

25 February 2026

Written submission to the South African Human Rights Commission (SAHRC): National Inquiry into the Food Systems of South Africa

Submitted by: Maternal Support Grant (MSG) Advocacy Coalition

This submission is made by the Maternal Support Grant (MSG) Advocacy Coalition, a collective of NGOs and researchers established in October 2024. The coalition works to advance public awareness of the MSG, mobilise support for its adoption, and hold government accountable to a clear timeline for the approval and implementation of an MSG policy to improve maternal and child health and nutrition. The coalition's members include representatives from the following organisations: Embrace, Children's Institute, the Equality Collective, DG Murray Trust (DGMT), Ilifa Labantwana, Grow Great, Hold My Hand, 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.



Contents:

- 1. Introduction and background page 3
- 2. The case for a Maternal Support Grant (MSG) page 11
- 3. Legal Framework page 16
- 4. Structural dynamics and economic factors that perpetuate hunger and systemic exclusions page 18
- 5. Institutional coordination, policy coherence and civic participation page 20
- 6. Recommendations..... page 22
- 7. Contacts..... page 23

1. Introduction and background

1.1 Dimensions of food insecurity

Despite South Africa's status as a nationally food-secure country, maternal and child undernutrition¹ and malnutrition² persist. This submission argues that intergenerational cycles of **poverty, food insecurity** and **gaps in the country's social protection system** are denying poor and vulnerable pregnant women — and consequently their young children — **access** to adequate nutrition during the first 1 000 days from conception to a child's second birthday.

South Africa is considered nationally food secure in that it produces enough staple food through domestic agriculture and is not presently experiencing widespread drought or famine.³ As such, inadequate food production at a national level is not the primary driver of the country's undernutrition and malnutrition crises.⁴

However, the matter is not clear-cut, as food security is a multi-dimensional concept that operates at different levels.⁵ Food security is commonly understood to comprise four dimensions:

- 1) availability, which refers to the amount of food produced domestically, including imports and excluding exports;
- 2) access, which relates to people's ability to obtain food, including the impact of price changes;
- 3) utilisation, which is determined by the diversity and quality of food consumed; and

¹ According to the World Health Organisation, undernutrition has four main sub-forms: wasting, underweight, stunting and deficiencies in vitamins and minerals. This makes children more susceptible to disease and death.

² According to the World Health Organisation, malnutrition refers to deficiencies or imbalances in a person's intake of energy and/or nutrients and includes undernutrition, inadequate intake of vitamins and minerals and overweight and obesity.

³ Devereux, S. and Waidler, J. (2017), "Why does malnutrition persist in South Africa despite social grants?" Food Security SA Working Paper Series No.001. DST-NRF Centre of Excellence in Food Security, South Africa.

⁴ Devereux, S. Heywood, M. (2024). *It's time to 'abnormalise' hunger in South Africa*. Daily Maverick. <https://www.dailymaverick.co.za/article/2024-10-14-its-time-to-abnormalise-hunger-in-south-africa/>

⁵ Devereux, S. and Waidler, J. (2017). "Why does malnutrition persist in South Africa despite social grants?" Food Security SA Working Paper Series No.001. DST-NRF Centre of Excellence in Food Security, South Africa.

4) stability which has to do with the consistent availability of food over time in the face of climate change and other shocks.⁶

According to the 2024 General Household Survey, one in four people in South Africa have limited access to food.⁷ Meaningful access to nutritious food for growth and development is a critical and determinative component of food security.

At a household level, many families face significant barriers to accessing **adequate nutritious food** because of affordability. Since most families in South Africa buy their food rather than grow it, their food security is highly dependent on their income. Recently published data showed that 66.7% of the population (40.8 million people) lived below the upper-bound poverty line in 2023, and 10.8 million (17.6%) were food poor, living below the food poverty line.⁸

The food poverty line is calculated as the amount of money an individual needs to afford the minimum required daily energy intake if they spend all their money on food. Consequently, poorer households tend to buy less expensive starches or ultra-processed foods to stave off hunger resulting in malnutrition and micronutrient deficiencies.⁹

The National Food and Nutrition Security Survey published in 2023 indicates that **63.5%** of households across all nine provinces are **food insecure**, of which **19.3%** fall within the mild range, **26.7%** in the moderate range, and **17.5%** experienced severe food insecurity.¹⁰ Households experiencing severe food insecurity would run out of food or go to bed hungry, while the moderately food insecure households often consumed low-quality food.¹¹

⁶ Devereux, S. and Waidler, J. (2017). "Why does malnutrition persist in South Africa despite social grants?" Food Security SA Working Paper Series No.001. DST-NRF Centre of Excellence in Food Security, South Africa.

⁷ Statistics South Africa. (2025). General Household Survey 2024. <https://www.statssa.gov.za/publications/P0318/P03182024.pdf>

⁸ Statistics South Africa. (2025). Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2023. <https://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062023.pdf>

⁹ Devereux, S. and Waidler, J. (January 2017). "Why does malnutrition persist in South Africa despite social grants?" Food Security SA Working Paper Series No.001. DST-NRF Centre of Excellence in Food Security, South Africa.

¹⁰ Simelane, T., et al. (2023). National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council (HSRC). <https://foodsecurity.ac.za/wp-content/uploads/2024/08/National-Report-compressed.pdf>

¹¹ Simelane, T., et al. (2023). National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council (HSRC). <https://foodsecurity.ac.za/wp-content/uploads/2024/08/National-Report-compressed.pdf>

The same survey found that **female-headed households** were more **food insecure** than those headed by men and made up a higher proportion living **below the food poverty line**.¹²

This is driven by inflation-induced increases in food prices, evident in the month-to-month fluctuations of the average household food basket, calculated at R5 401,44 in January 2026.¹³ These increases are also evident in the inflation-adjusted national poverty lines, which saw the food poverty line increase by **7.4%** from R796 per person per month in May 2024 to R855 per person per month in 2025 (see Figure 1).¹⁴

¹² Simelane, T., et al. (2023). National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council (HSRC). <https://foodsecurity.ac.za/wp-content/uploads/2024/08/National-Report-compressed.pdf>

¹³ Pietermaritzburg Economic Justice & Dignity. (January 2026). Household Affordability Index. https://pmbejd.org.za/wp-content/uploads/2026/01/January-2026-Household-Affordability-Index-PMBEJD_28012026.pdf

¹⁴ Statistics South Africa. (January 2026). National poverty lines. <https://www.statssa.gov.za/publications/P0318/P03182024.pdf>

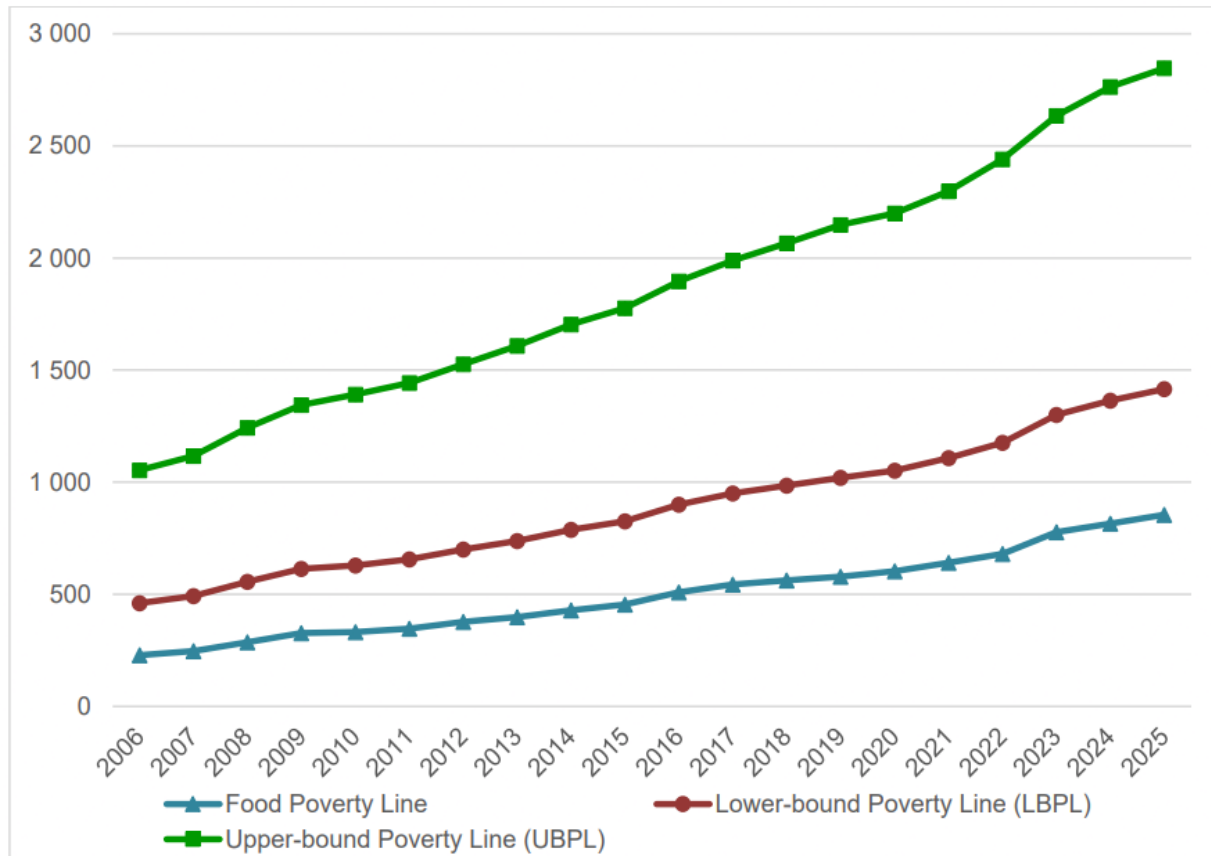


Figure 1: Inflation-adjusted national poverty lines, 2006 to 2025 (per person per month in rands).

Source: Statistics South Africa¹⁵

1.2 Categories of pregnant women at risk of food insecurity

The first 1 000 days, beginning at conception, is a critical window for early child development during which nutrition, health and caregiving shape brain development, physical development and long-term potential, affecting a child’s psychosocial, cognitive and physical wellbeing outcomes.

¹⁵ Statistics South Africa. (2025). Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2023. <https://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062023.pdf>

The energy demands that support this growth and development during pregnancy require an increase in calorie intake over nine months,¹⁶ alongside adequate micronutrients such as iodine, zinc, iron, folate and calcium from an optimal diet.¹⁷

Pregnant women who lack **access** to essential micronutrients face serious risks, including pre-eclampsia, haemorrhage and death.¹⁸ Iron-deficiency anaemia in pregnancy is another consequence of malnutrition, linked to premature birth, low birth weight and maternal, perinatal and neonatal mortality.¹⁹

The higher nutritional demands of pregnancy, coupled with the increased transport costs for healthcare visits, place financial strain on already poor and vulnerable households (such as the 63.5% of households categorised as food insecure). The lack of a financial safety net also impacts these women's ability to breastfeed their infants after birth, thereby compounding their child's risk for poor growth and nutritional outcomes.²⁰

In addition, **self-employed** workers in the **informal economy** lack access to maternity benefits like paid maternity leave.²¹ Even though South Africa has laws and programmes providing social insurance (such as the Unemployment Insurance Fund) and social assistance (in the form of social grants), **unemployed pregnant women** and **pregnant women working in the informal sector** are not covered by either of the above-mentioned programmes. As a result, these women experience reduced earning capacity, financial

¹⁶ Symington EA, Baumgartner J, Malan L, Zandberg L, Ricci C, Smuts CM. (2018). Nutrition during pregnancy and early development (NuPED) in urban South Africa: a study protocol for a prospective cohort. *BMC Pregnancy Childbirth*. doi: 10.1186/s12884-018-1943-6. PMID: 30041623; PMCID: PMC6056931.

¹⁷ Carboo, Janet & Ngounda, Jennifer & Robb, Liska & Jordaan, Marizeth & Walsh, Corinna. (2025). Nutritional Status and Household Food Security of Pregnant Women: Insights from the NuEMI Study in South Africa. *Public health nutrition*. 28. 1-42. 10.1017/S1368980025100815.

¹⁸ United Nations Children's Fund (UNICEF). n.d. Maternal Nutrition. <https://www.unicef.org/nutrition/maternal>

¹⁹ World Health Organisation. (2017). Nutritional anaemias: tools for effective prevention and control. <https://www.who.int/publications/i/item/9789241513067>

²⁰ Pereira-Kotze, C., Feeley, A., Doherty, T., & Faber, M. (2023). Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: a scoping review of research since 2000. *International Breastfeeding Journal*, 18(1), 9. <https://doi.org/10.1186/s13006-023-00542-8>.

²¹ Hicks, J. (2024). Maternity protections, constitutional rights and the informal economy. *South African Journal on Human Rights*, 40(3-4), 175-198. <https://doi.org/10.1080/02587203.2025.2489625>

strain and job insecurity during pregnancy.²² Such income insecurity impacts their ability to buy nutritious food.

Although the Social Relief of Distress Grant (SRD), introduced in 2020 to mitigate the economic impact of the Covid-19 pandemic, and today valued at R370 may reach some poor and vulnerable pregnant women, the eligibility criteria for the SRD excludes women who have more than R624 a month in their bank accounts, an amount even lower than the R855 food poverty line (in May 2025 prices).²³

On the issue of maternity benefits, South Africa’s labour legislation, specifically the Unemployment Insurance Act and the Basic Conditions of Employment Act, restricts access to unemployment insurance and paid maternity leave to workers classified as “employees”, thus excluding self-employed workers in the informal economy who are not classified as “employees”.

1.3 The consequence of food insecurity during pregnancy

Around 13% of babies in South Africa are born with a low birth weight (less than 2.5 kg), placing them at higher risk of dying within the first month of birth and, for those who survive the neonatal period, development delays.²⁴ Food insecure pregnant women are at greater risk of delivering low birth weight babies, who have a higher risk of stunting, developmental delays and poor educational outcomes.²⁵

Stunting, when a child is too short for their age, is a population-based indicator of chronic malnutrition among children under the age of five. It signals poor brain development in young children lacking protein (which in infancy comes from breastmilk) and who are deficient in essential micronutrients (found in a diverse diet).

²² Chersich, M., Blaauw, D., Scorgie, F., & van den Heever, A. (2013). A poor start in life predicts poor life outcomes: Investigating the potential impact of maternity and early child support in South Africa (Policy brief). Centre for Health Policy, Wits School of Public Health. Health Systems Trust.

²³ Statistics South Africa. National Poverty Lines 2025. (January 2026).
<https://www.statssa.gov.za/publications/P03101/P031012025.pdf>

²⁴ Hall, K., Almeleh, C., Giese, S., Mphaphuli, E., Slemming, W., Mathys, R., Droomer, L., Proudlock, P., Kotze, J., & Sadan, M. (2024). South African early childhood review 2024. Children’s Institute, University of Cape Town & Ilifa Labantwana.

²⁵ Harper A, Rothberg A, Chirwa E, Sambu W, Mall S. (2023). Household Food Insecurity and Demographic Factors, Low Birth Weight and Stunting in Early Childhood: Findings from a Longitudinal Study in South Africa. *Matern Child Health J.* 2023 Jan;27(1):59-69. doi: 10.1007/s10995-022-03555-7.

In South Africa, the stunting rate among children under the age of five has remained stubbornly high, fluctuating at around 25% since the 1990s,²⁶ and increased to 28.8% in the National Food and Nutrition Security Survey in 2023, with high variations across districts and provinces.²⁷

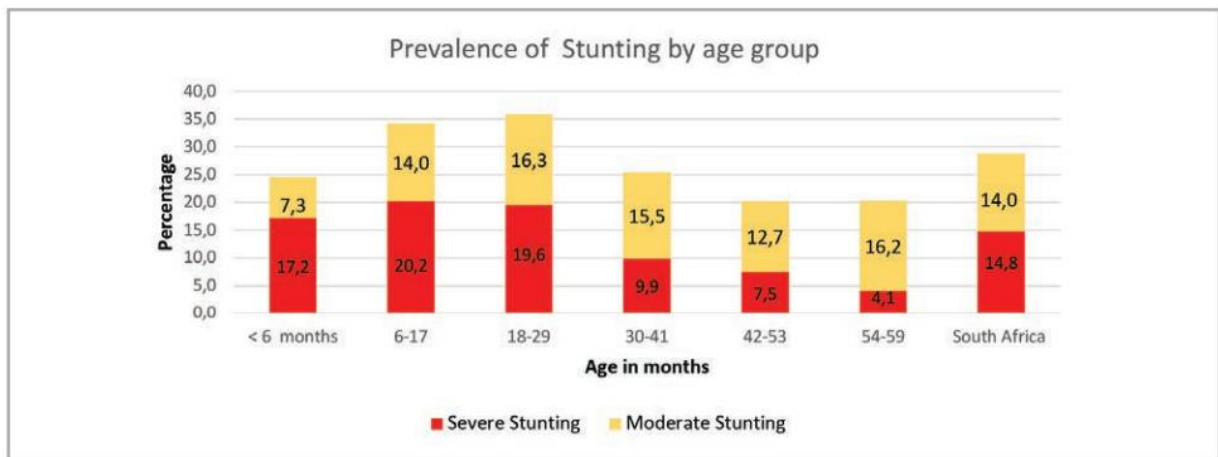


Figure 2: Prevalence of stunting in children under 5 years disaggregated by age group in South Africa.

Source: National Food and Nutrition Security Survey 2023

Even worse off are the approximately **32% of children under the age of two** who are stunted.²⁸ For instance, a baseline stunting survey in the Western Cape, based on data collected in 2022, found that the stunting prevalence among children younger than two was 19.7%, pushing it into the “high public-health-concern category”.²⁹

²⁶ Devereux, S. and Waidler, J. (2017). “Why does malnutrition persist in South Africa despite social grants?” Food Security SA Working Paper Series No.001. DST-NRF Centre of Excellence in Food Security, South Africa.

²⁷ Simelane, T., et al. (2023). National Food and Nutrition Security Survey: National report. Pretoria: Human Sciences Research Council (HSRC). <https://foodsecurity.ac.za/wp-content/uploads/2024/08/National-Report-compressed.pdf>

²⁸ Children’s Institute, (University of Cape Town), 2019, Undernutrition in Children. <https://www.childrencount.uct.ac.za/indicator.php?domain=4&indicator=95>

²⁹ Western Cape Department of Health and Wellness and DG Murray Trust. (2023) Western Cape Stunting Baseline Survey on under-5-year-old-children. <https://dgmt.co.za/wp-content/uploads/2023/06/WC-Stunting-Baseline-Survey-Report.pdf>

For babies born with a low birth weight whose immune systems are weaker, exclusive breastfeeding in the first six months is lifesaving as it protects against infections and promotes catch-up growth.³⁰

However, food insecurity and maternal hunger are barriers to breastfeeding. Another barrier is the absence of income (maternity benefits being one possible form), because women are forced to seek work, or return to work as soon as possible after giving birth. Accordingly, improving food access for pregnant and breastfeeding women is a critical enabler of a child's right to basic nutrition, especially in the first 1 000 days of life.

1.4 A rights-based argument

In accordance with the SAHRC's terms of reference published in November 2025, this submission demonstrates why maternal malnutrition is subject to the Commission's investigation under the following themes:

- a. The structural dynamics and economic factors that perpetuate hunger and systemic exclusions, despite national food sufficiency.
- b. Institutional coordination, policy coherence and legislative adequacy in realising the right to food.
- c. The role of civic participation, public accountability, and social movements in advancing the right to food.

It must be noted that this submission addresses the rights of both the mother and the child, each of whom holds distinct rights that must be realised. This submission argues that to give effect to the constitutional right of access to sufficient food and children's immediate right to basic nutrition, and the right to appropriate social assistance for those who are unable to support themselves and their families, the South African government must introduce a Maternal Support Grant (MSG) for women who meet the means-test requirements for social grant eligibility.

The proposed MSG is a nine-month grant that:

- provides income support during pregnancy when nutritional needs are higher,
- reduces the risk of low birth weight and stunting,

³⁰ Prabakar S, Prakash S, Somasekar R. (2025). A Prospective Study of Growth Pattern in Exclusively Breast Fed-Low Birth Weight (LBW) Infants. *Int J Curr Pharm Rev Res.* 2025; 17(3): 1100-1103.

- would provide expectant mothers with income support equal to the Child Support Grant (CSG) from the second trimester of a confirmed pregnancy until three months after birth,
- provides a financial bridge for women until the CSG is activated, and
- reaches women in informal work and female-headed households excluded from maternity benefits.

2. The case for a Maternal Support Grant (MSG)

2.1 Food insecurity and income

Two-thirds of the population lived below the upper-bound poverty line of R2 846 per person per month, scraping by on less than R100 a day, while 10.8 million people lived on less than R30 a day in 2023.³¹ These households face food insecurity because they have to buy their food instead of growing it themselves. As a result, they are highly vulnerable to rising food prices, which have been increasing faster than annual social grant adjustments.

In parts of the world where smallholder agriculture is better supported and more prevalent, food insecurity is not always directly tied to low incomes and poverty, but in the South African context, the situation is different. Here lack of access to food is closely linked to income, which is why income support must be prioritised as a key intervention to address food insecurity.

2.2 Food insecurity affects birth outcomes

Low birth weight, often linked to intrauterine growth restriction, has long-term consequences on a child's growth, development and long-term health prospects. This is because low birth weight alters metabolic pathways, increasing a child's susceptibility to type 2 diabetes and cardiovascular disease in adulthood.³²

³¹ Statistics South Africa. (2025). Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2023. <https://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062023.pdf>

³² De Sanctis V, Soliman A, Alaaraj N, Ahmed S, Alyafei F, Hamed N. Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood. *Acta Biomed.* 2021 Feb 16;92(1):e2021168. doi: 10.23750/abm.v92i1.11346.

In addition, babies born with a low birth weight are **between 2.5 and 3.5 times** more likely to become stunted.³³ This finding is consistent with the position that stunting typically begins in utero.³⁴ Stunting is highly correlated with poor brain development which has far-reaching consequences, affecting a child's ability to learn and do well at school and their future productivity.

2.3 Food insecurity affects breastfeeding

Food insecurity, and the associated financial strain it places on a mother's mental health,³⁵ undermines her ability and capacity to breastfeed consistently during the first six months after birth.³⁶ A mother's limited ability and capacity to optimally breastfeed results in higher levels of child malnutrition and child mortality.³⁷ The introduction of the MSG will assist the nutritional needs of mothers which will inevitably support breastfeeding.

2.4 Food insecurity and mental health

Local and international evidence demonstrates a strong, bidirectional association between poor maternal mental health and food insecurity, particularly during pregnancy and the postnatal period. Food insecurity is consistently associated with higher rates of symptoms of antenatal and postnatal depression, anxiety and suicidality. In low-income settings in South Africa, up to one-third of pregnant women will experience depression, anxiety or both³⁸ and those who are food insecure have more than four to five times higher odds of

³³Christian P, et al. (2013). Risk of childhood undernutrition related to small-for-gestational age and preterm birth in low- and middle-income countries. doi: 10.1093/ije/dyt109.

³⁴Dewey, K. G., & Begum, K. (2011). Long-term consequences of stunting in early life. *Maternal & Child Nutrition*, 7(Suppl. 3), 5–18. <https://doi.org/10.1111/j.1740-8709.2011.00349.x>

³⁵Witten, C., et. al. (2020). Psychosocial barriers and enablers of exclusive breastfeeding: lived experiences of mothers in low-income townships, North West Province, South Africa. *International Breastfeeding Journal*, 15(1). <https://doi.org/10.1186/s13006-020-00320-w>.

³⁶Sayed N, Burger R, Harper A, Swart EC. (2022). Lockdown-Associated Hunger May Be Affecting Breastfeeding: Findings from a Large SMS Survey in South Africa. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph19010351>

³⁷Koray MH, Wanjiru JN, Kerkula JS, et al. (2025). Factors influencing exclusive breastfeeding in Sub-Saharan Africa: analysis of demographic and health surveys. *BMC Public Health*. doi:10.1186/s12889-025-23045-z

³⁸Abrahams Z, Lund C, Field S, Honikman S. (2018). Factors associated with household food insecurity and depression in pregnant South African women from a low socio-economic setting: a cross-sectional study. doi: 10.1007/s00127-018-1497-y.

experiencing major depressive episodes.³⁹ These relationships are driven by chronic stress, uncertainty about food access, and the psychological burden of managing scarcity during a period of heightened biological and caregiving demands. Income support during pregnancy is therefore not only a matter of nutrition, but a critical mental health intervention that supports women’s dignity and caregiving capacity.

2.5 Local and international evidence in support of the MSG

Across Latin America and Africa, pregnancy-related income support has consistently improved maternal and child outcomes. Evidence from low- and middle-income countries⁴⁰ demonstrates that pregnancy-related income support improves maternal nutrition, increases attendance at antenatal care services and reduces the incidence of low birth weight babies.

It's important to note that income support during pregnancy does more than help to put food on the table; it creates the conditions for psychological stability, restores a sense of agency and strengthen a woman’s capacity to care for her child. Local evidence demonstrates these interconnected benefits. The CoCare voucher programme, a small-scale study, implemented during the Covid-19 pandemic in the Cape Town Metropolitan Municipality gave pregnant women R300 every two weeks for 16 weeks. The programme’s results showed improvements in maternal mental health with depression declining from 33% to 24%, while maternal hunger decreased from 39% to 25%.⁴¹

There is also a growing body of evidence showing that grants, or other forms of cash transfers, are spent on food and other essentials. In the CoCare voucher programme,

³⁹ Laurenzi C, Field S, Honikman S. (2020). Food Insecurity, Maternal Mental Health, and Domestic Violence: A Call for a Systematic Approach to Research and Interventions. doi: 10.1007/s10995-019-02872-8. PMID: 32009230.

⁴⁰ Chersich, M. F., Luchters, S., Blaauw, D., et al. (2016). Safeguarding maternal and child health in South Africa by starting the Child Support Grant before birth: Design lessons from pregnancy support programmes in 27 countries. *South African Medical Journal*, 106(12), 1192–1210. <https://doi.org/10.7196/SAMJ.2016.v106i12.12011>

⁴¹ Laurenzi, C. A., Menyatsoe, M., et al. (2024). Exploring the impact of a maternal support grant to improve mental health and food security amongst pregnant women in South Africa during the COVID-19 pandemic. *Poverty & Public Policy*, 16(3), 232–252. <https://doi.org/10.1002/pop4.408>

88% of the participants surveyed telephonically said they mostly spent their vouchers on food. Other uses included buying nappies, baby clothes and electricity.⁴²

An assessment of the impact of the CSG over the years found that the top five reported uses of the grant were food, education, clothing and household items, health and transportation — showing that cash transfers are used to meet children’s various needs, in addition to nutrition.⁴³ This can result in caregivers making difficult trade-offs to meet essential needs, between food and education or health, but researchers have not found evidence of widespread misuse.⁴⁴

2.6 Proposed design of the MSG in South Africa

Although around 13 million children up to the age of 18 receive the CSG, nearly half of eligible infants are not accessing it in their first year when it has the greatest impact on preventing stunting.⁴⁵ This underscores the need for the MSG to begin in the second trimester of pregnancy and continue three months after birth, ensuring there is income support in the home to buy food and basic necessities in the first few months of a child’s life. This design also lessens the pressure on the mother to seek or return to work as soon as possible after birth. And it would improve early uptake of the CSG for infants as the mother would already be registered on government’s systems.

⁴² Laurenzi, C.A., Masedi Menyatsoe, Shuaib, M., Edwards, A., Gemmell, K., Geffen, H., Tomlinson, M., Anna-Marie Müller, Manda, S. and Mabaso, K.M. (2024). Exploring the impact of a maternal support grant to improve mental health and food security amongst pregnant women in South Africa during the COVID-19 pandemic. *Poverty & Public Policy*, 16(3), pp.232–252. doi: <https://doi.org/10.1002/pop4.408>.

⁴³ Delany, A., Jehoma, S., & Lake, L. (2016). *South African Child Gauge 2016: Children and Social Assistance*. Cape Town: Children’s Institute, University of Cape Town.

⁴⁴ Zembe-Mkabile W, Surender R, Sanders D, et al. (2018). ‘To be a woman is to make a plan’: a qualitative study exploring mothers’ experiences of the Child Support Grant in supporting children’s diets and nutrition in South Africa. doi:10.1136/bmjopen-2017-019376

⁴⁵ UNICEF (2022). An update study on the exclusion error rate for children who are eligible to receive the child support grant. <https://www.unicef.org/southafrica/media/7971/file/%20ZAF-update-study-exclusion-error-children-eligible-receive-child-support-grant-June-2023.pdf>

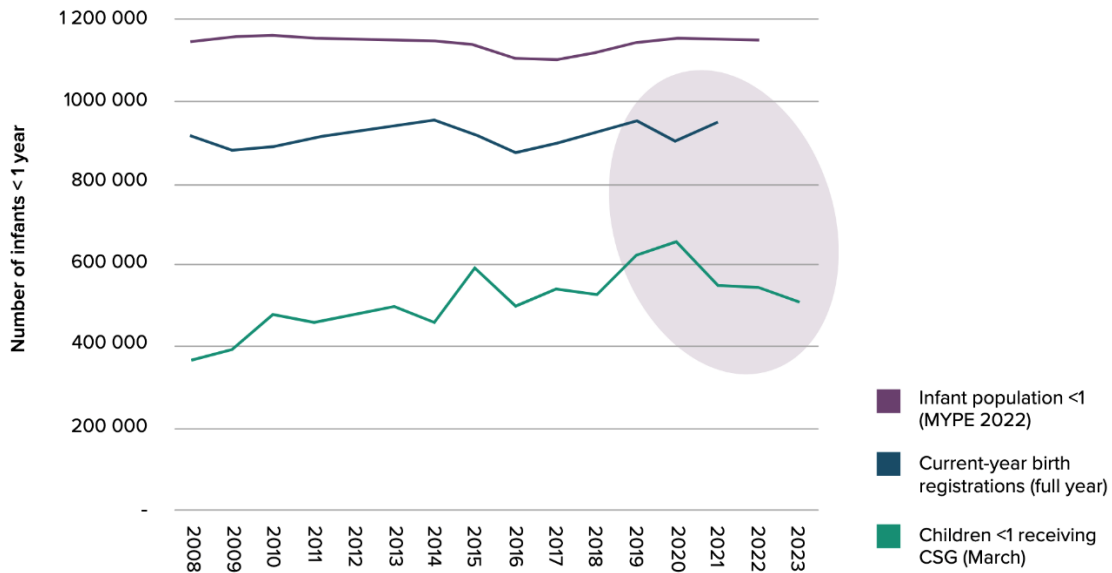


Figure 3: Under 1 birth registrations and Child Support Grant access for infants.

Source: South African Early Childhood Review 2024

It must be noted that for the CSG to have maximum impact, its value must rise from R560 per child per month to the food poverty line of R855, starting with young children. According to the Household Affordability Index published by Pietermaritzburg Economic Justice & Dignity, the average cost of a basic nutritious diet for a child was R948,18 in January 2026.⁴⁶ This means the CSG, at its current value, falls about 41% short of covering a child’s nutritional needs — and this does not account for the fact that the grant also covers other essential expenses.

⁴⁶ Pietermaritzburg Economic Justice & Dignity. (January 2026). Household Affordability Index. https://pmbejd.org.za/wp-content/uploads/2026/01/January-2026-Household-Affordability-Index-PMBEJD_28012026.pdf

3. Legal Framework

3.1 The Constitution

Section 27(1)(b) of the South African Constitution guarantees everyone the right of access to sufficient food, and Section 27(1)(c) guarantees access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. Section 27(2) places the obligation on the state to take reasonable legislative and other measures, within available resources, to achieve the progressive realisation of these rights.

When analysing these rights, it must be asked whether the population of mothers who would benefit from the MSG, are presently able to access adequate food. Pregnant women fall into different categories: only some can access adequate food, others can do so only if they sacrifice other necessities, and some are unable to afford food at all. This reality necessitates reliance on sections 27(1)(c) and 27(2) of the Constitution and underscores the need for the MSG.

3.2 Social Assistance Act of 2004

Certain categories within society are recognised as particularly vulnerable and warrant special measures, such as the state provision of monthly income support. The Social Assistance Act of 2004 provides the legal framework for the distribution of social assistance; the Act and its regulations set out the different types of grants that the state provides and their qualifying criteria.

To date, pregnant women who meet the means test for the CSG because their incomes are below a certain threshold (R5 600 per month in 2025 if you are single), are not eligible for social assistance until they give birth.

However, pregnant women who meet the much lower income threshold for the SRD grant (R624 per month in 2025) are eligible to receive R370, but the payments are neither regular nor reliable, and the amount is inadequate. Recipients have to apply on a monthly basis and any income above the income threshold detected in the recipient's bank account will disqualify them from getting the grant.

3.3 International treaty

The International Covenant on Economic, Social and Cultural Rights (ICESCR), which has been signed and ratified by South Africa provides for the following: Article 12(1) recognises the right of everyone to the enjoyment of the highest attainable standard of physical health.

South Africa, through Article 12(2)(a) must take steps necessary for the provision for the reduction of infant mortality and for the healthy development of the child. Article 12 is discussed as the right that relies on both the autonomy of individuals as well as the state. This is because the highest attainable standard of physical health cannot be realised when either group is relied on exclusively.

Even if the state has provided the full extent of the right, if persons with autonomy disregard or do not intentionally work towards their highest attainable standard of health, it will not be achieved. However, if the state does not provide the mechanisms, the autonomy of the person by itself, will never be enough to fulfil the right. When analysing the realities of the population of mothers who would benefit from the MSG, it becomes clear that the autonomy of the mother is not enough to fulfil the highest attainable health, and this in turn means that the state is not enabling the autonomy of a person to fulfil this right.

It must be noted here that the MSG would serve as a bridge, enabling the state to support mothers in exercising their autonomy to realise this right. In addition, in line with Article 12(2)(a), the MSG would constitute a necessary measure to reduce infant mortality and improve child health and development.

3.4 South African Law Reform Commission

In a report finalised in December 2022, the South African Law Reform Commission (SALRC) investigated a gap in the state's social protection system that excludes self-employed workers, particularly those in the informal economy, from receiving maternity and parental benefits, and made recommendations on how this gap should be addressed.

In the extensive report, the SALRC advised the Department of Employment and Labour to implement law reform measures that would enable affected workers to draw down paid maternity leave and accord parental leave to their partners.

Crucially, the SALRC advised the state to complement the proposed law reform measures with the introduction of the MSG.⁴⁷ This would act as social protection for all eligible vulnerable pregnant women, including self-employed workers in the informal economy, who fall below the means tested levels of income. To facilitate this, the SALRC recommended that the 2004 Social Assistance Act be amended to include pregnancy as a recognised category to receive social grants.

The SALRC noted that the introduction of the MSG will promote fulfilment of the state's obligation in terms of the Constitution,⁴⁸ strengthening the country's social protection system for pregnant women and children.

4. Structural dynamics and economic factors that perpetuate hunger and systemic exclusions

This submission has so far demonstrated how food insecurity affects birth outcomes and child development, diminishes maternal mental health and negatively affects breastfeeding practices. This submission has also argued that the absence of maternity protections for workers in the informal economy necessitates their early return to work, deepens food insecurity and undermines exclusive breastfeeding. This section will now focus on the cyclical link between poverty and malnutrition.

Poverty is a social determinant of health, producing malnutrition through restricting access to nutritious food. Poverty trends show that roughly 3.5 million more people were living below the upper-bound poverty line in 2023 compared to 2006, rising to 40.8 million people.⁴⁹

⁴⁷ South African Law Reform Commission. (2022). Report on Project 143: Investigation into maternity and parental benefits for self-employed workers (Final report). <https://www.justice.gov.za/salrc/reports/Report-Project143-MaternityParentalBenefits-SelfEmployedWorkers-FinalReport-2022.pdf>

⁴⁸ South African Law Reform Commission. (2022). Report on Project 143: Investigation into maternity and parental benefits for self-employed workers (Final report). <https://www.justice.gov.za/salrc/reports/Report-Project143-MaternityParentalBenefits-SelfEmployedWorkers-FinalReport-2022.pdf>

⁴⁹ Statistics South Africa. (2025). Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2023. <https://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062023.pdf>

Malnutrition and poverty are linked in a bidirectional relationship: malnutrition undermines economic potential and entrenches poverty, while poverty increases the risk of malnutrition, creating a vicious cycle.⁵⁰

This is because malnutrition (of which stunting is a chronic form) particularly in early childhood, hampers a child's physical growth and brain development, reducing their capacity to learn and acquire skills, find work and participate fully in the economy. Over time, these compounding deficits perpetuate intergenerational cycles of poverty and have broader economic consequences for society.

For instance, a malnourished mother is more likely to give birth to a baby with a low birth weight. Her own food insecurity can limit her ability to care for herself and breastfeed. Poor breastfeeding in the first six months, combined with insufficient protein in early childhood and repeated infections, leads to stunting. Stunted children who struggle to learn and earn may grow into malnourished mothers themselves, continuing the cycle.

Evidence from South Africa and globally shows that even modest income support during pregnancy reduces the risk of low birth weight and strengthens early childhood development. Yet the CSG is only accessible after childbirth, leaving a gap in income support during the prenatal period.

As argued earlier in this submission, the SRD grant, while an essential poverty alleviation measure, cannot adequately fill this gap; only a targeted grant during the prenatal period can address the specific needs and vulnerabilities of expectant and postpartum mothers, reducing their malnutrition risk, and the risk of low birth weight and stunting in their children.

⁵⁰ Siddiqui F, Salam RA, Lassi ZS, Das JK. (2020). The Intertwined Relationship Between Malnutrition and Poverty. *Front Public Health*. doi:10.3389/fpubh.2020.00453

5. Institutional coordination, policy coherence and civic participation

5.1 Setbacks in the development of the MSG Policy

For more than a decade, there has been political interest in investing in the first 1 000 days and the nutrition of pregnant women. This interest was reflected in the election manifestos of the African National Congress in 2019,⁵¹ as well as the Democratic Alliance in 2019⁵² and in 2024, the explicit mention of a grant for pregnant women.⁵³

In 2012, the Department of Social Development (DSD) commissioned a feasibility study on the health and economic benefits of introducing the MSG. The study found that about half of the 1.2 million women who fall pregnant each year in South Africa live in female-headed households,⁵⁴ and that for these already vulnerable women, pregnancy poses significant health, social and economic challenges.⁵⁵

Since then, there has been mounting evidence in support of the MSG, including a cost-effectiveness analysis of introducing the grant. Researchers estimated that the introduction of the grant would result in savings of R13.8 billion in averted public health costs for babies born each year, by preventing complications related to poor birth outcomes and babies born with a low birth weight.⁵⁶ Another study found that introducing the grant would cost the state approximately R2 billion annually.⁵⁷

In 2022, the DSD held national consultations with government bodies, civil society and would-be beneficiaries. Those consultations helped to shape the department's draft MSG

⁵¹ <https://www.anc1912.org.za/wp-content/uploads/2022/01/ANC-National-Elections-Manifesto-2019.pdf>

⁵² <https://cdn.da.org.za/wp-content/uploads/2019/02/22160849/A4-Manifesto-Booklet-Digital.pdf>

⁵³ <https://cdn.da.org.za/wp-content/uploads/2024/02/16143750/DA-Election-Manifesto-2024.pdf>

⁵⁴ South African Law Reform Commission. (2022). *Report on Project 143: Investigation into maternity and parental benefits for self-employed workers* (Final report).

⁵⁵ Chersich, M., Blaauw, D., Scorgie, F., & van den Heever, A. (2013). *A poor start in life predicts poor life outcomes: Investigating the potential impact of maternity and early child support in South Africa* (Policy brief). Centre for Health Policy, Wits School of Public Health. Health Systems Trust.

<https://www.hst.org.za/publications/NonHST%20Publications/Maternity%20Policy%20Brief%20final%20260813.pdf>

⁵⁶ Moolla A, Mdewa W, Erzse A, Hofman K, Thsehla E, Goldstein S, et al. (2024). A cost-effectiveness analysis of a South African pregnancy support grant. *PLOS Glob Public Health* 4(2): e0002781.

<https://doi.org/10.1371/journal.pgph.0002781>

⁵⁷ Closing the protection gap: the case for a Maternal Support Grant. (2025). (Hold My Hand Policy Brief 04). Cape Town: Hold My Hand. <https://holdmyhand.org.za>.

Policy. That same year, the South African Law Reform Commission finalised a report recommending the introduction of the MSG as part of a raft of proposals to fix gaps in South Africa’s maternity protections for workers in the informal economy.

Two years later, in October 2024, the MSG Advocacy Coalition was formed to demonstrate strong, organised civil society and academia support for the MSG.

Despite these developments, the MSG Policy was sent back to DSD for re-working by the Social Protection, Community and Human Development (SPCHD) Cabinet Committee in November 2024. This means that after more than a decade of research, consultation, and policy drafting, the MSG has yet to be approved by Cabinet.

Given these delays, the MSG Advocacy Coalition is focused on building a strong evidence base in support of the grant, engaging with pregnant and postpartum women to understand their needs, lobbying decision-makers and mobilising public support for the grant. In this regard, the coalition’s case is set out in a policy brief which has provided the evidence for this submission.⁵⁸

5.2 Political recognition of the importance of the first 1 000 days

In December 2025, Cabinet approved the National Strategy to Accelerate Action for Children (NSAAC), which places children and teenagers at the centre of government’s priorities, focusing on areas that can accelerate change. One of the “catalytic interventions” identified in the NSAAC to tackle child malnutrition is the introduction of the MSG of equal value to the CSG. The NSAAC will be implemented through the 5th National Plan of Action for Children (NPAC) which sits with the Department of Social Development, the same department responsible for finalising the MSG for Cabinet approval.

The approval of the NSAAC was followed by a powerful commitment from President Cyril Ramaphosa, during his State of the Nation Address in February 2026, that the government will embark on a mission to end stunting by 2030 and tackle malnutrition among young children. The president said the government will focus on the first 1 000 days of a child’s life, build on existing support such as the CSG and “implement targeted interventions to ensure that pregnant women and low birth weight children get the protein and nutrients they need”. Therefore, this submission argues that the government’s commitment to

⁵⁸ Closing the protection gap: the case for a Maternal Support Grant. 2025. (Hold My Hand Policy Brief 04). Cape Town: Hold My Hand. <https://holdmyhand.org.za>.

improved child nutrition and eradicating stunting must be the catalyst for the approval of the MSG Policy.

5.3 Infant feeding policy

The revised and updated South African Infant and Young Child Feeding Policy was published by the Department of Health in 2013 which effectively discontinued the provision of free infant formula at public health facilities. According to the policy, the inclusion of free infant formula for a period of six months had led to many women abstaining from all breastfeeding, shortening the optimal duration of breastfeeding, or mixed feeding. The policy allows for the provision of infant formula in a limited number of circumstances (either the mother has died, the infant has been abandoned, or other individual unique medical circumstances that may be deemed necessary by the health multidisciplinary team).

These limited circumstances do not take into account the lived reality of many women who are unable to breastfeed due to social and economic reasons. Introducing the MSG would help reduce food insecurity among these women and strengthen the feasibility and likelihood of breastfeeding.

6. Recommendations

The SAHRC is respectfully requested to recommend that the state:

1. Align social protection mechanisms with the first 1 000 days from conception until the child's second birthday including the approval of the Department of Social Development's MSG Policy.
2. Implement the MSG through the South African Social Security Agency's (SASSA's) existing infrastructure to ensure rapid and cost-effective rollout.
3. Link the MSG and the CSG application systems to enable a smooth transition and improve early uptake of the CSG for infants.
4. Increase the CSG to the food poverty line and introduce the MSG to the same value.



7. Contacts

- Rahima Essop, Communications Director at DGMT, (email) rahima@dgmt.co.za, (mobile) 073 3501703.
- Liezel Engelbrecht, Nutrition Lead at the Hold My Hand Accelerator, (email) liezel@dgmt.co.za, (mobile) 082 447 8281.
- Julie Mentor, Project Lead at Embrace, (email) julie@embrace.org.za (mobile) 084 588 2403.
- Edzani Mphaphuli, Executive Director at Grow Great, (email) edzani@growgreat.co.za, (mobile) 082 953 4726.