

POLICY BRIEF

**Parenting Support
for Early Childhood
Development to
Achieve Transformation**

An accountability checklist for implementing policy commitments to enable parent-led nurturing care from birth to lay the foundations for inclusive, human capital development



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LIST OF ACRONYMS AND ABBREVIATIONS

APP	Annual Performance Plan
BCEA	Basic Conditions of Employment Act
CDG	Care Dependency Grant
CSG	Child Support Grant
DBE	Department of Basic Education
DOH	Department of Health
DPME	Department of Planning, Monitoring and Evaluation
DSD	Department of Social Development
ECD	Early childhood development
GRSA	Government of the Republic of South Africa
KPI	Key performance indicator
NEET	Not in employment, education or training
NCCPP	National Child Care and Protection Policy
NDOH	National Department of Health
NDP	National Development Plan
NFNSP	National Food and Nutrition Security Plan
NIECDP	National Integrated Early Childhood Development Policy
NPAC	National Plan of Action for Children
ORC	Office on the Rights of the Child
ROI	Return on investment
RtHB	Road to Health Booklet
SASSA	South African Social Security Agency
SONA	State of the Nation address
SOPA	State of the Province address
UIF	Unemployment Insurance Fund

INTRODUCTION

The Government of the Republic of South Africa (GRSA) made a commitment in its National Development Plan (NDP) to end poverty and inequality in the country by 2030. In 2015, it adopted the National Integrated Early Childhood Development Policy (NIECDP). In so doing, it committed to achieving transformation and building the human capital required to meet the goals of the NDP by universalising support to parents and other primary caregivers* for providing nurturing care to young children – thereby equalising their opportunities and unlocking their full potential. This commitment was reiterated in the 2019 National Child Care and Protection Policy (NCCPP).

These policy commitments are grounded in the proven links that exist between equalising and improving early development opportunities and outcomes, ending intergenerational exclusions, enhancing inclusive human capital development, and, ultimately, achieving global and national development goals.

The key NIECDP commitments are to universalise integrated, essential early childhood development (ECD) services and to give priority to providing them to historically marginalised families and children – notably those under the age of 2 years, children in poverty, those living in rural areas and under-served urban areas, and children with disabilities.



The NIECDP and NCCPP commit to making a package of essential ECD services universally available. They further commit to adopting special modes of delivery to ensure equitable access by the most marginalised parents and caregivers and those with very young children (between the ages of 0 and 2 years) so that they can provide their children with the nurturing care they need in order to equalise their opportunities and develop to their full potential. Nurturing care encompasses health; nutrition; responsive caregiving; opportunities for early learning; and safety and security.

More than a decade later, and with less than five years remaining until 2030, the promise to eliminate intergenerational poverty and inequality remains unfulfilled. This is partly because the GRSA has made little progress in unlocking the human-capital potential of the country's young population. This, in turn, is because the GRSA has not honoured its NIECDP and NCCPP commitments – more specifically, it has made minimal progress in universalising parenting support to enable nurturing care for early development.

THE 7TH ADMINISTRATION'S ECD COMMITMENTS

The President acknowledged on two occasions that South Africa's stalled development is linked to the historical neglect of ECD¹. Thus, looking to the future, he committed the 7th administration to prioritising the universalisation of ECD.

But actioning the President's commitment requires more than the expansion of ECD centres. While this is important, it is not enough on its own to catalyse transformation. Transformation calls for decisive legislative, administrative and budgetary steps to implement the overlooked aspects of the NIECDP and NCCPP.

In particular, it requires the development of legislative mandates; the definition and inclusion of services and targets in the strategic and annual performance plans of, inter alia, the Departments of Health, Basic Education, and Social Development; the allocation of increased human resources and budgets in order to universalise parenting support to enable nurturing care in the earliest years; as well as monitoring and reporting on progress.

* The term 'parent' is not limited to biological parents, but includes any person fulfilling the role of a primary caregiver to the child.

NEGLECTED PARENTING-SUPPORT POLICY COMMITMENTS

What are they and what implications do they have?

PROGRAMMES ENABLING PARENTAL PROVISION OF NURTURING CARE ARE NOT WIDELY AVAILABLE OR EQUITABLY ACCESSED

- Antenatal parenting education and support for nurturing care through the public health system
- Home-visiting ECD programmes for children 0–2 years through community health workers
- Universal parenting support for nurturing care for children 0–5 through the public health system
- Universal parenting support for nurturing care for children 0–5 through public media
- Specialised parenting support programmes for children with disabilities and the children of adolescent parents
- Day-mother programmes for enabling nurturing care for caregivers of less than six children
- Universally available community-based early learning programmes and services for children 0–3 years
- Universally available centre-based early learning programmes for children 3–5 years

THE DEFICIT IN NURTURING CARE FOR EARLY DEVELOPMENT PERSISTS FOR THE MOST MARGINALISED

- Many parents and caregivers of the youngest and most marginalised children do not have access to essential ECD services; as a result, parents and caregivers are unable to provide nurturing care across all five domains (especially responsive care and early learning)
- Marginalised children aged 0–2 years do not receive nurturing care across all five domains (especially responsive care and early learning)
- Marginalised children aged 3–5 years who are not in ECD centres receive less nurturing care in early learning and other domains

CHILDREN HAVE POOR AND UNEQUAL DEVELOPMENT OUTCOMES THAT ARE AVOIDABLE

- Many children have preventable or treatable developmental delays that are not identified and treated early in life
- Large numbers of children under the age of 2 years are stunted
- The majority of marginalised children are not developmentally on track by the age of 5 years
- Many marginalised children begin school with undiagnosed and/or untreated disabilities or developmental delays
- The majority of marginalised children cannot read for meaning or do basic maths by the age of 10
- Many children from marginalised communities drop out of school

POTENTIAL HUMAN CAPITAL OF THE MAJORITY OF SOUTH AFRICA'S CHILDREN REMAINS UNREALISED

- Potential human capital remains unrealised – South Africa's Human Capital Index stagnated for a decade, with the country realising less than 45% of its youth dividend
- Intergenerational poverty and inequality persist
- Increasing numbers of young people (15–24 years) are socially and economically excluded – in 2025, 37% are not in employment, education or training (NEET), and most of them are girls and young women

INTERGENERATIONAL POVERTY AND INEQUALITY SUSTAIN DEFICITS IN NURTURING CARE, MEANING THE NEGATIVE CYCLE KEEPS REPEATING ITSELF

- Marginalised parents and caregivers face multiple, intersecting risks and adversities that prevent them from providing nurturing care for early development
- Marginalised communities continue to experience
 - high levels of unemployment;
 - high levels of intergenerational crime and violence;
 - high levels of non-communicable diseases; and
 - high levels of multi-dimensional poverty



WHAT IS THE PRIMARY NIECD POLICY COMMITMENT?

The 2015 NIECDP explicitly commits to providing an essential package of services to enable parent-led nurturing care in the earliest years across five critical domains by 2024. This commitment is reiterated in the 2019 NCCPP. Both aim to help end intergenerational poverty and inequality and, in doing so, achieve transformation.²

Nurturing care for child development: What is it and why does it matter?

What is nurturing care?

The concept of ‘nurturing care’ is explained in detail in the WHO and UNICEF’s Nurturing Care Framework for Early Childhood Development.³ This is an evidence-based, legally grounded guide that gives direction on what children need, who should provide it, and what governments must do to ensure that children get what they need in order to enjoy equal opportunities and develop to their full potential. The outcomes in turn drive transformation and inclusive, sustainable development.

‘Nurturing care’ is an umbrella term. It encompasses the various components of care that all young children require from conception to the age of 5. The formula is simple. All children must receive a combination of care in five areas: health; nutrition; responsive caregiving; safety and security; and opportunities for early learning.

Who must provide this care?

Parents and other primary caregivers.

What must the government do and why?

The government must create enabling environments for nurturing care. It must achieve this by delivering population-scale, publicly funded, and high-quality combinations of services and support that enable parents and caregivers to provide nurturing care to their children across all five domains.

The government must do so because children have a right, both in international law and under South Africa’s Constitution, to parental care or care from alternative primary caregivers that secures their well-being. It must



Figure 1: The domains of nurturing care

Source: WHO, UNICEF & World Bank (2018)



Figure 2: Enabling environments for nurturing care

Source: WHO, UNICEF & World Bank (2018)

also do this because it is a national development imperative. South Africa needs to achieve transformation by securing children’s development, especially among the most marginalised, to end the negative cycle of intergenerational exclusion, poverty and inequality. This cycle has blocked South Africa’s progress for more than 30 years since the transition to democracy.

Why does nurturing care matter?

Because it is the bedrock of sustainable development. It is essential for ending intergenerational deprivations to achieve transformation.

Figure 3: Nurturing care: The catalyst for transformation





Commitments to essential ECD parenting-support services

The GRSA has committed to provide the following essential ECD services by 2024, in the combinations required, to enable parents to overcome risks and adversities and equip them to provide nurturing care for early development:

- 1 Free birth certification for all children born in South Africa.
- 2 Basic preventative, promotive and curative health care and nutrition for pregnant women, infants, and young children to secure their mental and physical health.
- 3 Preventive and curative maternal, infant and child food-and-nutrition services.
- 4 Support for parents to empower them to take the lead in the optimal development of their infants and children. Among other things, this support takes the form of income support, nutritional support, psychosocial support, and support for the early education of children from birth. Parenting programmes can be provided as standalone interventions or be integrated in other ECD programmes. Such programmes must be offered at all stages from pregnancy to the age of 5 years.
- 5 Support to ensure that, in their parents' absence, young children receive safe, quality care and early learning that nurtures their development.
- 6 Early learning support and services from birth in the home, in community centres, and within the community at large.
- 7 Publicly accessible information about ECD services and their proven importance in enabling optimal early childhood development.⁴

The NIECDP commits to developing and funding home-, community-, centre-, and media-based services to reach parents and children through the following:

- Home-visiting programmes for parents, primary caregivers, child-minders, and infants and young children under the age of 2 years that provide parents and caregivers with information and health, nutritional, and psychosocial support; that support early learning and development; and that provide referrals and linkages to support services.
- Parent-group programmes in homes, clinics and community centres that provide information about self-care, health and nutrition, and early learning stimulation; that make service referrals; and that build social support networks among parents.
- Child-minder support programmes for caregivers providing care for up to six children at home. The programmes aim to enable caregivers to offer good-quality care, stimulation and early learning. They also serve to provide caregivers with referrals on other aspects of early childhood development and service delivery, such as joining playgroups.
- Playgroups for mothers and children that provide learning activities and opportunities for child socialisation and that act as a referral point for other services. Playgroups should include capacity-building for parents to provide nurturing care to children from birth until they enter formal schooling.
- Toy libraries that give parents access to developmentally appropriate educational play materials for young children.
- Early learning programmes delivered through centres and non-centre-based sites.
- Mobile early childhood development programmes in under-serviced areas.
- Media channels that raise awareness, create demand for services, and provide information or materials that support all ECD-related initiatives.⁵



WHICH ORGANS OF STATE ARE RESPONSIBLE FOR IMPLEMENTING THE POLICY COMMITMENTS?

In terms of the NIECDP and NCCPP, a number of departments and institutions are responsible for ensuring the delivery of integrated essential ECD services to enable parent-led nurturing care. They are responsible, in particular, for leadership coordination, planning, resourcing, provisioning, delivery, and monitoring and evaluation. These government bodies are as follows:

- 1 Department of Health (DOH);
- 2 Department of Social Development (DSD) and South African Social Security Agency (SASSA);
- 3 Department of Home Affairs;
- 4 Department of Basic Education (DBE);
- 5 Department of Communications;
- 6 Department of Labour; and
- 7 Local government.



WHAT ARE THE DEPARTMENTS EACH MEANT TO DO – AND ARE THEY DOING IT?

The table below lists the parenting-support responsibilities that the different departments have to fulfil if the presidential commitment to universalisation is to be realised. The table is based on the duties prescribed in the NIECDP and NCCPP.

The list in the table uses RAG (red, amber, green) colour-coding to show which responsibilities have been fulfilled, partially fulfilled, or neglected. Blue indicates that data are not available.

-  Fulfilled
-  Partially fulfilled
-  Neglected
-  Data not available

Department of Health

 Services and support to parents and caregivers to enable nurturing care	 Implementation status and underlying systemic weaknesses
<p>Use four antenatal visits to provide all pregnant women with essential services, including counselling and education in preparation for parenting.⁶</p>	<p> Current health policies and strategies do not explicitly mandate the provision of developmentally supportive content to pregnant women during antenatal visits. Standard care is provided instead.⁷</p>
<p>Prepare and refer women for registration of their child's birth and for social grants during the provision of antenatal and postnatal services.⁸</p>	<p> Data not available.</p>
<p>Facilitate pre-registration for the Child Support Grant (CSG) during pregnancy, with the support of the DSD and SASSA.⁹</p>	<p> The service is not available and a legislative mandate is required for the DOH to fulfil this obligation. Uptake of the CSG before the age of 1 year dropped to 54% in 2024.¹⁰</p>
<p>Implement, in collaboration with other departments, an inclusive food and nutrition strategy for children under 5 years.¹¹</p>	<p> A National Food and Nutrition Security Plan (NFNSP) has been developed and adopted. It makes provision for maternal and infant feeding initiatives, but is not specific to children under 5 and fails to address nutrition in the pre-conception phase – which is key to healthy pregnancies and a critical gap, given the poor nutritional outcomes among adolescents, including iron-deficiency anaemia and overweight and obesity.¹² In addition, the NFNSP has not been effectively managed, resourced and implemented. Its coverage also remains erratic and fragmented.¹³</p>
<p>Screen pregnant women, mothers and young children during pre- and postnatal visits for maternal mental ill-health, substance abuse, and exposure to violence, abuse and neglect.</p>	<p> Screening is not routinely conducted through the public health system.¹⁴</p>
<p>Provide mental health services to all parents and young children with mental health problems or suffering from trauma.¹⁵</p>	<p> In 2024 the DOH released the fifth edition of the Integrated Maternal and Perinatal Care Guidelines for South Africa to equip doctors, nurses and midwives to assess for mental health conditions. There is little data on the extent to which the service has been systematised or on its availability and accessibility.¹⁶</p>
<p>Provide substance abuse treatment, counselling, and referrals for pregnant women and new mothers.</p>	<p> Data not available.</p>

<p>Conduct regular postnatal visits in homes and clinics and using the Road to Health Booklet (RtHB) to provide parenting support in the form of education, screening, and referrals.</p>	<p> The RtHB has been amended to cover all five pillars of nurturing care. It is expected that all health workers, at every contact with new parents and young children, will structure the consultation around the five themes. This is accompanied by the Side-by-Side campaign, which provides guidance to health workers on how to support and promote nurturing care at all contact points.¹⁷ However, the extended suite of services has not been systematised within the health sector. The sector's policies, laws, and strategic and annual plans, as well as its budget and information management system, do not mandate or enable the sustained provision of the extended suite, and thus the availability, accessibility, and impact of these services is not monitored. No data are available on the extent to which the RtHB¹⁸ is used as intended, on the quality of its use, or on the effects thereof.</p>
<p>Conduct routine screening via the RtHB for hearing, vision and developmental delays and disabilities, and referring for treatment and support. Assessing and treating children with disabilities, including through provision of assistive devices.</p>	<p> The White Paper on the Rights of Persons with Disabilities, the RtHB, and health sector policies mandate the provision of routine screening, referrals, and assistive devices. However, data are not available on the availability, coverage, accessibility, or quality of these services. It is known, though, that access to them remains limited due to inadequate financial resources, human resources, technology, and evidence- and population-based planning.^{19 20}</p>
<p>Promote and support exclusive breastfeeding and appropriate complementary feeding during pre- and postnatal visits.</p>	<p> South Africa has endorsed multiple treaties and domesticated them to create a sound enabling framework for providing infant and young-child feeding. However, implementation is limited due the lack of systematisation of services. Generally, once mothers leave the hospital with their newborns, the availability of support is erratic.²¹</p>
<p>Provide holistic, integrated parenting support for children aged 0–2 years (i.e., from conception) that includes information, skills and understanding necessary to support development and promote positive parenting and early-learning practices.²²</p>	<p> In its enabling policies, strategies, plans, budgets, and information management systems, the DOH does not provide for integration of the required parenting support for children aged 0–2 years in the health system. The services are not routinely available.^{23 24 25}</p>
<p>Raise parental awareness of the important role that parents and other primary carers play in facilitating learning and development in the early years of a child's life.²⁶</p>	<p> Various communications and outreach initiatives (such as the RtHB, the Side-by-Side campaign, and the DOH's Mom-Connect media campaign) provide information to parents. However, these have not been systematised in the DOH's architecture and scaled to ensure sustained, universal availability. There is little information on coverage, quality, access, and impact.^{27 28}</p>
<p>Sensitise pregnant women and mothers to the importance of early learning from birth through responsive care, language stimulation, play, and structured activities. This is to be delivered in clinics and through home visits during pregnancy and postnatal care, with DBE support and using National Curriculum Framework 0-4.²⁹</p>	<p> The DOH does not make provision in its enabling policies, strategies, plans, budgets and information management systems for rendering these services.^{30 31 32} Although key messages are included in the RtHB, the required universal provision of parental support to enable early learning is not available through the health system in clinics or through home visits.</p>

Deploy community health workers to use home visits to deliver support for parent-led early education for families far from early learning services. The workers are to be given the training, skills, and competencies to deliver the package of home-based ECD services outlined in the NIECD Policy.³³



The mandated home-visiting programmes to provide parenting and parent-led early education are not in existence. The DOH's enabling policies, strategies, plans, budgets and information management systems do not provide for delivering these services.^{34 35 36}

Department of Social Development and SASSA



Services and support to parents and caregivers to enable nurturing care



Implementation status and underlying systemic weaknesses

Establish a system for pre-registration for the CSG during pregnancy.³⁷



The DSD and SASSA have not established a system to enable pre-registration for the CSG during pregnancy.³⁸

Deliver the CSG and Care Dependency Grant (CDG) to eligible caregivers through integrated service delivery mechanisms in order to address barriers to early grant registration.³⁹



The DSD's 2023–2024 Annual Performance Plan (APP) indicates that the department's Comprehensive Social Security programme aims to integrate children's grant beneficiaries with government services. In 2024, it began developing a policy on integrating children's grant beneficiaries with government services. It is not clear what measures are in place to address barriers to early registration or how far the policy has progressed.

Ensure that social workers identify, assess, and screen vulnerable children and refer them for access to social welfare services.



Data not available.

Provide programmes to strengthen families and parenting. Outputs include public communications; parent information; and empowerment and education programmes on child development, play and protection, positive parenting practices, and the harm caused by corporal punishment.



Data not available.

Provide targeted prevention and early intervention support programmes for parents identified as at risk.

Cash transfers



SASSA has an extensive suite of social grants that provide material assistance to parents. It is in the process of developing an approved Policy on Maternal Support, but this has not been completed yet.^{40 41}

Skills development



Data not available.

Provide targeted prevention and early intervention support programmes for parents identified as at risk.

Specialised parental education programmes for vulnerable groups



See the section immediately below for detail.

Provide specialised parental education programmes for vulnerable groups	Teen parents	 The DSD has a parenting programme for teen parents, but going by the department's 2023–2024 APP, it has very limited coverage. Also, no data is available on the programme's content, quality or impact.
	Parents of children with disabilities	 Evidence seems to suggest that there is no single, specialist parenting-support programme for the parents of children with disabilities but rather a host of fragmented services.
	Foster parents: Any placement of a child in foster care must be accompanied by parent support services that include therapeutic services; behaviour management; family reunification; family preservation; material support; preparation for independent living; and supervision and monitoring of placements	 The DSD's 2023-2024 APP indicates that the department is implementing a Programme of Action for Foster Care. It is not clear if this includes comprehensive parenting support to enable nurturing care for all foster parents. Based on the Concluding Observations of the United Nations and ACERWC, no dedicated parenting programme is in place for foster parents. ^{42 43}
	Parents of children who have experienced trauma	 Data not available.
Ensure that children are protected against violence, abuse and exploitation	Investigations into cases of abuse	 Data not available.
	Provision of psychosocial services to victims	 Data not available.

Ensure that children are protected against violence, abuse and exploitation	Safe and developmentally supportive family-based alternative care	❌ South Africa does not have an explicit deinstitutionalisation policy for ensuring that all children are cared for in families and family settings rather than in institutions; likewise, it does not have a policy for ensuring that all alternative caregivers are given the support necessary for providing nurturing care. ^{44 45}
	Safe and developmentally supportive residential care and child and youth care centres as a measure of last resort	✅ The Children's Act makes provision for quality norms and standards in alternative-care settings, which if complied with, would promote nurturing care environments by alternative caregivers. However, the Act is poorly implemented and the quality of care in residential care settings does not secure nurturing care, especially for children under the age of 5. ^{46 47}
	Rehabilitation and family reintegration and strengthening services	✅ The NCCPP and the Children's Act mandate the provision of support to strengthen the capacity of parents and families to provide nurturing care to children who are reintegrated after removal. However, implementation is weak. There is limited data in this regard. ^{48 49}
	Prevention and treatment of substance abuse amongst parents	❌ No mechanism is in place for screening the parents of children for substance abuse. The DSD is developing a Prevention and Treatment of Substance Use Disorders Policy, but it is not clear if, and to what extent, it covers parents. ⁵⁰

Department of Home Affairs	
 Services and support to parents and caregivers to enable nurturing care	 Implementation status and underlying systemic weaknesses
Support pregnant women via health and other outreach programmes to know what is required for birth registration	❌ Data not available.
Facilitate early birth registration through hospital-based registration services.	✅ The programme is in operation. Little data are available on its coverage and accessibility.

Ensure that documentation is provided to children, including children not living with biological parents; children in the care of their fathers; and unaccompanied and separated migrant children.



Laws and administrative processes governing birth registration continue to prejudice children and must be amended to ensure the realisation of every child's right to birth registration.^{51 52}

Department of Basic Education



Services and support to parents and caregivers to enable nurturing care



Implementation status and underlying systemic weaknesses

Ensure the universal availability of and equitable access to quality, inclusive learning opportunities from birth until entry into formal schooling.



Measures in regard to programming, funding and infrastructure have been taken to increase the availability of formal ECD centres and ensure equitable access to them. However, progress in achieving these aims has been slow. For instance, in 2024, only about half of all eligible children aged 4–5 years accessed early learning programmes, and, of these children, many were not on track developmentally.⁵³

Ensure that historically excluded children have access to quality early learning opportunities or programmes from birth. This includes children aged 0–2; children in both rural and urban areas; children living in poverty; and children with disabilities.



Access to early learning in homes, communities and centres is low, with historically marginalised children remaining at a high risk of exclusion.⁵⁴

Support the DOH in developing and delivering services for parent-led early learning from birth through home- and community-based public health programmes.



There is no formal programme for the delivery of parenting support for early education in the home.^{55 56}

Raise public awareness of the important role that parents and other primary carers play in facilitating early learning and development in the early years of a child's life.



Although educational and awareness-raising initiatives have been developed, they have not been systematised or scaled up, and there is no evidence as to their impact.⁵⁷ (See, too, the section directly below.)

Department of Communications



Services and support to parents and caregivers to enable nurturing care



Implementation status and underlying systemic weaknesses

Develop, implement, coordinate, and oversee a national multi-sectoral ECD communication strategy through an inclusive and participatory process.



Given that educational and awareness-raising initiatives have been developed but not systematised or scaled up, it is evident that this responsibility has not been completely fulfilled.⁵⁸

Department of Labour



Services and support to parents and caregivers to enable nurturing care



Implementation status and underlying systemic weaknesses

Support and monitor all employers and ensure that they comply with the Basic Conditions of Employment Act (BCEA) and related laws in regard to parental leave and breastfeeding in the workplace.



The BCEA makes provision for maternity and paternity leave, though only for parents in the formal employment sector. It also protects working women's right to breastfeed. However, levels of compliance, monitoring, and enforcement remain low.⁵⁹

Administer and pay contributory social security maternity benefits (UIF)



Contributing members in the formal employment sector can apply for maternity benefits.

Local government



Services and support to parents and caregivers to enable nurturing care



Implementation status and underlying systemic weaknesses

Provide basic services, including water and sanitation, to households with pregnant women and young children and to facilities providing ECD services (such as registration, regulation, and monitoring of compliance with norms and standards).



Mandated in law, but provision, access and quality remain unequal.

Contribute to constitutional rights, including health-care services, food, water, and social security.



Data not available.

Conduct municipal planning and spatial development, including regulating land use for child-care facilities and for safe, adequate play and recreation facilities.



Mandated in law, but weak implementation results in lack of services and support, especially in under-served, marginalised areas.⁶⁰

Provide partial care facilities where the provincial government has assigned this responsibility to local government.



Some municipalities provide this service. However, there is no consistency or equality in terms of the delegation of this function or the capacity to fulfil it.

Registration of child-minding services.



This commitment has not been actioned at all.

Develop new ECD infrastructure.



Data not available.

Identify and assess available infrastructure that could be used to expand early-learning services and programmes in areas of need.



Data not available.

Ensure equitable provision of play and recreation facilities for young children.



Data not available.



THE CONSEQUENCES OF NEGLECTED NIECDP AND NCCPP COMMITMENTS

Neglected commitments violates children’s rights

ECD has been neglected and seriously under-funded.

This violates the right of young children to development. It also violates multiple indivisible rights that must be realised in combination with each other to secure children’s optimal development. Such rights include the rights to equality, health, nutrition, education, protection, identity and parental care.

Neglected commitments limit human capital development, fuel intergenerational poverty and inequality, and prevent inclusive, sustainable development

Failing to implement ECD policy commitments entrenches and sustains inequality. This negatively impacts longer-term development outcomes, thus eroding the country’s human capital foundations.



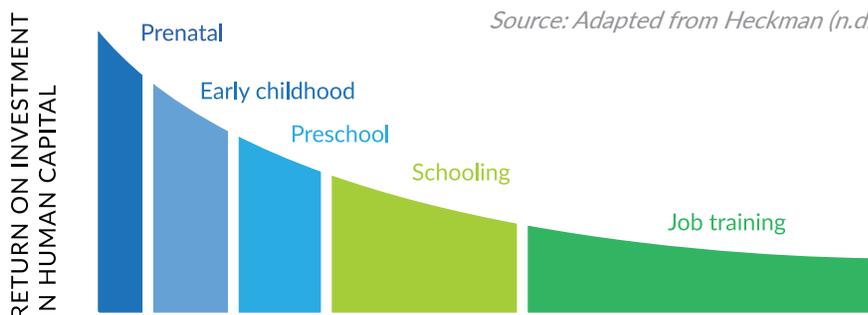
WHAT TO PRIORITISE AND WHERE TO START?

Start early in the child’s life-course. Focus on universal and targeted parenting-support programmes – in particular, on ones that can be delivered through the public health system, as prioritised and committed to in the ECD policy. These programmes aim to equip parents and caregivers to provide nurturing care across all five domains in the first two years of a child’s life.^{61 62}

Low investments in ECD reduce the return on investment in later years in education, social security, and health care. The ‘benefits which arise from early childhood development investments accrue because children get more out of subsequent investments’.⁶³

Figure 4: Returns on ECD investments

Source: Adapted from Heckman (n.d.)



Returns on early and later ECD investments are higher in terms of children’s development, reduced inequality in outcomes, and transformation gains that boost national development outcomes.

Increased investment in ECD increases returns on subsequent investments and reduce inequality.⁶⁴

Not all ECD investments yield the same returns.
The earlier the investments, the larger the returns.

The evidence does not indicate that the government should not invest in centre-based ECD programmes and services. Instead, it **must continue to invest, and invest more**, to improve centre-based services. The point is that this alone is not enough.

It is imperative that the GRSA invest substantially more, and earlier, in home and community-based services to strengthen parental capacity for nurturing care.

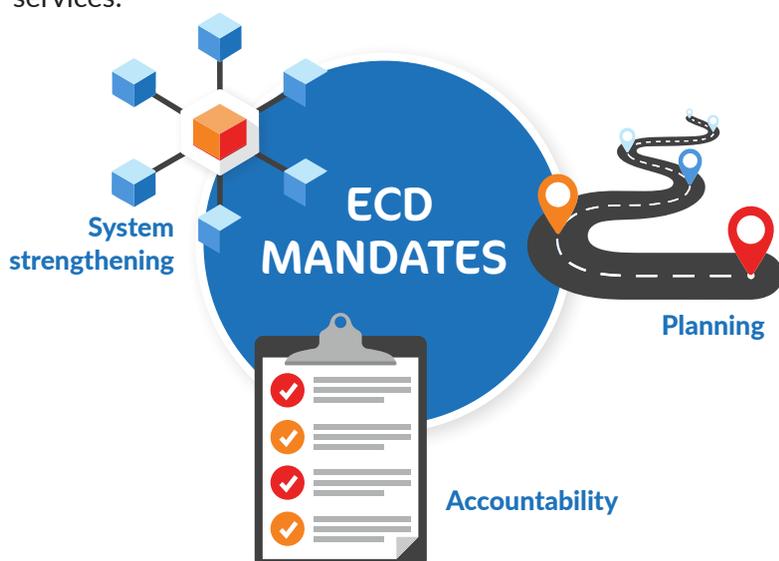
Studies have shown that the cost of investment in home- and community-based ECD services to strengthen parental capacity for nurturing care – notably for the most marginalised children and particularly through the health system – is comparatively low and yields substantially higher returns than investing only in centre-based ECD.



FULFILLING ECD MANDATES REQUIRES PROACTIVE SYSTEM-STRENGTHENING, PLANNING, AND ACCOUNTABILITY

We now know, based on growing evidence and recent diagnostic assessments of the implementation of the NIECDP, which services have been neglected, what the cost of ignoring key services is, and what the implications are for children, families, and the country. We also know which services must be prioritised by which government departments in the current planning cycle in order to achieve transformation.^{65 66 67}

There is consensus that the government has neglected children's earliest years, notably in terms of providing critical services that enable parent-provided nurturing care for early development. This has come about because the responsible departments and the planning and oversight organs of state – the departments of Health, Social Development, and Basic Education, as well as local government, the National Treasury, the Department of Planning, Monitoring and Evaluation (DPME), the presidency, premiers, mayors, and Parliament – have not taken the necessary steps to systematise or mainstream the package of essential parenting-support services.



Operationalising the NIECDP and NCCPP policy commitments requires that the political commitments made in the policy be executed through legislative, financial, and administrative actions by the relevant departments as well as the relevant law-making, planning, financing, and oversight organs of the state.

In addition to the NIECDP and NCCPP, the Nurturing Care Framework for Early Childhood Development⁶⁸ and various treaty-body General Comments⁶⁹ and implementation guidelines⁷⁰ also provide clear directives on the measures that organs of state must take to ensure that policy commitments are implemented.

In summary, a number of measures must be taken to ensure policy implementation that fulfils the President's commitment to universalise ECD in order to achieve transformation. These measures include the following:



To fulfil the President's commitment to universalise ECD to achieve transformation, the government, apart from continuing its centre-based investments, must prioritise and substantially increase its investment in home- and community-based parenting support in order to universalise the availability of services and support that enable nurturing care in the 1st 1,000 days. Nurturing care lays sound foundations to guarantee returns on these investments, as well as to increase returns on later investments in each child's life-course.

- 1 **Providing high-level political and sectoral leadership.** This is necessary for ensuring that the universal provisioning of services to enable parent-provided nurturing care, primarily through the health and supporting systems, is recognised as a national development priority to be actioned and accounted for by the responsible organs of state.
- 2 **Developing and adapting the necessary laws.** This is necessary so as to create the mandates that empower the relevant government departments and officials to provide the services in question. It is also imperative to review and align national, provincial, local and sectoral policies and laws in order to mainstream parenting-support responsibilities and thereby enable different branches and levels of government to achieve common goals. The review should encompass, among things, the following:
 - national development plans;
 - provincial development plans;
 - integrated development plans;
 - district development plans;
 - child protection laws; and
 - early childhood development laws.
- 3 **Incorporating implementation responsibilities in the five-year strategic plans, annual performance plans, budgets, and monitoring frameworks of the responsible organs of state.**
- 4 **Developing population-scale programmes that define the services and service-delivery modalities to be used, the targets to be achieved, and the beneficiaries to prioritise.**
- 5 **Assessing and strengthening human resources to implement the required programmes and services.** In addition, it is necessary to embed the relevant responsibilities in human resources systems to make sure that staff know what services they have to provide and are accountable for doing so.
- 6 **Ensuring that there is adequate infrastructure to support implementation.**
- 7 **Recognising that the public funding of essential ECD services mandated by the NIECDP is a national, provincial and local budget priority.** Parliament, the Minister of Finance, and the National Treasury have to ensure that adequate resources are approved and allocated to the responsible organs of state and that the relevant budgets are included in departmental line items.
- 8 **Ensuring proper monitoring and evaluation.** Targets, baselines and indicators measuring progress in universalising parental support must be incorporated in the relevant monitoring, reporting and follow-up systems.



OPPORTUNITIES TO MAKE SURE COMMITMENTS ARE ACTIONED

The responsible organs of state must ensure that neglected services are systematised effectively by mainstreaming them across a range of implementation measures. This is achieved by capitalising on available opportunities to incorporate them in a variety of key instruments, plans, and documents. Such opportunities include the following:

- **The development of guidelines by the National Treasury** on national budget priorities based on the medium-term expenditure framework. The latter guides all organs of state in their planning and budgeting and seeks to advance the country's medium-term goals and objectives.
- **The development of guidelines by the DPME.** These are provided to departments to ensure that they align their plans with national medium-term policy priorities.
- **The development of all relevant departmental APPs for 2026 - 2027, and beyond.**
- **The development of supporting departmental budget bids** for the next financial year and medium-term planning period, with these bids based on the services that must be provided.
- **The development of recommendations by the Medium-Term Expenditure Committee.** These are presented to the Minister's Committee on the Budget and in turn taken to Cabinet for approval.
- **The Medium-Term Budget Policy Statement,** which is developed and presented by the Minister of Finance and debated in Parliament.
- **The President's State of the Nation address (SONA)** at the start of the New Year (2026, and thereafter) and the corresponding State of the Province addresses (SOPAs) in the first quarter of 2026, and thereafter.
- **The presentation of the national budget to Parliament** in February 2026 (and subsequent years) for review and debate. Similar opportunities for mainstreaming arise from kindred processes around provincial budgets.
- **The review by Parliamentary Portfolio Committees** of departmental APPs and budgets in the 1st quarter of 2026, and following years. These reviews seek to ensure that APPs and budgets advance national priorities and policy commitments.
- **The development of the 5th National Plan of Action for Children (NPAC) 2026–2030.** This will provide an implementation road map for all organs of state and partners on the implementation measures that are required in order to fulfil the country's treaty and development obligations to children and their caregivers.
- **The development of South Africa's parent-support strategy for ECD.** This is required in terms of South Africa's 2030 Strategy for Early Childhood Development Programmes: Every Child Matters.⁷¹





A CALL FOR VIGILANCE: ENSURE NEGLECTED ECD SERVICES ARE MAINSTREAMED

This policy brief has identified several overarching governmental actions, as well as specific ECD services, that have been neglected; these actions and services are, however, key to unlocking parental capacity to provide nurturing care. To ensure that they are addressed and that parenting support is indeed universalised in South Africa, the following leading role-players are urged to be vigilant in advocating for other role-players to fulfil their ECD policy mandates (see table below).

- **The Presidency** is urged to provide high-level, targeted leadership on the need to universalise the right services as a national development priority.
- **The DPME** is urged to highlight departmental obligations regarding parenting support in the planning guidelines it issues to the relevant departments. These guidelines orient departments in the development of their plans and seek to ensure that the plans advance the objectives of the Medium-Term Development Plan. It should be impressed on the departments concerned that their plans need to include appropriate targets and indicators, and that reporting on their progress regarding parenting support is a part of their routine national reporting processes.
- **The Ministry of Finance** is urged to engage in child-rights budgeting, as directed by General Comment No. 19. Moreover, in the Medium-Term Budget Policy statement, it should explicitly identify adequate public resourcing of essential ECD services to enable parent-led nurturing care as a national budget priority.
- **The Office on the Rights of the Child (ORC)**, which is responsible for the development of the NPAC, should ensure that the neglected ECD services are identified as state-wide child-rights priorities to be actioned by all organs of state through their planning processes.
- **Parliament and relevant Portfolio Committees** are urged to scrutinise SONAs and SOPAs, budget policy statements, budget priorities and allocations, the NPAC, departmental APPs and budgets, and ECD-related legislation to ensure that all organs of state are meeting their responsibilities in regard to parental support for nurturing care.



NEGLECTED ECD POLICY COMMITMENTS THAT MUST BE ACTIONED IN THE CURRENT PLANNING CYCLE

The table in this section highlights critically neglected ECD services that responsible departments need to address as soon as possible. In each case, it sets out the department's overarching responsibilities and then, against this backdrop, outlines the specific ECD services in question; the recommended actions that should be taken; and (where this information is available) the costs of inaction and/or the return on investment (ROI) when action is taken.



Department of Health

Overarching responsibilities to ensure policy commitments are fulfilled

- In their strategic and annual performance plans, national and provincial health departments must recognise the NIECDP and NCCPP as part of their enabling legal framework.
- The national DOH (NDOH) must develop a comprehensive set of health policies and laws requiring all provinces, districts, and facilities to provide the extended range of parenting support services required in terms of the NIECDP and NCCPP.⁷²
- The NDOH must review and revise all sector policies and laws to mandate the provision of the suite of extended services to support parents in providing nurturing care and protection as provided in the NIECDP and NCCPP.
- The NDOH must incorporate all five components of nurturing care in its basic benefit packages for universal health coverage and primary health care.
- National and provincial departments of health should ensure that the mandated parental support responsibilities, especially the extended mandates outlined in the NIECDP for children aged 0-2 years, are incorporated in their strategic and annual performance plans, human resources development plans, budgets, and monitoring frameworks.⁷³
- The NDOH must develop a national, population-scale parenting-support programme to ensure the universal availability of, and equitable access to, the full complement of parenting-support services through the health system, with priority given to the child's first three years.⁷⁴

Service/s	Recommended action	Costs, ROI and cost of inaction
<p>Antenatal services must provide pregnant women with essential information, including counselling and education, in preparation for parenting.⁷⁵</p>	<ul style="list-style-type: none"> • Revise standard antenatal services to include an essential package of ECD services. • Embed all five components of nurturing care in the basic benefit packages for universal health coverage and primary health care. • Revise health-care workers' key performance indicators (KPIs) to mandate the provision of services. • Provide training and develop guidelines and job aids for health-care workers. • Cost the expanded package of antenatal services. • Include all system-strengthening measures in the APP, budget, and monitoring framework. • Include a request for resources in the budget bid to the Treasury. 	<ul style="list-style-type: none"> • Cost will be minimal because actions will build on the existing health-care footprint (R83 million per year in 2016).⁷⁶ • Even if innovations were limited simply to providing micro-nutrient supplements and nutritional counselling, almost 10,000 fewer babies would be born with low birthweight.⁷⁷ • Reduced numbers of low-birth-weight babies will improve children's health outcomes, cognitive achievement, education attainment, and future earnings.⁷⁸
<p>Scale up and sustain a media-based campaign to reach all parents and caregivers on the importance of nurturing care, services available to support them, and how to provide nurturing care.</p>	<ul style="list-style-type: none"> • Develop a comprehensive media campaign through the health system. • Cost the sustained population coverage of the media campaign. • Include all system-strengthening measures in the APP, budget, and monitoring framework. • Include a request for resources in the budget bid to the Treasury. 	<ul style="list-style-type: none"> • Estimated to cost R6.6 million (in 2016).⁷⁹
<p>Introduce home visits to at-risk mothers of children under the age of 2 by community health workers to provide an augmented package of ECD services, including support for responsive care and early learning.</p>	<ul style="list-style-type: none"> • Increase the number of community health workers, supervisors and managers to provide augmented ECD services. • Revise community-health-worker policies and KPIs to mandate the provision of extended ECD services. • Revise health-care worker KPIs to mandate provision of services. • Provide training and develop guidelines and job aids for health-care workers. • Cost the expanded package of antenatal services. • Include all system-strengthening measures in the APP, budget, and monitoring framework. 	<ul style="list-style-type: none"> • R810 million per annum to reach 16% of all children (in 2016).⁸⁰ • Improved mental health in later life and associated social and economic participation.⁸¹ • Improved cognitive capacity and school performance.⁸² • As a result, reduce inequalities in education outcomes for children in quintiles 1– 3.⁸³ • Higher rates of employment and earnings. • Reduce inequality. • Promote and strengthen inclusion of children with disabilities in opportunities and outcomes.

Ensure that every postnatal check-up at clinics and through home visits is used to provide ECD education; counselling; and screening for developmental milestones and disabilities, using the RthB.

- Revise the standard package of services, job descriptions, and job aids for health-care workers providing postnatal well-baby care to include mandatory use of the RthB in delivering an expanded range of parental support services.
 - Cost the programme, develop a budget bid, and make provision for resourcing delivery in the DOH's annual budget.
 - Include targets and indicators to improve coverage and access, and monitor the impact of the provision of the extended suite of ECD services through postnatal visits using the RthB.
 - Include all system-strengthening measures in the APP, budget, and monitoring framework.
- Cost will be minimal because actions will build on the existing health-care footprint.⁸⁴
 - The ROI has not been calculated. However, if ECD services were integrated in antenatal services, the investment is likely to yield substantial returns. This would include improvements in children's well-being and in parental care and capacity; reductions in inequality; savings in health costs due to the prevention or early treatment of developmental delays and disabilities; and improved cognitive and schooling outcomes, as well as better labour-market outcomes.



Department of Social Development

Overarching responsibilities to ensure policy commitments are fulfilled

- In their strategic and annual performance plans, national and provincial departments of social development must recognise the NIECDP and NCCPP as part of their enabling legal framework.
- The national DSD must review and revise all sector policies and laws to mandate the provision of the suite of extended services to support parents in providing nurturing care and protection as provided in the NIECDP and NCCPP.
- National and provincial departments of social development should ensure that the mandated parental support responsibilities outlined in the NIECDP and NCCPP, especially for children aged 0-2 years, are incorporated in their strategic and annual performance plans, human resources development plans, budgets, and monitoring frameworks.⁸⁵
- The DSD must develop a national, population-scale parenting support programme to ensure the universal availability of, and equitable access to, the full complement of parenting support services across the life course of every child, with priority given to additionally vulnerable parents.

Service/s	Recommended action	Costs, ROI and cost of inaction
Pre-registration during the third trimester of pregnancy for the CSG to ensure that children have access to the benefits of the grant from birth.	<ul style="list-style-type: none"> • Amend the Social Assistance Act and its regulations to enable pre-registration for the CSG during pregnancy. 	<ul style="list-style-type: none"> • The anticipated cost of additional grants disbursed to children under the age of 1 year is estimated to be R2 billion (in 2016).⁸⁶ • The returns on early access to the CSG are significant. They include improved maternal well-being, improved nutritional well-being, improved safety, and improved access to services.⁸⁷ • Pre-registration would reverse the declining rate of early access to the CSG. As already noted, uptake of the CSG before the age of 1 year dropped to 54% in 2024.⁸⁸

Department of Basic Education

Overarching responsibilities to ensure policy commitments are fulfilled

- In their strategic and annual performance plans, national and provincial departments of basic education must recognise the NIECDP and NCCPP as part of their enabling legal framework.
- The national DBE must review and revise all sector policies and laws to mandate the provision of the suite of extended services to support parents in providing nurturing care and protection as provided in the NIECDP and NCCPP.
- National and provincial departments of education should ensure that the mandated parental support responsibilities outlined in the NIECDP, especially for children aged 0-2 years, are incorporated in their strategic and annual performance plans, human resources development plans, budgets, and monitoring frameworks.⁸⁹
- The DBE must support the DOH in developing a national, population-scale parenting-support programme to ensure the universal availability of, and equitable access to, the full complement of parenting-support services across the life-course of every child, with priority given to additionally vulnerable parents.

Service/s	Recommended action	Costs, ROI and cost of inaction
<p>Universalise programmes providing support to parents to enable them to provide early learning for the youngest and most marginalised children, including community-based playgroups for mothers and children.</p>	<ul style="list-style-type: none"> Secure the amendment of the Children’s Act to enable access to funding for community-based programmes. Currently, only centre-based programmes are eligible to qualify for the ECD subsidy because the regulatory requirements can be met only by centres with fixed infrastructure. 	<ul style="list-style-type: none"> Estimated cost is R2.3 billion (in 2016).⁹⁰ Returns will be high. Increased social support to caregivers and social networks improves well-being.⁹¹ Increased access to early learning programmes for the most vulnerable reduces inequality.⁹² Improved educational outcomes.⁹³



- ¹ In his State of the Nation address in July 2024, opening the first sitting of Parliament of the Government of National Unity, and in his address to the ECD leadership summit in March 2025.
- ² Para 5.1.
- ³ World Health Organization (WHO), United Nations Children's Fund (UNICEF), World Bank Group *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential* WHO (2018).
- ⁴ Para 5.1.
- ⁵ Paras 5.5 and 5.6.1.
- ⁶ NIECD Policy, para 5.2.1.
- ⁷ Berry L & Slemming W 'Mind the policy gap: An overview of progress toward providing universal services for young children in South Africa' in Slemming W, Biersteker L & Lake L (eds) *South African Child Gauge 2024* Cape Town: Children's Institute, University of Cape (2024).
- ⁸ NIECD Policy, para 5.2.2.
- ⁹ NIECD Policy, para 5.2.2.
- ¹⁰ UNICEF South Africa 'Submission to the Appropriations Committee on the MTBPS 20204' National Assembly (2024).
- ¹¹ NIECD Policy, para 5.3.2.
- ¹² Global Nutrition Report 'Country Nutrition Profiles: South Africa' (n.d.) available at <https://bit.ly/42L4Vv5> (accessed 1 July 2025).
- ¹³ Berry & Slemming (n 7).
- ¹⁴ Berry & Slemming (n 7).
- ¹⁵ NCCP and NIECD policies.
- ¹⁶ Department of Health *National integrated maternal and perinatal care guidelines for South Africa* 5th ed (2024) available at <https://bit.ly/49aomkN> (accessed 1 July 2025).
- ¹⁷ Berry & Slemming (n 7).
- ¹⁸ Bamford L & Slemming W 'Ensuring that mothers and young children survive and thrive: The role of the health sector' in Slemming W, Biersteker L & Lake L (eds) *South African Child Gauge 2024* Cape Town: Children's Institute, University of Cape (2024).
- ¹⁹ Berry & Slemming (n 7).
- ²⁰ UN Committee on the Rights of the Child 'Concluding observations on the combined third to sixth periodic reports of South Africa' (2024) available at <https://bit.ly/4opqtFI> (accessed 1 July 2025).
- ²¹ Martin P *A policy-friendly environment for breastfeeding: A review of South Africa's progress in systematising its international and national responsibilities to protect, promote and support breastfeeding* Johannesburg: DST-NRF Centre of Excellence in Human Development (2018).
- ²² NIECD Policy, para 5.2.3.
- ²³ Bamford & Slemming (n 18)
- ²⁴ Berry & Slemming (n 7).
- ²⁵ Genesis Analytics *Evaluation of the South African Integrated Early Childhood Development Policy. Evaluation report: SA NIECD Policy* (2024).
- ²⁶ NIECD Policy, para 5.2.4.
- ²⁷ Berry & Slemming (n 7).
- ²⁸ Genesis Analytics (n 25).
- ²⁹ NIECD Policy, para 5.3.3.
- ³⁰ Bamford & Slemming (n 18).
- ³¹ Berry & Slemming (n 7).
- ³² Genesis Analytics (n 25).

- ³³ NIECD Policy, para 5.6.1.
- ³⁴ Bamford & Slemming (n 18).
- ³⁵ Berry & Slemming (n 7).
- ³⁶ Genesis Analytics (n 25).
- ³⁷ NIECD Policy, para 5.2.2.
- ³⁸ Genesis Analytics (n 25).
- ³⁹ NIECD Policy, para 5.2.2.
- ⁴⁰ APP 2023–2024.
- ⁴¹ Berry & Slemming (n 7).
- ⁴² African Committee of Experts on the Rights and Welfare of the Child (ACERWC) ‘Concluding observations and recommendations of the African Committee of Experts on the Rights and Welfare of the Child to the Government of the Republic of South Africa on its second periodic report on the implementation of the African Charter on the Rights and Welfare of the Child’ Addis Ababa: African Union, ACERWC (September 2023) available at <https://bit.ly/4ooPYXN> (accessed 1 July 2025).
- ⁴³ UN Committee on the Rights of the Child (n 20).
- ⁴⁴ ACERWC (n 42).
- ⁴⁵ UN Committee on the Rights of the Child (n 20).
- ⁴⁶ ACERWC (n 42).
- ⁴⁷ UN Committee on the Rights of the Child (n 20).
- ⁴⁸ ACERWC (n 42).
- ⁴⁹ UN Committee on the Rights of the Child (n 20).
- ⁵⁰ APP 2023–2024.
- ⁵¹ ACERWC (n 42).
- ⁵² UN Committee on the Rights of the Child (n 20).
- ⁵³ Genesis Analytics (n 25).
- ⁵⁴ Genesis Analytics (n 25).
- ⁵⁵ Berry & Slemming (n 7).
- ⁵⁶ Genesis Analytics (n 25).
- ⁵⁷ Berry & Slemming (n 7).
- ⁵⁸ Berry & Slemming (n 7).
- ⁵⁹ Martin (n 21).
- ⁶⁰ Genesis Analytics (n 25).
- ⁶¹ Desmond C, Richter L & Martin P *Development of an investment case for early childhood development in South Africa: Prioritizing investments in early childhood development (Study commissioned by UNICEF South Africa)* Pretoria: UNICEF South Africa (2016) at 3.
- ⁶² Heckman JL ‘Invest in early childhood development: Reduce deficits, strengthen the economy’ *The Heckman Equation* (n.d.) available at <https://bit.ly/4nmBiru> (accessed 1 July 2025).
- ⁶³ Desmond, Richter & Martin (n 61) at 3.
- ⁶⁴ Desmond, Richter & Martin (n 61).
- ⁶⁵ Berry & Slemming (n 7).
- ⁶⁶ Bamford & Slemming (n 18).
- ⁶⁷ Genesis Analytics (n 25).

⁶⁸ WHO, UNICEF & World Bank Group (n 3).

⁶⁹ UN Committee on the Rights of the Child 'General Comment No. 5: General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para 6)' (2003) available at <https://bit.ly/4nvuisp> (accessed 1 July 2025).

⁷⁰ World Health Organization (WHO) *Operationalizing nurturing care for early childhood development: The role of the health sector alongside other sectors and actors* Geneva: WHO (2019).

⁷¹ Department of Basic Education (DBE) *South Africa's 2030 Strategy for Early Childhood Development Programmes* Pretoria: DBE (2023).

⁷² WHO (n 70).

⁷³ NCCPP, para 6.1; NIECD Policy, para 5.1.

⁷⁴ DBE (n 71).

⁷⁵ Berry & Slemming (n 7).

⁷⁶ Desmond, Richter & Martin (n 61).

⁷⁷ Desmond, Richter & Martin (n 61).

⁷⁸ Desmond, Richter & Martin (n 61).

⁷⁹ Desmond, Richter & Martin (n 61).

⁸⁰ Desmond, Richter & Martin (n 61).

⁸¹ Desmond, Richter & Martin (n 61).

⁸² Desmond, Richter & Martin (n 61).

⁸³ Desmond, Richter & Martin (n 61).

⁸⁴ Desmond, Richter & Martin (n 61).

⁸⁵ NCCPP, para 6.1; NIECD Policy, para 5.1.

⁸⁶ Desmond, Richter & Martin (n 61).

⁸⁷ Desmond, Richter & Martin (n 61).

⁸⁸ UNICEF South Africa (n 10).

⁸⁹ NCCPP, para 6.1; NIECD Policy, para 5.1.

⁹⁰ Desmond, Richter & Martin (n 61).

⁹¹ Desmond, Richter & Martin (n 61).

⁹² Desmond, Richter & Martin (n 61).

⁹³ Desmond, Richter & Martin (n 61).

