who have no space to fail; and persistent barriers that leave many young people furthest from opportunity at the back of the line when work opportunities do become available. Addressing youth unemployment therefore requires a combination of interventions across a young person's journey.

This learning brief looks at public employment programmes (PEPs) as one mechanism within the wider response to help young people transition into income-earning opportunities and pathways to productive and sustainable livelihoods. Although PEPs are not going to solve South Africa's youth unemployment crisis, they can provide a scaffold to help young people craft livelihoods that are sustainable and productive, and which work best in their contexts.

THE CONTEXT: A QUEUE THAT GETS LONGER AND LONGER

Fifteen years ago, South African policymakers put together the National Development Plan in which they mapped out what the country should do to shape a thriving future for everyone by 2030.[1] Part of that vision is a country "where opportunity is determined not by birth, but by ability, education and hard work". Central to driving progress, they wrote, was to "translate political emancipation into economic wellbeing for all".

But we're not there today. Labour statistics for the second quarter of 2026 show that the chance of getting a job is slipping out of reach for millions of people. In 2016, the official unemployment rate stood at 26.6%; today it stands at 33.6%. Of the country's 42.3 million people of working age, only four in 10 — a total of 16.7 million — have jobs; 8.5 million are officially unemployed.[2]

But a fuller — and more discouraging — picture emerges when the "potential labour force" is included in the count.[3] These are people who are not counted as officially unemployed because although they aren't actively job-hunting, they are willing to work if given the chance. When the potential labour force is included in the employment statistics, 43.8% of the working-age population — 13.1 million people — are without a job.[4] This is 7.4 percentage points higher than a decade ago.

Young people — that is, those between 15 and 34 years old — are particularly affected. Almost half (47.4%) of young people don't have a job, and almost three-quarters of the jobs lost in the first quarter of this year were from the community and social sector, where many young people work[5] — 264 000 more than in the previous quarter. Economic exclusion is entrenched: of the roughly 10.4 million youth aged between 15–24 years, 36.4% are not currently in employment, education or training (NEET), a number that's crept up from a year ago.[6]

"Not being in employment, education or training means there's a fundamental lack of the foundational scaffolding that would enable a young person to choose their next move. If you aren't finishing school, if you aren't transitioning to post-school training, or if you're not getting your first work experience by the time you're 25, your risk of long-term economic exclusion is radically accelerated. Our challenge runs far deeper than job creation alone," says Bridget Hannah, innovation director at DGMT, responsible for the youth portfolio.

Rather than relying only on the type of solutions generally considered to drive economic growth, we should be thinking about a suite of interventions that can help young people create and sustain livelihoods, says Hannah. This matters because the shortage of formal jobs doesn't mean there's a shortage of work to be done or those willing to do it.

This is where public employment programmes (PEPs) come in: state-funded, fixed-term work opportunities that allow someone who is unemployed to earn a stipend and gain work experience and at the same time create social value in communities — from supporting early literacy and helping people grow their own food to caring for the environment and getting involved in arts and culture. Being absorbed into a PEP often provides critical first-work experience.



1 National Planning Commission. 2011. National Development Plan: Vision for 2030. Pretoria: National Planning Commission.

2 Statistics SA. 2026. Quarterly Labour Force Survey, Q2 2026. Pretoria. https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2026.pdf

3 Statistics SA changed how employment figures are reported in South Africa since the third quarter of 2025, in line with international standards. Part of the change is tracking the "potential labour force", made up of people who want to work but are either not actively looking for a job or not currently available to start work, as well as those who have become discouraged. See: https://www.statssa.gov.za/?p=19007

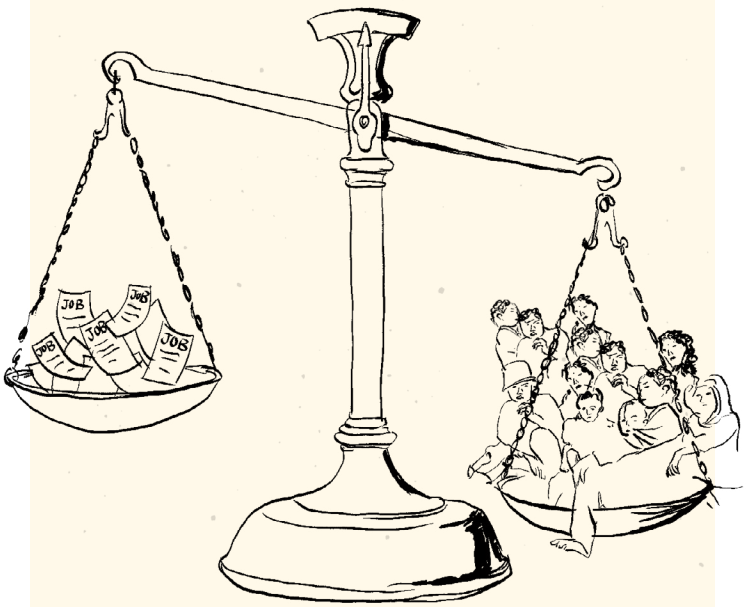
4 Statistics South Africa. 2026. Quarterly Labour Force Survey, Q2 2026. Pretoria. https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2026.pdf

5 Statistics South Africa. 2026. Quarterly Labour Force Survey, Q2 2026. Pretoria https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2026.pdf; Statistics South Africa. 2026. Quarterly Labour Force Survey, Q1 2026. Pretoria. https://www.statssa.gov.za/publications/P0211/P02111stQuarter2026.pdf; Philip, K. 2026. New data proves it: Public employment is essential to providing work for the young. ***Daily Maverick***, 31 May 2026. https://www.dailymaverick.co.za/opinionista/2026-05-31-new-data-proves-it-public-employment-is-essential-to-providing-work-for-the-young/

6 Statistics South Africa. 2026. Quarterly Labour Force Survey, Q2 2026. Pretoria. https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2026.pdf

THE GROWTH CONUNDRUM

We need to move away from thinking about formal employment as the only solution to youth joblessness, because there simply aren't enough formal jobs for the number of young people looking for work, especially in the sectors where they are most likely to be absorbed. As data analysis by the Harambee Youth Employment Accelerator shows, growth alone is an insufficient condition for youth employment.[7] In fact, the country's labour absorption rate is about three percentage points lower than it was 10 years ago, and between 2014 and 2024 the labour force added about 5.5 million people while the formal sector could create only about 700 000 jobs.[8] One might assume that it's because the economy was not growing fast enough during this period, but even with rapid economic growth, South Africa won't be able to create enough employment for all out-of-work youth. For instance, Associate Professor Justin Visagie from the Southern Centre for Inequality Studies argues that the country's rate of job creation is less than 1% each year, and that even if it were to grow to 3% per annum, it would take 50 years to deal with unemployment.[9]



PUBLIC EMPLOYMENT AS SCAFFOLDING

Rather than being seen solely as a "springboard" from unemployment to sustainable jobs or entrepreneurship, PEPs should be seen as a "support scaffold", write researchers.[10] The scaffold image is a powerful metaphor, because it depicts a structure that offers temporary support someone can work from or move on from, but also return to. In a labour-constrained economy, this can offer "various forms of support that work together simultaneously".

The thinking behind the scaffold diagram goes like this:

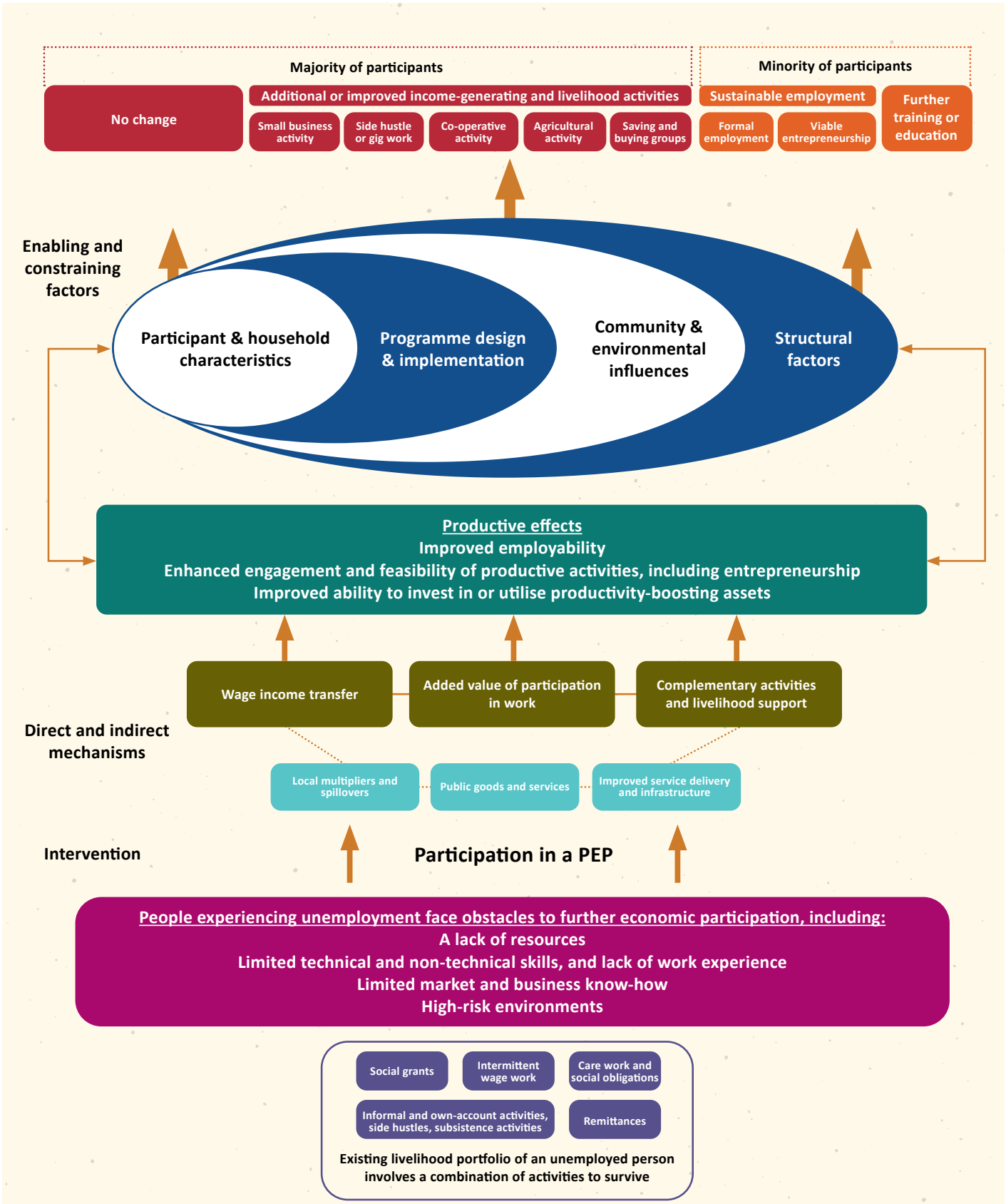
- The conceptual departure point is that unemployed people tap into a number of activities to sustain their livelihood, from using a social grant and getting money from family or friends to doing intermittent wage work, care work, or running informal income-generating side hustles.
- However, an overarching layer of obstacles — such as lack of resources and limited skills, work experience, or business know-how — often prevents people from moving into formal jobs or creating sustainable businesses.
- Getting into a PEP gives people a chance to earn reliable income over a fixed period, makes them feel valuable for participating in work, and helps them gain skills and experience that could support them in other livelihood activities.
- This feeds into a layer of productive effects, which include improving people's employability, boosting their chances of getting involved in income-generating activities, and helping them invest in other things that can further their productivity. However, a layer of factors sits between the possibility of productivity and the actual outcome, which can either enable or constrain people's trajectory and so determine where people transition to. Some participants, but not most, tend to move into formal employment, set up their own businesses, or engage in further education or training. Most, however, get involved in extra or better income-generating and livelihood activities, although some in this group experience no change in their circumstances.

7 See: https://www.harambee.co.za/firing-on-all-cylinders-a-joint-approach-to-tackling-youth-unemployment/

8 Statistics South Africa. 2026. Presentation: Quarterly Labour Force Survey, Q2 2026. Pretoria. https://www.statssa.gov.za/publications/P0211/Presentation%20QLFS%20Q2%202026.pdf; Essa, Z. and Philip, K. 2026. Support scaffolding: A conceptual framework for how public employment programmes promote livelihoods in South Africa. ***Development Southern Africa***. 1–20. https://doi.org/10.1080/0376835X.2026.2708642

9 See: https://www.econ3x3.org/articles/what-if-formal-economy-cant-deliver-jobs-we-need/

10 Essa, Z. and Philip, K. 2026. Support scaffolding: A conceptual framework for how public employment programmes promote livelihoods in South Africa. ***Development Southern Africa***. 1–20. https://doi.org/10.1080/0376835X.2026.2708642



Source: *Essa, Z. and Philip, K. 2026. Support scaffolding: A conceptual framework for how public employment programmes promote livelihoods in South Africa.* ***Development Southern Africa****. 1–20. https://doi.org/10.1080/0376835X.2026.2708642*

Through gaining work experience and skills by participating in a PEP, young people have more options for creating livelihoods — whether by doing gig work or side hustles, getting involved in small income-generating businesses or co-operative or agricultural activities, or stepping into sustainable employment or further training. It's a framework that makes sense, says Hannah, because "work is a greater predictor of future work".[11]

Buhlebethu Magwaza, project lead of Youth Capital,[12] a youth employment advocacy campaign incubated by DGMT, agrees: "Young people are telling us that PEPs give them access to an ecosystem they were previously excluded from — people, information, experience and networks — that help them build their own social capital. This can be decisive in shaping what comes next. In many of the stories shared with Youth Capital, subsequent work opportunities didn't come through a formal application process alone, but through relationships and networks that opened during participation in a PEP."

Because these programmes focus on delivering infrastructure or community-benefit projects like school support, food gardens or home-based care, there is a double return on investment: work needed to make South Africa a better place gets done and people are able to gain a foothold in economic participation. PEPs therefore sit at the intersection of labour market policy and social policy, says Magwaza, because although they create employment and provide income and work experience, they also meet communities' social needs.

Their geographic reach also matters. PEPs have a large footprint in the country, covering areas that are considered "economic deserts" with limited economic activity.[13] At a dialogue event where Youth Capital brought young people together to share their early work experiences, many said that being absorbed into a PEP was the first time they had an opportunity to work and participate in the economy. "The value of being part of a community goes far beyond a stipend. Young people speak about gaining confidence, relationships, experience and a sense that they have something to contribute," says Magwaza.

WHY PEPS ARE NOT JUST ANY WORK EXPERIENCE

- PEPs bring people closer to the labour market by offering vital first-work experience. Data shows that unemployed people with work experience have been between three and four times more likely to have found a job than those without.
- Seeing some experience on a CV can also make potential employers more willing to employ young people, with analyses showing that work experience is a big factor in predicting employment.[15] (However, it's important to note that since economic exclusion is so deep and persistent, layering interventions would lead to a better result.)
- Giving people a chance to work could help them find their next job faster. Data shows that people who were unemployed for a short time are more than twice as likely to move into other employment as those who have been without a job for a long time.[16]
- PEPs open pathways to further learning or income-generating opportunities, or help people gain the skills and know-how to set up their own small businesses.



11 Statistics South Africa. 2025. Quarterly Labour Force Survey, Q1 2025. Pretoria. https://www.statssa.gov.za/publications/P0211/P02111stQuarter2025.pdf

12 See: https://youthcapital.co.za/

13 See: https://www.harambee.co.za/breaking-barriers-november-2021/

14 Statistics South Africa. 2022. Labour Market Dynamics in South Africa, 2022. Pretoria

15 Anand, R., Kothari, S. and Kumar, N. 2016. South Africa: Labor market dynamics and inequality. IMF Working Paper WP/16/137. International Monetary Fund. https://www.imf.org/-/media/websites/imf/imported-full-text-pdf/external/pubs/ft/wp/2016/_wp16137.pdf

16 Statistics South Africa. 2022. Labour Market Dynamics in South Africa, 2022. Pretoria

INNOVATIVE PUBLIC EMPLOYMENT

Although PEPs have been part of South Africa's plans to tackle unemployment for more than 20 years,[17] a new generation of programmes has been scaled since the Covid-19 pandemic. These are more intentional about offering people quality first-work experience and helping them to move on to their next steps, because social protection alone is unlikely to produce transitions into stable employment.[18]

Although far from perfect, the Presidential Employment Stimulus (PES), launched in 2020, has created more than 2.5 million employment and livelihood opportunities through PEPs.[19] It's an umbrella initiative working together with several other drives, including the Presidential Youth Employment Initiative, which focuses specifically on programmes that help young people move into earning opportunities.

A portfolio of opportunities in DGMT's strategy for investing in South Africa[20] focuses on getting young people on pathways to productivity. "But public employment in itself is not the silver bullet," says Hannah. "We see public employment as the deep-dive element within the context of the overall goal of supporting youth economic and social inclusion in the country," she says. That's why PEPs funded through the Basic Education Employment Initiative (BEEI), the Social Employment Fund (SEF) and the National Youth Service (NYS) are seen as valuable mechanisms to help South Africa thrive.



17 The Expanded Public Works Programme started in 2004, with the Community Work Programme being rolled out at scale in 2007.

18 Presidential Employment Stimulus. February 2026. Building a society that works: 2.5 million jobs, opportunities and more. https://pres-employment.dev/

19 Ibid.

20 See: https://dgmt.co.za/our-approach/

TEACHING, READING, LEARNING, EARNING: BASIC EDUCATION EMPLOYMENT INITIATIVE

The BEEI is the largest youth employment programme in South Africa, creating around 1.3 million opportunities since it was set up in October 2020.[21] Nearly a third of all unemployed young people applied for placement with the initiative during its fifth and most recent phase (June–November 2025).[22] Implemented by the Department of Basic Education (DBE), it's placed young people at roughly 23 000 public schools, working either as teaching assistants in classrooms or as general assistants on school grounds, helping with tasks such as maintenance, security, tending to food gardens, aftercare and sporting activities.[23] Participants work full time and earn about R4 000 a month.[24]

Roughly R31.3 billion had been invested in the initiative until the end of the 2025 financial year and many teachers and principals believe that the initiative is "strengthening the learning environment at schools".[25] A large proportion of teaching assistants worked as "Reading Champions" to help young learners develop a love for reading. This focus is especially necessary in light of the DBE's latest Reading Panel report showing that 70% of Grade 1–3 learners can't read for age-expected meaning in their home language, and roughly one in seven can't read a single word.[26] Education research shows that reading well and understanding what sentences mean by the time they go to Grade 4 are important predictors of how well children do at school, across all subjects, because reading is the gateway to all other learning.

21 See: https://pres-employment.dev/basic-education/

22 Presidential Employment Stimulus. February 2026. Building a society that works: 2.5 million jobs, opportunities and more. https://pres-employment.dev/

23 Binding Constraints Lab. 2025. Public employment programmes (PEPs) and Foundation Phase literacy: A rapid scan of PEP design and compatibility. https://bindingconstraintslab.org/wp-content/uploads/2025/11/PEPs-and-Foundation-Phase-Literacy.pdf

24 Ibid.

25 See: https://pres-employment.dev/basic-education/

26 Department of Basic Education. 2026. Reading Panel 2026 background report. https://www.readingpanel.co.za/_files/ugd/0429e7_67cb7c70863d4e2f8fdcc574201fc09c.pdf

It's a path to success. Good reading skills translate into better scores throughout the school years, which eventually sets someone up for further education or training and increases the chances of finding a good job and the potential to earn a decent livelihood. In turn, this feeds into a country's economic development and can help people to move out of poverty. But more than this, the majority of BEEI participants have been women. "Equipping these women with quality training and ongoing support means that the BEEI's impact extends far beyond the classroom. The children they are raising represent roughly two full cohorts of Grade 1 learners, and a generational dividend could begin to show within just five years," noted Dr Gabrielle Wills of the Research on Socio-Economic Policy (RESEP) group at Stellenbosch University.[27]

NUMBERS TO KNOW

This is what the BEEI achieved between 2020 and 2025:[28]

- Opportunities were created in all nine provinces, from **30 852** in total in the Northern Cape to **206 574** in Gauteng. Elsewhere, numbers ranged between about **76 000** and **195 000** per province.
- **75%** of assistants had in-person training in Phase V, which helped them improve their administration, interpersonal, communication, teaching, time management, patience and computer skills.
- **14%** of participants in Phase V were qualified educators and **15%** were studying to become teachers.
- **21 013** former assistants were employed by the DBE in February 2026 — **80%** as teachers.

WORK THAT MARKETS MISS: THE SOCIAL EMPLOYMENT FUND

Doing work is not only about money in your pocket, says Hannah. "It's also about the value of work, the value of giving back to your community and being included. In other words, having your value mirrored back to you in the daily contribution you make to the community you live in, and the positive psychological impact from realising that you have value to offer."

Opportunities under the SEF are a good way to do this. People can find placements with projects that serve communities in many ways: teaching children, protecting women and children from violence, building homes, growing food and caring for the environment.[29] The Fund is managed by the Industrial Development Corporation and works through strategic implementing partners who work with community-based organisations on their identified needs — and have been able to distribute the close to R4.1 billion that's been allocated to the SEF since the 2020 financial year.[30] In this way, 217 000 participants, of whom about two-thirds are young people, have had an opportunity to earn income in line with the national minimum wage for 16 hours of work per week.[31] DGMT also supports the Economic Development Partnership to convene the Social Employment Network, a rich learning community of more than 37 strategic implementing partners of the SEF.

Hannah explains that the fundamental argument about using PEPs as a way to tackle youth unemployment is that these programmes provide a work opportunity and associated social inclusion, mentoring, pathway support and keeping hope alive for young people, as well as a way to tackle some of the social ills in communities. "These are not positions that have market value or areas that we typically focus on when we talk about growing the economy. But these create social infrastructure; they are essential for society to thrive," says Hannah.

Magwaza says young people's feedback confirms this. "Young people tell us there's suddenly a world that's opened up to them, a social network that they can tap into which they didn't have before. Many, especially in rural areas, say they feel a sense of dignity, agency and the ability to contribute."

27 See: https://www.education.gov.za/ArchivedDocuments/ArchivedArticles/BEEIPhase1-5ReportLaunch.aspx

28 Binding Constraints Lab. 2026. Lessons for scale: insights from the Basic Education Employment Initiative (BEEI). https://bindingconstraintslab.org/wp-content/uploads/2026/06/BCL_Lessons-for-scale-insights-from-the-Basic-Education-Employment-Initiative-BEEI.pdf

29 See: https://www.socialemploymentfund.co.za/wp-content/uploads/2025/04/SEF-brochure_2025.pdf

30 Binding Constraints Lab. 2025. Public employment programmes (PEPs) and Foundation Phase literacy: A rapid scan of PEP design and compatibility. https://bindingconstraintslab.org/wp-content/uploads/2025/11/PEPs-and-Foundation-Phase-Literacy.pdf

31 Ibid.

NUMBERS TO KNOW

This is what SEF opportunities supported in the 2025 financial year:[32]

- **12 691** participants engaged in complementary livelihood activities.
- **5 835** microenterprises got off the ground.
- **61 262** existing microenterprises were given additional support and mentoring.
- **1 651** participants got into full-time employment.



SERVING COMMUNITIES AND BUILDING YOUTH AGENCY: NATIONAL YOUTH SERVICE

The NYS creates paid opportunities for young people to help deliver services in their communities. It forms part of the Presidential Youth Employment Initiative, with the National Youth Development Agency as the government lead. Working through community-based NGOs and NPOs as implementing partners, young people help support educators and caregivers, expand access to sport, culture and recreation, and contribute to development where they live.

The intervention offers paid work for 16 hours a week for six months, which means participants can also pursue other income-generating opportunities or further learning while being involved in the programme. Since its inception in 2021, almost 131 000 young people have had a chance to work in and for their communities.[33] But more than that: the programme has strengthened young people's understanding of community needs and promoted local solutions to local challenges, and supported transitions into work, learning and microenterprise. More than a quarter of the people who found work experience through the NYS have moved on to the next step, with:

- about four in 10 going into formal jobs;
- almost three in 10 moving to further learning opportunities; and
- three in 10 either starting a business of their own or continuing in community service work.[34]

32 Presidential Employment Stimulus. February 2026. Building a society that works: 2.5 million jobs, opportunities and more. https://pres-employment.dev/

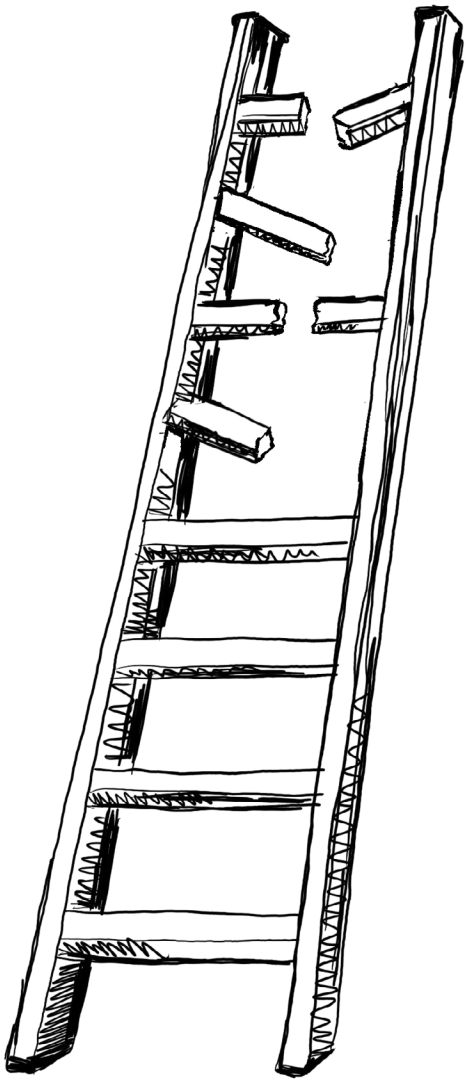
33 National Youth Development Agency. 2026. Revitalised National Youth Service: Phase 1–Phase 5.

34 Ibid.

MORE NUMBERS TO KNOW

For Phase 5 of the programme, planned to have started in June 2026:[35]

- **36** new implementing partners were appointed, expanding the programme's footprint across all nine provinces;
- **100 000** opportunities were set to be unlocked; and
- **900 000** applications were received.



35 Ibid.

THE WORK IS NOT DONE

Despite the value of PEPs in setting young people on the road to economic participation, uncertain budgets for these programmes are worrying, as they impact not only the number of opportunities but also the duration, which is a key variable for quality outcomes. For example, in 2020, the PES was launched with a budget of R12.63 billion, but funding gradually decreased over subsequent years, hitting a low of R3.1 billion in the 2024/25 financial year and ending at R5.6 billion by March 2026.[36]

The data appears to confirm this. Of the 358 000 jobs lost in the first quarter of 2026, 258 000 were youth jobs in the community and social sector; almost half were in the education sector.[37] This drop reflects the lapse in funding of the BEEI and a delay in funding for the NYS.

The issue of variable — and dwindling — funding for PEPs is not new, says Magwaza. "Even though these programmes have existed for many years, they're not prioritised in the national budget. So, every year we wait on the budget speech to see what has been allocated to these programmes."

This not only makes administrative planning difficult but also hampers building the evidence of the impact of these programmes, says Magwaza, which is why Youth Capital is advocating specifically for having a ring-fenced and multi-year budget for PEPs and a target for the number of opportunities that are focused just on young people.

Hannah explains that for PEPs to really have an impact on reducing youth unemployment and not just be "a response to a crisis", budgets need to be planned in a three-year cycle, in line with the medium-term expenditure framework, and programme duration needs to equal at least 10 months. Without it, two things happen, she says: "Firstly, we're not providing enough space and time to think about relevant training at scale for both the youth experience and programmes being delivered, and secondly, we're not giving enough time to say what a programme that will set up a young person for a transition pathway would look like." In turn, the opportunity for civil society to add value to these programmes is compromised, she says. "Civil society organisations sit in every community across the country, often with decades of experience. But with budget insecurity, our lack of ability to plan over time is getting in the way of sustainability of the organisations themselves to absorb young people in the most productive way, and so the system becomes a kind of knee-jerk response as opposed to positioning who is best placed to do what and resourcing that effectively for sustainability."

36 Presidential Employment Stimulus. February 2026. Building a society that works: 2.5 million jobs, opportunities and more. https://pres-employment.dev/

37 Philip, K. 2026. New data proves it: Public employment is essential to providing work for the young. ***Daily Maverick***, 31 May 2026. https://www.dailymaverick.co.za/opinionista/2026-05-31-new-data-proves-it-public-employment-is-essential-to-providing-work-for-the-young/

LESSONS LEARNT

Here are seven things that the teams at DGMT and Youth Capital have learnt about public employment:

1 WORK EXPERIENCE IS A CRITICAL RUNG ON THE LADDER OF ECONOMIC INCLUSION

Completing post-secondary education — whether a degree, diploma or certificate — improves young people's chances of finding work, and there is no denying its importance. However, one sometimes-overlooked lever is work exposure. Unemployed people with work experience were between three and four times more likely to have found a job than those without. Through gaining work experience and skills by participating in a PEP, young people have more options for creating livelihoods. But these programmes should be seen as a scaffold of support that offers young people different routes to crafting their earning and learning paths, rather than being seen simply as a springboard that will launch people into the formal job market.

2 WORK HAS VALUE, EVEN WHEN THE MARKET DOESN'T RECOGNISE IT

Many young people say being part of a PEP gives them agency and a feeling of value. The benefit goes beyond the income they earn, because it opens opportunities, networks and a knowledge and skills base they would not have had otherwise. At the same time, communities are strengthened through improved service delivery and social cohesion.

3 YOUNG PEOPLE WANT TO WORK, BUT THERE AREN'T ENOUGH OPPORTUNITIES

In the fifth phase of the BEEI, the biggest youth-focused PEP, and Phase 5 of the NYS, almost 10 times as many people applied as there were positions available.[38] "Young people are desperate to be included," says Hannah, yet the scale of the lack of opportunities available to them isn't recognised. "We have to galvanise around a national strategy[39] to reduce youth unemployment that forefronts public employment and outlines government's responsibility to support it financially, and we need to get behind the idea of work for the common good. For that to happen, we have to have sustained budgets, build the research case and improve the quality of programmes. At the moment we have a team in the Presidency who are absolutely committed to this, but we have a very short window to build momentum and an unshakeable case for PEPs as a key element of our youth employment solution."

4 GOVERNMENT AND CIVIL SOCIETY MAKE A POWERFUL TEAM

Looking at the interplay between government agencies and civil society in giving young people first-work opportunities through PEPs shows how incredible the combination of government finance and the adaptability of civil society can be, says Hannah. And if this is the scale of what could be done with short-term budgets, imagine what could be achieved with sustained funding and a strategy that would allow the role players to plan better and have time to coordinate their actions better, she says.

5 PEPS ARE MORE THAN "WORKFARE"

PEPs have to be designed to provide work skills of value and keep young people engaged in economic activities. Measuring impact by simply counting the number of people passing through these programmes dilutes the value of PEPs in the wider labour market. The narrative seems to be shifting, though, says Magwaza. Youth Capital is noticing that the debate is "increasingly moving towards asking what is wrong with the system surrounding young people". From their submissions to Parliament, they have seen decision-makers starting to support the push for sustained funding for PEPs. "There's something powerful about young people being at the forefront of talking about youth unemployment. Having the experiences of young people elevated in these conversations means people are starting to listen," she says. And that's important, because "unless the interventions respond to what young people are struggling with, we'll continue having to confront the youth unemployment crisis, without addressing the structural and systemic issues that sustain it".

38 Binding Constraints Lab. 2026. Lessons for scale: insights from the Basic Education Employment Initiative (BEEI). https://bindingconstraintslab.org/wp-content/uploads/2026/06/BCL_Lessons-for-scale-insights-from-the-Basic-Education-Employment-Initiative-BEEI.pdf

39 See: https://www.gov.za/news/speeches/2026StateOfTheNation

6 SOCIAL PROTECTION CAN MAKE IT EASIER FOR PEOPLE TO LOOK FOR WORK

Findings from a Youth Capital survey in 2023 show that it costs a young person close to R1 500 a month to look for work, with about half of that spent on transport costs and the rest on data and the application process itself.[40] Without greater support to help cover costs and a concrete directive on whether the Social Relief of Distress (SRD) grant will become a fixed part of South Africa's social protection net, there will be continued uncertainty around how young people fund their job searches. And this could discourage people from keeping up the search, says Magwaza. "If R370 is all you have, your first priority is survival. Printing CVs, buying data or travelling to interviews becomes a luxury, which means the very cost of looking for work can keep people locked out of it."

7 RESEARCH AND EVIDENCE MATTER

Led by the Southern Africa Labour and Development Research Unit (SALDRU) at the University of Cape Town with the Human Sciences Research Council (HSRC) and the Presidency's Project Management Office, a newly established public employment research facility will strengthen evidence-informed public employment policy in South Africa. With initial funding from the National Research Foundation, it brings together government, researchers, practitioners and civil society to examine how public employment programmes can improve outcomes for participants, communities, the economy and climate resilience. Building on lessons from the PES, the research facility's community of practice will support the government's "Work SA" agenda. Its hub-and-node model will connect national research capacity with policy implementation to improve programme design and help address unemployment affecting South Africa's working-age population.

40 Youth Capital. 2024. Beyond the cost: What does it really cost young people to look for work? https://youthcapital.co.za/wp-content/uploads/2022/05/YC-Beyond-the-cost-Report-final-digital-1.pdf

WHAT'S NEXT?

The immediate focus is on continuing the advocacy for sustained funding for PEPs, along with continued research to build the evidence base around the impact of PEPs and pushing for increased visibility around the value of these programmes as a critical cog in dealing with the issue of youth unemployment.

This brief was written by Linda Pretorius and edited by Rahima Essop, with contributions from Bridget Hannah, Clotilde Angelucci and Buhlebethu Magwaza.



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September 2026 | Issue 35

OPPORTUNITY
7
Build simple, loving connections for every child



EARLY IDENTIFICATION, EARLY ACCESS
WHY UNIVERSAL EARLY HEARING SCREENING MAKES SENSE FOR SOUTH AFRICA

International guidelines recommend that all newborns should have their hearing tested within one month of birth. If they have hearing loss, they should be formally diagnosed by three months of age and receive appropriate intervention by the time they are six months old. But South Africa doesn't have a national policy for universal newborn hearing screening, and many of the almost 6 000 babies born deaf in South Africa every year only get diagnosed sometime after their second birthday. By that time a critical window for brain development has been missed, which compromises their ability to learn, do well at school and interact with the world around them.

In this learning brief, we look at how the Hold My Hand Accelerator, a public–private collaboration between DGMT and the Presidency, worked with subject specialists to propose a new policy and set in motion a trial project to support universal newborn hearing screening in South Africa.

The National Strategy to Accelerate Action for Children (NSAAC), led by the Presidency and the Department of Social Development, identifies 10 key priorities to shape South African children's future and calls for broad partnerships across government, civil society, trade unions and the private sector. Hold My Hand is the Accelerator for Children and Teens, established through a partnership between the Presidency and DGMT. It contributes to fast-tracking critical strategies that require public–private collaboration, including the provision of early hearing and vision screenings and referrals for young children.

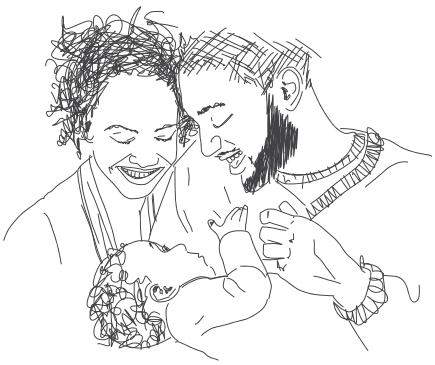
A CHILD'S FIRST CONNECTIONS

Up to six out of every 1 000 babies born in South Africa can't hear the world around them,[1] about three times the rate in developed countries.[2] Although hearing loss is one of the most prevalent congenital disabilities in the world, it is often missed because the signs aren't obvious early on. In fact, in South Africa, a child's hearing loss is often only diagnosed sometime between their second and third birthdays,[3] which is much later than the global benchmark for diagnosis at the age of three months.[4]

But it needn't be so. It is a quick process to test whether a newborn can hear using a painless and non-invasive technique, and international guidelines recommend that all babies should be screened for hearing ability within one month of their birth. If they fail the initial screening and follow-up tests confirm hearing loss, they should be formally diagnosed by three months of age so that appropriate intervention can start by the time they are six months old.[5]

However, failing to diagnose a baby's hearing loss early and subsequently provide them the right support means that a critical early brain development window can be missed. This is because the neural connections that help a child's brain make sense of the sounds in their world develop rapidly in the first three months after birth (even though the ears and their associated structures and neural paths are already functional by around the 25th week of foetal development).[6] Every time the brain picks up on sound, another connection is sparked. A strong, sprawling network soon develops, which sets the foundation for early language and speech development.

But if a child's brain doesn't get stimulated by sound because their ears can't pick up on the stimuli, the cells in the area dedicated to processing auditory information won't make extensive connections with others. If these cells lie fallow for too long, without input and stimulation by signed language, the brain areas dedicated to language development and communication skills don't get enough stimulation either and so won't develop to their full potential, which can compromise a child's ability to learn and interact with the world around them. That said, it is not deafness itself that limits a child's potential, but the barriers that arise when children lack early access to language, communication and environments that enable full participation.



1 Tombe-Mdewa, W. et al. 2026. The economic costs of congenital hearing loss in a South African cohort. ***Health Services Insights***. 19:11786329251401414. https://doi.org/10.1177/11786329251401414

2 Olusanya, B.O. and Newton, V.E. 2007. Global burden of childhood hearing impairment and disease control priorities for developing countries. ***Lancet***. 369(9569):1314-1317.

3 Phanguphangu, M., Kgare, K. and Ross, A.J. 2025. Age of detection of congenital hearing loss in South Africa: A systematic review. ***Journal of Public Health in Africa***. 16(1): 777. https://doi.org/10.4102/jphia.v16i1.777

4 Joint Committee on Infant Hearing. 2007. Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs.

5 The timeframe is often referred to as the 1-3-6 principle. See: Joint Committee on Infant Hearing. 2007. Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs.

6 Graven, S.N. and Brown, J.V. 2008. Auditory development in the fetus and infant. ***Newborn and Infant Nursing Reviews*** 8(4): 187–193.

THE CONNECTION BETWEEN HEALTHY PREGNANCIES AND NEWBORN HEARING LOSS

Research shows that babies born too early or at a low birth weight have a greater risk of hearing impairment than those delivered at full term and normal birth weight.[7] We also know that one in seven babies in South Africa is born underweight,[8] often because of poor maternal health fuelled by poverty. But by helping mothers eat better, providing social protection through a Maternal Support Grant, improving antenatal care, avoiding exposure to toxins such as alcohol and medication that could impair auditory development, and encouraging mothers to get regular health checks during their pregnancy,[9] we can help more babies grow well before birth — and lower the chance of preventable disabilities.

THE COST OF INACTION

Close to a million babies were born in South Africa in 2022. With the prevalence of hearing loss estimated at six per 1 000, roughly 6 000 children would have been born without hearing. Research shows that, based on that year's figures, inaction could cost South Africa around R16.4 billion over their lifetime, with productivity losses due to either unemployment or limited ability to work accounting for almost three-quarters of that.[10] In addition, special schooling, social assistance and direct healthcare expenses would amount to about R1.7 million per person over their lifetime.[11]

But the consequences of late detection and diagnosis are far from just monetary. When babies gurgle, gesture or make sounds, their brains are primed to receive and return responses in order to elicit another round of interactions. This back-and-forth not only builds the foundations for communication but also shapes the development of social and emotional skills. However, if a caregiver's response is not received, the so-called serve-and-return loop breaks and building optimal brain architecture is compromised. Since a baby's brain is highly receptive to such interactions during the first two years after birth, not making the most of stimulation during this period is a lost opportunity for the country to build a caring, inclusive and productive society.

CAN YOUR BABY HEAR?

Testing a newborn's hearing can be done through recording either otoacoustic emissions (OAE) or automated auditory brainstem responses (AABR). Both techniques are quick, safe and non-invasive. OAE testing is generally cheaper and simpler to implement, but it's sensitive to noise and prone to giving false positives. AABR testing is less sensitive to background noise and so rarely gives false positives, but the initial costs to implement are higher.

The most commonly used technique, OAE, involves inserting a bud-like earphone connected to a handheld signal generator into the baby's ear. The device creates a sound signal that travels through the baby's ear canal, across the middle ear and then reaches the inner ear (cochlea). The sound wave generated by the stimulating device travels through the fluid in the inner ear, exits through the middle ear and travels back along the ear canal to reach the earpiece with a built-in microphone. It picks up the signal and relays it to the operator device, which registers a successful signal loop and tells the screener that the child's inner ear works correctly.

In the case of an AABR test: small, painless electrodes are placed on a baby's head and connected to a handheld stimulating device, about the size of a smartphone. From here a signal travels to the cochlea. When picked up by the nerve cells at the base of the cochlea, the cochlear nerve running through the brainstem is activated and relays the message to the hearing centre in the brain. When the hearing area in the brain is activated, a wave trace shows on the operator device, confirming that the sound was successfully perceived.

7 Van Dommelen, P. et al. 2015. Hearing loss by week of gestation and birth weight in very preterm neonates. ***Journal of Pediatrics***. 166(4): 840–843. doi: 10.1016/j.jpeds.2014.12.041

8 Health Systems Trust. District Health Barometer, 2024. https://dhb.hst.org.za/reproductive-maternal-child-health

9 Issue 34 of ***Hands-on Learning*** focused on what can be done to improve maternal health and reduce stunting in South Africa. https://dgmt.co.za/hands-on-learning-issue-34/

10 Tombe-Mdewa et al. 2026. Economic costs of congenital hearing loss. ***Health Services Insights***.

11 Ibid.

MAKING SOUND DECISIONS

In South Africa, most babies — especially if they're born seemingly healthy — go home without getting their hearing tested,[12] and despite guidelines for universal newborn hearing screening having been drawn up in 2018,[13] a state-run national programme has not yet been implemented. Failure to roll out large-scale, policy-mandated screening is said to be linked mostly to resource constraints in the public healthcare sector. For example, recent analyses show that South Africa only has about 2 600 registered audiologists[14] — about half as many as are ideally needed to serve everyone in South Africa.[15] Moreover, only about 20% of them work in the public sector,[16] despite about 85% of the population relying on public healthcare.[17]

According to a recent global survey, about a third of the world's population lives in countries where near-universal early hearing screening programmes are in place.[18] However, although GDP was generally about 10 times higher in countries with extensive screening programmes than in those without, the analysis showed that high screening coverage was not seen only in high-income countries; several middle-income countries also had extensive programmes in place. This suggests that rolling out a wide-reaching initiative doesn't depend only on national wealth, but that factors such as awareness and political will are also important policy drivers.[19]

This is where the Hold My Hand Accelerator comes in.[20] It has been working closely with the Presidency and government on 10 priorities aligned with the goals set out in the National Strategy to Accelerate Action for Children (NSAAC).[21] One of them is to prevent disability, explains Noxolo Gqada, who leads strategic design and integration at the Accelerator. The NSAAC identifies a national universal newborn hearing screening programme as a catalytic intervention to help change the future of South Africa's children.

TWO VIEWS, ONE GOAL

Although the Accelerator entered the disability space as a relative outsider, it played an important role in bringing together early hearing detection and intervention partners across the public, private and civil society sectors to come up with a united approach to getting a national screening programme off the ground. This, says Gqada, has been a turning point, as specialists working in this field have long been approaching intervention from two different perspectives.

One favours integrating children with hearing loss into a world of sound through the use of amplifying technology such as hearing aids or cochlear implants to support language development and communication skills. The other advocates for children reaching their full potential as part of the Deaf community, where communication relies on sign language and dedicated education approaches. Both approaches have their merits and are grounded in the desire to give children with hearing loss the best chance at cognitive, academic and social development — ultimately rooted in supporting connection and belonging.

However, in the past, childhood hearing advocates were focusing on points of divergence, particularly the ***type*** of intervention required. Sometimes this meant that sight was lost of the primary gap in the system, namely that children with hearing loss simply are not identified and diagnosed early enough,



12 For example, see: Meyer, M.E. and Swanepoel, DeW. 2011. Newborn hearing screening in the private health care sector – a national survey. ***South African Medical Journal.*** 101(9):665–667; Maluleke, N.P., Chiwutsi, R. and Khoza-Shangase, K. 2021. In: Khoza-Shangase, K. & Kanji, A. Early detection and intervention in audiology: An African perspective (pp. 196-218). Wits University Press, 2021. https://library.oapen.org/handle/20.500.12657/46214

13 HPCSA guidelines.

14 Mothemela, B., Ramma, L. and Swanepoel, D. 2025. Update on the state of audiology in South Africa. ***International Journal of Audiology***. 64(3):286–289. doi: 10.1080/14992027.2024.2354511

15 Pillay, M., Tiwari, R., Kathard, H. and Chikte, U. 2020. Sustainable workforce: South African audiologists and speech therapists. ***Human Resources for Health***. 18 (1): 47. https://doi.org/10.1186/s12960-020-00488-6

16 Ibid.

17 Statistics SA. 2026. General Household Survey 2025. Pretoria: Statistics SA

18 Of the 196 countries surveyed, 158 responded. Among these, about a third reported to have a near-universal early hearing screening programme in place. However, as the participating countries represent about 95% of the world's population, the authors regard the results as "a reasonable approximation of the global situation". See: Neumann, K., Euler, H.A., Chadha, S. and White, K.R. 2020. A survey on the global status of newborn and infant hearing screening. ***Journal of Early Hearing Detection and Intervention***. 5(2):63-84. https://doi.org/10.26077/a221-cc28

19 Ibid.

20 https://www.holdmyhand.org.za/10-key-priorities/prevent-disability

21 Department of Social Development. 2026. The National Strategy to Accelerate Action for Children. Pretoria: https://www.dsd.gov.za/index.php/documents?task=download.send&id=701&catid=7&m=0

which delayed getting them the right support, says Gqada. "So, we brought a group of specialist practitioners and committed hearing activists into the same room, under the whole-of-society approach of the NSAAC, to create a community of practice." The idea behind convening this group of 30–40 role players who meet quarterly was to focus on points of convergence and intentionally curate a space for alignment and real-time coaching of critical sector leaders to build consensus — not on everything but on the things that mattered.

Two key issues emerged. One was to focus on impact, by coming together for screening so that children with hearing loss could be identified in good time, born from the perspective that families are best placed to choose the intervention that would be most appropriate for their child, rather than promoting one intervention over the other. The second issue was to rally around common and shared principles such as task shifting. This meant moving away from audiologist-led screening and instead training designated lay screeners, enabling audiologists to focus on specialist skills such as diagnostics and intervention.

"Then we approached government to discuss how we could implement this," Gqada explains. "Uniting the two schools of thought was important, because if the National Department of Health (NDoH) were to put a countrywide screening programme in place while the advocacy agents weren't on the same side, it would yield little benefit; innovative service delivery models need to be generated from the bottom up, from grassroots to policy. So, to create unity among thought leaders in the sector and align that unity with the government's outlook, we wrote up a policy brief,[22] which puts forward specific implementation options for the country. It maps out what's happening in different parts of the country and what should be leveraged to make universal rollout happen."

Serendipity had a hand in the process, too. Sensory screening had been a matter of concern for the NDoH for a while but hadn't yet become an area of proactive focus. Then, a new deputy director for non-communicable diseases was appointed in the department — after the post had been vacant for almost two years. She happened to be an audiologist. It was a unique window of opportunity, says Gqada, "because not only was there now someone in the department with a special interest in newborn hearing screening, but she was also open to engaging with the sector to shape her strategy". This brought a sense of urgency to move things forward, but with an openness to lean on the support of a community of experts — from clinicians to academics and civil society.

CONCEPTUALISING A PRACTICAL PLAN

Doing the background work that informed the policy brief enabled the community-of-practice group to build consensus and shared value that enabled them to move beyond policy. Testing every newborn, regardless of their health status or the facility in which they're born, makes the most sense. This would require additional investment and training more health workers than the country is getting by with at the moment. But a modelling study showed that screening represents only 2% of the total lifetime healthcare costs of a child with hearing loss and that the "long-term societal costs of late detection far outweigh the upfront investment for early screening and intervention".[23]

Regardless of the sound economic reasoning behind putting a universal newborn hearing screening initiative in place, the practicalities are challenging.[24] Insights from the group's collaborative work in shaping the policy brief allowed them to put forward a workable plan for what implementation could look like in real life — from how to task-shift screening to the type of training and equipment that would be needed and how data would have to be managed.

The National Health Insurance (NHI) scheme, positioned as a vehicle to roll out universal health coverage, could offer a practical funding and delivery mechanism for integrating hearing screening into routine maternal and child health services. In addition, training lay health workers to serve as dedicated screeners, supervised by a qualified audiologist, could help to scale the reach of screening programmes, the group proposed, as the limited number of audiologists available would no longer be a constraining factor.[25]

"We then approached the Western Cape Department of Health, as they are currently the only province working on provincial newborn hearing screening guidelines, and they agreed to run a trial with us," explains Gqada.

22 Every child heard: Why South Africa must implement universal newborn hearing screening now. 2025. (Hold My Hand Policy Brief 05). Cape Town: Hold My Hand. https://holdmyhand.org.za

23 Ibid.

24 Kanji, A. 2022. Newborn and infant hearing screening at primary healthcare clinics in South Africa designated as National Health Insurance pilot sites: An exploratory study. ***South African Journal of Communication Disorders***. 69(1): e1–e7. doi: https://doi.org/10.4102/sajcd.v69i1.840

25 Every child heard: Why South Africa must implement universal newborn hearing screening now. 2025. (Hold My Hand Policy Brief 05). Cape Town: Hold My Hand. https://holdmyhand.org.za

PUTTING THE PLAN INTO PRACTICE

The trial for universal newborn hearing screening is planned at six public-sector primary healthcare facilities — one each in Oudtshoorn and George (in the Garden Route district) and four in the Khayelitsha subdistrict.

All newborns seen at the facilities before they're 14 weeks old — whether at a mother's postnatal check-up or when they arrive for their 6-, 10- or 14-week immunisation — will be screened. The initiative introduces two shifts in thinking: (i) moving screening to the primary healthcare level and (ii) leveraging private providers. "The Garden Route district (where Oudtshoorn and George are located) is an existing NHI site," explains Gqada, "and so they're already leveraging and are familiar with public–private partnerships."

WHAT IS AN NHI SITE?

South Africa's plan for the NHI scheme is set to be rolled out in phases. A pilot project meant to see how the NHI could work was launched in 11 districts across all nine provinces in 2012 and focused on strengthening healthcare infrastructure in line with what would be needed for universal health coverage. Part of this was getting facilities to "ideal" status, which meant that they'd have suitable infrastructure, enough staff, supplies and equipment, and sound administrative systems in place to run in a way that would support the NHI.

In the model followed in the trial programme, the private provider will offer clinical oversight by supporting screeners, both remotely and at the primary healthcare facility, and also conduct a middle ear test to rule out the presence of fluid in the ear if the initial screening test indicates hearing impairment.[26] This is an important step, explains Gqada, because fluid in the ear is a common cause of a baby failing a screening test.[27] "In public facilities, children often get referred to a waiting list for a diagnostic test if they fail their initial screening. And if the failed test was indeed due to hearing loss and not an infection or residual fluid, this burdens the health system by extending delays during a critical time for a life-changing intervention."

Children who are confirmed to have failed their screening will then be fast-tracked to the Red Cross War Memorial Children's Hospital or Tygerberg Hospital in Cape Town. So, even though diagnosis and treatment will be handled by the public system, partnering with private-sector audiologists to support screeners at primary health facilities means that screening can happen (i) soon after birth and at the facility where a baby is born, to ensure integrated service delivery and reduce loss to follow-up; and (ii) at scale to extend coverage, by having a diverse screening team at facilities.

This integrated primary healthcare approach also brings community health workers into the trial programme, which will help to increase coverage through raising awareness, reduce the risk of people not turning up for their follow-up test, and ensure timely and appropriate linkages to services.

Gqada explains that the trial programme seeks to leverage the strengths of each sector for the benefit of children. The combination of private-sector skills and capacity and the scale and reach of the public sector, together with the model being implemented in both rural and urban settings, will allow the team to assess whether the approach yields adequate coverage and diagnostic success.

LESSONS LEARNT

The nearly two years of working on plans to get every newborn's hearing tested have brought valuable lessons:

1 NETWORKS ARE AN UNTAPPED ASSET

As the incubator of the Hold My Hand Accelerator, DGMT has access to an extensive number of experts, enabling the organisation to bring people together to build networks. "But a network is not just a list of contacts. It's an organic, dynamic entity that grows and develops, and we were able to tap into the expertise of implementing partners already funded by DGMT to help us build a community of practice," says Gqada. By leveraging the collaborative work of the group as well as

26 The presence of fluid can be due to amniotic fluid being trapped in a newborn's ear after birth or a possible ear infection.

27 Schwarz, Y. et al. 2023. Newborn hearing screening: Early ear examination improves the pass rate. ***Journal of International advanced Otology***. 19(5):402–406. doi: https://doi.org/10.5152/iao.2023.22987

DGMT's position in the policy space, getting buy-in for an evidence-based trial was possible. "It's the networks that are the change agents, not the funding organisation."

2 WORK ON MORE THAN ONE LEVER OF CHANGE SIMULTANEOUSLY

Over the past two years, the team learnt that focusing only on one aspect of change won't shift the needle fast enough. However, "starting many small fires at the same time" can get things going and then develop over time. "Our community of practice worked at building the evidence base and preparing the background for the policy brief while at the same time also working to create awareness about hearing loss and the need for screening. Simultaneously, the community engaged with provincial and national government as thought partners, not adversaries. Having a solid foundation of research and programmatic evidence from earlier studies, together with demand for screening and appropriate communication channels, created critical mass when we brought all the levers together," explains Gqada.

3 NEUTRALITY IS A VALUABLE FACILITATOR

The Accelerator's relative inexperience in the field created a space where experts with different views on intervention were able to come together in a neutral setting. More than that: because the Accelerator team was not made up of sector experts, specialists were willing to talk through widely accepted ideas and rethink what they really mean. In this way, the team's neutrality facilitated a reframing of preconceived ideas, encouraged critical evaluation and promoted problem-solving born from working towards a shared goal.

4 NAVIGATE BOTH TOP-DOWN AND BOTTOM-UP RELATIONSHIPS

Driving change in a policy space that has been idling for a long time requires being both a strategic partner to decision-makers and a trusted ally to those implementing programmes on the ground. It's not a quick thing, though. Newborn hearing screening is just a starting point for addressing disability under the NSAAC, and although it's not the only thing to be done, it's a place to start. "Making the Accelerator an orchestrator of relationships rather than a holder of relationships required building trust, and that can be achieved only through building deep, meaningful connections."

WHAT'S NEXT?

The trial programme in the Western Cape will gather data on implementation and feasibility. Findings will be tested against theory as they emerge, building a realistic picture of what a large-scale newborn hearing screening programme in South Africa requires. This would also inform what realistic programmatic and outcome targets would be for the country compared to international and local benchmarks. Although there's still a long way to go to reach the global benchmark of 95% coverage for universal screening, South Africa has committed to increasing universal coverage to 30% by 2029/30 (up from 10%), in line with World Health Organization global targets for ear and hearing care. By 2029/30, the Accelerator aims to move beyond concept to practice. It plans to present to national policymakers, programme implementers and Treasury a robust, informed and costed service delivery model that leverages cross-sectoral partnerships in line with the principles of the NHI.

This brief was written by Linda Pretorius and edited by Rahima Essop, with contributions from Noxolo Gqada.

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THE LEGACY OF DOUGLAS AND ELEANOR MURRAY

DGMT is a South African foundation built on endowments from Douglas and Eleanor Murray to promote charitable, educational, philanthropic and artistic purposes within South Africa. Douglas Murray was the son of, and successor to, John Murray, the founder of the Cape-based construction company, Murray and Stewart, which was established in 1902. This company merged in 1967 with Roberts Construction to become Murray & Roberts, with the parent Trusts as the main shareholders. In 1979, the Trusts combined to form the DG Murray Trust as the main shareholder before the company was publicly listed. Subsequently, the Trust relinquished its ownership to a major finance house. Eleanor Murray remained actively engaged in the work of the Trust until her death in 1993.

The Foundation is now the holder of a portfolio of widely diversified assets, which reduces the risks in funding the achievement of its strategic objectives. DGMT currently distributes about R200 million per year and leverages and manages a similar amount of funding through joint ventures with other investors. DGMT's ultimate goal is to create an ethical and enabling environment where human needs and aspirations are met; where every person is given the opportunity to fulfil their potential, for both personal benefit and for that of the wider community.

By investing in South Africa's potential we aim to:

- Create opportunity for personal growth and development that will encourage people to achieve their potential.
- Help reduce the gradients that people face in trying to seize those opportunities.
- Affirm the value and dignity of those who feel most marginalised and devalued by society.

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