HOLD MY HAND
POLICY BRIEF SERIES

Birth to three:
investing early in lifelong development

Building a collaborative and coordinated system of responsive caregiving and early learning for South Africa's youngest children

April 2026

06

NSAAC's ten priorities to accelerate progress for children and teenagers

1. Strengthen families and enable parents & caregivers to care for their children.
2. Reduce infant and child deaths.
3. Eliminate HIV transmission to babies.
4. Improve child nutrition.
5. Grow children's brain power through early learning and language development.
6. Prevent disability in children and give those with disabilities the same opportunities as others.
7. Protect children & teens from all forms of abuse, violence, injuries and harmful substances.
8. Give teenagers good access to health care, including sexual & reproductive health.
9. Increase participation in quality education and training and link school-leavers to work.
10. Build teenagers' sense of identity, agency and connectedness.

The Accelerators

Five Initial Strategies

1. Close the food gap
2. Support responsive caregiving and language development for very young children
3. Protect children and teens by reducing heavy drinking
4. Provide early hearing and vision screening and referral for young children
5. Build identity, agency and connectedness for teenagers

Policy Briefs

1. Close the Food Gap
2. Advancing maternal and child health through Multiple Micronutrient Supplementation (MMS)
4. Closing the protection gap: The Case for a Maternal Support Grant
6. Birth to three: investing early in lifelong development
3. The Prevention of Alcohol Harms
5. Every child heard: Why South Africa must implement universal newborn hearing screening now

Hold My Hand Accelerator

Every day, 3 000 children are born in South Africa, which equates to 1 million every year whose childhood experiences will shape both their future and the nation's. Ensuring they thrive would unlock massive opportunities – a stronger economy and a safer, happier society. Global experience shows that progress accelerates when the president leads, society unites behind a national programme for children, and a dedicated, energetic organisation drives action. This is the logic behind the National Strategy to Accelerate Action for Children, led by the Presidency and the Department of Social Development. The Strategy identifies 10 key priorities and calls for broad partnerships across government, civil society, trade unions and the private sector.

A key mechanism is the Accelerator for Children and Teens, established through a partnership between the Presidency and DGMT. It fast-tracks critical strategies that require public-private collaboration, focusing on closing the food gap, supporting responsive caregiving and language development for very young children, protecting children and teens by reducing heavy drinking, providing early hearing and vision screenings and referrals for young children and building identity, agency and connectedness for teenagers.

A series of policy briefs is being developed to support this work.

POLICY BRIEF SERIES

Executive summary

South Africa has made significant progress in strengthening early childhood development (ECD), with growing political commitment and system reform focused on early learning for 4- and 5-year-olds. As these reforms scale, they should deliver measurable improvements in school readiness and foundational learning. However, as long as developmental gaps during the earlier years remain unaddressed, the impact of the reforms will remain limited. That's because many of the cognitive, language and socio-emotional foundations for learning are already shaped – or compromised – in the first three years of life, before children enter early learning programmes (ELPs).

The next major opportunity to improve education, employability and long-term productivity, therefore, lies in the period from birth to three. During these years, brain development is rapid and highly sensitive to experience. Very young children learn through everyday interaction such as talk, play, comfort and shared attention with their caregivers, who are the primary drivers of early learning and development. When caregivers are stressed, unsupported or isolated, inequality becomes biologically embedded long before children reach the classroom.

While parenting support is important from birth to age 5, the largest system gap – and the focus of this brief – lies in the first three years. During this time, most children aren't yet in group programmes, and learning depends almost entirely on home interaction.

For policymakers, there are three core messages to consider:

First, investing in responsive caregiving and early learning from birth to age 3 is one of the highest-return investments available to the state. Strengthening early language development, socio-emotional learning and caregiver–child interaction lays the foundation for later learning, health and productivity. It amplifies the returns on existing investments in preschool and schooling.

Second, the most effective way to reach children aged 0–3 is in their homes and communities, not solely through ELPs. Most infants and toddlers spend the majority of their time at home, being cared for by their parents or extended family members. Improving outcomes during this time, therefore, requires providing support for responsive caregiving and early learning interventions that is designed to reach families where they live, embedded in everyday caregiving contexts, and linked to health and community platforms.

Third, delivering at scale requires financing and strengthening a national network of civil society and community-based organisations that work in partnership with government. This includes strengthening existing national platforms – particularly the Road to Health Booklet's (RtHB) Love, Play, Talk pillar and community health worker (CHW) outreach – alongside civil society delivery.

South Africa already has many of the necessary components for strengthening ECD: strong policy intent, proven programme models, an active civil society sector and routine contact with families through health and social systems. What is missing is a coordinated birth to three strategy that centres delivery, workforce development, measurement and financing around the home as the main site of early learning.

The first phase of ECD reform focused on expanding access to quality ELPs; the next phase must now focus on strengthening early language development and responsive interaction in the home, where learning begins.

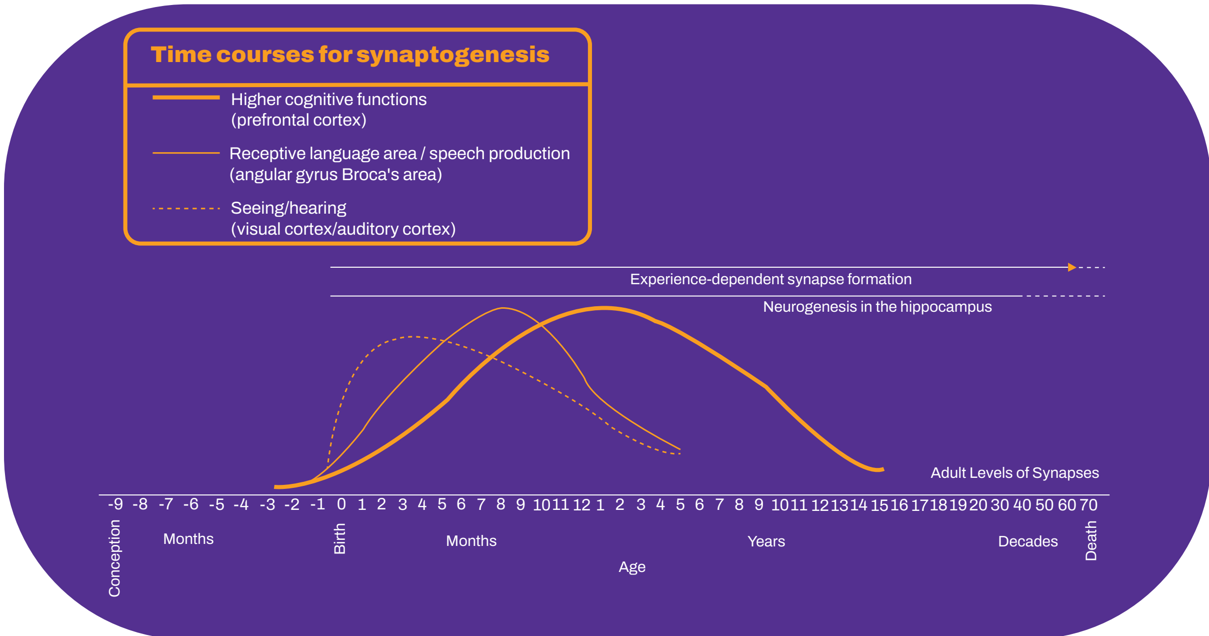
1. Introduction

In the first three years of life, warm and responsive relationships are the primary way children learn to think, regulate their emotions and engage with the world. Babies learn language through everyday interaction – being spoken to, responded to, comforted and encouraged.[1]

These early exchanges create the neural foundations for memory, attention and self-control. When caregiving is responsive and language-rich, children enter school ready to learn. When it is disrupted by stress, poverty or isolation, learning gaps develop long before formal education begins.

Therefore, early language development is a key pathway through which nurturing care supports learning and socio-emotional development.

Figure 1: How the human brain develops



Source: Adapted from Nelson [2]

While South Africa has increased public investment in early childhood services, the bulk of the funding is directed toward ELPs for 4- and 5-year-olds.[3] Children aged 0–3, who spend most of their time at home, receive limited structured support.

In the first three years of life, brain development is rapid and shaped by everyday interactions - especially talk, play and exchanges with caregivers. Responsive caregiving consequently creates the foundation for later learning, health and resilience.[4,5]

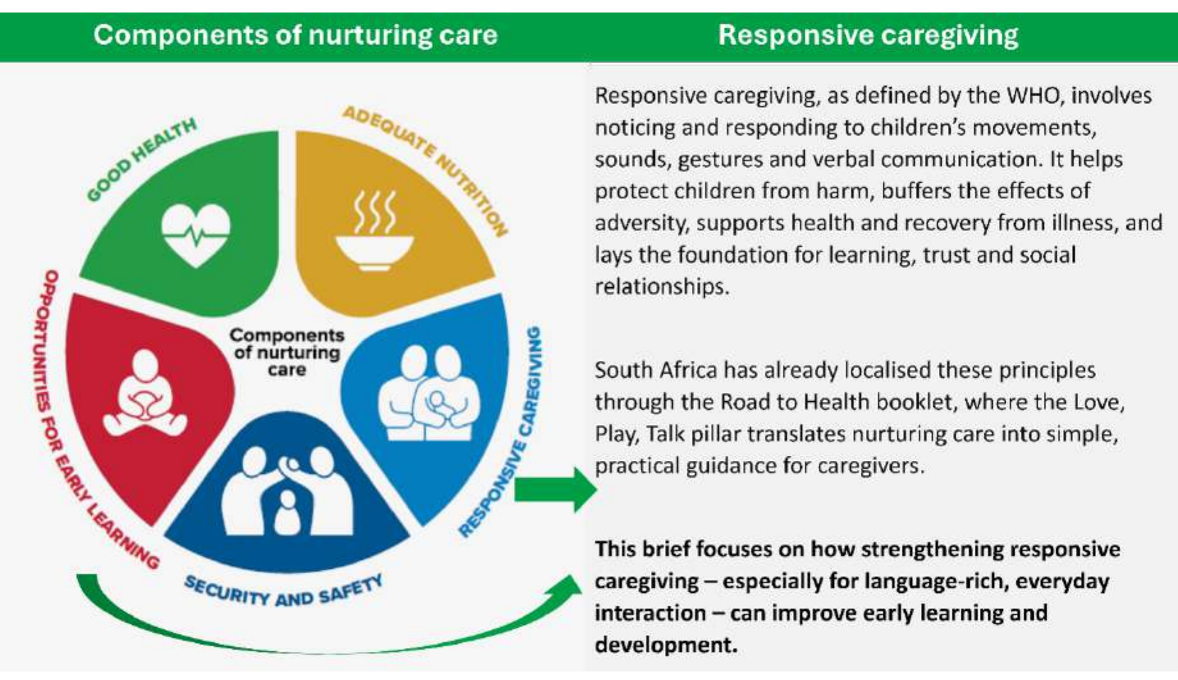
Despite this evidence, South Africa lacks a coherent system to support responsive caregiving and early learning from birth to age 3. Encouragingly, the building blocks already exist within the health system, community services and social protection platforms, with caregivers themselves as the key role players. The challenge is not knowledge but coordination, investment and delivery at scale.

The science of brain development:

1. In the first three years of life, babies' brains form approximately 1 million new neural connections every second.
2. Most early brain development depends on interaction – close physical proximity, gestures, being spoken to and responded to, and being engaged through talk, songs, shared daily tasks and play.
3. By age 3, already 85% of brain growth has occurred.
4. Language develops through relationships, not instruction: Children learn words and their meaning through responsive exchanges with caregivers. Children who experience language-rich, responsive caregiving in the first three years are four times more likely to reach developmental milestones on time and arrive at school ready to learn.[6,7]

At its core, this brief is built around a simple idea: The home is a child's first classroom during the first three years, and relationships are the medium through which learning happens. For these children, the system cannot be a delivery pipeline - it must function as a network that supports families where they are.

Figure 2: Components of nurturing care



Source: Adapted from the World Health Organization's Nurturing Care Framework [7]

2. Why inequality begins early – and persists

All children need responsive caregiving and early learning opportunities; however, the ability to provide this is shaped by family circumstances, social support and public systems. In the South African context, structural inequality, poverty and uneven service delivery mean that the earliest developmental risks are concentrated among families under the greatest strain. These uneven early learning conditions mean inequity is entrenched in education from the start.

2a. Families under strain and caregiver well-being

Family arrangements in South Africa are diverse and adaptive; yet they operate under intense economic and emotional pressure. Only three in 10 children live with both parents, while nearly half live with their mothers, and about one in five are raised by extended family members, for example, their grandmothers.[8] Although these arrangements reflect the resilience of families and single parents, they also point to structural strain. High levels of unemployment, labour migration and household reliance on social grants[9] place sustained pressure on early caregiving environments.[10]

Poverty amplifies this pressure. In 2024, six in 10 children lived below the upper bound of the poverty line. Furthermore, 13 million relied on the child support grant – South Africa's most effective poverty reduction tool, but one that still fails to meet basic food needs.[11]

Economic hardship is often aggravated by emotional stress: About one in three mothers experience perinatal or postnatal depression, which is often left undiagnosed and untreated, with direct consequences for caregiving quality.[12]

Caregivers' mental health is central to responsive caregiving, including the language-rich interactions through which young children learn to understand and use language. Global and local evidence shows that caregivers who experience stress and maternal depression are less responsive to the children in their care, with a lower frequency and quality of "serve-and-return" interactions, which drive early learning. The same evidence shows that parenting programmes focused on responsivity improve caregiver sensitivity, confidence and emotional attunement, particularly among highly stressed caregivers.[14]

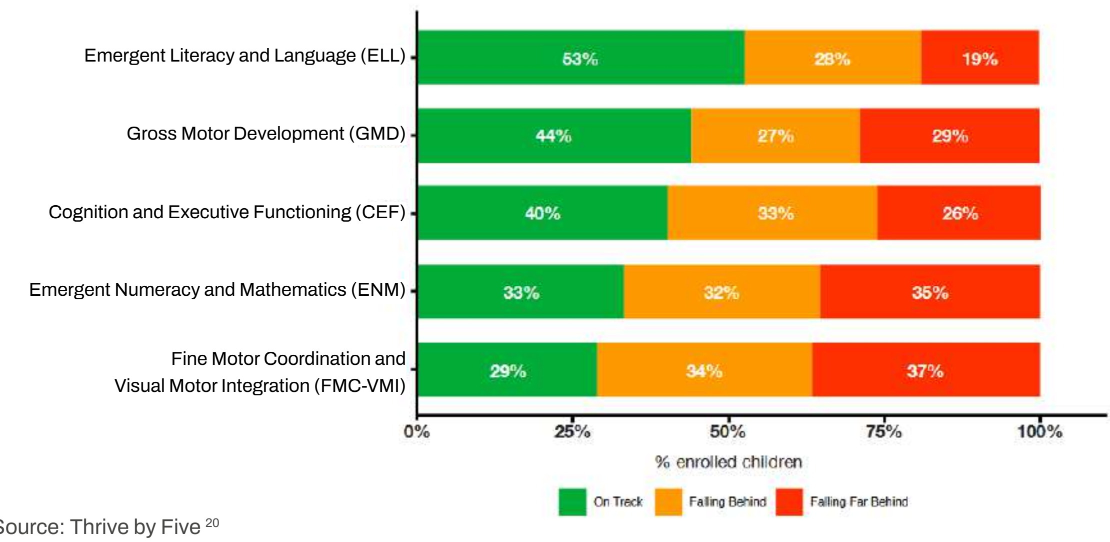
Limited participation from fathers also contributes to the strained caregiving environment. While many want to be involved, factors such as unemployment, incarceration and deeply embedded gender norms limit their participation. Limited paternity leave and insufficient father-inclusive parenting programmes entrench this exclusion. Strengthening outreach to fathers and non-maternal caregivers is therefore essential to improving early caregiving environments.[16]

2b. The early learning divide

By the time children enter ELPs and formal schooling, developmental inequalities are already entrenched. South African evidence shows that many children lack the foundational language and literacy skills needed to succeed. Since early learning skills are a strong predictor of later outcomes, these gaps shape learning trajectories well before school entry.[17]

The 2024 Thrive by Five Index found that only 42% of 4-year-olds were on track to achieve early learning milestones.[18] Home-learning environments reflect these disparities: 65% of households with children under 10 don't have a single book, limiting children's exposure to language and interaction in the home.[19]

Figure 3: Thrive by Five's 2024 national findings



Source: Thrive by Five [20]

2c. A persistent policy blind spot

National frameworks recognise the importance of the early years, but implementation remains fragmented. Services for infants and toddlers span multiple departments, with no single coordinating mechanism in place to provide caregiver support, home-based learning or developmental monitoring. Analyses consistently show that South Africa remains "centre-heavy and home-light", with limited delivery infrastructure, indicators or financing dedicated to supporting parents across birth to age 5, with the most pronounced gaps in the 0–3 age group, where early learning largely takes place at home.[21,22] Most (58%) children aged 0–4 are cared for at home, compared with 42% who attend ELPs, including schools, playgroups and day mothers.[23]

Table 1: Percentage of children aged 0–4 using different childcare arrangements by province (2024)

Province (%)										
Care arrangements for children aged 0-4 years	**WC**	**EC**	**NC**	**FS**	**KZN**	**NW**	**GP**	**MP**	**LP**	**RSA**
Grade R, pre-school, nursery, school, crèche, educare centre	42.1	31.2	22	41.3	26.3	31	41.1	32.3	40.5	35
Day mother/gogo	7.7	4.5	3	9.8	1.9	1.5	5.2	1.3	15.1	5.4
Home-based play group	0.7	0.8	0	0	0.1	0	0.2	0	0	0.2
School (Grade 1 or 2)	0.6	0.4	0	0	0.3	0.2	0.2	0.3	0.2	0.3
At home with parent or guardian	36.3	50	63.1	43.7	57.6	62.7	43.9	59	38.1	49.1
At home with another adult	9	11.3	9.8	4.7	57.6	62.7	43.9	59	38.1	49.1
At home with someone younger than 18 years	0.6	0.2	0	0	0.1	0	0.1	0.2	0	0.1
At somebody else's dwelling	2.8	1.4	1.7	0.3	0.5	0.6	0.8	1.4	0.4	1
Other	0.2	0.3	0.4	0.3	0.2	0	0.9	0.2	0	0.3
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: Statistics South Africa[24]

The Department of Basic Education's (DBE) 2030 Strategy for Early Childhood Development Programmes sets a target of only 30% coverage in group early learning programmes for 0–2-year-olds, indicating that most infants and toddlers will continue to receive early learning support at home and in community settings. Strengthening these platforms is therefore essential for equity and scale.[25]

Table 2: Current and target access to group ELPs by age group

	Current access		**Target Supply/places**		**Gap in supply/ places**
Age (years)	**Children**	**Percentage**	**Children**	**Percentage**	**Children**
0-2	733 303	21%	1 074 719	30%	323 328
3	517 071	42%	855 219	70%	361 559
4	745 808	64%	988 428	85%	305 215
5	941 121	86%	1 035 189	95%	161 978
Total	**2 937 303**	**42%**	**3 953 557**	**57%**	**1 182 080**

Source: Department of Basic Education[26]

2d. The opportunity

Public investment sufficiently supports ELPs for 4–5-year-olds, but far fewer structured supports exist for early learning in the 0–3 period.[27] The key levers are already in place: community facilitators, non-governmental organisation (NGO) networks, CHW outreach and health system touchpoints such as the Road to Health Booklet (RtHB).

To realise this potential, South Africa must shift from intent to implementation. This will require embedding responsive caregiving and opportunities for early learning within health, social and community systems; aligning financing and accountability; and ensuring that every caregiver is supported, visible and valued.

3. Evidence of what works

3a. International practices

What counts as a "parenting programme"?

In this brief, a parenting programme refers to any structured effort that helps strengthen responsive caregiving and early language interactions with young children. Effective parenting programmes rely primarily on everyday activities – talking, playing, singing and shared attention – rather than specialised equipment or facilities.[28,29,30]

Programmes can be light-touch or intensive, group-based or individual; irrespective, the focus is on strengthening caregiver–child interaction.

Examples of parenting programmes include:

- Group-based parenting sessions
- CHW or home-visiting guidance
- Clinic-based counselling and demonstration
- Community playgroups and caregiver circles
- Media or digital content linked to caregiver coaching
- NGO-delivered parenting or family support initiatives.

Global evidence consistently shows that support for responsive caregiving and early language development for children from birth to age 3 improves early learning, language development and caregiver–child interaction, particularly in low- and middle-income countries:

- **Improved early learning and language development:** Parenting programmes that strengthen responsive caregiving and stimulation lead to measurable gains in children's cognitive and language development, with effects already visible in the first two years of life.[32]
- **Stronger caregiver–child relationships:** Programmes that guide and support caregivers to respond warmly and consistently to the children in their care increase emotional security, engagement and attachment, which support later learning and well-being.[33]

Both home- and group-based programmes are effective when they include coached caregiver–child interaction and opportunities to practice what's being taught.

Key insights from international parenting programmes:

- **Group-based delivery is more cost-efficient:** Group-based programmes often achieve similar outcomes to home-based delivery but at a lower cost, making them more feasible for scale.[34]

- **Longer duration programmes lead to greater, more sustained impacts:** Programmes delivered over at least 12 months show stronger and more consistent effects, particularly in cases where children face socio-economic challenges.[35]

- **Practical guidance is more effective at instigating behaviour change than advice alone:** Programmes that include demonstration, coached practice and feedback are more effective in changing caregiver behaviour than information-only approaches.[36]
- **Caregiver well-being is critical:** Strengths-based programmes that build caregiver confidence and reduce stress produce more sustained improvements in caregiver practices and child development outcomes.[37]
- **Scale is possible but not at the cost of quality:** Evidence from scaled-up programmes shows that a drop in participation or supervision weakens impacts, highlighting the importance of workforce support and monitoring.[38]

Examples of effective global practice by region:

- **South Asia:** Integrated health-and-play models in Bangladesh, India and Pakistan link early stimulation to maternal and child health services, improving language, motor and socio-emotional development.[39]
- **East Africa:** Community-based models (for example, Rwanda's First Steps and Uganda's Parenting for Lifelong Health) combine radio broadcasts, community sessions and volunteer-led groups to promote responsive caregiving and early literacy.[40]
- **The Americas:** Home-visiting models such as Reach Up and Learn[41] and Cuna Más[42] show that regular coaching using simple demonstrations can sustain cognitive gains into later childhood. Initiatives such as Brazil's Maternal Sensitivity Programme and the United States' Nurse-Family Partnership show that structured home-visiting combined with caregiver coaching can strengthen attachment, improve maternal mental health and reduce child maltreatment.[43] Additionally, the United States' Reach Out and Read embeds early learning support within routine health visits by using a simple picture book to model shared reading, support caregiver–child interaction and reinforce learning at home.[44]

3b. South African experience

South African evidence aligns strongly with global findings while also highlighting the importance of delivery platforms, caregiver well-being and workforce support:

- **Caregiver support is the primary early learning pathway for children aged 0–3, particularly in caregiver talk, play and responsiveness.** Most South African children under the age of 3 are cared for at home and do not access centre-based services. This means support for responsive caregiving and early language development is a core early learning intervention, not a complementary service.[45,46]
- **Early learning gaps emerge in infancy:** Studies consistently show low levels of everyday early learning activities in many households with young children.[47,48]

- **Caregiver well-being shapes responsiveness:** Evidence shows that relationship-based interventions that support caregiver mental health, confidence and emotional regulation improve the quality of caregiver–child interaction.[49]

- **Strengths-based, non-judgemental delivery increases engagement:** The Hold My Hand survey results indicate that caregivers are more likely to participate and stay engaged when programmes build on their existing strengths and lived experiences rather than correcting behaviour.[50,51,52]

- **Delivery at scale is feasible through existing platforms:** The National Parenting Programme (NPP) provides a model for reaching caregivers at scale through a network of NGO partners.[53]

- **Although books and learning materials support interaction, they are not sufficient on their own:**[54,55] South African programmes that include books and play materials show stronger effects when these materials are used to model interaction, instead of being distributed without guidance.[56,57]

- **Workforce capacity remains a binding constraint:** Reviews of existing support to parents and caregivers consistently highlight uneven training, limited supervision and a lack of clearly defined roles across facilitators and CHWs.[58,59]

- **Families in resource-constrained environments engage better when there are fewer practical barriers:** Evidence shows that poverty alone does not explain low participation in parenting programmes. Practical factors such as transport, timing and caregiver fatigue also have a strong impact on attendance.[60]

- **Responsive caregiving looks different in different contexts:** Responsive caregiving can be expressed through touch, gesture, song, storytelling and shared daily routines and is often provided by multiple caregivers. These culturally grounded forms of responsiveness are all equally important for early development.[61]

4. The policy landscape for birth to three support: strong intent, weak systems

Over the past decade, South Africa has developed a comprehensive early childhood policy framework that acknowledges the important role the early years play in development and reducing inequality. This framework includes the National Integrated Early Childhood Development Policy (2015), the National Development Plan 2030, the Bana Pele Shared Blueprint to Achieve Universal Access to Quality Early Learning (2026), South Africa's 2030 Strategy for Early Childhood Development Programmes and the Revised White Paper on Families in South Africa (2021).

Across these plans and initiatives, there's strong recognition of the importance of the early years, but delivery systems for children from birth to age 3 are weak.

Financing, coordination, monitoring and accountability remain heavily oriented toward ELPs for older children, while infants and toddlers – who spend most of their time at home – receive limited structured and systemised support.

The six most relevant policy documents for the birth to three agenda highlight this pattern clearly:

1. National Integrated Early Childhood Development Policy (2015)[62]

- **Strength:** Recognises the importance of the first 1 000 days; calls for parenting programmes and cross-sector coordination.
- **Gap:** Implementation remains fragmented and lacks a clearly defined funding stream for learning in the home across 0–5 years.

2. South Africa's 2030 Strategy for Early Childhood Development Programmes (2024).[63]

- **Strength:** Commits to improving access to and quality of learning for children aged 0–5 and acknowledges the role that families play.
- **Gap:** The implementation plans prioritise early learning programmes for 3–5-year-olds (including through the Bana Pele roadmap).[64]

3. The South African National Curriculum Framework (NCF) for Children from Birth to Four (2015)[65]

- **Strength:** Provides strong guidance on play, early communication and nurturing caregiver–child interaction.
- **Gap:** While the NCF is, in principle, applicable across settings, it does not specify delivery mechanisms for reaching caregivers directly in homes or community settings. In practice it is most consistently applied within group ELPs.

4. National Early Learning and Development Standards for Children Birth to Four Years (NELDS) (2009)[66]

- **Strength:** Sets clear developmental expectations from birth to age 4.
- **Gap:** Not operationally linked to health or social service platforms and not supported by dedicated resources for implementation, training or monitoring to guide home-based early learning or caregiver support.

5. Revised White Paper on Families in South Africa (2021).[67]

- **Strength:** Promotes positive parenting, caregiver well-being and family strengthening.
- **Gap:** Doesn't recognise birth to three as a distinct developmental window and doesn't specify concrete delivery pathways – such as support for responsive caregiving and early language development – through which responsive caregiving support should reach caregivers of infants and toddlers.

6. Road to Health Booklet and Side-by-Side campaign (implementation platform)[68]

- **Strength:** Universally distributed and promotes nurturing care through the Love, Play, Talk pillar.
- **Gap:** Lacks detailed guidance on the Love, Play, Talk pillar, systematic worker training and implementation support, limiting its ability to translate messages into consistent caregiving practices.

What this policy profile shows

The same structural gaps recur across these policies:

- Coordination across the spheres of health, social development and basic education remains fragmented, with limited shared accountability for birth to three outcomes.
- Although caregiver support is recognised in principle, it remains peripheral, programmatically undefined and underfunded within the ECD ecosystem.
- Monitoring focuses on service inputs and access, rather than on the reach of caregiver support initiatives and programmes, the quality of caregiver-child interaction and achievement of child development outcomes.
- Public investment continues to prioritise group ECD programmes for 3–5-year-olds, excluding caregivers and leaving children from birth to age 3 without a coherent system-level response

South Africa has a strong policy foundation. What's lacking is a coherent, coordinated and accountable delivery architecture that translates policy intent into consistent support for caregivers, ensuring that every child is nurtured and stimulated from birth.

5. Delivery models, systems, workforce and scalability

For children from birth to age 3, the home is the primary site of early learning, and all delivery platforms must be designed to support what happens at home. South Africa's ability to improve outcomes for infants and toddlers depends on the extent to which support for responsive caregiving and early learning reaches families where they live. The evidence shows that integrated delivery, a skilled and supported workforce and culturally grounded practice are the core drivers of success.[69,70,71]

Weaving a national network to support families

Supporting children from birth to three cannot depend on a single department or delivery channel. It requires a national network that connects families to support where they already live and learn.

A strong national network includes:

- Clear shared outcomes for early learning and language development
- Civil society organisations as the primary delivery backbone
- Government departments playing enabling and financing roles within their mandates
- Public communication that promotes responsive caregiving and the importance of everyday interactions for language development
- An open knowledge network for sharing tools, data and learning
- Transfer payments to NGOs with accountability for delivery and quality
- National upskilling and accreditation for facilitators and community workers
- Engagement from business and labour to reach working parents.

Such a network exists to support families, not replace them. The home, therefore, remains the centre of this system.

5a. Integrated delivery models: reaching families where they are

For children aged 0–3, no single platform can deliver early learning and caregiving support at scale. Instead, multiple platforms should function as hubs and spokes, each supporting caregiving and early learning in the home in different ways. Health, community and home-based platforms must form a connected system of care:

- **Health-anchored services** already provide near-universal access to caregivers during pregnancy and infancy. Embedding short, practical guidance on language-rich responsiveness, play and communication into antenatal, postnatal and immunisation visits can offer consistent early support that reinforces everyday interaction between caregivers and children at home.

  The RtHB and Side-by-Side campaign provide a strong national foundation. However, there's room for improvement: the Love, Play, Talk pillar must be expanded, and frontline workers require better training, supervision and follow-up support to translate messages into sustained caregiving practice.[72]

- **Community and home-visiting models** provide depth and continuity of support, particularly for families facing stress or vulnerability. These relationship-based interventions strengthen what caregivers do with their children at home between sessions, with evidence showing improvements in caregivers' confidence, maternal well-being and responsive caregiving.[73,74]

- **Family and community hubs** including group-based parenting programmes, create safe spaces for caregiver–child interaction, nutrition support and early learning and reflect international integrated care approaches.[75]

Geographic inequity remains a major barrier. Research indicates that organisations and support services are unevenly distributed, with many concentrated in certain provinces (such as KwaZulu-Natal and the Western Cape), leaving more rural provinces underserved. For families with very young children, access often depends on proximity to clinics, community services or local NGOs, which varies widely across districts. A DBE and UNICEF national scoping study also found that parenting programmes are often clustered where NGOs already operate, while some communities have few or no services. The study recommends prioritising deep-rural and high-poverty areas to ensure more equitable reach.[77]

Overview of the different delivery models

- **Light-touch** refers to a parenting programme delivered through a limited number of structured group sessions, rather than intensive or long-term home-visiting. It focuses on practical guidance and small, achievable behaviour changes, enabling scale at a lower cost.[78]
- **Platform-embedded** means the programme is delivered through existing services and structures – such as ECD centres, community organisations or health and social service platforms (for example, the Side-by-Side campaign delivered through the RtHB and CHWs) – rather than through creating new infrastructure.[79]
- **Train-the-trainer** models build local capacity by training facilitators who deliver sessions within their own communities, supporting scale.[80]

5b. Access and reach through existing platforms

Evidence from national policies and programmes confirms that health system platforms offer the widest and most equitable reach. The RtHB, supported by the Side-by-Side campaign, is widely distributed and serves as a shared national entry point for promoting nurturing care messages, including the Love, Play, Talk pillar.

But messaging alone is not enough. Without structured caregiver and implementation support or trained workers, reach does not translate into sustained changes in caregiving practices or early language interaction.

Community-based and social development platforms provide more intensive and relational support, particularly through responsive caregiving and early language development support delivered by NGOs and trained facilitators. Evidence from the NPP demonstrates that parenting support can be delivered at scale through community sites: More than 16 000 parents across multiple provinces can be reached within a limited implementation period, with adaptations for language and local context.[83]

5c. Scale, feasibility and system constraints

Parenting programmes are most scalable when they are light-touch, embedded in existing platforms and delivered through trained local facilitators, rather than relying exclusively on resource-intensive home-visiting. [84,85]

Programmes such as the NPP and Do More Foundation's Eat Love Play Talk illustrate how train-the-trainer approaches can build facilitator capacity and extend reach through ECD centres and community structures, despite system constraints. [86,87]

Civil society organisations play a central role, but the short-term nature of funding and weak integration with government systems limit the sustainability of these interventions.[88]

5d. Civil society as the delivery backbone: insights from the Hold My Hand survey

In South Africa, civil society organisations provide much of the direct support for caregivers of children from birth to age 3, often outside formal government programmes. The priority is to strengthen and finance this network, not to replace it.

The Hold My Hand survey provides a national snapshot of this landscape, highlighting both the scale of existing activity and the constraints under which these organisations operate.[89]

In short, the survey reveals the following patterns:

- A wide range of NGOs are delivering parenting and caregiver support as well as early learning interventions focused on infants and toddlers, often embedded in community settings.
- Most programmes are relationship-based and group-oriented, aligning with global evidence on effective approaches to supporting responsive caregiving.
- Coverage is uneven, with organisations concentrated in a few provinces and limited reach in others.
- Organisations operate with short-term, project-based funding, which limits continuity, workforce stability and opportunities for scale.
- Although monitoring and learning systems exist, they are fragmented and rarely aggregated across programmes.

What South African organisations and programmes are delivering now

This civil society backbone is reflected in a diverse ecosystem of local organisations that deliver parenting and early learning support for caregivers of young children. These include organisations working through ECD centres, community groups, home-visiting models and programmes that follow blended approaches that combine group sessions with follow-up support.

Programmes such as Thanda Family Circles, Philani Mentor Mothers, Dlalanathi's Ibhayi Lengane and Do More Foundation's Eat Love Play Talk illustrate the range of delivery models currently in use. Despite following different approaches, these programmes share common features: a focus on caregiver–child relationships and interaction, culturally grounded practice and delivery through trusted local facilitators.

Importantly, these organisations demonstrate that household reach is possible. The challenge is therefore not a lack of programmes, but the absence of a system that links these programmes, supports quality at scale and enables equitable coverage across provinces.

The examples in Table 3 illustrate the diversity and maturity of South Africa's civil society delivery base:[90]

Table 3: Examples of organisations and programmes that provide caregiving and early learning support

Programme/ Organisation	Delivery model	Core focus areas	Target age group	Workforce	Reach/Cost	Key insights & opportunities
Grow Great - Flourish	Peer-led groups and digital follow-up	• Maternal well-being • Responsive caregiving • Nutrition • Early stimulation	Pregnancy - 2 yrs	Trained peer coaches "Flourish Hosts"	• 60 000+ mothers reached • R800–R1 000 per mother	• Integrates maternal mental health and parenting • Scalable through health partnerships
Wordworks – Every Word Counts (EWC)	Group sessions and home visits	• Language-rich interaction • Storytelling • Book-sharing • Play	0–3 yrs 3–5 yrs	• NGO facilitators • ECD practitioners	• 90+ partners • Open-access materials	• Proven multilingual toolkit • Easily embedded in clinic or community outreach or delivery by ECD practitioners
Mikhulu Trust – book-sharing project	Small-group sessions	• Book-sharing • Serve-and-return interaction • Socio-emotional learning	1–5 yrs	• Community facilitators • CHWs • Librarians	R300–R500 per caregiver	• Strong evidence of gains • Adaptable for libraries and ECD centres • Already used by CHWs in the Western Cape
Dlalanathi – Play Mat Training Programme and Ibhayi Lengane	Home visits and community playgroups	• Emotional connection • Play • Trauma support	Pregnancy - 5 yrs	Para-professional home visitors	Thousands of caregivers (mainly in KwaZulu-Natal)	• Links ECD with psychosocial support • Ideal for integration with rural outreach initiatives
Thanda Family Circles – Baby Programme	Home visits and group sessions	• Play • Talk • Maternal confidence • Nutrition	0–3 yrs	Community facilitators	Local community-based programme	• Combines early learning with livelihoods • Trusted rural model
GOGOcare (pilot by Flourish)	Intergenerational mentoring	• Emotional support • Parenting guidance	0–2 yrs	Retired gogos	Pilot stage	• Culturally resonant and low-cost • Uses community elders as parenting mentors
Book Dash	Free books and reading clubs	• Early literacy • Caregiver–child bonding	0–5 yrs	• Volunteers • Librarians • NGOs facilitators • ECD practitioners	5 million+ books distributed	• Expands access to story-based learning • Complements parenting programmes
Siyakwazi – 0-2 Early learning programme	Home visits and group sessions	• Play • Talk • Developmental screening and referrals	0–2 yrs	• NGO fieldworkers • ECD practitioners	• 150 babies • 150 caregivers • 160 babies attending ECD centres	Linked to screening, referral and support for caregivers of young children with disabilities
Do More Foundation – Eat Love Play Talk	Structured group sessions supported by playbooks and session guides	Engages caregivers around four core themes: healthy eating, loving relationships, playful learning and language development	0–5 yrs	• ECD principals • Practitioners • Playgroup facilitators	3 000 caregivers across 6 provinces	• Focuses on nutrition alongside play and talk • Provides food to families
HOPE worldwide SA – Caregiver Learning Through Play	Parenting support workshops, community support groups and home visits and one-on-one support	Equips caregivers with the knowledge, skills and support they need to provide nurturing care.	0-6 yrs	• NGO facilitators	Over 510 000 caregivers reached	• Wide reach • Partnerships with other NGOs • Cost effective model for scale
Ububele Educational & Psychotherapy Trust	Basket of services including hospital visits, home visits, group sessions, WhatsApp based support	Improve the quality of caregiving (positive parent-child relationship) to help build secure attachment.	Pregnancy to 5 years	• Community facilitators • CHWs	4 000 caregivers	• Focus on caregiver support • Basket of services including WhatsApp based support

What this means for scale, coordination and financing

The current ecosystem of organisations and programmes providing caregiving and early learning support has clear implications for policy and financing: Scaling support for birth to three doesn't require building an entirely new delivery system; it requires organising, financing and strengthening what already exists.

A realistic path to scale will require:

- recognising that civil society is a core delivery partner, not an add-on;
- financing NGOs through predictable, multi-year funding linked to clear outcomes and accountability;
- coordinating delivery across health, social development and ECD platforms to ensure consistent messaging and referral;[91,92] and
- investing in workforce development, supervision and monitoring systems that support quality across diverse delivery settings.

Without this level of coordination, parenting programmes and ELPs will continue to reach families unevenly and on a limited scale.[93] With it, South Africa can build a national, home-centred system that supports early language development and responsive caregiving where it matters most.

5e. Building a skilled workforce to deliver parenting support at scale

The effectiveness and scalability of parenting programmes depend on a skilled, supported workforce whose primary function is to strengthen caregiving and early learning in the home. Yet current workforce arrangements remain fragmented and uneven.[94,95]

Currently, caregiver support that focuses on early learning for children from birth to age 5 is delivered by a mix of ECD practitioners, community workers, NGO facilitators and, to a lesser extent, health-linked personnel – often without clearly defined roles, standardised training pathways or ongoing supervision.[96]

The NPP demonstrates that parenting support can be delivered at scale through a train-the-trainer model but also highlights that short training alone is insufficient. High-quality programmes require ongoing coaching, supervision and opportunities for facilitators to reflect on how caregivers talk to, play with and respond to children, particularly when working with caregivers experiencing high levels of stress and vulnerability.[98,99]

Recent work led by the DBE through the Intersectoral Forum (ISF) reinforces this challenge at a system level. The ISF Human Resource Development Update for Early Childhood Development identifies an urgent need to expand and upskill the early childhood workforce, while improving qualifications, practice standards and career pathways.[100] The plan sets out developmental pathways and professionalisation routes to address long-standing fragmentation in training and workforce oversight, involving the DBE, the Department of Higher Education and Training, the Department of Health (DoH), quality councils, sector education and training authorities and higher education institutions.[101]

Importantly, the DBE process introduces proposed practice standards to guide training, supervision and quality assurance.[102] Although these reforms focus on the broader ECD workforce, they are directly relevant to the delivery of parenting support in community and home-linked settings.

Relationship-based programmes like Ibhayi Lengane further show that facilitators need skills to support caregiver well-being, build trust and create safe, non-judgemental spaces. Such skills require deliberate training, supervision and emotional support, rather than one-off workshops.[103]

The evidence points to the need for a dedicated, integrated workforce. This should be aligned with broader ECD professionalisation efforts, including:

- clearly defined roles across health, social development, ECD and NGO platforms;
- standardised core competencies linked to emerging national practice standards;
- blended training pathways combining short courses, mentoring and supervision;
- recognition and resourcing of non-accredited practitioners who are currently delivering much of the early language and caregiving support for children from birth to age 3.[104,105]

5f. Cultural grounding and play: learning through connection

Talk, play and responsive interaction are the building blocks of early learning. Each smile, gesture and turn-taking exchange between a child and a caregiver strengthens neural pathways linked to language, memory and emotional regulation.[106]

Engagement deepens when programmes draw on familiar languages, songs, games and storytelling traditions. South African evidence shows that responsive caregiving and early language development grounded in local culture, language and caregiving practices achieve stronger participation and sustained engagement. Relationship-based programmes that respect caregivers' lived experience are better attended and have a deeper impact than standardised models imported from very different social and cultural contexts.[107,108,109]

Training for CHWs, ECD practitioners and parent coaches should model playful, culturally relevant, language-rich routines during clinic visits, home sessions and group interactions – bringing the NCF into homes and communities.[110]

The architecture of learning

Serve-and-return interactions – when caregivers notice and respond to a child's cues – literally build the brain's architecture for learning; on the flipside, a lack of these interactions weakens circuits linked to language, attention and empathy.[111]

Cues include gestures, facial expressions, movements and sounds. When caregivers respond to these signals, they provide the stimulation and connection that support brain development and learning. This process applies to all children, including those with disabilities.

6. Measuring caregiving quality for children from birth to three

Improving outcomes for infants and toddlers depends not only on whether services reach families but also on the quality of everyday caregiving in homes. From birth to age 3, caregiver–child interaction – how caregivers respond to babies' cues through talk, play, comfort and shared attention – is the primary determinant of a child's development. Early language development is one of the most observable and measurable indicators of caregiving quality in the first three years.

Yet in South Africa, the quality of caregiving for this age group is rarely measured in routine systems. This leaves a critical gap in accountability, learning and investment during the period of greatest developmental sensitivity.[112,113]

6a. What do we mean by caregiving quality?

The Nurturing Care Framework and recent global reviews define caregiving quality in the first three years as the quality of interaction between caregivers and children, rather than the number of activities or materials provided.[114,115,116]

Caregiving quality refers to how caregivers notice, understand and respond to a child's signals in ways that are timely, sensitive and appropriate to the child's development and context.

Key dimensions of quality caregiving include the following:

- **Responsive interaction:** The caregiver notices and interprets a child's cues - which can include sounds, gestures, facial expressions, body movements and words - and responds in a prompt and contingent way (serve-and-return interaction). Responsive interaction includes both verbal and non-verbal communication. It's relevant for all children, including those with developmental delays or disabilities – their cues may just be subtler and require more considered interpretation.[117]

- **Close physical proximity and emotional support:** This refers to warmth, sensitivity, encouragement and protection from stress expressed through tone, touch, proximity and everyday interaction. It includes holding, comforting and reassuring a child, not only talking to them.

- **Supporting the child's focus and initiative:** The caregiver engages with what interests the child and responds to their attention and curiosity. This may include following the child's lead or guiding them when needed for safety or learning, depending on the cultural norms.

- **Language-rich engagement:** Frequent, meaningful communication during everyday routines - talking, singing, storytelling, shared tasks and social interaction are important. Although language development is strongly associated with responsive caregiving, non-verbal exchanges also count as meaningful communication.

These qualities are observed in daily caregiving moments such as feeding, bathing, carrying, shared chores, singing, storytelling and play - not only in formal learning activities.[118]

6b. Why measurement matters in the first three years?

Measuring caregiving quality is essential for four reasons:

- **To make caregiving visible in the system:** Without indicators, responsive caregiving cannot be well supported in practice, despite being recognised in policy. Measurement helps ensure that infants and toddlers are visible within ECD, health and social service systems.[119]

- **To assess whether parenting programmes are working:** Parenting interventions should support and strengthen caregiver behaviour, not only child outcomes. Measuring caregiving quality enables programmes to test whether support for caregivers is effective.[120,121]

- **To enable feedback, reflection and adaptation by practitioners and systems:** Measurement shouldn't serve solely as a reporting requirement.[122,123]

- **To better understand local caregiving practices that support early learning:** This will make it possible to build culturally relevant frameworks that better support responsive caregiving.

6c. What's currently measured – and what's missing – in South Africa?

Routine data on caregiving quality for children from birth to age 3 in South Africa is currently very limited:

- The NELDS articulates developmental expectations from birth to age 4, but the standards are not embedded in routine monitoring or frontline practice for infants and toddlers who are not in ELPs. South Africa currently lacks definitions of caregiver support reach and aggregated data on reach.

- The RtHB and Side-by-Side campaign include Love, Play, Talk messaging and encourage caregivers to monitor development using a simple screening tool. However, it does not track caregiving quality or link developmental screening results to feedback and support for caregivers.

- National data initiatives such as the Thrive by Five Index demonstrate strong measurement capacity; still, the focus is on 4-year-olds, leaving infants and toddlers largely absent from national datasets.[124]

- At the programme level, measurement remains fragmented and project-specific. There's heavy reliance on caregiver self-reporting, with limited direct observation of caregiver–child interaction and limited ability to aggregate data across programmes.[125]

6d. How caregiving quality can be measured in practice

The evidence cautions against relying on a single indicator and instead recommends a layered approach that combines measurement tools at different levels:[126,127]

- **Population-level indicators:** Short caregiver reports on early learning activities (talking, singing, playing and reading) are feasible at scale; however, they should be treated as proxies, as they do not capture responsiveness or interaction quality.[128]
- **Programme-level implementation indicators:** Monitoring dosage, fidelity and supervision helps determine whether parenting programmes are effective in changing caregiving behaviour.[129,130]
- **Practice-level measures of interaction quality:** Brief, structured observation tools used periodically – not continuously – are the most valid way to assess responsiveness, but they require investment in training and supervision. Global reviews highlight a shortage of tools that directly measure responsive caregiving rather than broader parenting constructs.[131]

South African research also highlights the importance of feedback loops. Studies such as *Mazi Umntanakho*[132] show that it's feasible to link assessment to simple, caregiver-friendly feedback and resources, even in low-resource settings.

6e. Recommendations for action: building a "Thrive by Three" measurement system[i]

1. Make the case for investing in birth to three measurement:

- Identify and publish a clear user base of organisations, practitioners and policymakers working with infants and toddlers.
- Share South African examples of good practice and case studies to demonstrate feasibility and value.

2. Increase funding for monitoring, evaluation, research and learning (MERL):

- Create dedicated grants for MERL and academic–NGO partnerships.
- Invest in the full data value chain – from the co-creation of tools and their use to communication and feedback – building on lessons from the Thrive by Five Index.

3. Prioritise birth to three in national surveys and data management systems:

- Advocate for Statistics South Africa to develop an ECD module that focuses on caregiving quality and early learning for children under 3.
- Support NGOs in tracking reach and outcomes of caregiver programmes to facilitate standardised data that can be aggregated.

4. Invest in common, high-impact measures:

- Build consensus on a small set of high-impact proxy indicators for caregiver support with strong links to child outcomes.
- Motivate for the adoption of common child outcome measures for 0–3, such as the Global Scales for Early Development, to allow comparison across contexts.
- Promote shared tools for monitoring caregiver responsiveness and early learning environments in home and group settings.

5. Adapt and share tools for the South African context:

- Adapt measures to local contexts and South African languages, focusing on usability for frontline workers.
- Create a shared knowledge hub where adapted and piloted tools can be accessed, compared and improved.

[i] These recommendations draw primarily from the South African birth to three Measurement Discussion Paper, with illustrative examples from the Thrive by Five Index and global measurement practice.

6. Build on the existing systems of the DoH and the DBE:

- Strengthen the Love, Play, Talk pillar within the RtHB by identifying trackable indicators of responsive caregiving and linking developmental screening to feedback and referral pathways.
- Revive work on formative assessment for early learning linked to the NCF and make it more widely available.
- Develop a quality assurance and support system module focused on quality in ELPs for babies and toddlers.
- Include caregiver support indicators in the monitoring and evaluation framework for the National Integrated ECD Policy.

7. Foster partnerships and shared learning:

- Establish a community of practice to pilot tools, share learning and build alignment across government, academia and civil society.

7. Costing and financing: investing early for maximum return

Investing in the first three years of a child's life delivers among the highest social and economic returns of any public policy. Yet in South Africa, public spending doesn't align with this evidence. Infants and toddlers – who spend most of their early years at home – receive the least structured support, despite being at the most developmentally sensitive stage.

Current expenditure patterns highlight this gap:

- Public spending on ECD remains below international benchmarks and is heavily skewed toward centre-based provision for older children.[133] More than 70% of public ECD funding is directed to children aged 4–5, largely through centre-based programmes.[134]
- Home- and community-based services for children aged 0–3 receive limited and fragmented funding, with no clear system for scale.[135]

The National Parenting Programme (NPP) provides a practical South African example of the costs of delivering parenting support at scale through existing platforms.

The costing reflects the expense of financing structured service delivery through contracted community and civil society providers, with clear outputs, quality standards and monitoring requirements. It proposes non-monetary support to equip caregivers and reduce child maltreatment, rather than financial incentives to reward positive parenting.

The approach extends existing public financing models for early learning by supporting non-state providers in delivering defined parenting support services at scale, rather than expanding direct government services.

7a. Indicative costing: a light-touch parenting programme for children aged 0–3

Programme overview

The cost estimates and assumptions in this section are all derived from the National Early Childhood Development Alliance's Final Report and Monitoring and Evaluation Report on the NPP.[136,137]

The costing presented here illustrates the estimated cost of delivering structured, group-based caregiver support through existing platforms. It uses a train-the-trainer approach in which local facilitators are trained and supported to run sessions in their communities using standardised guides and materials. This model enables the programme to reach large numbers of caregivers while keeping delivery costs relatively low.

Costing basis

The costing is based on expenditure and reach data from the NPP, which was implemented nationally between May and December 2024. During this period, the programme reached approximately 16 600 caregivers across all nine provinces, at a total cost of approximately R5.5 million.

Key assumptions

The costing is based on the following assumptions:

- Delivery takes place through existing community, NGO and ECD platforms.
- Sessions are group-based, with an average group size of 20–25 caregivers.
- It's a multi-session programme, with between six and eight sessions per caregiver group.
- National and provincial training, coordination and monitoring are included.
- No construction of new facilities, cash transfers or intensive home-visiting are required.

Unit costs (based on observed expenditure)

Cost Item	Estimated Cost
Total programme cost per caregiver	±R350 per caregiver
Direct session delivery cost*	±R21 per caregiver per session
Training, materials, coordination and monitoring and evaluation	±R200–R230 per caregiver
Typical programme duration	±7 months

**The per-session allocation reflects a constrained delivery budget and should be treated as a minimum benchmark rather than a sustainable unit cost.*

Cost envelope (illustrative scale scenarios)

Scale scenario	Estimated Cost
10 000 caregivers	±R3.5 million
100 000 caregivers	±R35 million
500 000 caregivers	±R175 million

Under the current delivery assumptions, costs increase broadly in proportion to the number of caregivers reached.

Caveat: true costs will likely be higher

Evidence from the NPP indicates that the reported costs understate the full economic cost of delivery, as many implementing partners absorbed costs through in-kind contributions such as staff time, venues, transport and printing. Several partners also reported that low per-session allocations placed pressure on delivery quality and facilitator retention. The indicative unit cost of R350 per caregiver, therefore, represents a lean, lower-bound estimate – the true cost will likely be higher.

Value-for-money considerations

- Responsive caregiving and early language development can be strengthened through programmes that can reach caregivers earlier and at a lower cost than centre-based ECD provision, particularly for children aged 0–3 who are not enrolled in ELPs.
- The model is most cost-effective when embedded in existing platforms and delivered through group-based, train-the-trainer approaches.
- Sustained quality at scale depends on adequate funding for training, materials, supervision and monitoring, rather than minimising per-session costs alone.

7b. Key costing insights for decision-makers

From the above, we can conclude that it's possible to deliver a national, light-touch parenting programme for caregivers of children aged 0–3 at a minimum cost of R350 per caregiver (2024 pricing) – provided that delivery is group-based, embedded in existing platforms and adequately funded to maintain quality and sustainability.

Crucially, this costing illustrates that the primary barrier to scaling support for infants and toddlers is not affordability but financing design. Current public expenditure patterns lack clearly defined and sustained funding mechanisms for caregiver support and early learning in the home.

Without an explicit financing mechanism for caregiver support aligned across health, social development and basic education - parenting programmes will remain fragmented, short-term and dependent on donor funding, despite demonstrated feasibility and value for money.

Redirecting a modest share of existing ECD expenditure, alongside a defined contribution from the DoH aligned with the RtHB's Love, Play, Talk pillar, toward a coordinated birth to three financing envelope would enable South Africa to move from policy intent to system delivery. This will help ensure that infants and toddlers receive structured, equitable support during the period when returns on investment are highest.

Conclusion

A national commitment to birth to three development

South Africa has community platforms and an existing workforce that already reach families – but these assets are not yet organised or supported to deliver the support children from birth to age 3 need at scale. What's missing is a coordinated commitment to act at scale. The first three years of life are not simply another stage in the ECD continuum; they are the foundation upon which all future learning, health and productivity depend. Yet infants and toddlers remain the least visible and least systematically supported group within South Africa's ECD, health and social service system.

By embedding responsive caregiving and early language development into these systems, South Africa can secure some of the strongest returns available to public investment. This can be done through everyday interaction, by training and supporting the workforce that already reaches families, and by redirecting existing budgets toward the earliest years. These changes are practical, affordable and achievable within existing systems.

The question is no longer whether South Africa can afford to invest in the first three years; rather, can we afford not to invest? Without decisive action, inequality will continue to take root long before children enter formal education programmes, limiting the impact of later interventions.

If South Africa commits to a coordinated national birth to three agenda, every child can begin life with the secure relationships, stimulation and support they need to thrive. This won't be a marginal reform but a system shift – one that strengthens families, improves efficiency across services and builds the foundations of human capability.

The next decade will be defined by whether we allow early inequality to deepen or deliberately address it at its source. South Africa must act now and invest where returns are highest and the consequences of inaction are greatest. That's how we will build the human capital we need for a more equitable future.

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References

1. Brotherson, S.E. 2009. Understanding Brain Development in Young Children. NDSU Extension Circular (Bright Beginnings #4). https://www.imhlk.com/wp-content/uploads/2019/04/Understanding_Brain_Development_in_Young_Children.pdf
2. Nelson, C.A. 2000. The Neurobiological Bases of Early Intervention. In: J.P. Shonkoff and S.J. Meisels (eds), *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press, pp. 204–228.
3. Dulvy, E.N. et al. 2023. South Africa Public Expenditure and Institutional Review for Early Childhood Development (ECD PEIR) (English). World Bank Group. http://documents.worldbank.org/curated/en/099192001242341964
4. World Health Organization et al. 2018. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Licence: CC BY-NC-SA 3.0 IGO. https://iris.who.int/server/api/core/bitstreams/781de51d-4cef-482e-bb3b-c2b3becf3c9f/content
5. Jeong, J. et al. 2021. Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLOS Medicine* 18(5), e1003602. https://doi.org/10.1371/journal.pmed.1003602
6. Black, M.M. et al. 2024. Responsive caregiving: conceptual clarity and the need for indicators. *The Lancet Child & Adolescent Health* 8(10), pp. 713–715. https://doi.org/10.1016/S2352-4642(24)00194-9
7. World Health Organization et al. 2018. *Nurturing care framework*.
8. Statistics South Africa. 2024. General Household Survey 2024. https://www.statssa.gov.za/publications/P0318/P03182024.pdf
9. Ibid.
10. Bayat, A. and Madyibi, S. 2022. The home environment and parental involvement of preschoolers in Philippi, a low-income area: Do they hinder or support early learning? *South African Journal of Childhood Education* 12(1), a1055. https://doi.org/10.4102/sajce.v12i1.1055
11. Slemming, W., Biersteker L. and Lake, L. 2024. South African Child Gauge 2024. Children's Institute, University of Cape Town. https://ci.uct.ac.za/cg-2024-early-childhood-development
12. Marsay, C., Manderson, L. and Subramaney, U. 2017. Validation of the Whooley questions for antenatal depression and anxiety among low-income women in urban South Africa. *South African Journal of Psychiatry* 23, a1013. https://doi.org/10.4102/sajpsychiatry.v23i0.1013
13. Sokolovic, N. et al. 2021. Teaching Parents to Be Responsive: A Network Meta-analysis. *Pediatrics* 148(2), e2020033563. https://doi.org/10.1542/peds.2020-033563
14. Ibid.
15. Van den Berg, W. et al. 2024. State of South Africa's Fathers 2024. Tataokhona Project. https://www.ahri.org/wp-content/uploads/2025/02/State-of-South-Africas-Fathers-SOSAF-2024-Report.pdf
16. Ibid.
17. Cain, K. et al. 2026. The impact of a story-based intervention on language, literacy, and cognitive development in South African pre-schoolers: randomised controlled trials for two language groups. *International Journal of Educational Research* 136, 102920. https://doi.org/10.1016/j.ijer.2025.102920
18. Giese, S. et al. 2025. Thrive by Five Index 2024: National Findings. DataDrive2030. https://thrivebyfive.co.za/wp-content/uploads/2025/09/TB5-Main-Report_FINAL.pdf
19. Polzer N.T. et al. 2023. National Reading Survey 2023 Technical Report. Nal'ibali Trust. https://www.readingbarometersa.org/system/files/resourcefiles/National%20Reading%20Survey%20Technical%20Report%202023-06-12%20submitted%20%281%29.pdf
20. Giese, S. et al. 2025. *Thrive by Five Index 2024: Findings*.
21. Richter, L.M. et al. 2019. Early means early: understanding popular understandings of early childhood development in South Africa. *Early Years* 39(3), pp. 295–309. http://doi.org/10.1080/09575146.2019.1613346
22. Lindland, E. et al. 2016. Early Means Early. Mapping the Gaps Between Expert, Stakeholder, and Public Understandings of Early Childhood Development in South Africa. FrameWorks Institute. https://www.frameworksinstitute.org/app/uploads/2020/03/mappingthegap_final_draft.pdf
23. Statistics South Africa. 2024. *General Household Survey 2024*.
24. Ibid.
25. Department of Basic Education. 2023. South Africa's 2030 Strategy for Early Childhood Development Programmes. Every Child Matters. https://ecdinfohub.org/wp-content/uploads/2024/04/South-Africas-2030-Strategy-for-Early-Childhood-Development-Programmes.pdf
26. Ibid.
27. Dulvy. E.N. et al. 2023. *ECD Public Expenditure and Institutional Review*.
28. Britto, P.R. et al. 2015. A systematic review of parenting programmes for young children in low- and middle-income countries. UNICEF. https://www.unicef.org/sites/default/files/press-releases/media-P_Shanker_final__Systematic_Review_of_Parenting_ECD_Dec_15_copy.pdf
29. Aboud, F. et al. 2025. Scaling parenting programs for early child development in four low- and middle-income countries. *Frontiers in Public Health* 13, 1604308. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1604308/full
30. Dadisman, K., Nickow, A. and Oreopoulos, P. 2024. The Impact of Early Childhood Parenting Interventions on Child Learning: A Systematic Review and Meta-Analysis. NBER Working Paper 32959. https://www.nber.org/papers/w32959
31. Omoeva, C. et al. 2025. Do Playful Parenting Programs Implemented at Scale Improve Caregiver Practices and Child Development? Children 12(9), 1 241. https://doi.org/10.3390/children12091241
32. Campi, E., Nye, E. and Baranek, G.T. 2024. Defining Parent Responsiveness: A Systematic Review-Based Theoretical Model. *Infant and Child Development* 34(1), e2565. https://onlinelibrary.wiley.com/doi/abs/10.1002/icd.2565
33. Ibid.
34. Ibid.

35. Britto, P.R. et al. 2015. *A systematic review of parenting programmes*.
36. Omoeva, C. et al. 2025. *Playful Parenting Programs*.
37. Britto, P.R. et al. 2015. *A systematic review of parenting programmes*.
38. Ibid.
39. World Health Organization. 2024. Designing, implementing, evaluating, and scaling up parenting interventions: A handbook for decision-makers and implementers. Licence: CC BY-NC-SA 3.0 IGO. https://iris.who.int/server/api/core/bitstreams/207a825e-0327-4ddc-a22a-621c6e8ea35c/content
40. Ibid.
41. Gertler, P. et al. 2014. Labor market returns to an early childhood stimulation intervention in Jamaica. Science 344 (6 187), pp. 998–1 001. http://doi.org/10.1126/science.1251178
42. World Health Organization. 2024. Designing, implementing, evaluating, and scaling up parenting interventions: A handbook for decision-makers and implementers. Licence: CC BY-NC-SA 3.0 IGO. https://iris.who.int/server/api/core/bitstreams/207a825e-0327-4ddc-a22a-621c6e8ea35c/content
43. Ibid.
44. Garbe, M.C. et al. 2023. The Effect of Exposure to Reach Out and Read on Shared Reading Behaviors. *Academic Pediatrics* 23(8), pp. 1 598–1 604. https://doi.org/10.1016/j.acap.2023.06.030
45. Department of Social Development and UNICEF South Africa. 2025. Parenting Support Policy Benchmarking Assessment Report: Pilot assessment tool for benchmarking policy provision for universal parenting support in South Africa. https://www.unicef.org/southafrica/reports/parenting-support-policy-benchmarking-assessment-report
46. Lindland, E. et al. 2016. *Mapping the ECD Gaps*.
47. Bayat and Madyibi. 2022. *The home environment of preschoolers in Philippi*.
48. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
49. Mkhwanazi, N. et al. 2018. Negotiating the care of children and support for caregivers. In: K. Hall et al. (eds), *South African Child Gauge 2018: Children, Families and the State*. Cape Town: Children's Institute, University of Cape Town, pp. 72–80. https://childrencount.uct.ac.za/uploads/publications/South%20African%20Child%20Gauge%202018_Children%20Families%20and%20the%20State.pdf#page=72
50. Ibid.
51. National Early Childhood Development Alliance. 2025a. National Parenting Programme (NPP): Monitoring and evaluation report (Implementation period: 15 May–15 December 2024).
52. Rochat, T. et al. 2018. A pilot study to assess the feasibility and acceptability of a relationship-based early parenting add-on package to support early child development in KwaZulu-Natal. Human Sciences Research Council. https://ilifalabantwana.co.za/wp-content/uploads/2019/02/Ibhayi-Lengane-Final-Report-Final-15-01-2018.pdf
53. National Early Childhood Development Alliance. 2025a. *NPP: Monitoring and evaluation report*.
54. Ibid.
55. Department of Basic Education and UNICEF South Africa. 2023. Consolidated report on scoping study to determine priority geographical areas for face-to-face training and capacity development of parents with children aged birth to six years.
56. Bayat and Madyibi. 2022. *The home environment of preschoolers in Philippi*.
57. Rochat, T. et al. 2018. *Relationship-based early parenting add-on package*.
58. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
59. Horler, J., Biersteker, L. and Berry, L. 2023. Survey of resource and training organisations supporting early learning programmes in South Africa. Umncedi. https://umncedi.org/wp-content/uploads/2023/10/Resource-and-Training-Organisations-Skills-Survey-2023-Report.pdf
60. Shenderovich, Y. et al. 2018. What Affects Attendance and Engagement in a Parenting Program in South Africa? *Prevention Science* 19, pp. 977–986. https://doi.org/10.1007/s11121-018-0941-2
61. Lobo, E. et al. 2025. A scoping review of responsive caregiving in diverse populations and its association with child development. *Early Human Development* 212, 106424. https://doi.org/10.1016/j.earlhumdev.2025.106424
62. Republic of South Africa. 2015. National Integrated Early Childhood Development Policy. https://www.gov.za/sites/default/files/gcis_document/201610/national-integrated-ecd-policy-web-version-final-01-08-2016a.pdf
63. Department of Basic Education. 2023. *South Africa's 2030 Strategy for ECD Programmes*.
64. Department of Basic Education of the Republic of South Africa. 2026. *Bana Pele Shared Blueprint to Achieve Universal Access to Quality Early Learning*. Pretoria: DBE.
65. Department of Basic Education. 2015. The South African National Curriculum Framework for Children from Birth to Four. https://www.education.gov.za/Portals/0/Documents/curriculum%20docs/NCF%202018/NCF%20English%202018%20web.pdf
66. Department of Basic Education. 2009. National Early Learning Development Standards For Children Birth to Four Years (NELDS). https://www.unicef.org/southafrica/media/1746/file/ZAF-national-early-learning-and-development-standards-for-children-birth-to-4-years-2011.pdf
67. Department of Social Development. 2021. Revised White Paper on Families. https://www.gov.za/sites/default/files/gcis_document/202107/44799gon586t.pdf
68. Department of Health. 2018. Road to Health. https://sidebyside.co.za/resources/road-to-health-book/
69. Ebubedike, M. et al. 2024. Power of Parents: Exploring the potential role of parents and caregivers in strengthening language development and literacy acquisition for children aged 3–12 in Sub-Saharan Africa. Multisite case-study from Nigeria and Ghana. The Open University, Milton Keynes. https://oro.open.ac.uk/102606/
70. Jeong, J. et al. 2021. *Parenting interventions*.
71. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.

72. Slemming, Biersteker and Lake. 2024. *South African Child Gauge 2024*.
73. Ebubedike, M. et al. 2024. *Power of Parents*.
74. World Health Organization. 2022. Global Initiative to Support Parents. Inter-Agency Vision. https://www.who.int/publications/m/item/global-initiative-to-support-parents
75. Aboud, F. et al. 2025. *Scaling parenting programs for ECD*.
76. Sokolovic, N. et al. 2021. *Teaching Parents to be Responsive*.
77. Department of Basic Education and UNICEF South Africa. 2023. *Scoping study to determine priority geographical areas*.
78. National Early Childhood Development Alliance. 2025b. Final Report to UNICEF/Department of Basic Education for the National Parenting Programme.
79. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
80. National Early Childhood Development Alliance. 2025b. *Final Report*.
81. Department of Health. 2018. *Road to Health*.
82. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
83. National Early Childhood Development Alliance. 2025b. Final Report.
84. Ibid.
85. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
86. National Early Childhood Development Alliance. 2025b. *Final Report*.
87. Department of Social Development and UNICEF South Africa 2025. *Parenting Support Policy Benchmarking Assessment*.
88. O'Carroll, S., Day, C., & Polzer-Ngwato, T. 2026. Survey of organisations and digital tools that support responsive caregiving and early learning in very young children (birth to three years). (Supporting responsive caregiving and early learning in very young children series 01). Hold My Hand; SAPPIN. https://www.holdmyhand.org.za
89. Ibid.
90. Ibid.
91. Department of Basic Education. 2015. *National Curriculum Framework*.
92. National Early Childhood Development Alliance. 2025b. *Final Report*.
93. Independent Philanthropy Association South Africa. 2025. Synthesis of learnings from caregiver support: A report for funders.
94. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
95. Horler, Biersteker and Berry. 2023. *Survey of resource and training organisations*.
96. Independent Philanthropy Association South Africa.
97. National Early Childhood Development Alliance. 2025b. *Final Report*.
98. Ibid.
99. Mkhwanazi, N. et al. 2018. *Negotiating the care of children*.
100. Department of Basic Education. 2025. Intersectoral Forum (ISF) Human Resource Development Update for Early Childhood Development.
101. Ibid.
102. Ibid.
103. Rochat, T. et al. 2018. *Relationship-based early parenting add-on package*.
104. Department of Social Development and UNICEF South Africa. 2025. *Parenting Support Policy Benchmarking Assessment*.
105. Department of Basic Education. 2025. *Human Resource Development Update*.
106. Center on the Developing Child. 2016. 8 Things to Remember about Child Development. Harvard University. https://developingchild.harvard.edu/resources/briefs/8-things-remember-child-development/
107. Rochat, T. et al. 2018. *Relationship-based early parenting add-on package*.
108. National Early Childhood Development Alliance. 2025b. *Final Report*.
109. Independent Philanthropy Association South Africa.
110. Ibid.
111. National Scientific Council on the Developing Child. 2007. The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5. https://developingchild.harvard.edu/wp-content/uploads/2024/10/Timing_Quality_Early_Experiences-1.pdf .
112. O'Carroll, S. et al. 2026. Towards measuring outcomes related to responsive caregiving, opportunities for early learning and child development aged 0–3 years. (Supporting responsive caregiving and early learning in very young children series 02). Hold My Hand; DataDrive2030. https://www.holdmyhand.org.za.
113. Ahun, M.N. et al. 2023. Implementation of UNICEF and WHO's care for child development package: Lessons from a global review and key informant interviews. *Frontiers in Public Health* 11, 1140843. https://doi.org/10.3389/fpubh.2023.1140843
114. Hentschel, E., et al. 2021. The nurturing care framework: Indicators for measuring responsive care and early learning activities. Geneva: World Health Organization. https://nurturing-care.org/wp-content/uploads/2021/03/Proposed_indicators.pdf
115. Black, M.M. et al. 2024. *Responsive caregiving*.
116. Lobo, E. et al. 2025. *A scoping review of responsive caregiving*.
117. Ibid.
118. Ibid.

119. O'Carroll, S. et al. 2026. *Measuring outcomes related to responsive caregiving*.
120. Aboud, F.E. and Prado, E.L. 2018. Measuring the implementation of early childhood development programs: Measurement of ECD implementation. *Annals of the New York Academy of Sciences* 1 419(1), pp. 249–263. https://doi.org/10.1111/nyas.13642
121. Ahun, M.N. et al. 2023. *UNICEF and WHO's care for child development package*.
122. UNICEF. 2017. UNICEF'S Programme Guidance for Early Childhood Development. UNICEF Programme Division. https://www.unicef.org/media/107616/file/UNICEF-Programme-%20Guidance-for-Early-Childhood-Development-2017.pdf
123. Ahun, M.N. et al. 2023. *UNICEF and WHO's care for child development package*.
124. Giese, S. et al. 2025. *Thrive by Five Index 2024: Findings*.
125. O'Carroll, S. et al. 2026. *Measuring outcomes related to responsive caregiving*.
126. Jeong, J. et al. 2021. *Parenting interventions*.
127. Hentschel, E.
128. O'Carroll, S. et al. 2026. *Measuring outcomes related to responsive caregiving*.
129. UNICEF and Ministry of Health. 2025. National Standards for Parenting Programmes in Uganda. https://www.unicef.org/uganda/media/19841/file/National%20Standards%20for%20Parenting%20Programmes%20in%20Uganda.pdf
130. UNICEF. 2017. *Programme Guidance for Early Childhood Development*.
131. Black, M.M. et al. 2024. *Responsive caregiving*.
132. Draper, CE, Cook, CJ, Ankrah, EA, Beltran, JA, Cibrian, FL, Lakes, KD, Mofid, H, Williams, L, et al. 2025. Feasibility and Acceptability of the Mazi Umntanakho Digital Tool in South African Settings: A Qualitative Evaluation. Infant and Child Development. (January, 19):e2567. doi.org/10.1002/icd.2567.
133. Dulvy. E.N. et al. 2023. *ECD Public Expenditure and Institutional Review*.
134. Ibid.
135. Ibid.
136. National Early Childhood Development Alliance. 2025b. *Final Report*.
137. National Early Childhood Development Alliance. 2025a. *NPP: Monitoring and Evaluation Report*.

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