



Maternal Support Grant Advocacy Coalition

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Issued by the MSG Advocacy Coalition: South Africa must not miss an opportunity to fund the Maternal Support Grant in the mission to end stunting

The upcoming Medium-Term Budget Policy Statement (MTBPS) should allocate much-needed funds to pregnant women and their newborns as part of South Africa's mission to end stunting.

This ties directly to President Cyril Ramaphosa's February State of the Nation Address commitment to end child stunting and malnutrition by prioritising nutrition in the first 1 000 days of life, from pregnancy through a child's earliest years.

Ahead of the MTBPS, the Presidency set up an interdepartmental task team to turn that commitment into an operational plan.

A pregnant woman's nutrition, food security and wellbeing directly shape her unborn baby's growth and development, which is why strategies to prevent stunting must begin in the womb and be supported through public financing.

This is precisely why we as NGOs and researchers are **calling on National Treasury to fund the introduction of a Maternal Support Grant (MSG)** for pregnant women who qualify for state support, at a cost of approximately R2 billion a year — just 0.1% of government spending.

Put simply, the MSG is:

- a short-term grant for pregnant women who pass a means test;
- pegged to the value of the Child Support Grant (CSG) at R580 per month; and
- a backwards extension of the CSG, providing income support before a baby is born.

The MSG is a stunting prevention measure, not general income support

Although not yet government policy, the MSG has been on the agenda of the Department of Social Development for over a decade, a department that's also represented on the interdepartmental task team on stunting.

"The MSG is not general income support. It's a time-bound grant meant to support and protect the nutrition and health of mother and baby during pregnancy — a biologically sensitive period that shapes a child's future outcomes," says Nicola Stofberg, member of the MSG Advocacy Coalition and deputy executive director of Grow Great.

"Women would become eligible for the MSG from their first antenatal booking, and it would support automatic transition to the CSG once a child is born and registered," Stofberg explains.





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Across many countries, pregnancy-related income support leads to improved maternal nutrition and higher antenatal care attendance.

“Consequently, evidence shows that income support during pregnancy reduces low birth weight, stunting and maternal stress, giving children a stronger start, making the MSG a cost-effective stunting prevention measure,” says Wanga Zembe, a chief specialist scientist at the South African Medical Research Council (SAMRC).

The MSG closes the social protection gap

The introduction of the MSG would also close a long-standing gap in South Africa’s social protection system, where pregnant women living in poverty can only access targeted state support after their baby is born and registered to receive grants.

“The MSG would extend social protection to pregnancy, helping to give effect to the right to food, health and social assistance during a critical period when the foundations for a child’s lifelong health, growth and development are formed. It would also cushion low-income mothers against food insecurity, job loss and other financial pressures,” adds Zembe.

In South Africa, 63.5% of households are food insecure to some degree, and 17.5% severely so — running out of food or going to bed hungry because they can’t afford to buy food and they’re unable to grow their own food.

“We also know that female-headed households are more food insecure than male-headed ones and make up a larger share of those living below the food poverty line. Many pregnant women come from these households. These women therefore face pregnancy without the money to protect their own health and that of their unborn babies, at a time when their nutritional needs are higher,” says Julie Mentor, coalition member and project lead of Embrace.

While there are persistent misconceptions that grants linked to children encourage pregnancy, South African evidence does not support the claim that the CSG — the current grant available to caregivers for their children — drives teenage pregnancy.

“There is also no evidence to suggest that a relatively small, time-bound grant such as the MSG, available only during pregnancy, would create an incentive to become pregnant,” adds Mentor.

The MSG is money well spent

In South Africa, approximately one in seven babies is born with low birth weight each year. Low birth weight places substantial demands on the health system, particularly through





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neonatal and intensive care. South African economic modelling suggests that preventing adverse birth outcomes through pregnancy-related income support could **generate considerable savings** for the public healthcare system and the fiscus as a whole.

The MSG should therefore be viewed not only as a rights-based investment, but as a preventive health investment. By improving maternal nutrition and reducing the risk of low birth weight, it has the potential to avert significant healthcare costs while giving children a better foundation.

The MSG is one layer in a multi-layered approach to tackling stunting

“While the MSG would provide a missing layer of social protection and income support to all eligible pregnant women, the state must also fund therapeutic interventions in the mission to end stunting,” says Rahima Essop, coalition member and communications director at the DG Murray Trust.

This would provide an additional layer of support for women. Such therapeutic interventions include strengthening antenatal care by switching pregnant women in the public health system from iron and folic acid alone to multiple micronutrient supplementation (MMS), to improve their nutritional status and foetal growth.

They also include models like the **Western Cape’s Khulisa Care programme**, which helps pregnant women, at high risk of giving birth to low birth weight babies based on clinical criteria and mothers of low birth weight newborns, buy nutritious food and get regular support from trained community health workers.

“The mission to end stunting needs a multi-layered approach, but starting early will deliver the best results, with social protection in the form of the MSG and evidence-based therapeutic and care interventions in the first 1 000 days,” Essop concludes.

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To arrange interviews, please contact DGMT Communications Specialist Corné Kritzinger on 060 679 7964 or send an email to corne@dgmt.co.za.

About the MSG Advocacy Coalition: The MSG Advocacy Coalition is a growing collective of NGOs and researchers with members including Embrace, Children’s Institute, the Equality Collective, DG Murray Trust (DGMT), Ilifa Labantwana, Grow Great, SAMRC/Centre for Health Economics & Decision Science – PRICELESS SA, HEALA, Amandla.mobi, Health Systems Research Unit at SAMRC, Perinatal Mental Health Project, Union Against Hunger, Legal Resources Centre and the Institute for Economic Justice.

