Health and Welfare Sector
Education and Training Authority
HWSETA

Effects of covid-19 in the Health and Welfare Sector: A Descriptive Analysis on Job Losses and skills dynamics

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Disclaimer

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Acronyms/ Abbreviations

CRAM	Coronavirus Rapid Mobile Survey
DoeL	Department of Employment and Labour
ERRP	Economic Reconstruction Recovery Plan
HWSETA	Health and Welfare Sectorial education and Training Authority
HASA	Hospital Association of South Africa
HRD	Human Resource Development
NSA	National Skills Authority
NIDS	National Income Dynamics Study
PSET	Post School Education and Training Authority
QES	Quarterly Employment Survey

ILO	International Labour Organisation
SA	South Africa
SASSA	South African Social Security Agency
SANAC	South African National Aids Council
SACSSP	South Africa Council for Social Service Professions
SDA	Skills Development Act
SDGs	Sustainable Development Goals
SDL	Skills Development Levy
SSP	Sector Skills Plan
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UIF	Unemployment Insurance Fund

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Definition of concepts

CONCEPT	DEFINITION
Change Driver	Change driver is an internal or external pressure that shapes change in an organisation.
Hard-to-fill vacancies	An absolute or relative demand (current or future) for skilled/qualified and experienced people to fill particular roles/ professions/ occupations/ specialisations in the labour market, measured in terms of occupation or specific qualification.
Top up Skills	Certain capabilities are needed within an occupation. These are often referred to as “critical skills”.

Source: DHET Dictionary of Terms and Concepts for Post-School Education and Training 2021

Executive Summary

It is undeniable that the pandemic has affected the way things are done and how they will be in future. Since the start of the COVID-19 pandemic we have noticed an increasing number of job losses in our economy. 3 million job losses have been noted over a short period, with the most affected sector being the informal sector during the COVID-19 pandemic (Stats SA QES,2020). Whereas, in the formal sector there was a decrease in employment from approximately 28 000 to 15,0 million in Quarter 1 (statsSA,2021). Other sectors likely to have been affected the most include those that were closed during lockdown, such as the tourism sector and the retail sector.

These job losses affected the accomplishment of the Sustainable Development Goals (SDGs), Goal 8: "Promote sustained, inclusive and sustainable economic growth, and full and productive employment and decent work for all," and its target 8.5, which calls for the achievement, by 2030, of "full and productive employment and decent work for all." In South Africa, the COVID-19 pandemic deepened the economic crisis considering that the economy was entering a technical recession pre-COVID-19 pandemic.

Additionally, several pieces of anecdotal evidence suggest the labour market has been severely affected by COVID-19, but the magnitude of these effects remains unknown especially within the health and social welfare sector. It is for this reason that this study investigated the effects of COVID-19 in the Health and Welfare Sector with special focus on job losses and skills dynamics.

The aim of the study was to explore the effects of COVID-19 on job losses and skills dynamics within the Health and Welfare Sector. The study made use of a mixed-method research underpinned by explanatory research design to provide answers to the research questions. The study utilised three samples from 2020 and 2021. Two samples (15 and 22 semi-structured interviews) that adopted purposive sampling were from the HWSETA SSP employer interviews from 2020 and 2021 respectively. The last sample (450) conducted in 2021 used convenience sampling for a structured survey with questions adapted from both the SSP employer interviews and Stats SA's business impact survey of the COVID-19 pandemic in South Africa.

The study findings were not representative of the Health and Welfare Sector but indicative. Findings from the study indicate that there were significant workforce changes in the Health and Welfare Sector since the beginning of the COVID-19 outbreak with more than two-thirds (>70%) of the organisations across all samples not retrenching any of their staff. Findings from the structured survey show that 43% of the organisations were able to employ more staff between 01 April 2020 and 06 September 2021. These findings confirm the HWSETA SSP 2022/23 reporting an annual average growth of employment in total sector of 8.7% from 2019 to 2020. The study furthers indicates that the ability of organisations to avoid retrenchment and employ more staff explains increased growth of employment in total sector.

Using regression, the findings from the structured survey showed that organisations were able to avoid retrenchment of their staff due to the declaration of the sector as an essential service. The latter ensured continuity in meeting work demands and organisations not reducing staff income. Ability of organisations employing more staff was explained by the study as attributable to large size (>150 employees) organisations and the value-chain in which organisations operate being uninterrupted during COVID-19 pandemic. This lack of interruption emanates from the declaration of the health and social sector by Disaster Management Act as an essential service for the entire period since COVID-19 pandemic in March 2020.

Furthermore, the findings also indicate that technology is among the major change-driver since the beginning of COVID-19. COVID-19 was also listed as one of the change-drivers since it affected how things are done and is forcing different organisations to do things differently. COVID-19 disrupted skills development even though technology saved the day in some cases. Also, COVID-19 has expanded the need for different soft skills such as digital skills and emerging occupations such as tele medicine in the workplaces. Lastly, issues of access to skills development during the time of COVID-19 need to be closely monitored to ensure that no one is disadvantaged due to their inability to access or use technology.

1. Chapter 1: Introduction

South Africa has been deeply affected by the COVID-19 pandemic, with the country implementing stricter lockdown regulations. The South African government declared a State of National Disaster on 15 March 2020, the country went into a total lockdown on 26 March 2020 labelled as a level 5 restriction (Lockdown regulations Gazzette,2020). During this level, only essential travel and services were allowed which majority of the services were the health and social services, where workers from these sectors were expected to work having been regarded as essential services (Lockdown regulations Gazzette,2020). Level 5 was then reduced to level 4 which also involved significant restrictions on movement and some economic activities. Thereafter the country moved to level 3 restrictions, which allowed for some non-essential economic activities, which only commenced on 1 June, lasting until 17 August 2020 (Lockdown regulations Gazette, 2020). Over the months there have been shifts from different levels of lock down restrictions in a drive to curb the spread of the virus.

The COVID-19 pandemic and responses to it through the lockdown level restrictions negatively affected the normal economic activities (Statistics South Africa (Stats SA) Quarterly Employment Survey (QES),2020). This in turn resulted in over 3 million job losses over a short period, with the most affected sector being the informal sector during the COVID-19 pandemic (Stats SA QES,2020). Whereas, in the formal sector there was a decrease in employment from approximately 28 000 to 15,0 million in Quarter 1 (statsSA,2021). Other sectors likely to have been affected the most include those that were closed during lockdowns, such as hotels, restaurants, accommodation, estate, travel agencies, as well as leisure and recreation services (Fana, Torrejón, Enrique, & Macías, 2020).

These job losses affected the accomplishment of the Sustainable Development Goals (SDGs), Goal 8: "Promote sustained, inclusive and sustainable economic growth, and full and productive employment and decent work for all," and its target 8.5, which calls for the achievement, by 2030, of "full and productive employment and decent work for all." In South Africa, "the COVID-19 pandemic deepened the economic crisis" (Economic Reconstruction Recovery Plan (ERRP) 2020:2) considering that the economy had already experienced two consecutive quarters of a recession pre-COVID-19 pandemic.

This economic crisis significantly hampers the efforts made in tackling the South African triple challenge of poverty, unemployment, and inequality. Research by Mabugu, Henseler, Mabugu and Maisonnare, (2020) shows that the "pandemic hit the SA economy at a time that the economy was already under substantial strain". Mabugu et al. further mentioned that in the fourth quarter of 2019, the SA economy had entered a technical recession. This means that the COVID-19 pandemic has exacerbated the economic crisis.

Additionally, several pieces of anecdotal evidence suggest the labour market has been severely affected by COVID-19, but the magnitude of these effects remains unknown especially within the health and social welfare sector. It is for this reason that this study investigated the effects of COVID-19 in the Health and Welfare Sector with special focus on job losses and skills dynamics.

1.1 Background

In the advent of the COVID-19 pandemic, the government tried to introduce measures as part of the economic recovery plan. For instance, different industries were given a Skills development Levy payment holiday for four months. The Skills Development Levy is a levy imposed to encourage learning and development (Skills Development Levies (SDL) Act 9 of 1999). The purpose of the compulsory scheme is to fund education and training. In terms of section 3 of the Levies Act, every employer must pay skills development levies at a rate of 1% of their total revenue. This levy is payable by employers whose total revenue per annum is R500 000 and higher; any employer who makes less than that threshold is levy exempt. For instance, as per section 10(1)

of the Income Tax Act (58 of 1962), public benefit organisations that only conduct certain welfare, humanitarian, health care, religion, belief, philosophy, and/or public benefit activities are levy exempt from paying the SDL (Income Tax Act No.58 of 1962).

The four-month SDL payment holiday meant that employers were not obliged to contribute their SDL (Tax Amendment Bill,2020). It also meant that the employers were not expected to repay the levies at a later stage (Tax Amendment Bill,2020). The overall aim of this skill development levy payment holiday was to assist employers to survive the pandemic by alleviating "cash-flow problems experienced during this difficult time" (Disaster Management Tax Relief Administration Bill 2020:7).

Apart from the SDL payment holiday, there were other benefits enforced, such as the UIF COVID-19 TERS (Temporary Employee/employer Relief Scheme) benefits by the department of labour. The TERS benefit aims to "compensate employees who have lost income due to COVID-19" (Department of employment and Labour (Doel) 2020:5). Employees who have lost income refer to those that were not being paid or are being paid less because of COVID-19. These interventions hoped that the measures will encourage and help businesses to stay afloat and, most importantly, avoid the retrenchment of employees (Makhubela,2020).

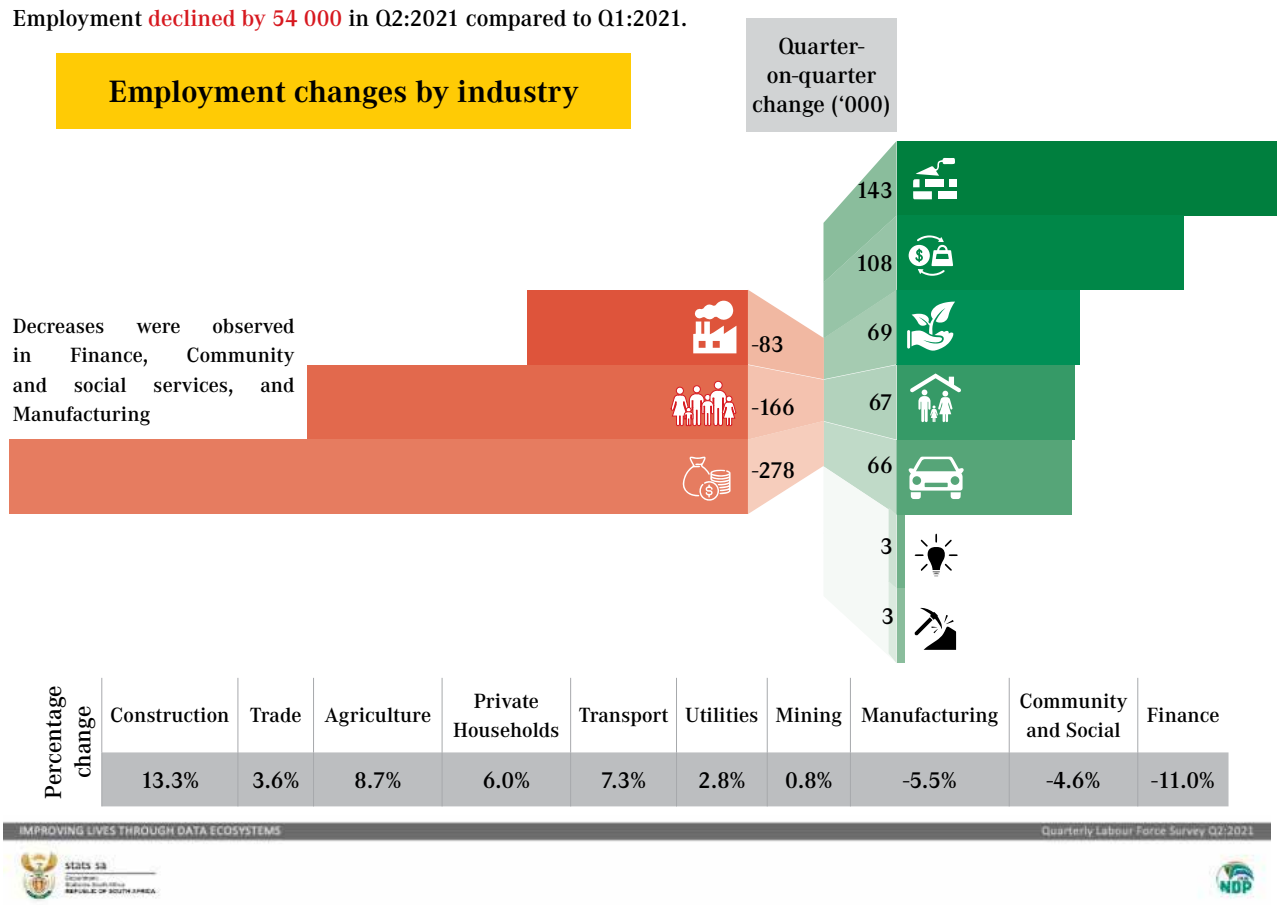
1.2 Problem Statement

According to the Business impact survey of the COVID-19 pandemic in South Africa conducted by Stats SA (2020:2), it highlights that between 30 March 2020 and 13 April 2020, of the 707 businesses sampled "46.4% indicated temporary closure or paused trading activity, 30.6% indicated they can survive less than a month without any turnover, while 54% can survive between 1 and 3 months". This study was conducted during the early stages of the COVID-19 pandemic in 2020 using the Rapid response survey. This shows that the easing of the lockdown levels from level 5 and 4 in April and May to level 3 in June 2020 was evidence-informed to balance both the health and the economic crisis deepened by the COVID-19 pandemic.

As highlighted above by Mabugu et al, (2020) the COVID-19 pandemic exacerbated the economic crisis where we saw more job losses in the second quarter of 2020. According to (Stats SA, in 2020), approximately 648 000 were shed jobs in the formal non-agricultural sector; approximately 103 000 of these were from the community services. The latest Stats SA, 2021 report it records an employment decrease in the community services with approximately 166 000.

Additionally, the figure 1 below highlights an employment change in different industries, in our context we can see a decrease in the community and social services.

Figure 1: Employment change by industry



Source: StatsSA,2021

Furthermore, the findings of Stats SA, QES quarter 3 (2020), and NIDS CRAM, (2020) highlights that about 3 million jobs were lost during the COVID-19 pandemic. This has resulted in an even bleaker outlook on the labour market than before, where the unemployment rate has increasingly crept closer to the dreaded 40% mark and looks to surpass it. This more than 40%-mark speaks to the expanded definition of unemployment (NIDS CRAM,2020), which further speaks to those who are actively looking for employment as well as discouraged job seekers. The latest statistics issued in August 2021 on unemployment show that the expanded definition of unemployment increased to 44.4% in quarter 2 2021 compared to the first quarter of 2021 (Stats SA, QES,2021).

Additionally, Jain et al. (2020,1) "observe a 40% decline in active employment ... [and] estimate that 20-33% of job losers fall into poverty. Only 20% of those temporarily not working received the intended relief, while a third of job losers had no access to any major form of social protection". The finding suggests that the relief by the state was not effective in reaching the intended beneficiaries to provide social protection. According to Futshane, (2021) this has further deepened the existing inequalities in SA. Futshane, (2021) further states that SA being one of the most unequal countries in the world the job losses will further increase the high levels of inequality.

According to Salm, (2009) and NIDS-Cram (2020) job losses can have potentially lasting effects on the socio-economic situation and the health of individuals. This might deepen the current existing triple challenges in SA where the poorest will continue to live below the poverty line. In addition, a survey conducted by (Lynch, 2020 and Cramer, 2020) highlights that during the current pandemic there has been a demand for social services, such as counselling, etc. since most people were losing their jobs and their loved ones due to the pandemic. However, the study by

Lynch et al (2020) does not highlight the extent of the effect that this has or might have on the social labour force, such as if there were any new employment opportunities created or not.

Another study by (Solanki, Wilkison, Daviaud, Besada, Tchuem, docrat, and cleary,2020) notes the healthcare demands globally with arising consumer expectations with new technologies. It also notes the increasing use of technology in healthcare during the current pandemic, where patients can consult virtually (Solanki et al, 2020).

However, all the studies highlighted above do not highlight if there were any retrenchments or new employment opportunities created during the pandemic. Undoubtedly, the COVID-19 pandemic has exposed deep-rooted labour market fragilities and structural inequalities where the low-paid workers, young people, women, and informal workers were among those hardest hit by the crisis. Therefore, this study interrogated the effects of COVID-19 in the Health and Welfare Sector with special focus on job losses and skills dynamics.

Aims and objectives of the study

This study interrogated the effects of COVID-19 in the Health and Welfare Sector with special focus on job losses and skills dynamics.

Aims of the study

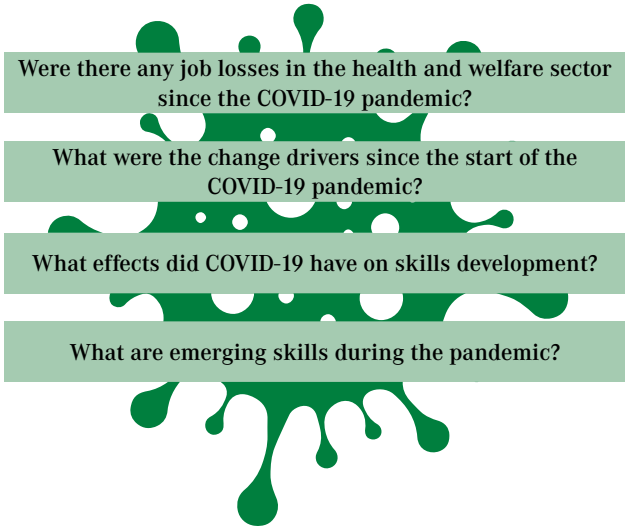
Was to explore the effects of COVID-19 on job losses and skills dynamics within the Health and Social Sector.

Objectives of the study were.

- To establish if there was any workforce change since the beginning of the COVID-19 outbreak within the health and social sector?
- To establish the different change drivers since the beginning of COVID-19.
- To explore implications of the COVID-19 to skill development.
- To explore the effects of COVID-19 on skills needs post-COVID-19 pandemic.

Research questions

The study research questions were as follows:



1.3 Ethical considerations

The following ethical considerations were put in place.

- The researcher committed to the code of ethics and demonstrated honesty and integrity throughout the research process.
- Informed consent was obtained from all participants

The study adhered to the HWSETA research protocol

1.4 Study Overview

Chapter 1 has introduced the study and chapter 2 has provided the literature review for the study. Chapter 3 outlines the methodology, which includes the research design, sampling, data collection, and data analysis. Chapter 4 presents the study findings and the interpretation of the findings. Chapter 5 provides the conclusion and recommendations to the study.

Chapter 2: Preliminary Literature Review

2. Introduction

This section has conceptualised the research problem, by providing a definition of job loss, looking at the job losses across the globe during the COVID-19 pandemic. It also provided literature on the job losses in SA, employment trends in the health and social sector prior to the COVID-19 pandemic. It also provided a summary of the Social Sector during the pandemic and the impact COVID-19 has on skills development. It also provided a summary on the effects of the KwaZulu-Natal unrest in the health sector. Lastly, it provided a summary of the theoretical framework that the study used.

2.1 Definition of Job loss

Salm (2009) defines job lose as the loss of employment or income. Additionally, (Brand, 2016) defines Job loss as an involuntary disruptive life event with a far-reaching impact on worker's life trajectories.

2.2 Job Losses across the globe during COVID-19 Pandemic

A major surprise of the COVID-19 economic crisis has been the extent of the job loss occurring in the health care sector in the United States (Altarum,2020). While the sector has typically been immune to significant employment loss during recessions, this economic crisis has impacted health care workers very differently. Despite a global pandemic that might have been expected to increase the need for health care, we have seen decreased use of discretionary and elective care (as well general concerns around the use of in-person services) cause unprecedented health care spending and employment declines in 2020 in the US (Altarum,2020). It has been reported that about 1,5 million jobs had been lost in the health sector in the US.

The International Labour Organisation (ILO) report (2020) highlights that the G20 countries moved rapidly to provide unprecedented levels of emergency support to keep households and companies afloat while protecting jobs and incomes and preventing the economy from collapsing. G20 is an international forum for the governments and central bank governors from 19 countries and the European Union, South Africa is part of the G20 (ILO,2020). Among the measures taken by the G20, they also offered government-financed and wage subsidy schemes to minimize job losses. Despite the efforts taken by the G20 to support industries to avoid job losses, millions of workers across the G20 have lost their jobs. This shows us that the disruptions caused by the current pandemic were so severe that the financial support from the government was not enough in curbing job losses.

Furthermore, the (ILO report,2020) highlights that young people have been deeply affected by the pandemic which resulted in the closure of schools and entry-level jobs in the labour market. This continues to increase the numbers of unemployed youth in the aftermath of the global financial crisis showed us that young people have lost touch with the labour market (ILO report,2020). This then leads to them being marginalised in informal sectors and in a precarious state, and this would make it difficult to relink them with good jobs which might be a lasting scarring effect (ILO report,2020).

The coronavirus pandemic is the largest social and economic shock in our lifetime. NIDs CRAM, (2020) synthesis report further highlights that the rapid spread of this virus around the world and the economic devastation it has left in its wake is unlike anything we have seen before. This leaves the local and international landscape constantly morphing and changing in unpredictable ways making policy formulation and implementation as hard as it can be (Shepherd, Mohohlwane, Taylor, and Kotze, 2021).

Additionally, the ILO report on the recommendations, (2020) for the health sector highlights a need for strong sustainable investments in the health systems which includes training and education. It further mentions that achieving these social dialogues are essential in the building of a resilient health system which has a critical role in both crisis response and in building a future that is prepared for health emergencies.

2.3 Job losses in South Africa during COVID-19 Pandemic

As it has been highlighted in the background sections NIDs CRAM (2020) report highlighted that over 3 million people lost their jobs during the COVID-19 pandemic. This report corresponds to what the Stats SA quarterly employment survey (2020) is highlighting that more than 3 million people lost their jobs in SA during the pandemic. However, an explicit number of job losses in the health sector in South Africa remains unclear. What was interesting to see was the call from the Department of Health and South African Nursing Council (SANC) on calling retired nurses to assist during COVID-19 (Business insider SA report,2020). SANC also had a registration fee waiver for all those retired nurses that responded to the call.

The latter is indicative of two issues. First, it shows that the COVID-19 pandemic increased the demand for health services. Second, COVID-19 may have exposed the limited supply capacity of professionals in the health sector such that retired, and probably highly skilled nurses were sought after. From the figures presented by various researcher non- specifically talks to the health and social sector in SA. The COVID-19 pandemic is likely to widen the healthcare demand-supply gap. On the supply side, the pandemic has had and will have a devastating impact on the economy.

2.4 Welfare Sector

The extent to which the welfare sector has been hit by COVID-19 has not yet been quantified, however, it is evident that thousands of Non-Government Organisations (NGOs) have been affected deeply by COVID-19. This is due to the loss of government funding since billions of rands had to be dedicated to fighting COVID-19. This has also been highlighted by organisations that provide crucial support to the government, they mention that they have received little to no funding since March 2020 and most of them had to close and lay off some of their staff compliments (SABC News,2020).

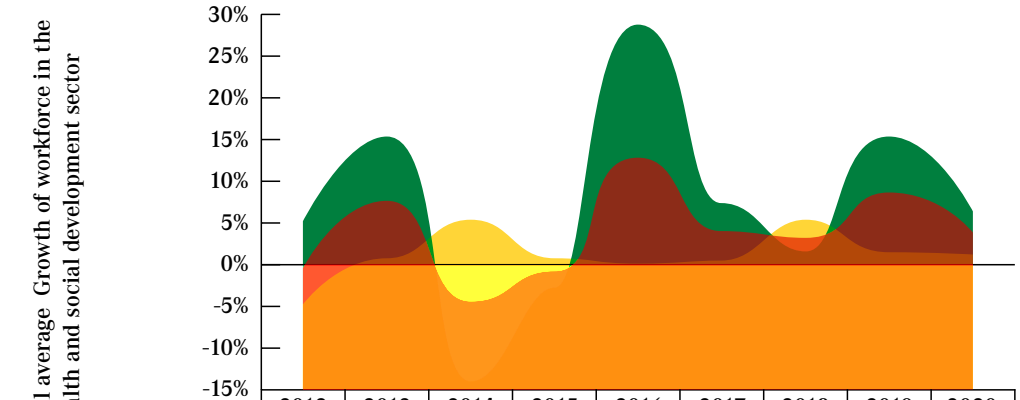
This is also in support of the South African National Aids Council (SANAC) on the open letter written in May 2021 to President Cyril Ramaphosa, where they were calling the president to intervene on the government funding cuts. They mentioned that they were struggling to keep their doors open and to provide the necessary support to communities on the ground.

2.5 Health and Welfare workforce employment 2012-2020

Researchers such as Shepherd, et al (2021) and Stats SA, (2020) indicate that most industries were hard hit by COVID-19. It is therefore important for addressing the objective of this study to interrogate our previous years Sector Skills plan, which as part of its development it documents the total employment in the sector accounting for both the public and private sector. This will assist the study in checking if there was any decrease or increase in employment for the past years, especially in the year 2020. This will assist the study to establish the effects of COVID-19 on job losses in our sector.

The figure 2 below will highlight the trends in the annual average growth of the workforce in our sector before the COVID-19 pandemic. This will assist in checking if the average workforce changes during these times and if COVID-19 might have had any effect.

Figure 2: Annual Average Growth of the workforce in the Health and Social Sector



	2012 to 2013	2013 to 2014	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021
Public year-on-year AAG	-4.8%	0.8%	5.5%	0.8%	0.1%	0.5%	5.4%	1.5%	1.2%
Private year-on-year AAG	5.3%	15.4%	-14.1%	-2.8%	28.8%	7.4%	1.5%	15.4%	6.4%
Overall year-on-year AAG	-0.3%	7.7%	-4.4%	-0.8%	12.9%	4.0%	3.3%	8.7%	3.8%

Source document: WSP & ATR for 2012 till 2020

The above figure presents that in the year under review which is 20219/2020 which accounts for the 2020 SSP update and 2021/ 2020 which accounts for the 2021 SSP update there was an average workforce increase in our sector with about 3.8%. This shows us that our sector (Health) was not hardest hit by the pandemic instead there was growth in employment. However, the findings need not to be over emphasised to the social sector since evidence shows us that the social sector was mostly affected by the pandemic as they had to lay off some staff.

Additionally, the above graph further confirms what was highlighted by (Buchan, Dhillon and Campbell, 2017) that there is a need to invest in the health workforce since the health needs of any country continue to change. The investment in human capital will stimulate job creation, both in the health workforce and more broadly in the economy, to achieve the SDGs goals (Buchan, etal, 2017).

2.6 COVID-19 to skill development

Skills development is identifying the skills gaps and developing a plan on how to address the identified skills gap. This is in line with what the SDA (98 of 1998) seeks to do which is to empower the South African workforce with skills, ensure employees access more opportunities for skill acquisition, and creating space for the new entrants to the labour market to gain work experience (SDA 98 of 1999). This is done by introducing transformative tools through training and education to redress unfair discrimination practices in the labour market against disadvantaged groups. It is with no doubt that the current pandemic has shifted or affected the skills development arena, through different factors such as job losses if companies were not so futurist in terms of their skills development.

During the National Skills Authority (NSA,2020) webinar on COVID-19 skills development and training in the workplace, they highlighted that technology has become the main driver of change today. Several presenters during the webinar highlighted how the training institutions had to close due to COVID-19 and how some had to use technology to remain relevant during the pandemic. Additionally, a study conducted by the ILO (2020) further highlights that While access to

learning and skills development was maintained in some contexts through a rapid shift to distance learning. The pre-existing social and digital divides deprived the most marginalised groups of continued learning and put them at risk of falling further behind.

The study by ILO,2020 further highlights that the closure of many businesses resulted in losses in profits which ultimately had an impact on job losses and causing more cuts in the offering of apprenticeship placements in companies. Since many companies were not ready nor prepared for the distance learning COVID-19 cause major disruptions in this regard where there was a general decline in the quality of training (ILO,2020).

Furthermore, while the pandemic has caused major disruptions a survey conducted by ILO; the United Nations Educational, Scientific and Cultural Organisation (UNESCO,2020); and the World Bank discovered a multitude of promising practices in the development of flexible learning and assessment options, ranging from high-tech to low-tech and even no-tech solutions, dictated by local contexts and evolving as the crisis unfolded. This corresponds to what was discussed at the NSA webinar that technology has indeed saved the day in the skills development arena during COVID-19.

Additionally, making use of technology during the current times came at a time where the SA government is trying on ensuring that all its people are able to benefit from enhanced digital skills, thereby contributing to a significantly enhanced quality of life, improved education and higher economic growth. The digital national strategy highlights those digital skills are one of the key skills sets required for the creation of new kinds of 21st century jobs (National Digital Stretegy,2020). Originality, agility, critical thinking and problem-solving are important 21st century skills that must be interwoven with digital skills.

The above has been proven by the fact that since most companies have introduced the work from home policies, some positions have become redundant which also contributed to retrenchment. This could have been avoided if the workers were continuously trained. Another one is the fact that the education and training landscape has been challenged as well, where many higher education institutions have introduced online learning. This is suggested it has increased access to education and training. However, a study by Singh, Donoghue & Worton (2020) has highlighted that COVID-19 has exposed the inequalities that exist in our education and training sector. This means the haves continued to have access to education and training whereas the have nots were left behind as they had challenges with access from connectivity to having proper infrastructure.

2.7 South Africa Unrest

In July 2021 SA, particular the KwaZulu-Natal province and some part of Gauteng province. This resulted to several disruptions such a closer of roads, stolen medicines in some Pharmacies in KZN (Majiet,2021). The closure of roads resulted in some patients not being able to seek medical attention. It further disrupted the public and private health facilities where patients were at risk of increased morbidity and mortality as critical services were disrupted. Such as the delivery of oxygen and the transport of patients to hospital (Majiet,2021). Healthcare services will continue to feel the effects of the riots, violence and looting in KwaZulu-Natal and some parts of Gauteng, even as efforts to rebuild get under way. Riots and looting have prevented medical care and cut supply chains of food, medicines, and COVID-19 vaccines (Makoni,2021). The effects of the unrest on the job losses in the health and welfare sector have not yet been documents.

2.8 Township economy

The working definition of township economy' refers to enterprises and markets based in the townships (Gauteng economic development, 2014). The term "township" refers to old, new, formal and informal human settlements that are pre-dominantly African, Coloured, and Indian in nature, with high levels of poverty, unemployment and low incomes as well as distance from major economic hubs (Gauteng economic development, 2014). These township enterprises have different

legal forms some are registered as per the company Act and corporative Act whereas many of them are highly informal are not registered (Gauteng economic development, 2014). This means that large number of the township enterprises are part of the informal sector.

According to Omonona, Oni, Oluwole (2021) COVID-19 pandemic negatively affected micro and small business performance. Their study further concluded that the SA lockdown restrictions had a significant economic impact on the township economy, particularly on micro and small businesses, which account for most of the township economy (Omonona, Oni, Oluwole,2021). The ILO (2020) also reports that the hardest hit by the pandemic is the informal economy. For instance, almost 1.6 billion informal economy workers are significantly impacted by lockdown measures (ILO, 2020).

2.9 Theoretical Framework

The study used the Workplace Skills planning framework for the study. The theoretical framework is the structure that can hold or support a theory of a research study (Bryman, 2012). Workplace skills plan documents the skills needs in an organisation and describe the range of skills development interventions for that organisation. This document is developed on an annual basis, it is used to access the mandatory grant for skills training (HRD toolkit guide,2013). In HWSETA it is also used to access the discretionary grants for non-levy paying organisations. WSP provides important information on the sector information to the SETA on employee profiles, skills need, and skills development interventions.

For the purpose of the study, this framework was useful as it provided a guide on important information that can assist the Health and Welfare Sector in establishing the effects of COVI-19 in our sector and further providing a descriptive analysis on skills dynamics. This was done by looking at the key components of the WSP such as the skills gap, hard-to-fill vacancies, and skills development change drivers just to mention a few.

However, the limitation of this framework is that skills development and training are not viewed as a strategic priority by many organisations at times. Which then lacks the executive and broader management buy-in and support. This is another contributing factor why some organisations are not following this framework for their skills planning. This then has a negative impact on skills planning as some skills gaps might not be addressed over time.

2.10 Conclusion

The above section has highlighted the preliminary literature on the area under study. By first unpacking the word job losses, the job losses across the globe during the pandemic, the labour market trends for the health and welfare sector, and how skills development was affected by COVID-19. It also highlights the need for strong sustainable investments in the health systems which includes training and education which has a critical role in both crisis response and in building a future that is prepared for health emergencies. It also highlighted the extent the KZN riots had on the health sector. It has also highlighted how the pandemic have affected the township economy. It further provided a theoretical framework that the study will use in answering the study objectives. Lastly, from this section, we can see that COVID-19 might have some effects on job losses to a certain extent. However, the extent of job losses due to COVID-19 in the health and Welfare sector is still unclear.

CHAPTER 3 RESEARCH METHODOLOGY

3. Introduction

This section highlights and describes the research method and design that was employed in this research to collect, process, sampling approach, and analyse data. To assist us in providing answers to the research objectives that this study intended to answer. The research methodology was informed by the preliminary literature review.

3.1 Research Methodology

The study made use of a mixed-method research strategy. The mixed-method research strategy is a combination of qualitative and quantitative research strategies. The basic premise of this methodology is that such integration allows for more comprehensive and systematic use of data than separate quantitative and qualitative data collection analysis (Inghan-Broomfeild, 2014).

According to Creswell, Fetters, and Ivankova, (2004) the core characteristics of mixed-methods study include collecting and analysing both quantitative (closed-ended) and qualitative (open-ended) data. The mixed-method employs rigorous procedures in data collection and analysis that are appropriate to the tradition of each method (Creswell et al,2004). Such as ensuring an appropriate sample size for quantitative and qualitative analysis (Creswell et al,2004). Given the complexity of the issue understudy, mixed methods will assist in assessing the complexity of the research problem.

According to Creswell et al, (2004) integration of quantitative and qualitative data in the form of a mixed-methods study has great potential to strengthen the rigour and enrich the analysis and findings. The qualitative research strategy is a systematic subjective approach used to describe life experiences and situations to give them meaning (Inghan-Broomfeild, 2014). Furthermore, Inghan-Broomfeild, (2014) highlights that qualitative research can provide complex textual descriptions of how people experience a given research issue.

Whereas quantitative research strategy is the process of collecting and analysing numerical data (Inghan-Broomfeild, 2014). It can be used to find patterns and averages, make predictions and test causal relationships (Inghan-Broomfeild, 2014). Therefore, mixed-method has helped in giving us a better understanding of the issue under study by looking at it from different viewpoints.

3.2 Target Population and Sampling

A study population is a group of individuals from a general population who share the same characteristics (Bryman, 2012). In view of the study objectives that seeks to understand effect of COVID-19 at sectoral level, the population of the study is that of all the organisations registered with HWSETA as shown in Table 1 below. The population of organisations registered with HWSETA as at 1 July 2021 from the ERP is 36375. Of all the organisations registered with HWSETA, 95% are levy paying organisations.

Table 1: Population of all organisations registered with HWSETA as at the 1st of July 2021 by organization levy-paying status

Sampling is defined as a way of choosing people from the population (Wotela, 2016). Sampling is used because one cannot collect information from the entire population; even if it is a small population, data may be needed immediately, and it might take time to complete the entire population (Kothari, 2004). Whilst there are two types of sampling which are probability sampling and non-probability sampling the study made use of non-probability sampling. Purposive sampling was used as it is a type of nonprobability sample. Purposive sample assisted in producing a sample that can be logically assumed to be representative of the population (Crossman, 2019).

3.3 Sample Size

Adopting the mixed methods, the study utilised three samples. The first two samples were from the HWSETA SSP employer interviews conducted both in 2020 and 2021. The intention was to understand experiences of the employers in the sector in 2020 to 2021 as it relates to the pre-COVID-19 and during COVID-19 years respectively. The last sample was from the HWSETA structured survey conducted in 2021 and designed for this study as it had additional questions adapted from both the SSP employer interviews and Stats SA's business impact survey of the COVID-19 pandemic in South Africa.

HWSETA SSP employer interviews 2020-2021

The study sample for this study was based on 37 semi-structured employer interviews that were conducted in 2020 (sample of 15 employers) and 2021 (sample of 22 employers). Ten of the employers belonged to both samples and are counted separately to account for each year's response (see Table 2 below).

Table 2: Sample size of the SSP employer interviews in 2020 and 2021

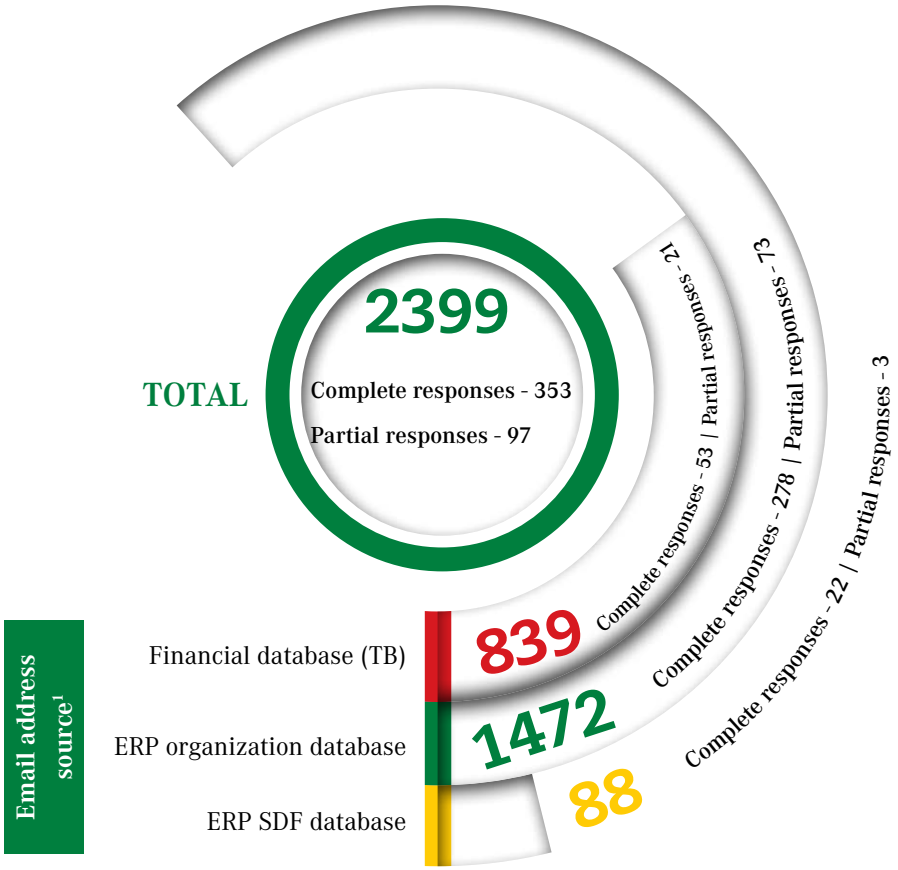
Employer Interviews	2020	2021
R1		
R2		
R3		
R4		
R5		
R6		
R7		
R8		
R9		
R10		
R11		
R12		
R13		
R14		
R15		
R16		
R17		
R18		
R19		
R20		
R21		
R22		
R23		
R24		
R25		
R26		

Source: HWSETA SSP Interview Schedule for 2020 and 2021

HWSETA structured survey 2021

A structured survey was sent to the 2399 organisations levy paying and those that are registered with T-numbers using SurveyMonkey platform.

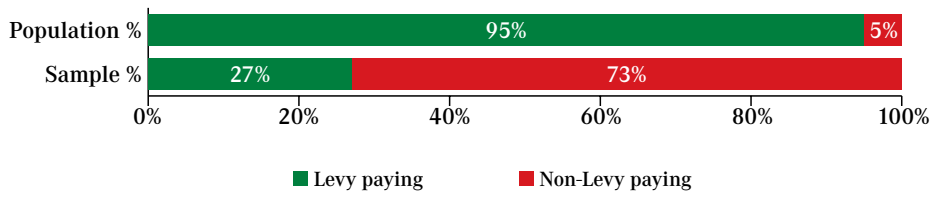
Table 3: Sample Size of the structured survey 2021



1 It was crucial to indicate the email address source given the challenge that only 7% of all HWSETA registered organisations submit their WSPs. As such, emails can only be retrieved amongst those that submit. Thus, sample distribution is premised on which organisations submit their WSPs to HWSETA.

The study is indicative not representative given that the population of HWSETA registered organisations is 36375 as at 1st of July 2021. As such, our sample (450) constitute of 1.2% of the population. Further, distribution of the sample (450) is predominantly (327/450=73%) for non-levy paying organisations (see Figure 3) which is the opposite when comparing to the population.

Figure 3: Distribution of organisations across the population and sample by organisation levy-paying status



Source: HWSETA ERP and Structured Survey 2021

Methods for Data Collection

This section documents the actual procedure and the methods that was employed in this research to collect, process, and analyse empirical evidence. Broadly, we detail the data and information collection instruments.

In collecting the data, the researcher must decide which data to collect, how to collect the data, etc. Amongst the different types of data collection instruments such as observations, questionnaires, surveys just to mention a few. This study made use of the triangulation method for data collection. Where the use of structured survey questions and semi-structured questions was employed for data collection. Triangulation is defined as the mixing of data or methods to diverse different viewpoints of the issue under study (Schoonenboom and Burke, (2017). This often helps in validating the claims that might arise in the study, (Bowen,2009).

In both 2020 and 2021, the SSP employer interviews were conducted in June using face-to-face (physically and virtually). The structured survey was conducted between the 30th of August 2021 to the 6th of September 2021 using an email-based platform called SurveyMonkey.

3.4 Data collection instrument

Given the nature of the study, the following were used:

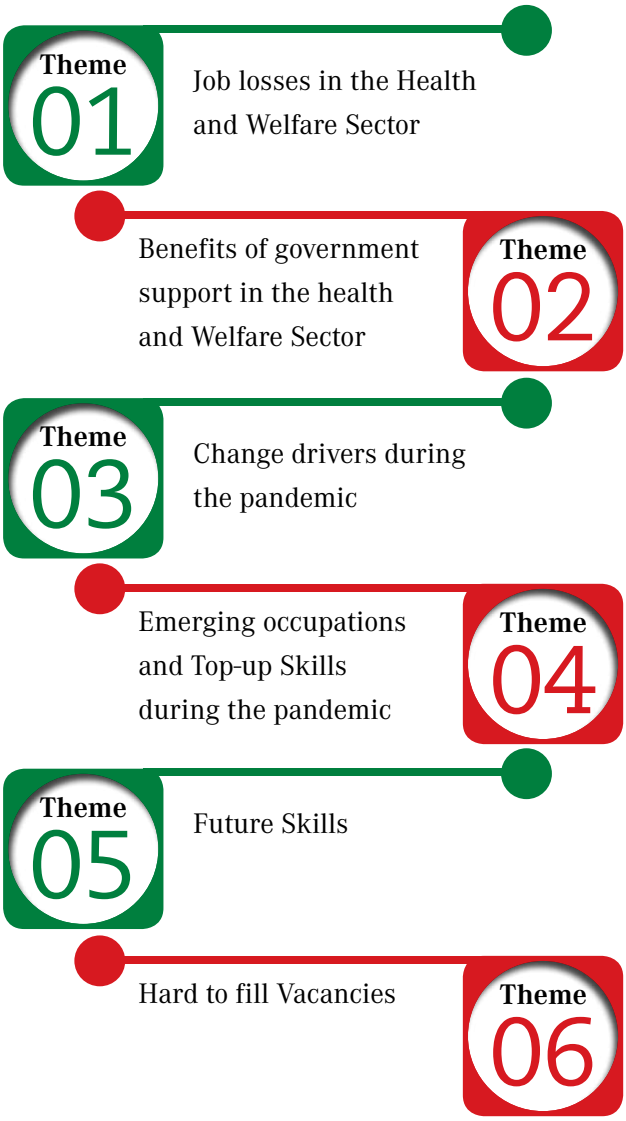
- Semi-structured Interviews (**Appendix 1**- this appendix highlights the semi-structured interview questions).
- Structured survey questions (**Appendix 2**)
- Previous years collected Employer interview answers
- Finance division levy contributing list of organisations

Analysis of these types of documents assisted us in getting answers to the research questions of the study.

3.5 Data analysis

Data analysis is a process of examining data to come up with important information to use (Wotela, 2016). Descriptive analysis and thematic analysis were used in this study since they are one of the most common forms of analysis in mixed methods research. Descriptive analysis is a type of data analysis that helps to describe, show, or constructively summarize data points so that patterns can emerge that satisfy all the data's conditions (Creswell,2014). According to Creswell, (2014) descriptive analysis describes what exists and attempts to pave the way for the discovery of new facts. In this study, a descriptive analysis was used in making a comparison of interview data collected in 2020 and 2021 across all three samples through Excel and STATA software.

The thematic analysis includes emphasizing pinpointing, examining, and recording patterns within data (Bryman, 2012). According to Bryman, (2012) themes are patterns across data sets that are important to the description of a phenomenon and are associated with a specific research question. Bryman, (2012) outlines the importance of thematic analysis, which is to come up with a dataset that will give answers to the research questions that the study seeks to address. These patterns are identified through a rigorous process of data familiarisation, data coding, and theme development and revision (Bryman, 2012). The benefit of making use of "thematic analysis" is that it is flexible theoretically (Braun, 2006:52). Thematic analysis was useful for this study when open-ended questions from the semi-structured employer interviews were analysed using thematic analysis. The WSP framework provided the basis for the analysis using the following key themes:



3.6 Dissemination of the research findings

The research findings will be disseminated in the following manner:

- They will be presented to the Research information Monitoring and Evaluation (RIME) and Skills Development Planning standing committee
- They will be presented to SDP-RIME standing committee and HWSETA Board.
- The report will be published on the HWSETA website
- Lastly, the report will be shared with the Department of Higher Education and Training to be added to the 2021 research bulletin for publication.

Limitations of the Study

Most organisations that are levy paying do not have email address. Of the 34492 levy paying organizations registered with HWSETA as of 1 July 2021 on the ERP, only 4% (1470) of the levying paying organisations had their email addresses.

3.7 Conclusion

The above discussions have highlighted the research methods that the study used, together with the data collection instruments that were used in providing answers to the study research objectives and how such information was analysed.

Chapter 4: Presentation and interpretation of the findings

3.8 Introduction

This chapter presents an overview of the data collected across all three samples in an integrated manner. The presentation of findings follows the research objectives and research questions, namely:

- To establish if there was any workforce change since the beginning of the COVID-19 outbreak within the health and social sector?
- To establish the different change drivers since the beginning of COVID-19.
- To explore implications of the COVID-19 to skill development.
- To explore the effects of COVID-19 on skills needs post-COVID-19 pandemic

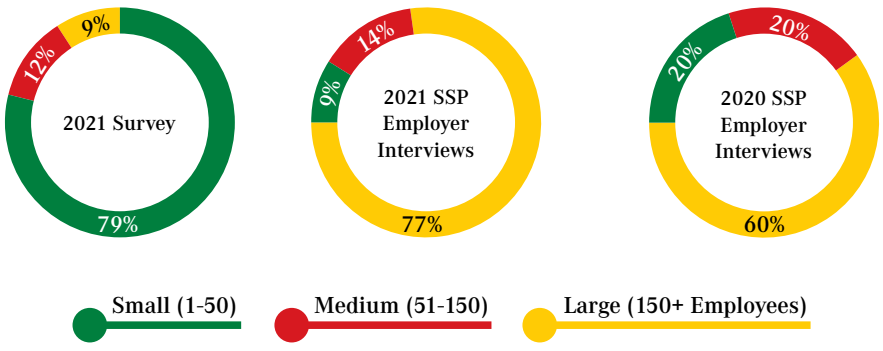
The following questions guided the investigation:

- Were there any job losses in the health and welfare sector since the COVID-19 pandemic?
- What were the change drivers since the start of the COVID-19 pandemic?
- What effects did COVID-19 have on skills development?
- What are emerging skills during the pandemic?

3.9 Organisation Size

Figure 4 below shows that large organisations were highly represented (60%-77%) in both 2020 and 2021 SSP employer interviews while it was the least represented (9%) in 2021 structured survey. These differences arise from the use of different data collection methods. For example, both 2020 and 2021 SSP employer interviews were directly selected by HWSETA prioritising large organisation in view of their share of levy contribution and total employment in the sector. For the 2021 structured survey, selection of the sample was from the population of all HWSETA organisations with email addresses. As such, distribution of organisation size is reflecting the distribution of the number of organisations in the population rather than levy contribution and total employment.

Figure 4: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 survey by organisation size

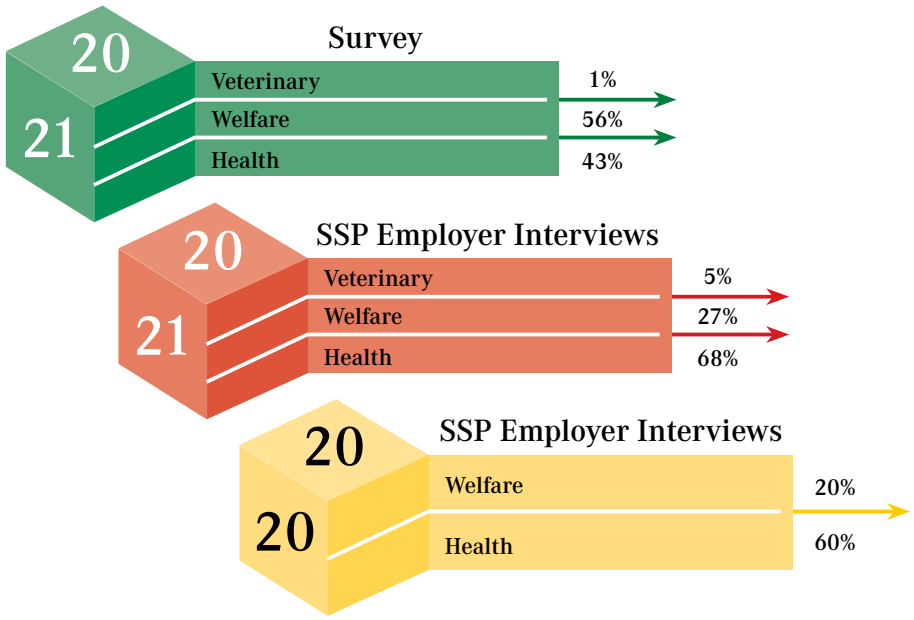


Source: HWSETA SSP interviews [2020-2021] and HWSETA structured survey 2021

3.10 Sector Coverage

Figure 5 below highlights the sector coverage of the organisation interviewed in 2020-2021 and those that participated in the structured survey 2021. Sector coverage in 2020 and 2021 SSP employer interviews was predominantly in health at 80% and 68% respectively indicating that majority of the large organisations represent the health sector. Social sector was dominant in the HWSETA 2021 survey at 56% followed by health at 43%. Share of health coverage in the HWSETA 2021 survey is not consistent with its share in the overall population due to that the sample is disproportionately distributed towards the non-levy exempt organisations that are predominantly NGOs/NPOs in the social sector.

Figure 5: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 structured survey by sector coverage



Source: HWSETA SSP interviews [2020-2021] and HWSETA structured survey 2021

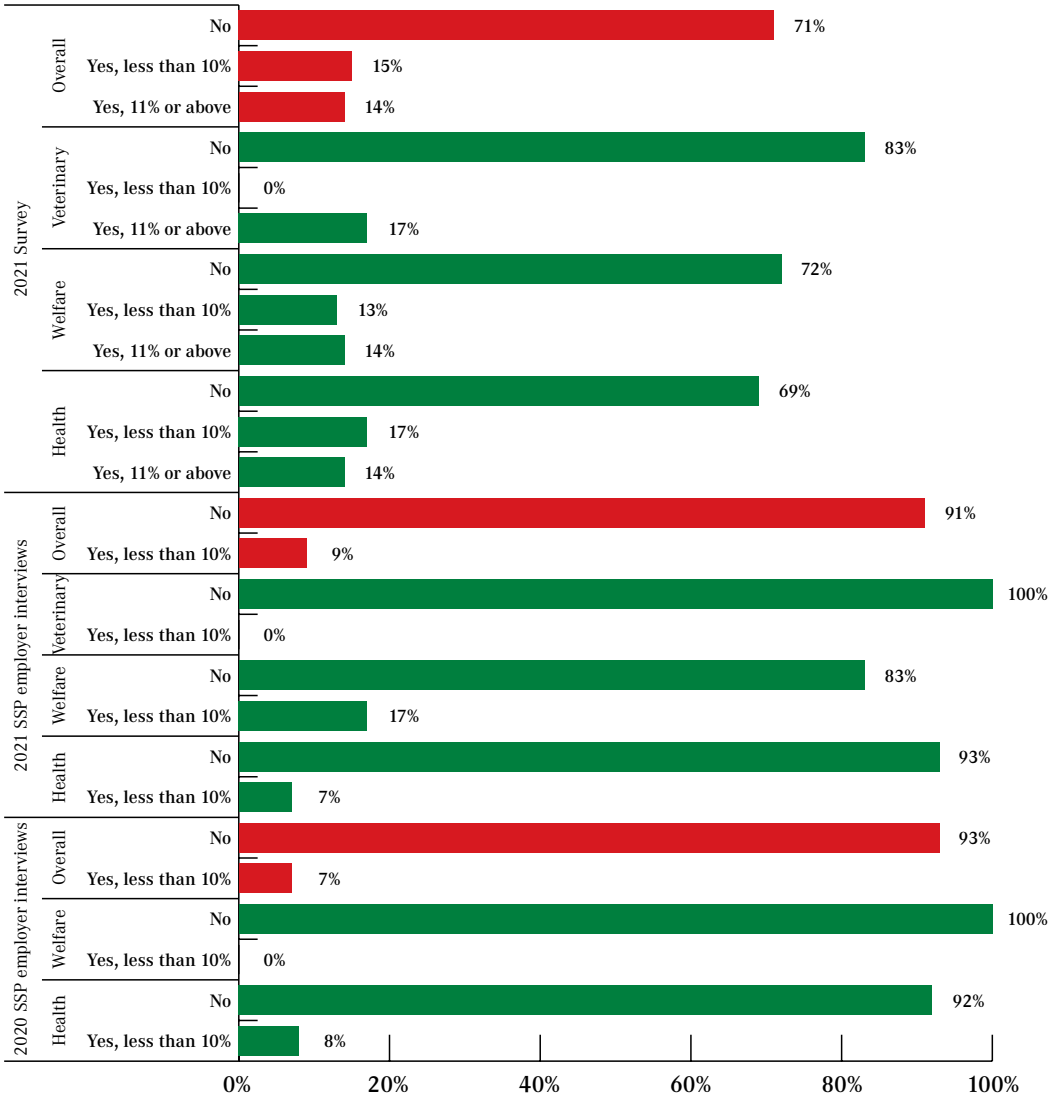
3.11 Workforce changes in the health and welfare sector

This section seeks to respond to the research question 'were there any job losses in the health and welfare since the COVID-19 pandemic?'. Figure 2 of the literature review refers to the estimate of total employment in the health and welfare sector as reported by the HWSETA SSP 2022/23. The report states that the average annual growth of employment of the total sector was 3.8% between 2012 and 2020. Analysis, as shown in Figure 2, shows that the average annual growth of employment in total sector from 2019 to 2020 was 8.7%. However, the average annual growth of employment in private sector from 2019 to 2020 was 15,4% compared to 1.5% in the public sector. This means there was a significant change of employment during the COVID-19 year (2020) in the private sector. This study identifies factors, using evidence from the three samples, responsible for these workforce changes.

Figure 6 below shows that, on overall, organisations sampled in both 2020 and 2021 SSP employer interviews reported (91-93%) that they did not retrench their employees at all with a few (7% to 9%) confirming retrenchment that was less than 10% of their staff. Similarly, although with a decrease of an average 21 percent points from 2020 to 2021, structured survey conducted in 2021 shows that 71% of organisations indicate that they did not retrench their staff at all with a 15% confirming retrenchment of less than 10% of their staff and 14% confirming retrenchment at 11% or more of their staff. Irrespective of different

methods of samples adopted by for SSP employer interviews in 2020-2021 and structured survey 2021, findings across the samples indicate that majority of the organisations (at the very least 71% or more than two-thirds) did not retrench any of their staff. The decrease when comparing 2020 to 2021 is crucial not for the quantity (since it may be affected by different methods adopted) but direction of change as this is indicative of a gradual decrease of employers not retrenching their staff. Thus, the more prolonged is COVID-19 pandemic the lesser maybe the organisations that can avoid retrenchments. Within sub-sector differences (health, welfare, and veterinary) are not clear at this stage given the inconsistencies in their distribution of across the samples.

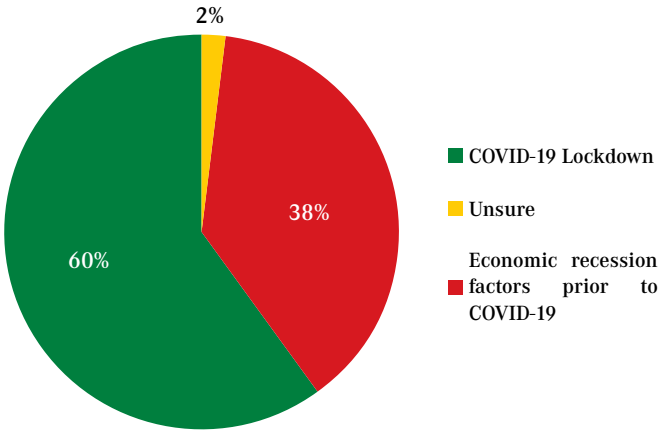
Figure 6: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 structured survey by retrenchment status



Source: HWSETA SSP interviews [2020-2021] and HWSETA structured survey 2021

The structured survey 2021 had additional questions unique from SSP employer interviews that allowed the study to explore primary reasons of the organisations to retrench some of their staff (see Figure 7 below). Of the organisations that retrenched their staff, 60% reported COVID-19 lockdown as their primary reason followed by economic recession factors prior to COVID-19 at 38%.

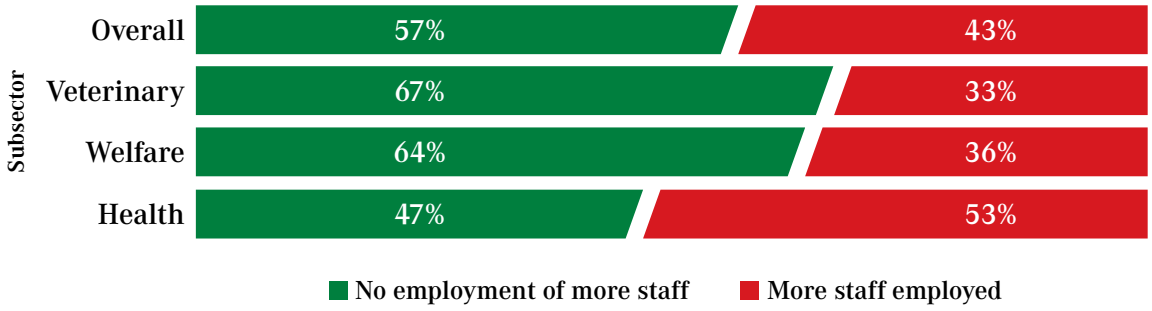
Figure 7: Distribution of organisations that retrenched staff across structured survey 2021 by primary reasons of retrenchment



Source: HWSETA structured survey 2021

The structured survey 2021 also asked the respondents 'did your organisation employ more staff between 01 April 2020 till to date? This was to establish whether some organisations were able to increase their workforce during the COVID-19 pandemic. Figure 8 below shows that, on overall, 43% of organisations from the structured survey were able to employ more staff between 01 April 2020 and 06 September 2021. Importantly, employment of more staff by health sector (53%) is above the overall distribution by 10%. This indicate that health sector primarily explains and drives the employment during the COVID-19 pandemic.

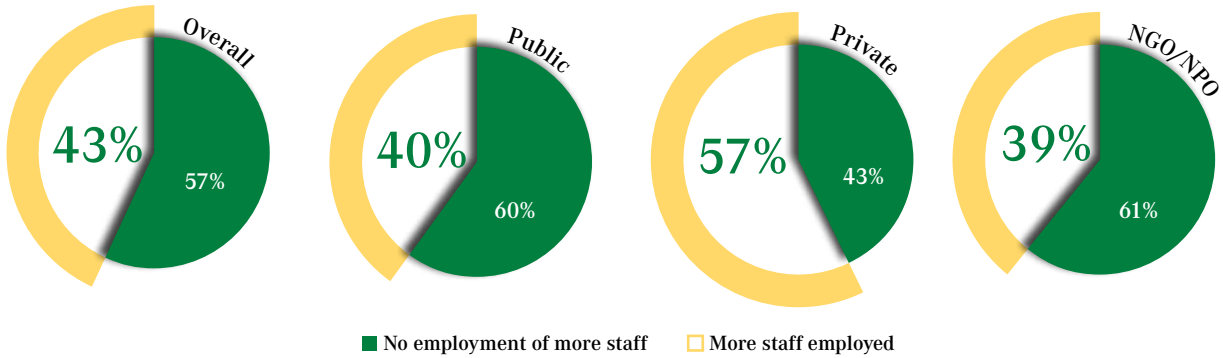
Figure 8: Distribution of organisations across the structured survey 2021 sample by more staff employment status and organisation subsector



Source: HWSETA structured survey 2021

Figure 9 below shows that employment of more staff by organisations in the private sector (57%) is above the overall distribution by 14%. This indicate that health sector primarily explains and drives the employment during the COVID-19 pandemic. As such, we can deduce that organisations in the health sector explaining more employment of staff during the COVID-19 pandemic are predominantly from the private sector.

Figure 9: Distribution of organisations across the structured survey 2021 sample by more staff employment status and organisation sector



Source: HWSETA structured survey 2021

To determine the effects of COVID-19 in our sector, it was then necessary for our study participants to indicate if their organisations closed due to COVID-19/liquidated. The latter is referred to as the trading status in this report. Findings in Figure 10 below highlights that both in 2020 and 20201 most (70%-100%) organisations continued to trade in their business across all sub-sectors.

Figure 10: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 structured survey by closing down/trading status

Source: HWSETA SSP interviews [2020-2021] and HWSETA structured survey 2021

While many businesses closed due to COVID-19 in general, the continued trading of organisations in the sector is largely explained by the classification of the sector as part of essential services. As such, the organisations in all subsectors were able to operate and remain productive for both their survival and thriving during COVID-19 pandemic.

The findings below (Table 4) show factors that were significantly associated with retrenchment status and more staff employment using Chi square test.

Table 4: Association of factors with retrenchment status and more staff employment status from the HWSETA structured survey 2021

Factor	Retrenchment Status		More staff employment status	
	Pvalue	Association	Pvalue	Association
Organisation size	0.239	Insignificant	0.000	Significant
Trading status	0.002	Significant	0.001	Significant
Value-chain status	0.000	Significant	0.000	Significant
COVID-19 coping status	0.004	Significant	0.014	Significant
Work demands status	0.000	Significant	0.000	Significant
Income reduction status	0.000	Significant	0.000	Significant
SDL benefit status	0.057	Significant	0.000	Significant
Organisation sector	0.626	Insignificant	0.002	Significant
Organisation sub-sector	0.511	Insignificant	0.000	Significant
IT system robustness	0.127	Insignificant	0.000	Significant
COVID-19 UIF-TERS status	0.130	Insignificant	0.011	Significant
Levy paying organisation status	0.143	Insignificant	0.000	Significant

Source: HWSETA structured survey 2021

For all the factors that had a significant association with each outcome variable concerned (retrenchment status and/or more staff employment status), they were explored further in a regression to establish the nature of relationship they have with outcome variables (retrenchment status and more staff employment). Table 5 below illustrates the findings from Binary logistic regression using STATA 12 to determine the relationship of each factor with retrenchment status. Findings in Table 5 below show that of all the six factors significantly associated with retrenchment status, only work demand status and income reduction status have a significant relationship with retrenchment status.

Organisations with the workforce that could meet the work demands were 8% more likely to avoid retrenchment while organisations that did not reduce their employee's income were 37% more likely to avoid retrenchment of staff. These two factors explain why most organisations in health and welfare sector did not retrench their staff. The declaration of health and welfare sector as an essential service meant operations continued as normal and ensured delivery of set targets. At the same time, increased demand for health and welfare services meant that the workforce was even in more demand at times working overtime. Income reduction is normally associated with significant reduction in operations which ultimately affects the cashflow of the organisation. As such, health and welfare organisations did not reduce their staff's income since there was more work to their businesses during the COVID-19 pandemic. This possibly increased productivity and revenue of the organisations in the sector.

Table 5: Relationship between retrenchment status and associated factors

Factor	Coefficient	Pvalue	Relationship Status
Trading status	.0481903	0.298	Insignificant
Value-chain status	.066738	0.123	Insignificant
COVID-19 coping status	.0147351	0.720	Insignificant
Work demands status	.0853545	0.052	Significant
Income reduction status	.3711672	0.000	Significant
SDL benefit status	-.0186634	0.766	Insignificant

Table 6 below illustrates the findings from Binary logistic regression using STATA 12 to determine the relationship of each factor with more staff employment status. Findings in Table 6 below show that of all the thirteen factors significantly associated with more staff employment status, only the organisation size and value-chain status have a significant relationship with more staff employment status. Findings show that organisations with large size (>150) were 44% more like to employ more staff than their counterparts (small to medium size organisations).

Further, organisations whose value chain was uninterrupted were 18% more likely to employ more staff than their counterparts (organisations with interrupted value-chain). In terms of the large size organisations, this study has shown in Figure 8 and 9 that large size organisations are predominantly from health subsector and private sector. This confirms the findings from the SSP 2022/23 showing an average annual growth of 15,4% from 2019 to 2020.

The health and welfare sector's value chain was uninterrupted given the declaration of health and welfare sector as an essential service.

Table 6: Relationship between more staff employment status and associated factors

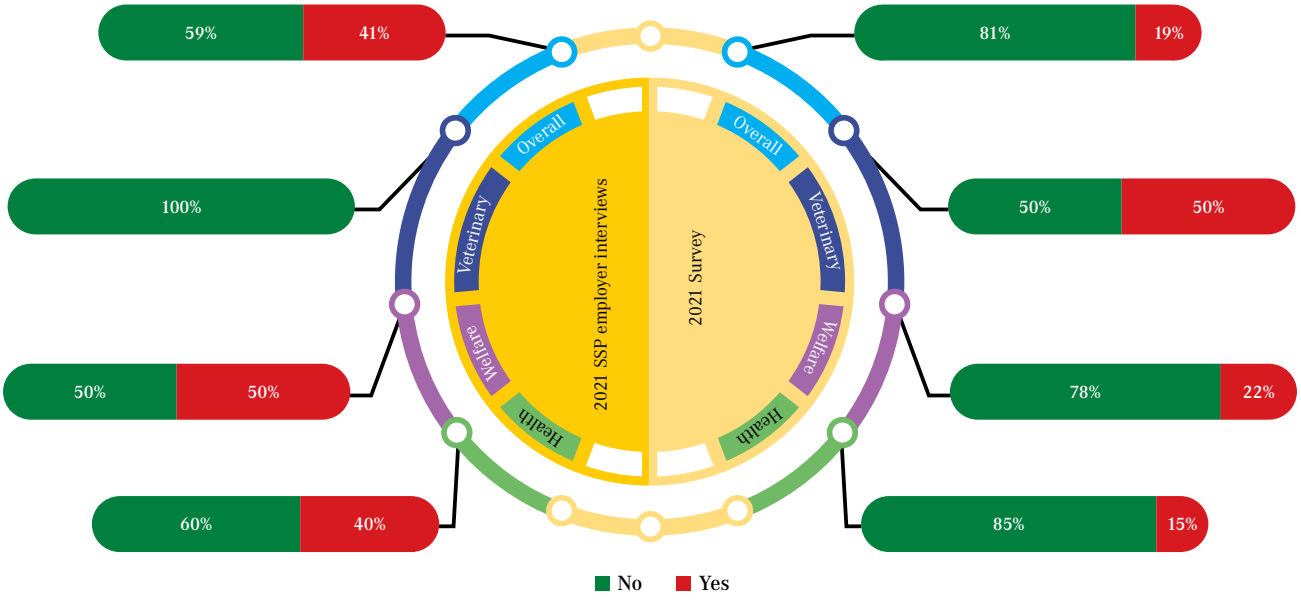
Factor	Coefficient	Pvalue	Relationship Status
Retrenchment status	.0242046	0.722	Insignificant
Organisation size	.4423623	0.000	Significant
Trading status	.042667	0.526	Insignificant
Value-chain status	.1754483	0.005	Significant
COVID-19 coping status	-.1130522	0.072	Insignificant
Work demands status	.0647657	0.313	Insignificant
Income reduction status	.0900242	0.178	Insignificant
SDL benefit status	.134483	0.180	Insignificant
Organisation sector	-.0678281	0.371	Insignificant
Organisation sub-sector	.0722819	0.245	Insignificant
IT system robustness	.0858711	0.172	Insignificant
COVID-19 UIF-TERS status	-.0459688	0.551	Insignificant
Levy paying organisation status	.0746512	0.310	Insignificant

3.12 Benefits of government support in the health and welfare sector

It is important to note that the following results are only coming from 2021 SSP employer interviews and structured survey. This question was not featured during the 2020 employer interviews since at that time the UIF-TERs benefit was not yet established.

This theme seeks to explore the extent of government support in assisting to curb the possible retrenchments. There was a question which asked the study participants "if they benefitted from UIF-TERS?" On overall, 59% and 81% of participants from the sample of 2021 in SSP employer interviews and structured survey respectively indicate that their organisations did not benefit from COVID-19 UIF-TERS (see Figure 9). A similar trend was observed across all sub-sectors even though veterinary sector an exception due to its low numbers in the sample.

Figure 11: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 structured survey by COVID-19 UIF-TERS status

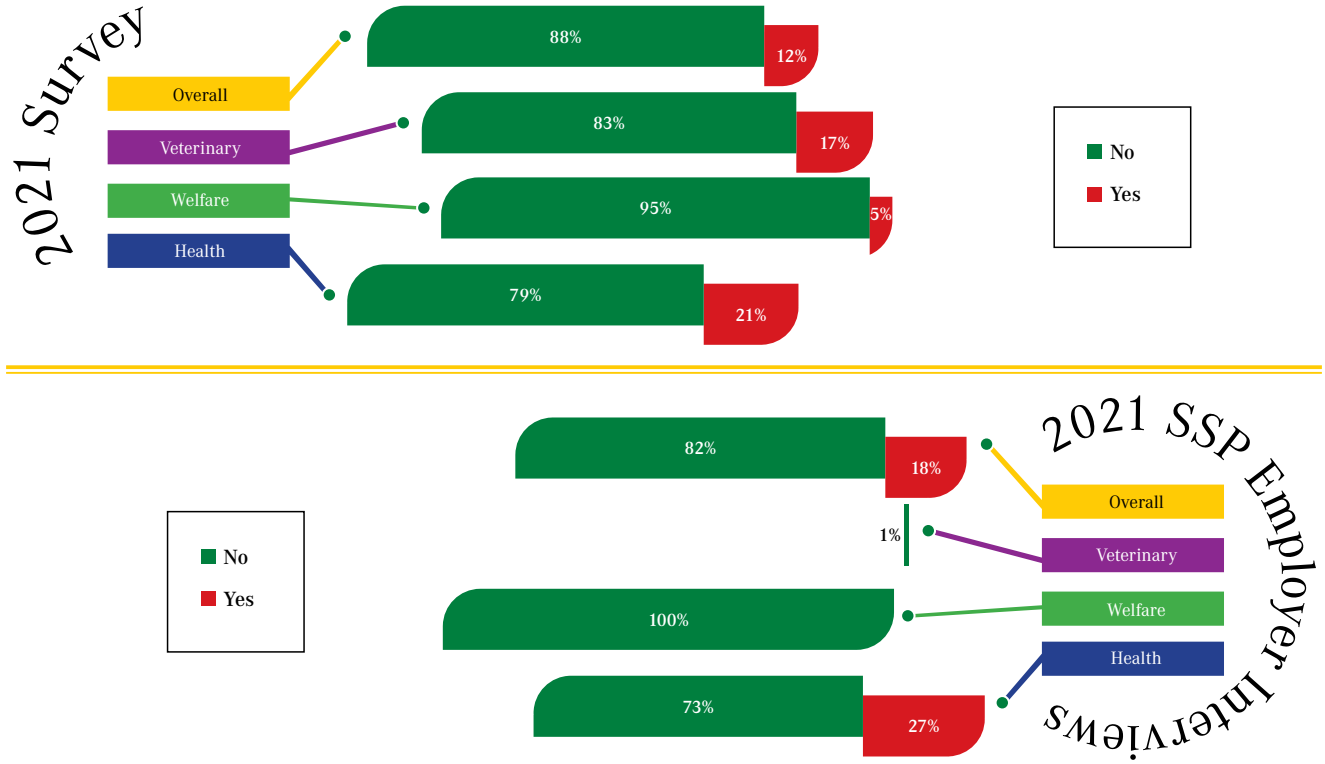


Source: HWSETA SSP interviews 2021and HWSETA structured survey 2021

It is possible that most of the organisations did not meet the eligibility criteria for COVID-19 UIF-TERS that was primarily "created to assist employees who have lost income due to COVID-19, and the regulations limiting economic activity during various levels of lockdown" (DoL 2020). However, a further analysis of the structure survey 2021 communicates a different perspective. Of those that did not benefit from the COVID-19 UIF-TERS in the structured survey sample, 80% were non-levy exempt organisations, 82% were small organisations, 80% were NGOs/NPOs. On average, participants stated that the usefulness of COVID-19 UIF-TERS is at a reasonable level.

Another question on government-related support was to check if the number of employers that benefited from the SDL payment holiday. On overall, across both samples, between 82% to 88% of participants confirmed that their organisations were not beneficiaries to the SDL payment holiday. A similar trend was observed across both samples among different sub-sectors. Of those that did not benefit from the SDL payment holiday in the structured survey sample, 79% were non-levy exempt organisations, 82% were small organisations, 82% were NGOs/NPOs. On average, participants stated that the usefulness of SDL payment holiday is at a reasonable level.

Figure 12: Distribution of organisations across 2020-2021 SSP employer interviews and 2021 structured survey by SDL payment holiday status



Source: HWSETA SSP interviews 2021and HWSETA structured survey 2021

For the welfare sector reasons for the non-beneficial on the SDL payment holiday could be that they are level exempted as per the SDL levies Act. Some of the reasons mentioned by the participant for non-beneficial on the SDL payment holiday were that "we did not stop paying we continued with our contribution". Another reason was that them not paying was not going to make any positive impact on their finances, hence they opted to continue with paying.

3.13 Change drivers during the pandemic

It is with no doubt that the pandemic has affected the way things are done and how things will be in the near future. Another question that the study participants were asked was the question of "what are the change drivers in their organisations? It is important to note that the response from this question included responses from 2020 and 2021 since this question was featured in both years.

Figure 13: Change drivers during the pandemic

National Health Insurance (NHI)

NHI has been mentioned as a change driver by R 2 "in trying to ensure that we are NHI compliant"

R6- "How it will potentially affect our business".

R23 –"NHI how it will potentially affect our services".

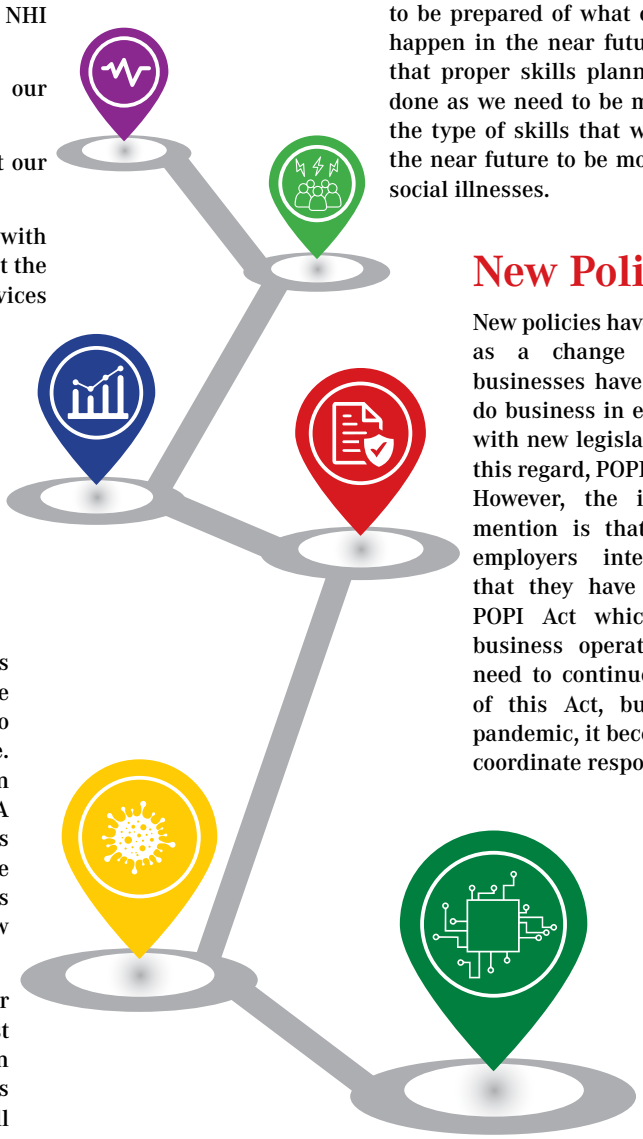
The employers were mostly concerned with this change driver on how they will meet the complaint standard and how their services were going to be affected by NHI.

Emerging Markets

COVID-19

COVID-19 has also been highlighted as a change driver; this talks to the above as it has forced these organisations to depend on technology more than before. This is also in support of what has been highlighted in chapter 2 during the NSA webinar that technology in the skills development arena has indeed saved the day. As the spread of COVID-19 continues organisations need to find and adopt new ways of doing things.

The overall concern on this change driver was around the supply of specialist nurses and the impact of the delay on current nursing students. Other concerns were "We still don't quite know the full impact". "COVID-19 has delayed some training as it has forced us to do virtual training of which in most instances it is very difficult to do considering our environment".



Social illness

Social Illness was also highlighted as a change driver. The increase in social illness requires "us to work more in trying to be prepared of what could potentially happen in the near future". This means that proper skills planning needs to be done as we need to be more futurists on the type of skills that will be needed in the near future to be more responsive to social illnesses.

New Policies

New policies have also been identified as a change driver since most businesses have to change how they do business in ensuring they comply with new legislation. For instance, in this regard, POPI Act was highlighted. However, the interesting point to mention is that in this sector the employers interviewed mentioned that they have been enforcing the POPI Act which is part of their business operations. But they still need to continue to train their staff of this Act, but with the current pandemic, it becomes very difficult to coordinate responsive engagements.

Technology

Technology the respondents from R1-R27 mentioned that "the pandemic has forced things to happen virtually, and, in most cases, it has forced them to integrate to online early than planned". With technology, they mentioned that "digitalisation" and automation were very key change drivers that could potentially affect their organisations negatively if they were not being up to speed. The following are the key implication of this change driver highlighted by the study participants (R1-R27): "Though there is quite a lot of digitisations being implemented, we still need high level and competent personnel for full implementation, which is difficult to find". "Digital skills, inward-driven in terms of systems training". "There is quite a lot of digitisations being implemented, we still need high level and competent personnel for full implementation, which is difficult to find but making progress and getting by with existing personnel."

Source: HWSETA SSP Interviews

The figure above highlights the different change drivers that were highlighted by the study participants. It is worth mentioning that these change drivers appeared in both years 2020 and 2021.

3.14 Emerging skills and occupations

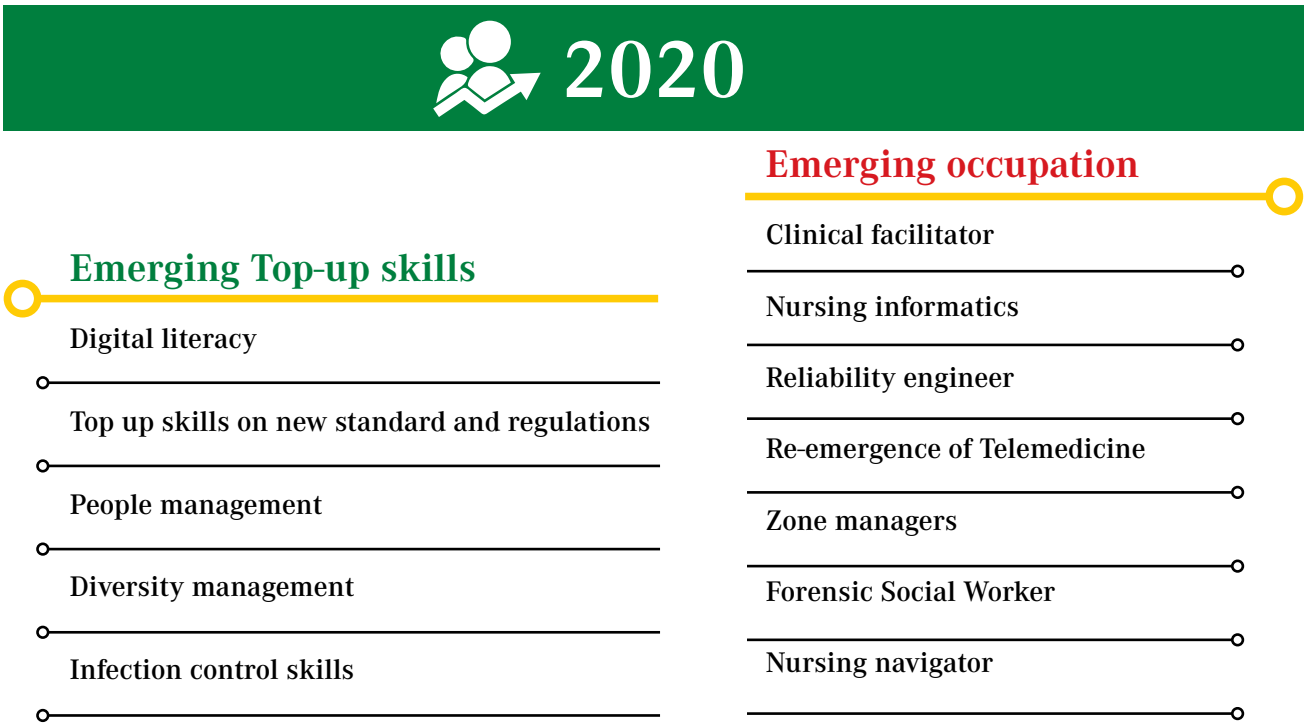
With the documented change drivers there was also a question on the emerging skills and occupation in the sector. It is important to note that this question was also featured during the 2020 and 2021 interviews with the employers listed on the participation list above.

It is also worth mentioning that the concept "emerging "different employers have a different definition of what emerging meant. Going forward it might assist to have this concept properly defined to ensure everyone understands it the same way.

For this study noting the different issues around the concept, emerging is seen as a new skill or occupation that was not there. For instance, not documented on the OFO.

The figure below highlights 2020 emerging skills and occupations highlighted by 15 employers during the 2020 SSP interviews.

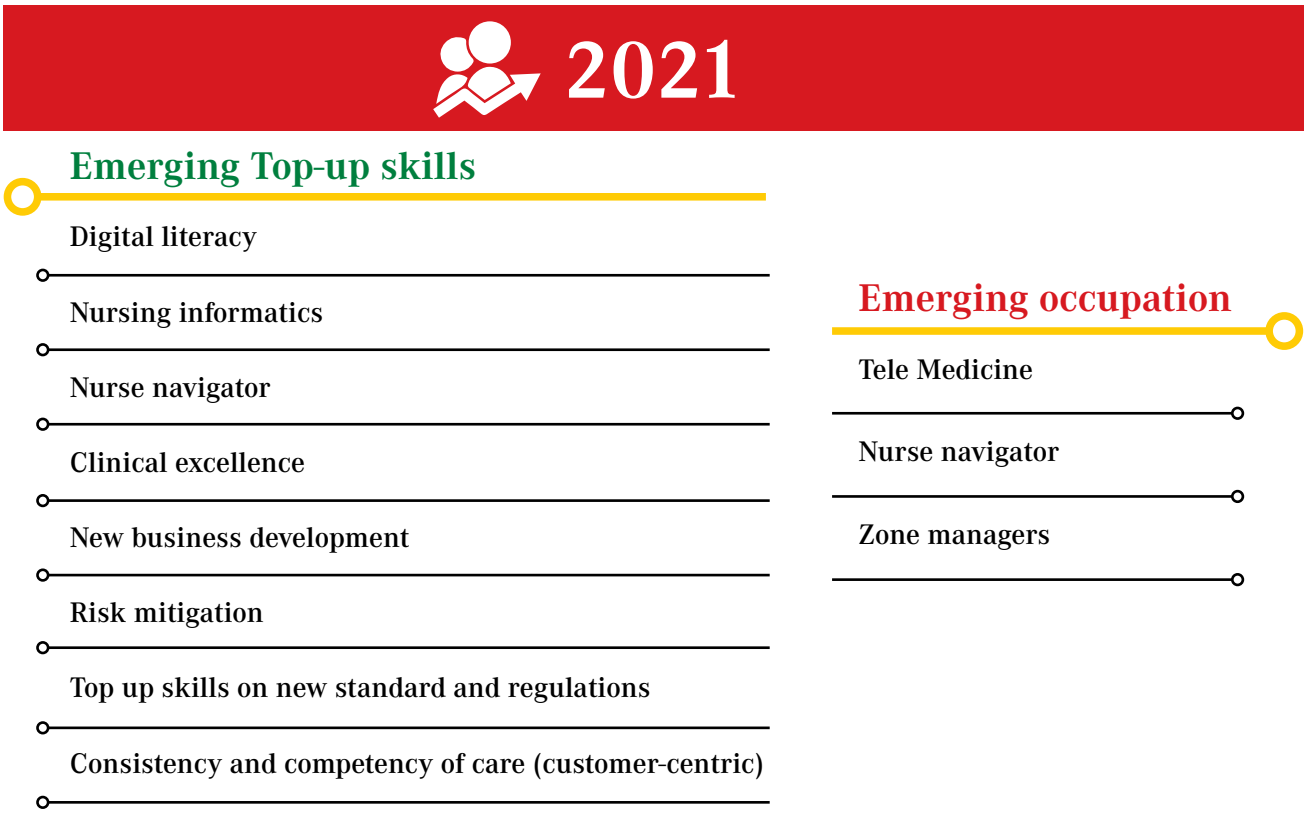
Figure 14: 2020 Emerging Top-up skills and Occupations



Source: HWSETA SSP interviews

The figure below highlights the emerging top-up skills and occupations highlighted by 22 employers during the 2021 SSP interviews.

Figure 15: 2021 Emerging Top-up skills and Occupations



Source: HWSETA SSP Interviews

Future Skills

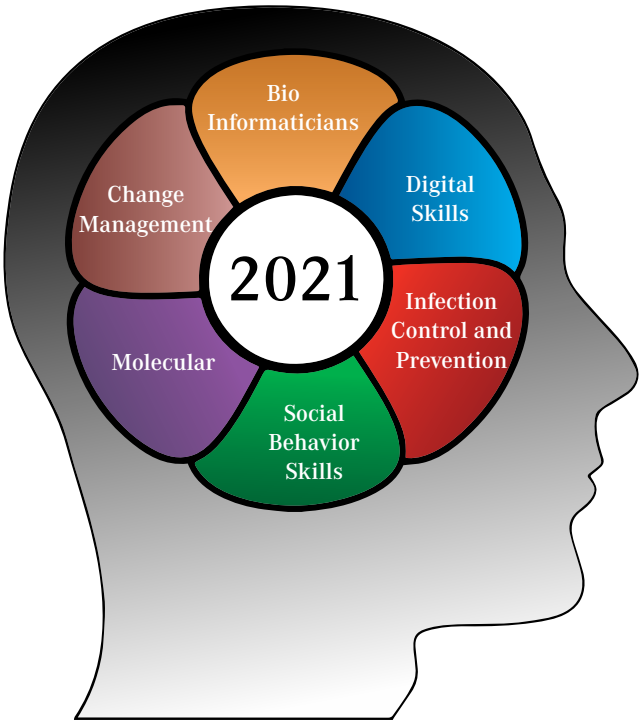
The COVID-19 pandemic has undoubtedly challenged how things are done. With the change of things different skills set would be needed. In the question on possible future skills, a few employers highlighted the future skills. For instance, out of the 15 interviews in 2020 about 12 employers responded to this question the rest indicated that they did not have any projected future skills.

Figure 16: 2020 FUTURE SKILLS

Source: HWSETA 2020 SSP Interviews

Out of the 22 employer interviews conducted in 2021 about 15 organisations responded to the question on future skills.

Figure 17: Future Skills listed by employers



From both, the years digital, eLearning and training skills came out to be amongst future skills highlighted by the employers interviewed during the SSP interviews.

3.15 Conclusions

The study has shown that there were significant workforce changes in the Health and Welfare Sector since the beginning of the COVID-19 outbreak due to increased demand of health and social services and the sector being declared an essential service. These factors gave an ability to organisations in the sector, primarily large size organisations in the health sub-sector operating in the private sector, to avoid retrenchment of their staff while employing more staff during the same period. Of all the drives of change, the COVID-19 lockdown was the primary reason why certain organisations had to retrench some of their staff. The effect to skills was in that eLearning and training skills came out to be amongst future skills highlighted by the employers interviewed during the SSP interviews.

Recommendations

The main recommendations of the study as it relates to the ERRP skills strategy are:

a) To maximize opportunities for new entrants and preserve jobs for those part of the workforce already towards targeted skills programmes (ERRP intervention one), HWSETA should broaden its training and re-training capacity by supporting e-learning programmes and technology platforms to counter the effects of COVID-19 and technology which has been shown to contribute towards job losses and disruption in training. To ascertain the best way to respond, HWSETA should conduct an e-learning study to scope the effect of COVID-19 and technology with respect to digital divide that might be playing out across HWSETA Skills Development Providers (SDPs). The study should further determine the share of the SDPs that have started implementing their blended eLearning in line with the QCTO eLearning and e-Assessment guidelines on Occupational Qualification Sub-Framework (OQSF) during the current pandemic. Ultimately the study will identify support needs for those currently unable to implement eLearning to improve their readiness. This is important considering that this current study was focused on employers not SDPs who carry out training for the sector.

b) To further maximize opportunities for new entrants and preserve jobs for those part of the workforce already towards targeted skills programmes (ERRP intervention one) with respect to digital economy skills, the study recommends a specific focus by HWSETA to support training on the emerging top up skills such as digital literacy, top up skills on new standard and regulations. These emerging top up skills are specific to the following emerging occupations, re-emergence of Telemedicine, nursing informatics, and nurse navigator.

c) The study recommends that HWSETA considers partnerships with stakeholders whose value-chain links both training (skilling and upskilling) and employment prospects for new entrants and job preservation for those already employed. To this end, the study signal that the large size organisation (the Groups for Hospitals and Pharmaceuticals) have capacity for demand both for training and employment aspects. In this sense, it is recommended that both ERRP intervention 2 [TVET college and university programmes] and intervention 3 [access to workplace experience] be forged by HWSETA through partnerships with large size organisations in the main given their capacity to train for employment (new entrants) and progression of those already employment given their demand for high and intermediate level skills demand and ability to employ more staff. Among other things, this will entail involving key large size organisations in the curriculum development of new short-courses and qualifications as response to the economic changes arising out of COVID-19 pandemic.

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Appendix 1 Interview Schedule

SETA INTERVIEWS WITH EMPLOYERS **Version 01 JUNE 2021**

INTERVIEW GUIDE

GENERAL INFORMATION (Please complete this section for each interview conducted. In the case of a group interview, the general information section must be completed for each interviewee)						
Interviewee Name				**Job Title**		
Company Name						
Company Size Please Cross (X)	**Small (1 to 50 employees)**		**Medium (51 to 150 employees)**		**Large (150+ employees)**	
Province						
SETA				**Sub-sector**		
Name of Interviewer						

1. IMPACT OF COVID-19 ON YOUR ORGANISATION TO DATE			
1.1 Staff have been retrenched			
(1.1A) Less than 10% of staff		**(1.1B) Between 11% and 20% of staff**	
(1.1C) Between 21 and 30% of staff		**(1.1D) Between 31% and 40% of staff**	
(1.1E) Between 41% and 50% of staff		**(1.1F) Over 50% of staff**	
1.2 Company/organisation has closed down or been liquidated			
(1.2A) YES		**(1.2B) NO**	
1.3 Staff are working from home			
(1.3A) Less than 50%		**(1.3B) More than 50%**	
1.4 New roles and responsibilities for staff			
(1.4A) Yes		**(1.4B) No**	
1.5 Will Skills Development be a priority for your organisation over the next 12 months?			
(1.5A) Yes		**(1.5B) No**	
(1.5C) Please give a reason for the above answer:			
1.6 Did your organisation benefit (applied, approved, and paid) from the UIF COVID-19 Temporary Employee/Employer Relief Scheme (TERS)?			
(1.6A) Yes		**(1.6B) No**	
1.6.1 If yes above in 1.6, indicate Staff that have benefited from UIF COVID-19 TERS			
(1.6.1A) Less than 10% of staff		**(1.6.1B) Between 11% and 20% of staff**	
(1.6.1C) Between 21 and 30% of staff		**(1.6.1D) Between 31% and 40% of staff**	
(1.6.1E) Between 41% and 50% of staff		**(1.6.1F) Over 50% of staff**	

1.6.2 If yes above in 1.6, To what extent was the UIF COVID-19 Temporary Employee/Employer Relief Scheme (TERS) useful in protecting your staff's lost income during the COVID-19 pandemic?			
(1.6.2A) Not at all useful		(1.6.2B) Not much useful	
(1.6.2C) Reasonably useful		(1.6.2D) Useful to a great extent	
1.7 Did your organisation benefit from the Skills Development Levy payment holiday?			
(1.7A) Yes		(1.7B) No	
1.7.1 If yes above in 1.7, To what extent was the Skills Development Levy payment holiday useful in alleviating your business cash flow problems during the COVID-19 pandemic?			
(1.6.2A) Not at all useful		(1.6.2B) Not much useful	
(1.6.2C) Reasonably useful		(1.6.2D) Useful to a great extent	
2. HARD-TO-FILL VACANCIES (H-T-F-Vs)			
(2A) Did your organisation have occupations that were Hard-To-Fill[2] over the past 12 months?			
If the response is Yes, ask: (2B) Which occupations were H-T-F-Vs?			
(2C) If applicable, what are the possible reasons for these H-T-F-Vs?			

3. SKILLS GAPS (TOP-UP SKILLS)	
What are the 3 most common skills gaps in your organisation for the three occupational categories identified below?	
(3A) High-level (managers and professionals)	
(3B) Mid-Level (technicians, associates, artisans, and clerical)	
(3C) Lower-Level (plant operators and elementary)	
4. CHANGE DRIVERS	
4.1 Identify 3 major change drivers in your company/organisation. A.	
B.	
C.	
4.2 What are the implications of the above three change drivers for skills development in your company/organisation?	
4.2.1 Factor 1: Explain implications	
4.2.2 Factor 2: Explain implications	
4.2.3 Factor 3: Explain implications	

2 A HTFV is a vacancy that had had to be re-advertised or took longer than 6 months to fill because

5. FUTURE SKILLS
5(A) How has COVID-19 affected the kinds of skills your organisation will need in the future?
(5B) What are new and emerging occupations in your company/organisation?
(5C) What are new and emerging top-up skills needed in your company/organisation?

6. PRIORITY EDUCATION AND TRAINING INTERVENTIONS	
What are the top 3 priority education and training interventions that you think are necessary for your company/organisation to respond to skills needs?	
6A. Training intervention 1	
6B. Training intervention 2	
6C. Training intervention 3	

Thank You

Appendix 2 Structured survey

HWSETA SURVEY QUESTIONNAIRE OF ORGANIZATIONS IN HEALTH AND SOCIAL DEVELOPMENT SECTOR ON THE EFFECT OF COVID-19 TO JOB LOSSES

Interviewee First name						
Interviewee Surname						
Company Name						
relationship to company	Drop down (employee of the organisation/Founder or leader of the organisation/representative of the organisation)					
Company Size Please Cross (X)	Small (1 to 50 employees)		Medium (51 to 150 employees)		Large (150+ employees)	
Organisation sector	Public/ government sector		Private Sector		NGO/NPO sector	
Head office Province	Drop down					
Sub-sector	Drop down (Health/Social/Veterinary)					

1.1 Did your organisation retrench Staff between 01 April 2020 till to date ?			
(1.1A) No staff was retrenched		(1.1E) Yes, Between 31% and 40% of staff	
(1.1B) Yes, Less than 10% of staff		(1.1F) Yes, Between 41% and 50% of staff	
(1.1C) Yes, Between 11% and 20% of staff		(1.1G) Yes, Over 50% of staff	
(1.1D) Yes, Between 21 and 30% of staff			
1.2 If yes above, what was the primary reason/factor for your organisation to retrench staff between 01 April 2020 till to date?			
(1.2A) Economic recession factors prior to COVID-19		(1.2C) Technology (4IR)	
(1.2B) COVID-19 Lockdown		(1.2D) Unsure	
1.3 Did your organisation employ more staff between 01 April 2020 till to date?			
(1.3A) No staff was employed		(1.3E) Yes, Between 31% and 40% of staff	
(1.3B) Yes, Less than 10% of staff		(1.3F) Yes, Between 41% and 50% of staff	
(1.3C) Yes, Between 11% and 20% of staff		(1.3G) Yes, Over 50% of staff	
(1.3D) Yes, Between 21 and 30% of staff			
1.2 Was your Staff working from home between 01 April 2020 till to date ?			
1.2A No, staff was working at their normal place of work		(1.2C) Yes, More than 50%	
(1.2B) Yes, between 1% to 50%			

1.3 Did your staff have new roles and responsibilities between 01 April 2020 till to date ?			
(1.3A) No staff had new roles and responsibilities		(1.3E) Yes, Between 31% and 40% of staff	
(1.3B) Yes, Less than 10% of staff		(1.3F) Yes, Between 41% and 50% of staff	
(1.3C) Yes, Between 11% and 20% of staff		(1.3G) Yes, Over 50% of staff	
(1.3D) Yes, Between 21 and 30% of staff			
What was the trading status of your business between 01 April 2020 till to date?			
Continued to trade at full capacity		Temporarily closed or paused training	
Continued to trade partially		Not sure	
Permanently closed or paused trading			
Was your organisation able to get the materials, goods or services it needed from within South Africa between 1 April 2020 till to date?			
We have been able to get what we needed		We have not been able to get the materials, goods or services we needed	
We had to change suppliers or find alternative solutions		Not applicable	
Which of the following measures did your organisation take between 1 April 2020 till to date to cope with the impact of Coronavirus (COVID-19) on its workforce?			
Increased working hours		Recruiting staff for the short term	
Decreased working hours		Other	
Laying off staff in the short term		No measures have been taken	
Was your organisation's workforce able to meet the demands of the organisation between 1 April 2020 till to date?			
Workforce could meet the business demands		Not sure	
Workforce could not meet the business demands			
Was your IT system robust enough to handle the demand when more employees were working from home between 1 April 2020 till to date?			
Yes		Not Applicable	
No			
Did your organisation reduce staff's income between 01 April 2020 till to date?			
No, there was no reduction of staff's income		Yes, Between 31% and 40% of staff	
Yes, Less than 10% of staff		Yes, Between 41% and 50% of staff	
Yes, Between 11% and 20% of staff		Yes, Over 50% of staff	
Yes, Between 21 and 30% of staff			
1.5 Did your organisation benefit (applied, approved, and paid) from the UIF COVID-19 Temporary Employee/Employer Relief Scheme (TERS) between 01 April 2020 till to date?			
(1.5A) No, there was no benefit by the organization from the UIF COVID-19 TERS		(1.5E) Yes, Between 31% and 40% of staff	

(1.53B) Yes, Less than 10% of staff		(1.5F) Yes, Between 41% and 50% of staff	
(1.5C) Yes, Between 11% and 20% of staff		(1.5G) Yes, Over 50% of staff	
(1.5D) Yes, Between 21 and 30% of staff			
1.6 If yes above in 1.5, To what extent was the UIF COVID-19 Temporary Employee/Employer Relief Scheme (TERS) useful in protecting your staff's lost income during COVID-19 pandemic?			
(1.6A) Not at all useful		(1.6C) Reasonably useful	
(1.6B) Not much useful		(1.6D) Useful to a great extent	
1.7 Did your organisation benefit from the Skills Development Levy payment holiday?			
(1.7A) Yes		(1.7B) My organization has always been levy (SDL) exempted as per the Skills Development Levy Act	
(1.7B) No			
1.85. If yes above in 1.6, To what extent was the Skills Development Levy payment holiday useful in alleviating your business cash flow problems during COVID-19 pandemic?			
(1.8A) Not at all useful		(1.8C) Reasonably useful	
(1.8B) Not much useful		(1.8D) Useful to a great extent	
What are the key three occupations that have been negatively affected by COVID-19 pandemic in your business/organisation?			
What are the key three new or emerging occupations that have been directly triggered by COVID-19 pandemic in your business/organisation?			
What are the top 3 priority education and training interventions that you think are necessary for your company/organisation to respond to the new or emerging occupations and those negatively affected occupations?			
Include the Digital skills level: at what level of digital literacy are your employees? (options: elementary, intermediate, advance)			
Which employees were mostly affected? (options: full-time, fixed, part-time)			

NOTES

Health and Welfare Sector
Education and Training Authority
HWSETA