CORNERSTONE | INFORMING STRATEGIC DECISONS

2025 UPDATE OF COSTING

COST OF INTRODUCING A MATERNITY SUPPORT GRANT FOR PREGNANT WOMEN.

May 2025
Final

The original report on the "Cost of introducing a Maternity Support Grant for Pregnant Women" was produced in 2022 for the South African Law Reform Commission. Given ongoing advocacy on the issue, Grow Great commissioned an update of sections 5 and Annexure A of the original report to reflect the Child Support Grant values for 2025.

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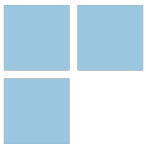

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We take full responsibility for the analysis, conclusions and recommendations set out in this paper. They should not be attributed to the South African Law Reform Commission, the Department of Social Development, SASSA, National Treasury or the Solidarity Centre, or any of their employees or representatives.

The Cornerstone Team
November 2022

Acknowledgements

We thank Grow Great for taking the initiative to commission a 2025 update costing of the original report to ensure that the information used in advocacy initiatives for the Maternity Support Grant remain current.

The Cornerstone Team
May 2025

Contents

1 Introduction

This report explores the cost implications of two proposals to extend the social protection system in South Africa to cover pregnant women, namely:

- a proposal by the South African Law Reform Commission to extend the *child support grant* to all pregnant self-employed workers in the informal economy who fulfil the eligibility criteria for the *child support grant* (see section 2.1 below for more details);
- a proposal by the national Department of Social Development for the introduction of a *maternity support grant* (see section 2.2 below for more details).

The remainder of the report is structured as follows: Section 2 provides further details of the two proposals to extend social protection to pregnant women. Section 3 examines the number of pregnant women that could benefit from these proposals. Section 4 analyses the practical issues involved in managing a *maternity support grant*. Section 5 analyses the impact on government, pregnant women and children of introducing a *maternity support grant*. Section 6 concludes with recommendations regarding the design of the proposed grant.

Annexure A sets out the methodology, scenarios and results of costing the options for a *maternity support grant*. Annexure B presents the template for Maternity Case Record that the Department of Health issues to pregnant women at their 1st antenatal visit.

2 Proposals to extend Social Protection to Pregnant Women

South Africa's social protection system consists of the following grants: old age grant, disability grant, war veteran's grant, grant-in-aid, care dependency grant, foster child grant and child support grant. The South African Social Security Agency (SASSA) reported that there were 11 516 128 beneficiaries of social grants at the end of August 2021 (SASSA, 2021).

The *care dependency grant, foster child grant* and *child support grant* cover eligible children aged 0 to 17 years[1] The *old age grant* covers eligible adults older than 60 years. The *disability grant* is paid to children and adults with qualifying disabilities, and the *grant-in-aid* is paid to persons whose physical or mental condition is such that they require regular attendance by another person.

In response to the Covid-19 pandemic, the government introduced a temporary R350 per month *social relief of distress grant* for adults with insufficient means and no financial support from any other source. In February 2022, the president announced the extension of the grant to the end of March 2023,[2] and in October 2022, the Minister of Finance announced a further extension to March 2024.[3] The government, led by the Department of Social Development, is also exploring the feasibility of a *universal basic income grant*.[4] A panel of experts, appointed by the department to examine its feasibility, proposed that the *social relief of distress grant* should be made permanent, and be

1 The *foster child grant* can be extended until a child turns 21 if the child remains in foster care while completing their education. At the end of August 2021, there were 71 958 foster child grant beneficiaries between the ages of 18 and 21, or 21% of the total number of foster child grant beneficiaries.

2 Daily Maverick, 2022. Extending the Social Relief of Distress grant is not enough to alleviate plight of poor, says civil society. 10 February 2022.

3 Business Live, 2022. Social relief of distress grant extended for another year. 26 October 2022.

4 https://www.gov.za/speeches/social-development-launch-expert-panel-report-basic-income-support-debate-13-dec-2021-0000

progressively increased over time. A civil society grouping argued that it should be increased first to the food poverty line (R595 per month in 2020), and then by 2024 to the upper bound poverty line (R1,335 per month in 2021).[5]

These developments need to be taken into account when considering proposals for a *maternity support grant*.

2.1 South African Law Reform Commission proposals

The South African Law Reform Commission has issued Discussion Paper 153, which explores maternity and parental benefits for self-employed workers in the informal economy. Its key finding is that a gap currently exists in South Africa's social security system, in that self-employed workers in the informal economy are excluded from receiving maternity and parental benefits. The paper argues that this exacerbates the socioeconomic problems of poverty and inequality between women and men, prevents women's full participation in the economy, and impacts on their reproductive choices. The paper analyses the Constitution and relevant case law, and concludes that, by failing to extend maternity benefits and protections to all categories of workers, the state is indirectly permitting unfair discrimination through its employment legislation. To address this unfair discrimination, the paper makes eleven recommendations. The recommendations can be divided into three groups as follows:

- Recommendations 1–7 deal with expanding access to the Unemployment Insurance Fund's maternal and parental benefits to self-employed workers.
- Recommendations 8–10 deal with extending the *child support grant* to eligible pregnant women and children from birth.
- Recommendation 11 deals with extending access to ECD services near to informal workplaces.

This report focuses on the second group of recommendations, which read as follows:

> *Recommendation 8:* It is recommended that the existing CSG be extended to all pregnant self-employed workers in the informal economy who fulfil the criteria for child support grant. The maternity support should be provided for nine months of pregnancy and be registered in the name of the expectant mother. The maternity support should be converted into a CSG after the birth of the child in accordance with section 6(a) of the Social Assistance Act, 2004.
>
> *Recommendation 9:* Alternatively, it is recommended that the existing CSG be extended to all eligible poor and vulnerable pregnant women, including self-employed workers in the informal economy, who fulfil the criteria for child support grant. The maternity support should be provided for nine months of pregnancy and be registered in the name of the expectant mother. The maternity support should be converted into a CSG after the birth of the child in accordance with section 6(a) of the Social Assistance Act, 2004.
>
> *Recommendation 10:* To give effect to the Commission's proposal for the extension of the CSG to incorporate maternity support, the Social Assistance Act, 2004 could be amended by the insertion of the following section 6(c), as follows:
>
> 6. Child support grant Subject to section 5,-

[5] See https://www.iej.org.za/civil-society-meets-the-president-on-extension-of-r350-srd-grant-and-pathways-to-big/

(a) a person who is the primary care giver of a child; or
(b) a child who heads a child-headed household, as contemplated in section 137 of the Children's Act, 2005 (Act No.38 of 2005), or
(c) an expectant woman who complies with the requirements for social assistance as provided for in section 5(1)(a)-(e) of this Act, is eligible for a child support grant.

2.2 DSD maternity support proposal

The Department of Social Development has developed a *Draft Policy on Maternity Support*. The draft policy outlines a six-part maternity support programme that brings together a package of current and new interventions across various departments. The primary proposal of the document is for a new *maternity support grant*, as follows:

- The proposed grant should be an extension of the existing *child support grant.*
- The *maternal support grant* is for 6 months during pregnancy, starting in the 2nd trimester.
- The costing of the grant proposal explored three grant values:
  - R460 – the value of the *child support grant* at the time of the cost modelling.
  - R1 890 – the value of the *old age grant* at the time of the cost modelling.
  - R1 040 – a mid-way amount.

The costing of these proposals is summarised in Table 1 below.

Table 1 Department of Social Development's costing of the *maternity support grant*

COSTING AT GRANT(S) VALUE					
Grant value options	Grant value type	No of beneficiaries	Amount	60% Take-up	100% Take-up
OPTION 1	CSG value	418 115	R460	R1.39 billion	R2.31 billion
OPTION 2	Adult grant value	418 115	R1 890	R5.69 billion	R9.48 billion
OPTION 3	Middle way (CSG & Adult Grant)	418 115	R1 040	R3.13 billion	R5.22 billion

Source: DSD, 2022:39.

An examination of the above costing, considering the description of the *maternal support grant* and data presented, lead us to have the following concerns:

- The document reports that, in May 2017, about 547 000 children aged 0–1 were receiving the *child support grant*, and that the average cohort aged between 1–4 is about 752 607. The document then says: "Using the average child per beneficiary per age cohort, it translates to about 418 115 beneficiaries per age cohort (1–4)" (DSD, 2022.39). The nature of the calculation is unclear, but the result does not seem logical. If 547 000 children aged 0–1 were receiving the *child support grant*, then the number of pregnant women who qualify for the *maternity support grant* should be very similar. If anything, it would be slightly lower due to multiple births, and at least 15% higher due to terminations, miscarriages and stillbirths, given that the same income eligibility threshold applies. Our view is that the 752 607 is closer to the likely number of eligible pregnant women. See section 3 below for our estimates.
- Secondly, the department's description of the *maternity support grant* says it should only be paid to pregnant women for six months. However, the above costing calculates the cost of the

grant over 12 months. This overstates the cost of the grant by 100%. See Annexure A for our calculations of the cost of the proposed grant, as well as section 5.1.1 below.

3 Number of Pregnant Women who could benefit

Estimating the number of pregnant women who could benefit from the proposed *maternity support grant* in a year depends on the criteria that define eligibility. From the descriptions of the proposed grant in the previous section, the following criteria have a material impact on the number of pregnant women who could benefit:

- Number of women falling pregnant in a year.
- Eligibility in terms of months of pregnancy – the South African Law Reform Commission proposes that women should be eligible from the first month of pregnancy, while the Department of Social Development proposes that women should be eligible from the start of the 2nd trimester (i.e., the fourth month of pregnancy). This will have an impact on the initial number of eligible women, given the prevalence of miscarriages and voluntary terminations in the 1st trimester.
- Eligibility in terms of income thresholds – the income thresholds applicable to each year were used. The 2024 income thresholds were R63 300 per year for single persons and a combines income of R127 200 per year for married couples.
- Eligibility in terms of self-employment in the informal sector.

Taking into account the above eligibility criteria, we used two sources of data to estimate the number of pregnant women who could benefit from the *maternity support grant*, namely:

- Data from SASSA on the number of children aged 0–1 years who were registered for the *child support grant*s at the end of July 2022.
- Data from the General Household Survey, 2011 to 2023.

3.1 Current child support grant beneficiaries

SASSA provided data on the number of children aged 0–1 years who were registered for the *child support grant* at the end of July 2022. This data is presented in the first line of Table 2 below.

Table 2 Number of CSG beneficiaries, aged 0–1 years at end July 2022

	Age of children in months												
	< 1	1	2	3	4	5	6	7	8	9	10	11	Total
Children 0 - 1 years registered for CSG	5 496	25 599	38 451	44 058	50 578	47 858	53 751	53 825	51 243	51 885	58 108	57 640	**538 492**
Estimated coverage gap	58 423	38 320	25 468	19 861	13 341	16 061	10 168	10 094	12 676	12 034	5 811	6 279	**228 534**
Total eligible children 0 - 1 years	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**767 026**

Source: SASSA and own calculations

We estimate the coverage gap by assuming that the month with the highest number of beneficiaries (month 10) reflects 90% coverage, and then working out the difference in coverage for each of the other months. This calculation indicates a current gap in coverage of about 228 500 children, or 30% of eligible children. The gap is particularly noticeable in the first four months, due to parents not registering their children for the grant soon after birth.

An estimated 767 300 children aged 0–1 years are eligible for the *child support grant* in one year. It follows that about that many pregnant women would be eligible for a *maternity support grant* in a year,

adjusting for the number of multiple births and terminations, miscarriages and stillbirths (see discussion in section 3.2.1).

2025 Update

SASSA provided data on the number of children aged 0–1 years who were registered for the *child support grant* at the end of November 2024. However, they did not provide a breakdown of the number of children within each age of month. These figures were therefore inferred, using the percentage each category represented of the total in 2022.

	Age of children in months												
	< 1	1	2	3	4	5	6	7	8	9	10	11	Total
Children 0 - 1 years registered for CSG 2022	**5 496**	**25 599**	**38 451**	**44 058**	**50 578**	**47 858**	**53 751**	**53 825**	**51 243**	**51 885**	**58 108**	**57 640**	**538 492**
Estimated coverage gap	58 423	38 320	25 468	19 861	13 341	16 061	10 168	10 094	12 676	12 034	5 811	6 279	**228 534**
Total eligible children 0 - 1 years	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**63 919**	**767 026**
2022 percentage of total	1%	5%	7%	8%	9%	9%	10%	10%	10%	10%	11%	11%	
Children 0 - 1 years registered for CSG 2024	**4 594**	**21 398**	**32 141**	**36 828**	**42 278**	**40 005**	**44 931**	**44 992**	**42 834**	**43 371**	**48 573**	**48 181**	**450 126**
Estimated coverage gap	48 836	32 032	21 289	16 602	11 152	13 425	8 499	8 437	10 596	10 059	4 857	5 248	**191 031**
Total eligible children 0 - 1 years	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**53 430**	**641 157**

3.2 Estimates of the number of pregnant women

In this section, data from the General Household Survey 2011 to 2023 is used to estimate the total number of pregnant women in a year. Then the various eligibility criteria are applied.

3.2.1 Number of pregnant women at 0 months and 3 months

The total number of pregnant women at 0 months is the sum of the number of live births, terminations, miscarriages and stillbirths in a year. To calculate the number of pregnant women at 3 months, we make the following assumptions:

- 100% of live births;
- 5% of total terminations are assumed to be medical practitioner-advised terminations after 12 weeks;
- 8/20 of the miscarriages are assumed to occur after 12 weeks. based on the medical definition of a miscarriage as being a pregnancy ending before 20 weeks; and
- 100% of stillbirths based on the medical definition of stillbirths as a non-live birth occurring after 20 weeks.

Table 3 below presents estimates of the number of pregnancies at 0 months and 3 months.

Table 3 Total number of pregnancies at 0 months and 3 months

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From 0 months													
Total pregnancies	**1 157 680**	**1 161 984**	**1 165 900**	**1 162 935**	**1 095 812**	**1 065 393**	**1 078 574**	**1 116 711**	**1 191 556**	**1 174 273**	**1 181 228**	**1 127 792**	**1 044 140**
Live births	1 037 711	1 033 820	1 026 605	1 026 824	975 401	919 353	932 090	954 638	1 016 988	1 015 904	1 011 245	945 663	863 447
Terminations	77 780	82 910	90 160	89 126	83 707	105 358	104 660	116 419	124 446	108 301	120 144	135 523	138 139
Miscarriages	21 273	24 605	28 642	26 492	16 289	20 410	21 718	25 680	30 510	30 477	30 337	28 370	25 903
Still births	20 916	20 649	20 493	20 493	20 415	20 272	20 106	19 974	19 612	19 591	19 501	18 237	16 651
From 3 months													
Total pregnancies	**1 071 025**	**1 068 456**	**1 063 063**	**1 062 370**	**1 006 517**	**953 057**	**966 116**	**990 705**	**1 055 026**	**1 053 101**	**1 048 888**	**982 024**	**897 366**
Live births	1 037 711	1 033 820	1 026 605	1 026 824	975 401	919 353	932 090	954 638	1 016 988	1 015 904	1 011 245	945 663	863 447
Terminations	3 889	4 146	4 508	4 456	4 185	5 268	5 233	5 821	6 222	5 415	6 007	6 776	6 907
Miscarriages	8 509	9 842	11 457	10 597	6 516	8 164	8 687	10 272	12 204	12 191	12 135	11 348	10 361
Still births	20 916	20 649	20 493	20 493	20 415	20 272	20 106	19 974	19 612	19 591	19 501	18 237	16 651
Difference between 0 and 3 months													
Total pregnancies	86 655	93 527	102 837	100 565	89 295	112 336	112 458	126 006	136 529	121 172	132 339	145 769	146 774
% difference	7.5%	8.0%	8.8%	8.6%	8.1%	10.5%	10.4%	11.3%	11.5%	10.3%	11.2%	12.9%	14.1%

The total number of pregnancies at 0 months for the period 2011 to 2023 shows a declining trend. The percentage difference in the number of pregnancies at 0 months and 3 months increased from 7.5% in 2011 to 14.1% in 2023. This finding needs to be considered in the design of the proposed *maternity support grant*.

3.2.2 Number of pregnant women with income below the *child support grant* income thresholds

Table 4 below presents estimates of the number of pregnant women at 0 months and 3 months whose income is below the *child support grant* income thresholds.

Table 4 Number of pregnant women at 0 months and 3 months with income below the *child support grant* income thresholds

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From 0 months													
With income below CSG threshold	1 021 350	1 007 533	1 001 933	879 566	859 832	836 939	851 855	789 431	943 053	942 846	939 434	881 000	806 713
Live births	915 509	896 405	882 227	776 620	765 351	722 215	736 162	674 857	804 892	804 034	800 347	748 442	683 372
Terminations	68 621	71 890	77 480	67 409	65 681	82 766	82 660	82 299	98 492	98 387	97 936	91 585	83 622
Miscarriages	18 768	21 334	24 614	20 037	12 781	16 033	17 153	18 154	24 147	24 919	25 717	26 540	26 540
Still births	18 453	17 904	17 611	15 500	16 019	15 925	15 880	14 120	15 522	15 505	15 434	14 433	13 178
From 3 months													
With income below CSG threshold	**944 900**	**926 438**	**913 558**	**803 505**	**789 767**	**748 692**	**763 036**	**700 354**	**834 997**	**834 426**	**830 964**	**778 070**	**711 348**
Live births	915 509	896 405	882 227	776 620	765 351	722 215	736 162	674 857	804 892	804 034	800 347	748 442	683 372
Terminations	3 431	3 594	3 874	3 370	3 284	4 138	4 133	4 115	4 925	4 919	4 897	4 579	4 181
Miscarriages	7 507	8 534	9 846	8 015	5 113	6 413	6 861	7 261	9 659	9 968	10 287	10 616	10 616
Still births	18 453	17 904	17 611	15 500	16 019	15 925	15 880	14 120	15 522	15 505	15 434	14 433	13 178
Difference between 0 and 3 months													
With income below CSG threshold	76 450	81 096	88 375	76 061	70 066	88 248	88 819	89 077	108 056	108 420	108 470	102 929	95 365
% difference	7.5%	8.0%	8.8%	8.6%	8.1%	10.5%	10.4%	11.3%	11.5%	11.5%	11.5%	11.7%	11.8%
Comparison with total pregnancies													
0 months - eligible ito CSG as % of total	88%	87%	86%	76%	78%	79%	79%	71%	79%	80%	80%	78%	77%
3 months - eligible ito CSG as % of total	88%	87%	86%	76%	78%	79%	79%	71%	79%	79%	79%	79%	79%

The number of pregnant women with incomes falling below the *child support grant* income thresholds is falling. For pregnancies from 0 months, this may be due to the combined impact of falling fertility rates and the possibility that incomes are increasing more rapidly than the income thresholds, resulting in fewer women falling below the threshold. Evidence for this is reflected in the fact that in 2011, 88% of the total number of pregnant women fell below the *child support grant* income thresholds, and this has declined to 79% in 2019[6]. For pregnancies from 3 months, the decline in the total number of pregnancies is further driven by the increase in voluntary terminations before 12 weeks.

The percentage difference between the number of pregnant women at 0 months and 3 months with income below the *child support grant* income thresholds increased from 7.5% in 2011 to 11.8% in 2023. As noted, this is driven by the increase in voluntary terminations before 12 weeks.

3.2.3 Number of pregnant women who are self-employed in the informal sector

Table 5 below presents estimates of the number of pregnant women at 0 months whose income is below the *child support grant* income thresholds AND who are self-employed in the informal sector.

Table 5 Number of pregnant women with income below the *child support grant* income thresholds and self-employed in the informal sector

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From 0 months													
With income below CSG threshold	1 021 350	1 007 533	1 001 933	879 566	859 832	836 939	851 855	789 431	943 053	942 846	939 434	881 000	806 713
With income below CSG threshold and self-employed in the informal sector	50 151	42 283	45 658	47 689	41 085	34 825	32 029	28 922	33 826	33 790	33 635	31 453	28 719
Comparison													
informal sector as % of pregnancies eligible ito CSG	5%	4%	5%	5%	5%	4%	4%	4%	4%	4%	4%	4%	4%

[6] Note, due to the lack of data in the most recent GHS some of the 2020 – 2023 data had to be inferred using 2019 data.

Between 4% and 5% of pregnant women with incomes below the *child support grant* income thresholds are also self-employed in the informal sector. As discussed in section 4.3 below, this highlights the very restrictive nature of the eligibility criteria, which the South African Law Reform Commission set out in Recommendation 8.

4 Practical Issues in managing a Maternity Support Grant

To translate the policy proposals for a *maternity support grant* set out in Section 2 into practice requires detailed analysis of the practical issues likely to be encountered when implementing them. Such an analysis may show that certain aspects of the proposals are impractical, or too costly to action. Ideally, the design of the policy proposals should be revised accordingly. There is no point in proposing policies that cannot be implemented.

The following analysis of practical issues in managing a *maternity support grant* draws on discussions with staff from SASSA, the Department of Social Development, National Treasury and the Children's Institute, as well as our own experience with designing social grants and other government services.

4.1 Confidentiality considerations

All social protection programmes involve issues of confidentiality around the names and personal information of beneficiaries. These confidentiality issues are greatly magnified when managing a grant for pregnant women, as it can involve dealing with highly sensitive personal information relating to miscarriages, stillbirths and the termination of pregnancies.

The simplest way to avoid these confidentiality issues is to design the *maternity support grant* in a way that ensures that SASSA does not need access to information on miscarriages, stillbirths and the termination of pregnancies to manage the grant. This can be achieved by making the *maternity support grant* a grant for pregnant women for a fixed number of months. Women who have a live birth can transition to the *child support grant*, while those whose pregnancy ends in any other way can simply be timed out / deregistered after the fixed number of months has passed, with no questions being asked or confidential details needing to be disclosed.

4.2 Value of grant

The South African Law Reform Commission's Recommendation 9, and the Department of Social Development's *maternity support grant* proposal, both envisage the new grant to be an extension of the *child support grant*. The 2024 value of the *child support grant* (excluding the "Top-Up" supplementary grant) is R530 per month.

The department's costing of the *maternity support grant* proposals also explores the cost of setting the value at the *old age grant* value (R1 980 per month in 2022) and midway between the *child support grant* and the *old age grant* values (R1 230 per month in 2022). The department concludes by proposing that the *maternity support grant* should be set at the prevailing *child support grant* value (DSD, 2022: 40).

The discussion of the value of the *maternity support grant* needs to take into consideration the ongoing deliberations around the extension of the *social relief of distress grant* (R350 per month in 2022) and the feasibility of introducing a *universal basic income grant* with a value aligned to one of the following:

- the food poverty line – R760 per month in 2023;
- the lower-bound poverty line – R1058 per month in 2023; and

- the upper-bound poverty line – R1558 per month in 2023 (Stats SA, 2023).

For comparative purposes, the costing of the *maternity support grant* set out in Annexure A explores the cost implications of setting the value of the grant at each of these levels.

4.3 Identifying self-employed workers in the informal economy

The South African Law Reform Commission's Recommendation 8 proposes that the *child support grant* "be extended to all pregnant self-employed workers in the informal economy who fulfil the criteria for child support grant". This proposal sets three conditions for eligibility, namely:

- pregnancy (see section 4.7 below),
- self-employed workers in the informal economy, and
- eligibility criteria for the *child support grant* (see section 4.4 below).

Discussion Paper 153 deals at length with issues around defining the "informal economy" and identifying "self-employed workers" and proposes the following definitions:

> "Informal economy" means
>
> (a) all economic activities by workers and economic units that are, in law or in practice, not covered or insufficiently covered by formal arrangements (such as a written contract, medical benefits or a pension contribution); but
> (b) does not cover illicit activities, in particular the provision of services or the production, sale, possession or use of goods forbidden by law, including the illicit production and trafficking of drugs, the illicit manufacturing of and trafficking in firearms, trafficking in persons, and money laundering, as defined in the relevant international treaties; or
> (c) economic units that are engaged in the production of goods or services with the primary objective of generating employment and incomes to the persons concerned.
>
> "**Self-employed worker**" means any person, including an independent contractor, who -
>
> (a) has created her or his own employment opportunities and is not accountable to an employer;
> (b) works for a company or entity that is not incorporated and not registered for taxation; or
> (c) in any manner assists in carrying on or conducting the business of an employer.

These definitions are useful for compiling employment statistics and describing the different sectors of the economy, as these processes allow for a degree of imprecision, or a margin of error. However, it is likely to be very challenging to apply them when assessing a particular grant applicant's eligibility because the definitional boundaries are fuzzy. This is illustrated by the following examples:

- Grant applicant A is an informal trader who sells cooked meals at a taxi rank. She does not have a trading license or health clearance certificate from the local authority to sell processed food. Does this mean she is not eligible because her business is an illicit activity?
- Grant applicant B is also an informal trader who sells fruit and vegetables, sweets and illicit cigarettes. Does this mean she is not eligible because one of the items she sells is illicit?
- Grant applicant C works as a domestic worker for three days a week (for a different employer each day), and for the remainder of her time she sells second-hand clothes. Does this mean she is not eligible because she is employed for part of her time?

Secondly, what proof would a woman need to include with her grant application to prove that she is indeed a *self-employed worker in the informal economy.* She will not be able to include any employment contracts, since the definition of the informal economy specifically excludes them. She could provide a police-certified affidavit, but what information should she include in the affidavit as sufficient proof? Academics and statisticians struggle to reach a consensus on the boundaries of these terms; how is a grant applicant going to know what information to provide?

Thirdly, SASSA incurs costs to manage each eligibility condition. The more complicated the conditions, the greater the cost. These costs include training staff on how to evaluate the conditions, staff time to assess applications, time managing applications that do not comply, time dealing with appeals processes, and time spent training the public on the eligibility criteria. These costs can be avoided either by granting universal access or setting very straightforward conditions.

Fourthly, complicated conditions that impose a high administrative burden on applicants depress coverage. This undermines the objectives of the policy.

Lastly, the condition that pregnant women must be *self-employed workers in the informal economy* by definition excludes a very large number of women who are unemployed or engaged in subsistence work, thus further marginalising those women who are most vulnerable. This is not a socially desirable or equitable outcome.

In light of the above, it is recommended that the South African Law Reform Commission should drop Recommendation 8 in its entirety.

4.4 Eligibility criteria for the *child support grant*

The South African Law Reform Commission's Recommendation 9 and the Department of Social Development's *maternity support grant* proposal both envisage the new grant to be an extension of the *child support grant*. This is understood to mean that the *child support grant* income thresholds and other criteria not specific to children will apply to it.

Table 6 below sets out the eligibility criteria for the *child support grant*, and indicates which of these criteria are likely to apply to the *maternity support grant*.

Table 6 Eligibility criteria for the *child support grant* that are applicable to the *maternity support grant*

Eligibility criteria for the *child support grant*	**Applicable to the *maternity support grant?***
Be the child's primary caregiver (e.g., parent, relative or a child aged 16 or 17 heading a family).	No
Be a South African citizen, permanent resident, or refugee	Yes
Not earn more than R63 600 per year if single. If married, the combined income should not be above R127 200 per year (2024 thresholds).	Yes
The child must: • be under the age of 18 years • not be cared for in a state institution • live with the primary caregiver who is not paid to look after the child.	The applicant must • not be cared for in a state institution
Both the applicant and the child must live in South Africa.	Yes, for applicant
Applicant cannot receive the grant for more than six children who are not their biological or legally adopted children.	No
Single person – documentation	
Provide birth certificate for the child or alternative identification in terms of regulation 13(1)	No

Eligibility criteria for the *child support grant*	**Applicable to the *maternity support grant?***
Provide a copy of 13-digit barcoded ID or smart ID card or alternative identification in terms of regulation 13(1)	Yes
Provide school attendance certificate for children aged between 7 and 18 years	No
Provide latest pay slip, if applicant is working, or police affidavit if unemployed.	Yes
Provide three months' bank statements if applicant is working.	Yes
Married person – documentation	
Provide birth certificate for the child or alternative identification in terms of regulation 13(1)	No
Provide a copy of 13-digit barcoded ID or smart ID card or alternative identification in terms of regulation 13(1)	Yes
Provide school attendance certificate for children aged between 7 and 18 years	No
Provide proof of marital status	Yes
Provide latest payslip for both applicant and spouse if working, or police affidavit if unemployed.	Yes
Provide three months' bank statements for both applicant and spouse, if working	Yes

Source: https://www.gov.za/services/child-care-social-benefits/child-support-grant

These criteria will need to be adapted to the specific requirements of managing a *maternity support grant*.

4.5 Eligibility of pregnant teenagers receiving the *child support grant*

Data from the General Household Survey for 2019 recorded 58 278 pregnancies to non-adults, i.e., females below the age of 18 years. The same data shows that around 77% of live births in 2019 were to mothers whose income falls below the *child support grant* threshold. This means that about 45 000 of the pregnant teenagers eligible for the *maternity support grant* could be beneficiaries of the *child support grant*.[7] This is about 5.7% of all pregnant women who would be eligible to receive the *maternity support grant*.

This raises the question: would pregnant teenagers, who are current beneficiaries of the *child support grant*, be eligible for the *maternity support grant*?

Looking at the purposes of the respective grants: the *child support grant* is intended to provide income support to children in need. In other words, a child whose caregiver's income falls below the income threshold is eligible irrespective of the pregnancy status of the child. The *maternity support grant* is intended to provide prospective mothers with income support so as to promote a safe and healthy pregnancy. Any woman whose income falls below the income thresholds is eligible irrespective of age. Therefore, pregnant teenagers who are current beneficiaries of the *child support grant* are eligible for the *maternity support grant*.

It is inevitable that some people will argue that this will incentivise teenagers to get pregnant. However, the same has been argued in relation to the *child support grant*, but this has been debunked by several large studies that have clearly demonstrated that providing the *child support grant* does not incentivise teenage pregnancies (Makiwani, 2010). Analysis of SASSA data also refutes this popular fear: less than 1000 children under 18 are registered as Primary Care Givers on the SASSA system. Very few pregnant teenagers are therefore actually accessing the child support grant indicating that they are either not getting the income support they are eligible to receive, or one of their relatives are receiving the grant on their behalf. This refutes the argument since the teenage mother is not receiving or

[7]

controlling the money from the grant. Nevertheless, it may be advisable to frame the need for the grant around improving newborn and child health, since this is where most of the long-term benefits will be realised (Chersich et al, 2016:1208).

Teenagers aged 16 and older may apply for IDs, whereas those below 16 years cannot. SASSA would need to put in place processes to enable the parent/s or caregiver of a pregnant teenager below the age of 16 to apply for the *maternity support grant* on her behalf, as is currently the case for the *child support grant*. This mechanism would also need to be in place for some of the pregnant teenagers aged 16 or older as few, especially those who have dropped out of school, will have obtained their IDs.

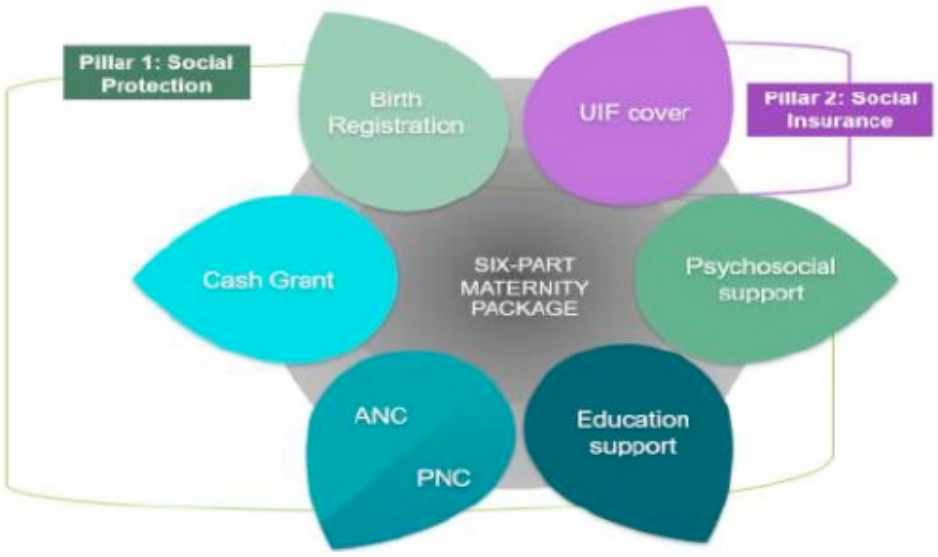
There is a public health argument to be made for government providing pro-active support to pregnant teenagers aged 16 and older to obtain their own IDs before giving birth: If women give birth without an ID, the child's birth cannot be registered as the Department of Home Affairs will not register a child's birth until the mother has an ID. The presence of a *maternity support grant* would incentivise the pregnant teenager and her mother/caregiver to prioritise obtaining an ID before she gives birth. This would ensure that both the teenage mother and the infant have their documents in order early which facilitates early access to a range of state benefits and services.

A dual approach will therefore need to be adopted that enables teenage mothers aged 16 or older to access the *maternity support grant* in her own name, or for her mother/caregiver to apply on her behalf. Both approaches need to, however, prioritise the teenager obtaining her own ID prior to giving birth.

4.6 Integrating the *maternity support grant* with existing maternal health care

The Department of Social Development's *Draft Policy on Maternity Support* describes a six-part maternity protection package, and illustrates the different components as follows:

Figure 1 Six-part maternity protection package



Source: DSD, 2022:29

The department highlights the need to "ensure integration of the initiatives between DSD and DOH" but does not provide details of what this integration should look like in practice. Two options for integration that might be considered are:

(a) require applicants for the *maternity support grant* to submit a copy of their Maternity Case Record as proof of pregnancy and proof that they have attended their first antenatal visit. (Will need to check whether all provincial departments of health are using the same version of the Maternity Case Record).
(b) link payments of the *maternity support grant* to pregnant women attending their four follow-up antenatal visits.

These proposals are discussed in sections 4.7 and 4.8 respectively.

Consideration should also be given to adding a section to the front page of the Maternity Case Record with information on the *maternity support grant* and where the woman can source further information and apply for it. It should also include information on whether the women has an ID, and if not, they should be counselled on the importance of getting one prior to giving birth. Also see the proposal around including information on the Maternity Case Record on how many months pregnant the women is at the time of the first antenatal visit in section 4.7.

Another possibility for integration is for SASSA to work with the provincial health departments to enable clinics to assist women to submit online applications for the *maternity support grant* as part of their 1st antenatal visit. This may require clinic staff to be trained on the grant application requirements and platform so that they can provide informed assistance to pregnant women. Alternatively, SASSA might have staff visit clinics periodically to provide assistance.

4.7 Proof of pregnancy and period of grant

The South African Law Reform Commission's proposal is that pregnant women should be provided a grant for nine months of pregnancy, whereas the Department of Social Development's proposal is that the grant should be for six months, starting in the 2nd trimester (DSD, 2022:38).

The following factors need to be considered when deciding on a suitable period for the *maternity support grant*:

- There is currently no government-managed process to provide women with a proof of pregnancy certificate within the first weeks or month of pregnancy. If the grant is for 9 months, either:
  - the cost of getting a proof of pregnancy from a private medical practitioner would need to be borne by the grant applicants (and government would need to prescribe the minimum tests required), or
  - the Department of Health (and provincial health departments) would need to put in place a pregnancy testing service at clinics to provide women with proof of pregnancy so that they can apply for the grant. This would be costly for government.

In terms of current policy, the Department of Health encourages pregnant women to schedule their first antenatal visit to a clinic before the 12th week of pregnancy, and the 2nd visit is usually scheduled for the 20th week. It would make sense to link the grant period and proof of pregnancy to this existing process.

- Many women are not aware that they are pregnant until late in the 1st trimester. If the grant is for 9 months starting in the 1st trimester, there would need to be a mechanism to backpay women who register late. This would be difficult to manage, and expose the administration to fraudulent backpay claims.

- Between 15–20% of all pregnancies in South Africa end in miscarriages, most of which occur within the 1st trimester (Nfii and De Wet, 2017:4). Women would register for the grant, and then have to deregister while going through the trauma of a miscarriage. There would need to be recoupment mechanisms for instances where women failed to deregister timeously after a miscarriage. This would be difficult to administer and may be seen as insensitive.
- The Choice on Termination of Pregnancy Act, 1996 allows for the voluntary termination of a pregnancy during the first 12 weeks.[8] The most recent available data indicates that 12% of pregnancies were terminated in 2019. Women may register for the grant and would then have to deregister following termination of the pregnancy. There would need to be recoupment mechanisms for instances where women failed to deregister timeously. This would be difficult to administer and may again be seen as insensitive. In addition, the presence of the grant in the first three months of pregnancy would further complicate women's choices regarding the termination of pregnancy by introducing a financial incentive to delay termination or not to terminate the pregnancy. There would also be an incentive to game the system by getting pregnant, claiming the grant for three months, then terminating in a repeated cycle.
- Taking the above two factors into account, the data in Table 3 and Table 4 above show that an estimated 85% of pregnancies at the start of the 1st trimester end with live births, whereas 96% of pregnancies at the start of 2nd trimester end with live births.
- Currently, uptake of the *child support grant* is very slow in the early months following birth due to a range of administrative and cultural factors – including the inability of the Department of Home Affairs to rollout out service points to all health facilities with maternity wards, and general administrative delays in issuing birth certificates. As a result, many children do not benefit from the *child support grant* in the early months of life when it is most critical to their

Antenatal visits for pregnant women – Department of Health

All pregnant women who present to a healthcare facility, public or private, should have, or should receive, a ***Maternity Case Record***. This standardised national document is the principal record of the pregnancy, must be completed at each antenatal clinic visit, and retained by the mother until delivery, after which it will be kept at the place of confinement or final referral. It is not necessary for antenatal clinics to keep a duplicate record of the card. Only a record of attendance, with results of special investigations, needs to be kept at the antenatal clinic for audit and backup purposes. The Maternity Case Record serves as an official communication tool between the different levels of care and health facilities that the client may visit during her pregnancy, and should always be kept up to date.

"Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003). This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward/ clinic/ subsection must clearly print (stamp) the name of the section and the date the service was rendered."[1]

At the first antenatal visit, according to the Health Department's guidelines, the health provider must do a complete assessment of gestational age and risk factors. Subsequent visits are booked as follows:

- A 'basic antenatal care' schedule of **four follow-up** visits is provided for women without any risk factors.
- Following the early booking visit (preferably <12 weeks), return visits should be scheduled for 20, 26–28, 32–34, and 38 weeks, and 41 weeks if still pregnant.
- This is not applicable for women with risk factors or who develop a risk factor during pregnancy. Their return visits schedule will depend on their specific problems.

[8] See section 2.1 of the Choice on Termination of Pregnancy Act, 1996

> nutrition and well-being. One way of overcoming this problem would be to extend the period of the *maternity support grant* for a fixed period beyond birth to ensure there is no payment break in the transition from the *maternity support grant* to the *child support grant*.

In light of the preceding factors, initiating and managing the grant within the 1st trimester of pregnancy is likely to be difficult. The proposal that the period of the grant start from the 2nd trimester and run for a fixed period is likely to be easier to manage. It is recommended that the period of the *maternity support grant* should be from the start of the 2nd trimester and run for nine months to ensure income support continues for the mother and infant at least three months post birth and to facilitate a smooth transition to the *child support grant.*

Continued income support post birth will promote the mother's nutritional status which enhances her ability to breastfeed and influences the quality of nutrition being passed onto the infant.

It is recommended that applicants for the *maternity support grant* be required to submit a copy of their Maternity Case Record as proof of pregnancy, and proof that they have attended their first antenatal visit. Currently the Maternity Case Record gives an estimated date of delivery. However, it would greatly assist SASSA if the case record were altered to reflect the date at which the women will enter the 2nd trimester as this is the date SASSA will use to start the income support.

4.8 Payment intervals and managing payments

The South African Law Reform Commission's proposals do not propose specific payment intervals for the grant, though, given the overall context of the discussion, it can be assumed that the Commission envisages monthly payments. The Department of Social Development proposes that the grant should be paid in three tranches, starting with the 2nd trimester of pregnancy (DSD, 2022:38). This is interpreted to mean that the tranches should be paid at 3 months and 6 months pregnancy, with the final payment at 9 months or at birth (whichever is sooner).

The *maternity support grant* is intended to provide prospective mothers with income support to promote a safe and healthy pregnancy. It would therefore make sense to pay the grant monthly to ensure that pregnant women have access to a steady stream of income during their pregnancy. Paying the grant in three tranches would undermine the aims of the grant.

If government were to consider linking payments of the *maternity support grant* to pregnant women attending their four follow-up antenatal visits, this would mean the payments would fall due as follows:

- 1st payment in the 12th week of pregnancy;
- 2nd payment in the 20th week of pregnancy;
- 3rd payment in the 26th–28th week of pregnancy;
- 4th payment in the 32nd–34th week of pregnancy; and
- 5th payment in the 38th week of pregnancy or at birth (whichever is sooner).

The idea is that this would incentivise pregnant women to attend all their antenatal visits timeously, which is a good idea – in principle. However, given the levels of poverty in South Africa, pregnant women often miss clinic visits due to lack of taxi fares – so it would make more sense to pay women the grant in advance of a clinic visit rather than after it, to increase the likelihood that they are able to get to it. Also, penalising pregnant women for missing a clinic visit imposes an additional burden on them and prejudices the foetus, who had no role in the decision. In addition, to manage this link between antenatal visits and the payment of the *maternity support grant* would require the Health Patient Registration System being rolled out by the Department of Health to be linked to SASSA's

grant payment system. To evaluate the desirability and feasibility of this proposal requires a separate investigation.

In the absence of such an investigation, it is recommended that the grant should be paid monthly from the start of the month following registration.

Some further questions need to be addressed in this context, namely,

(a) What happens when pregnant women register late for the grant?
(b) What happens when a pregnancy ends in a miscarriage, stillbirth or medical practitioner-advised termination of pregnancy after the 12th week of pregnancy?
(c) What happens where a pregnancy ends with a premature birth?
(d) What happens in the case of late-term and post term births?

Putting processes and systems in place to take account of all the possible variations is likely to be difficult to administer, which will increase the cost of administration. Therefore, it is recommended that, once a pregnant woman is registered to receive the *maternity support grant*, she should receive nine monthly payments irrespective of when the payments started, or when or how the pregnancy ends.

In cases where a pregnancy ends in a miscarriage, stillbirth or medical practitioner-advised termination of pregnancy, the women are likely to need counselling, which the remaining grant payments will facilitate. Similarly, where a pregnancy ends in a premature birth, the mother will need to incur additional transport costs if the baby is placed in, say, a neo-natal ICU, as she will have to travel to the facility to feed and care for the baby for as long as it is there.

4.9 Managing the transition from the *maternity support grant* to the *child support grant*

Both of the proposals for the *maternity support grant*, by the South African Law Reform Commission and the Department of Social Development respectively, envisage a seamless transition to the *child support grant* with a live birth. Practically, there would need to be some proof of a live birth to "activate" the transition.

In discussions, SASSA indicated that to register a child for a *child support grant*, the child needs to be registered with the Department of Home Affairs and allocated a birth certificate reflecting a 13-digit Identification Number (ID). If the *maternity support grant* is structured to provide nine monthly payments starting at the beginning of the 2nd trimester and ending three months after birth, the birth registration could be used to “activate” the transition in the following way.

(a) Because the income thresholds for both grants are the same, women who qualify for a *maternity support grant* also qualify for the *child support grant*. So, when there is a live birth to a woman receiving a *maternity support grant*, there is no need for her to make an application for the *child support grant* with all the supporting documents relating to income etc. SASSA already has her details on record. All that is missing for the *child support grant* application is the child’s birth certificate.
(b) When a *maternity support grant* reaches its sixth month, SASSA would use the mother‘s ID number to search for and download the new-born child’s ID number from the Population Register managed by the Department of Home Affairs, and so transition to the *child support grant* and discontinue the *maternity support grant.* This process would need to take into account the possibility of multiple births, as well as adoptions. I
(c) SASSA would repeat the search for three consecutive months to allow for late-term or post-term births, as well as inefficiencies or mistakes in the birth registration process. If the new-

born child's ID number does not appear on the Population Register under the registered mother's ID number within three months, it would be assumed that there was no live birth. The *maternity support grant* would be discontinued after the ninth payment and there would be no automatic transition to the *child support grant*.

(d) If this process does not transition the women and child onto the *child support grant* before the ninth payment of the *maternity support grant*, the parents and caregivers would still be able to apply for the *child support grant* through the existing channels.

It is estimated that closing the coverage gap in the *child support grant* among children below the age of 1 will extend the grant to a further 191 031 children in this age cohort at an annual cost of R1.16 billion, or 1.43% of the total budgeted cost of the *child support grant* for 2023/24 (National Treasury, 2024:381). The three-month transition period between the *maternity support grant* and the *child support grant* would utilise about R800 million of this R1.16 billion without increasing government's fiscal obligations.

In addition, the above transition process will provide government with a database of women whose *maternity support grants* have not transitioned to the *child support grant.* Most are likely to be in need of assistance to register their baby's birth. This database could be used to activate a supportive inter-sectoral government response to pro-actively assist women to register the birth of their babies, and so overcome the many barriers preventing the early birth registration.

4.10 Proposal for the design of the *maternity support grant*

Considering the preceding analysis, it is recommended that the *maternity support grant* be structured as:

i. All pregnant women are eligible to receive the grant, provided they do not earn more than the income thresholds applicable to the *child support grant* (in 2024 the thresholds were R62 600 per year for single persons and a combined income of R127 200 per year for married couples or couples in a permanent life partnership).

ii. The value of the grant is the same as the *child support grant* (in 2024, R530 per month).

iii. The grant to a pregnant woman will commence at the start of the 2nd trimester of her pregnancy, as proven by the submission of a copy of her maternity case record from a state or private health facility. It will be paid over a fixed period of nine months, or until the grant transitions to a *child support grant*, whichever is the shorter period.

iv. The *maternity support grant* will automatically transition to *a child support grant* in the instance of a live birth, and upon the registration of the new-born child's birth with the Department of Home Affairs.

This recommended structure for the *maternity support grant* aligns with Scenario 3 in the costing model described in Annexure A.

5 Regulatory Impact Analysis

Every new policy proposal should undergo a regulatory impact analysis to assess its costs and benefits to government, the intended beneficiaries and society in general. The focus here is on

describing the fiscal/financial costs, and the economic and social costs and benefits, rather than to conduct a full cost-benefit analysis.[9]

5.1 Impact on government

The primary impact on government of introducing a *maternity support grant* is the fiscal cost of the grant itself, and the cost of administering the grant. SASSA is responsible for administering grants in South Africa, so it may need to appoint additional personnel, install the IT systems, develop operating procedures and train staff to administer the new grant. Then there is a range of likely benefits across the health, education, social development and home affairs sectors that will come from putting a *maternity support grant* in place.

5.1.1 Fiscal cost of a *maternity support grant*

The main task of this project was to build a MS Excel-based costing model to explore the fiscal cost of different options for a *maternity support grant*. Annexure A describes the costing model, the costing methodology and the different scenarios in detail. It also presents the detailed results of the costing. Here we present a summary that focuses on the scenarios with a realistic take-up rate of 80%.

5.1.1.1 Fiscal cost of the grant

Table 7 below shows that if the grant value is set at the *child support grant* level of R560 per month and the take-up rate is 80%, the *maternity support grant* will cost government between R1.8 billion and R3.25 billion, depending on the eligibility period and the number of months it is paid out to beneficiaries.

Table 7 Scenarios with realistic (80%) take-up rates

Scenarios with realistic take-up rates R000s	No. of eligible pregnant women (2023)	Average number of payments	Assumed take-up rate	Child Support Grant	Food Poverty Line	Lower-bound Poverty Line	Upper-bound Poverty Line	Old Age Grant
Value of grant				560	760	1058	1558	2190
S1 - 9 payments from 1st T to birth (fixed)	806 713	9 fixed	80%	3 252 667	4 414 333	6 145 217	9 049 384	12 720 250
S2 - 9 payments from 1st T to birth (variable)	806 713	variable	80%	2 944 743	3 996 436	5 563 460	8 192 695	11 516 047
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	711 348	9 fixed	80%	2 828 408	3 838 553	5 343 670	7 869 034	11 061 094
S4 - 9 payments from 2nd T to birth + 3 months (variable)	711 348	variable	80%	2 752 484	3 735 515	5 200 229	7 657 805	10 764 180
S5 - 6 payments from 2nd T to birth (fixed)	711 348	6 fixed	80%	1 912 103	2 594 997	3 612 509	5 319 743	7 477 688
S6 - 6 payments from 2nd T to birth (variable)	711 348	variable	80%	1 873 779	2 542 985	3 540 103	5 213 120	7 327 813
Cost difference between fixed and variable scenarios								
Difference between S1 and S2	0			307 924	417 897	581 757	856 689	1 204 203
% difference	0.0%			9.5%	9.5%	9.5%	9.5%	9.5%
Difference between S3 and S4	0			75 923	103 039	143 441	211 230	296 914
% difference	0.0%			2.7%	2.7%	2.7%	2.7%	2.7%
Difference between S5 and S6	0			38 324	52 011	72 405	106 624	149 875
% difference	0.0%			2.0%	2.0%	2.0%	2.0%	2.0%

If the grant value is R560 per month and the take-up rate is 80%, the difference in the cost of paying the grant for a fixed period of nine months (Scenario 1) versus a fixed period of six months (Scenario 5) is R1.3 billion, or 41%.

If the grant value is R560 per month and the take-up rate is 80%, the difference in the cost of paying the grant for a fixed period of 6 months (Scenario 5) versus changing the number of monthly payments due to a live birth, termination, miscarriage or stillbirth (Scenario 6) is R38 million, or 2%. This suggests that only limited cost savings are likely to be realised by putting additional administrative processes in

[9] A full-scale cost-benefit analysis aims to convert all costs and benefits into monetary values and calculate the nett social impact of the policy. Such a study is time-consuming and expensive.

place to manage variable payments. In addition, such administrative processes are likely to encounter significant confidentiality issues when dealing with terminations, miscarriages and stillbirths.

5.1.1.2 Analysis of spend on pregnancies that do not lead to live births

The total number of pregnant women in each scenario is the sum of live births, terminations, miscarriages and stillbirths. This means that a certain percentage of the grant funds will inevitably be paid to pregnant women whose pregnancy does not lead to a live birth. Table 8 explores this issue with reference to scenarios 1, 3 and 5, having the grant value set at R560 per month.

Table 8 Analysis of spend on pregnancies that do not lead to live births

Scenarios with realistic take-up rates R000s	No. of eligible pregnant women (2023)	Average number of payments	Assumed take-up rate	Child Support Grant
Value of grant				560
S1 - 9 payments from 1st T to birth (fixed)	**806 713**	**9 fixed**	**80%**	**3 252 667**
Live births	683 372	9		2 755 357
Terminations	83 622	9		337 165
Miscarriages	26 540	9		107 009
Still births	13 178	9		53 135
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	**711 348**	**9 fixed**	**80%**	**2 828 408**
Live births - to birth	683 372	6		1 836 905
Live births - after birth	653 799	3		878 706
Terminations	4 181	9		16 858
Miscarriages	10 616	9		42 804
Still births	13 178	9		53 135
S5 - 6 payments from 2nd T to birth (fixed)	**711 348**	**6 fixed**	**80%**	**1 912 103**
Live births	683 372	6		1 836 905
Terminations	4 181	6		11 239
Miscarriages	10 616	6		28 536
Still births	13 178	6		35 424
Amount spent on pregnancies that do not lead to a live birth				
S1 - 9 payments from 1st T to birth (fixed)				497 310
S3 - 9 payments from 2nd T to birth + 3 months (fixed)				112 797
S5 - 6 payments from 2nd T to birth (fixed)				75 198
% of total payments spent on pregnancies that do not lead to a live birth				
S1 - 9 payments from 1st T to birth (fixed)				15.3%
S3 - 9 payments from 2nd T to birth + 3 months (fixed)				4.0%
S5 - 6 payments from 2nd T to birth (fixed)				3.9%
Difference between S1 and S5 (9 & 6 months)				422 112
% difference				84.9%

With reference to the above table:

- In Scenario 1, which provides R560 per month for 9 months, R497 million, or 15.3% of the total, is spent on pregnancies that do not lead to live births. R337 million is paid to women who terminate their pregnancy.
- In Scenario 5, which provides R560 per month for 6 months, R75 million, or 3.9% of the total, is spent on pregnancies that do not lead to live births. This is 84.9% less than for Scenario 1.

The biggest difference is that starting payments from the beginning of the 2nd trimester (i.e. after 12 weeks) excludes all pregnancies that are voluntarily terminated.

- Scenario 3 would pay out R112 million on pregnancies that do not lead to live births. This is R384 million less than Scenario 1, but R37 million more than Scenario 5.

5.1.1.3 Fiscal cost of administering the grant

According to SASSA, the cost of administration as a percentage of the social assistance transfers budget per year was 2.9% in 2024/25 (National Treasury, 2024: 396). Table 9 below uses this figure to estimate the additional cost of administering the *maternity support grant* if the grant value is set at R560 per month and there is a take-up rate of 80%.

Table 9 Cost of administering the *maternity support grant*

SASSA's average admin cost as % of grant costs	Cost of CSG Scenario - 100%	Assumed take-up rate	2024/25	2025/26	2026/27
Average cost as a percentage of social assistance transfers budget per year			2.9%	3.1%	3.1%
Additional admin costs R000s					
S1 - 9 payments from 1st T to birth (fixed)	4 065 833	80%	94 327	100 833	100 833
S2 - 9 payments from 1st T to birth (variable)	3 680 928	80%	85 398	91 287	91 287
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	3 535 510	80%	82 024	87 681	87 681
S4 - 9 payments from 2nd T to birth + 3 months (variable)	3 440 605	80%	79 822	85 327	85 327
S5 - 6 payments from 2nd T to birth (fixed)	2 390 129	80%	55 451	59 275	59 275
S6 - 6 payments from 2nd T to birth (variable)	2 342 223	80%	54 340	58 087	58 087

Table 9 above shows that the cost of administering the *maternity support grant* in 2024/25 would be between R54 million and R94 million, depending on the scenario implemented.

However, in the case of Scenarios 3 and 4, a substantial part of these additional administration costs are likely to be offset by savings in the administration of the *child support grant* due to the automated transition from the *maternity support grant* to the *child support grant* which would mean there would be approximately 700 000 fewer applications for the latter grant.

5.1.1.4 Annual cost for a five-year rollout plan

To facilitate discussions around the introduction of a *maternity support grant*, the costing model includes a five-year Rollout Plan for users to explore the implications of different rollout scenarios. Table 10 below presents a possible rollout plan for Scenario 3, which provides for nine monthly payments of R560 per month to all eligible pregnant women, with a three-month post-birth transition period to the child support grant. Also shown are the associated additional administration costs.

Table 10 Rollout Plan for Scenario 3 for the *maternity support grant*

Rollout Plan Scenarios R000s	No. of eligible pregnant women (2023)	Average number of payments	Year 1	Year 2	Year 3	Year 4	Year 5
Value of grant	annual % increase	**4%**	560	582	605	629	654
Assumed take-up rate			20%	30%	50%	70%	80%
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	**711 348**	**fixed**	**707 102**	**1 102 321**	**1 909 807**	**2 779 794**	**3 303 176**
Live births - to birth	683 372	6	459 226	715 901	1 240 321	1 805 333	2 145 242
Live births - after birth	653 799	3	219 676	342 460	593 323	863 603	1 026 203
Terminations	4 181	9	4 215	6 570	11 383	16 569	19 688
Miscarriages	10 616	9	10 701	16 682	28 902	42 068	49 988
Still births	13 178	9	13 284	20 709	35 878	52 222	62 055

Note that all the amounts in the line "live births – after birth" reflect payments in lieu of the *child support gran*t. They are therefore not a new spending obligation on government. So, for instance, in Year 1, if

an additional 20% of eligible children under 3 months old registered from birth for the *child support grant*, this would be the cost to government of the maternity support grant in the first three months.

Given the high-level of awareness around social grants generally, it is expected that the rollout of a *maternity support grant* will be rapid.

5.1.2 Impact on SASSA

SASSA is the government agency responsible for the effective and efficient administration, management and payment of social grants. Therefore, if government approves the policy for a *maternity support grant*, SASSA will be responsible for administering it. The impact of the new grant on SASSA will depend on which scenario gets implemented, with Scenarios 3 and 4 having the least impact due to the automatic transition process to the *child support grant.*

The government funds SASSA's operations through the Social Grants Administration transfer payment, which was R8.2 billion in 2023/24 (National Treasury, 2024: 397). Assuming no savings in the administration of the child support grant, the estimated R85 million required to administer Scenario 2 of the *maternity support grant* is about 0.10% of SASSA's 2023/24 operational budget. This highlights how small the proposed *maternity support grant* is relative to existing grants.

Using the additional funds required to implement the *maternity support grant*, we estimate that SASSA will need to employ 165 additional staff (across levels 1–12) to manage the implementation of Scenario 2 of the *maternity support grant*. This would increase the agency's 2024 staff complement by about 2%.

However, as noted above, in the case of Scenarios 3 and 4, a substantial part of these additional administration costs are likely to be offset by savings in the administration of the *child support grant* due to the automated transition from the *maternity support grant* to the *child support grant* which would mean there would be approximately 700 000 fewer applications for the latter grant.

SASSA is currently able to process applications online for the *child support grant*. The Department of Social Development proposes that this system should be modified to allow online applications for the *maternity support grant*, and suggests that this could obviate the need to spend R13.97 million on designing and building a separate system (DSD, 2022:40). Be that as it may, SASSA will still need to incur some costs modifying IT systems to manage the new grant.

SASSA will also need to develop standard operating procedures to manage the grant, train staff on the procedures and integrate managing the grant into its business processes. The experience gained from managing the introduction of the Social Relief of Distress Grant will hopefully facilitate this process.

5.1.3 Potential benefits for government

Introducing a *maternity support grant* as proposed in section 4.10 above has the potential to benefit other government programmes as follows:

- Improve the effectiveness of the health sector's antenatal programme by incentivising early registration and facilitating more regular attendance of scheduled visits.

- Improving the nutritional status of pregnant women and the foetus, which will result in fewer complications during pregnancy and in childbirth. This will tend to reduce spending[10] in this area.
- Improve the number of pregnant women who obtain their IDs prior to giving birth, which will improve early birth registration.
- Improve early birth registration as more women will be aware of its importance in order to transition to the *child support grant.*
- Improve the nutritional status of mother post birth thereby improving breastfeeding rates and the nutritional status of breastfed infants.
- Higher levels of participation in the antenatal programme are likely to lead to more women giving birth in health facilities, where professional assistance is available. This will ensure that birth complications can be properly managed and reduce the level of expenditure in this area.
- Facilitate higher levels participation in the postnatal child growth monitoring programme which will increase rates of breastfeeding and infant immunisation so supporting improved infant nutrition and health.
- Improve early take-up of *child support grant*s by allowing for a SASSA-managed transition from the *maternity support grant* to the *child support grant* on registration of the child's birth. This improves the effectiveness of the *child support grant* in reducing malnutrition and stunting among young children.
- Reduce expenditure on the child health programme, since healthier babies and young children will experience fewer infections.
- Improve the effectiveness of early childhood development and education spending due to fewer children being stunted, and therefore better able to benefit from these programmes. It will also place downward pressure on education spending, as a reduction in stunting will mean that fewer children will need to repeat grades or require access to special education programmes, which are more costly to provide.

The discussions below elaborate on the mechanisms for each of these benefits.

5.2 Impact on pregnant women and new mothers

By design, the *maternity support grant* is intended to reach pregnant women and new mothers whose incomes are below the income thresholds for the *child support grant*. These are among the poorest and most vulnerable women in society.

5.2.1 Reduce the level of poverty among pregnant women and new mothers

If the grant is set at R560 per month, this is about 67% of the food poverty line of R760 per month (2023) and 48% of the lower poverty line of R1058 per month (2023). This would contribute significantly towards reducing the level of poverty among pregnant women and new mothers, especially as the grant would be paid to them. This would enable women to increase their consumption of items important for ensuring a healthy pregnancy such as more food, a wider variety of food, transport to health facilities and preparation for the child.

[10]The health cost of caring for a baby with low birth weight is estimated at R69 631.76 compared to the cost of caring for a baby born at normal weight of R889.82. According to https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002781#pgph.0002781.s002

5.2.2 Encourage early registration for antenatal visits

If the *maternity support grant* is structured to start from the beginning of the 2nd trimester, and if women are required to submit a copy of their Maternity Case Record to SASSA as proof of pregnancy, this will incentivise early registration for the health sector's antenatal programme. Stats South Africa reports that in 2020, 68.3% of pregnant women had their 1st antenatal visit before 20 weeks, indicating that there is significant room for improvement (Stat SA, 2022: 3).

Earlier attendance would reduce the risk of mother-to-child-transmission of HIV, as the earlier in pregnancy a women initiates antiretrovirals, the lower the risk of transmission (Van der Merwe, 2006).

5.2.3 Facilitate attendance of follow-up antenatal visits

The monthly payment of the grant will provide women with the money they need to pay for transport to get to their four scheduled antenatal check-ups. This will improve attendance, facilitating learning, and allowing for better monitoring of the pregnancy. All of this will facilitate the early detection of any pregnancy complications, which allows for safer and more effective management of them.

5.2.4 Increase the number of women giving birth in health facilities

If women attend the antenatal visits regularly, this will facilitate better planning of deliveries, ensuring that more women give birth in health facilities. The result is safer, professionally assisted births. In 2020, delivery in health facilities ranged from 97.5% for women under 20 years to 93.6% for women aged 35–49 years (Stats SA, 2022: 3). These rates are high, but there is still room for improvement.

5.2.5 Improve the nutritional status of pregnant and breastfeeding women

The grant will enable women to buy more food and so increase their food intake. They will also be able to afford a wider variety of food. This will improve their nutritional status, which will contribute to safer, healthier pregnancies, safer births, and better recovery post partem. It will also help new mothers with breastfeeding ensuring better nutrition of the new babies.

The combined effect of the above four impacts will be to reduce the maternal mortality in facility ratio which, according to Stats SA (2022:4), stood at 88 deaths per 100 000 live births in 2020.

5.2.6 Cover some of the costs of counselling

The estimated number of pregnant women eligible to register for a *maternity support grant* from the start of the 2nd trimester is estimated to be 818 000 in 2019. About 3.6% of these pregnancies ended in a stillbirth, miscarriage or termination. If they are registered for the *maternity support grant* when this occurs, they will continue to receive the grant for the remainder of the nine-month period. The intention is that this will protect the women's privacy in that they are not required to report the event to SASSA so as to deregister themselves from the grant. Also, it will give them funds to access counselling services, should they require them.

In addition, a high percentage of new mothers suffer from post-natal depression. The availability of the grant in the three months following birth will assist in paying for transport in order to seek help at a health facility to social welfare office.

5.2.7 Cost to pregnant women of accessing the grant

The design of the *maternity support grant* will impact on what it will cost pregnant women to access it. The more complicated the eligibility requirements, the higher this cost will be.

The proposed design – Scenario 3, set out in section 4.10 above – seeks to minimise the cost to pregnant women of accessing the grant, while still ensuring appropriate targeting. The following design features serve to limit the cost to pregnant women of accessing the grant:

(a) All pregnant women are eligible to receive the grant, provided they do not earn more than the income thresholds applicable to the *child support grant* (in 2024 the thresholds were R63 600 per year for single persons and a combined income of R127200 per year for married couples or couples in a permanent life partnership).

   i. These income thresholds are aligned to those applicable to the *child support grant*, so providing the required proof of income would be no more onerous than at present.

(b) The value of the grant is the same as the *child support grant* (in 2025, R560 per month).

(c) The grant to a pregnant woman will commence at the start of the 2nd trimester of her pregnancy, as proven by the submission of a copy of her maternity case record from a state or private health facility. It will be paid over a fixed period of nine months, or until the grant transitions to a *child support grant*, whichever is the shorter period.

   i. This means that pregnant women can use their 1st antenatal visit to obtain proof of pregnancy for submission to SASSA. If the grant were to be paid from the 1st trimester, women would either need to obtain proof of pregnancy from private practitioners or engage in a separate government process to obtain proof of pregnancy.
   ii. Once registered for the grant, women would not need to incur any additional costs to ensure that they receive the monthly payments. Specifically, this excludes any requirement that women report to SASSA on their attendance of follow-up antenatal visits to qualify for successive payments,
   iii. It excludes any requirement for women to report miscarriages, stillbirths or terminations to SASSA to stop payment of the grant. In such instances, the payments would simply run for the remaining months, then stop.

(d) The *maternity support grant* will automatically transition to *a child support grant* in the instance of a live birth, and upon the registration of the new-born child's birth with the Department of Home Affairs.

   i. This means that the women would not need to submit a new, separate application to register the child for a *child support grant*. Therefore, the cost of applying for the *maternity support grant* would be offset by not having to apply for the *child support grant*.
   ii. Also, the three-month overlap with the *child support grant* would minimise any possibility of a break in payments. At the same time, the proposed transition process would exclude the possibility of double payments.

5.3 Impact on children

By design, the *maternity support grant* is intended to benefit the foetuses of pregnant women whose incomes are below the income thresholds for the *child support grant*. Indeed, the evidence suggests that children will gain most from such a grant, given the benefits for their cognitive and physical development, and the life-time impact this has on their physical and education development and their income-earning potential.

5.3.1 Improve the nutritional status of the foetus and new-born babies

The *maternity support grant* will improve the nutritional status of women, which will contribute directly to improving the nutritional status of foetuses. Better nutrition facilitates the foetuses' brain and physical development. It also strengthens the foetuses' immunity. The overall result of better nutrition will be safer births and stronger, healthier babies.

Nutritional support in pregnancy has been found to reduce stillbirths by 13%; substantially improve growth of the unborn child; and improve child survival chances in the first four weeks of life by as much as 38% (Van den Heever, 2016:85). The support in the first three months after birth will improve breastfeeding rates and quality which is critically important to infant health. These factors will place downward pressure on the *stillbirth in facility ratio*, which stood at 19 per 1 000 live births in 2020 (Stats SA, 2022:5), as well as the *neonatal death in facility ratio*, which stood at 12.1 per 1 000 live births in 2020 (Stats SA, 2022:6).

5.3.2 Ensuring early access to the *child support grant*

The proposal for a *maternity support grant* as set out in section 4.10 above envisages a three-month transition period between the *maternity support grant* and the *child support grant*. If SASSA and the Department of Home Affairs can put in place processes to allow the *maternity support grant* to transition to a *child support grant* (see section 4.9), this would ensure that there is no break in payments during the process of transitioning. This will greatly benefit children in the first three months of life and beyond, reducing the risk of malnutrition and stunting.

5.3.3 Reducing the prevalence of stunting among children under 2 years

Improving the nutritional status of pregnant and breastfeeding women, and ensuring regular attendance at antenatal and postnatal sessions, will contribute to improving the nutritional status of the foetus, and better feeding of the baby and young children. This will be strengthened further by a seamless transition to the *child support grant*. This will contribute to reducing the prevalence of stunting among children, which is estimated to be 27% of children under five – far higher than many of South Africa's developing country counterparts (Stats SA, 2016).

Research shows that stunting in early life – particularly in the critical window of the first 1 000 days of life from conception until the age of two – places children at a severe disadvantage when it comes to their learning ability for the rest of their lives (Victoria, et al., 2017). This results in them starting school later, performing more poorly on tests for reading and intelligence, achieving lower grades, and being less likely to complete education than their non-stunted counterparts. When these children are followed into adulthood, they are found to live in poorer households; attain a lower occupational status; and earn less. They are also found to suffer from higher rates of metabolic disease, diabetes and obesity. The economic costs of childhood undernutrition, in terms of lost productivity and economic growth, are therefore significant and of utmost national concern (DGMT, 2022).

So, the *maternity support grant* has the potential to prevent stunting early, enabling the estimated 806 000 child beneficiaries each year to thrive. This will improve the effectiveness of government's spending on early childhood development and education, with long-term benefits for the children concerned, the economy and society.

Recent data from the World Bank suggests that investing in childhood nutrition is one of the most cost-effective development actions governments can make. Globally, every $1 invested in averting stunting

achieves an $11 economic return (Shekar, 2017). Nationally, a stunting-free generation would increase GDP by at least 2%, or ± R80-billion (DGMT, 2022).

6 Conclusion and Recommendation

It is critically important to keep the design of social grants simple. This ensures that eligible applicants understand them, and makes them easy to administer. Over-complicating the eligibility criteria and conditions for payment only serve to make the grant difficult to understand and more expensive to administer.

It is recommended that the *maternity support grant* be structured as follows:

i. All pregnant women are eligible to receive the grant, provided they do not earn more than the income thresholds applicable to the *child support grant* (in 2024 the thresholds were R63 600 per year for single persons and a combined income of R127 200 per year for married couples or couples in a permanent life partnership).

ii. The value of the grant is the same as the *child support grant* (in 2025, R560 per month).

iii. The grant to a pregnant woman will commence at the start of the 2nd trimester of her pregnancy, as proven by the submission of a copy of her maternity case record from a state or private health facility.[11] It will be paid over a fixed period of nine months, or until the grant transitions to a *child support grant*, whichever is the shorter period.

iv. The *maternity support grant* will automatically transition to *a child support grant* in the instance of a live birth, and upon the registration of the new-born child's birth with the Department of Home Affairs.

Our assessment is that the benefits likely to accrue to government, pregnant women and children from the introduction of a *maternity support grant* will exceed the estimated annual fiscal cost of R2.82 billion required to pay for it. Note that R878 million, or 31%, of this amount would be in lieu of the *child support grant* for children under 3 months of age. The fiscal cost to government of introducing a *maternity support grant* would therefore be R1.92 billion.

It is recommended that, when the framing of the need for the grant, advocates should emphasise the role the maternity support grant can play in (1) addressing the vulnerability of pregnant women to unemployment and (2) improving maternal and new-born health costs and other social costs. It would also be important to highlight that investments in the first 1000 days of children's lives deliver high investment returns for human capital development

[11] See scenario 3 in the costing tool.

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Annexure A – Description of the Costing Model for the *Maternity Support Grant*

This annexure describes the costing model that was built to explore the cost of different scenarios for a *maternity support grant*. The costing model itself is built in MS Excel. It is structured to allow users to explore the impact of changing different variables in the design of the proposed *maternity support grant* for themselves.

The costing model is available from Cornerstone Economic Research on request – please send an email to info@cornerstonesa.net.

1. Costing methodology

a. The cost of the grant

The different scenarios are costed using the following simple unit-based costing formula.

$$Q \text{ X } GV \text{ X } MP \text{ X } TR = \text{Cost}$$

where:

Q	- is the ***quantity*** of eligible beneficiaries in a year
GV	- is the ***grant value*** per month
MP	- is the average number of ***monthly payments*** made to eligible beneficiaries
TR	- is the assumed grant ***take-up rate*** among eligible beneficiaries
Cost	- is the estimated ***cost*** of the grant calculated using the above variables.

b. The cost of additional administration for SASSA

According to SASSA, the cost of administration as a percentage of the social assistance transfers budget per year was 3.8% in 2021/22 (National Treasury, 2022: 357). This is used to calculate the additional administrative costs associated with introducing the *maternity support grant*.

2. Estimating the number of eligible pregnant women

The General Household Survey 2011 to 2019 is used to estimate the total number of pregnant women in a year, and then the income thresholds for the *child support grant* are applied. Given the different policy proposals, it is necessary to estimate the number of eligible pregnant women at the start of pregnancy (0 months) and at the start of the 2nd trimester (3 months).

a. Number of pregnant women at 0 months and 3 months

The total number of pregnant women at 0 months is the sum of the number of live births, terminations, miscarriages and stillbirths in a year. To calculate the number of pregnant women at 3 months, we make the following assumptions:

- 100% of live births
- 5% of total terminations are assumed to be medical practitioner-advised terminations after 12 weeks
- 8/20 of the miscarriages are assumed to occur after 12 weeks, based on the medical definition of a miscarriage as being a pregnancy ending before 20 weeks

- 100% of stillbirths, based on the medical definition of stillbirths as a non-live birth occurring after 20 weeks.

Table 11 below presents estimates of the number of pregnancies at 0 months and 3 months.

Table 11 Total number of pregnancies at 0 months and 3 months

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From 0 months													
Total pregnancies	**1 157 680**	**1 161 984**	**1 165 900**	**1 162 935**	**1 095 812**	**1 065 393**	**1 078 574**	**1 116 711**	**1 191 556**	**1 174 273**	**1 181 228**	**1 127 792**	**1 044 140**
Live births	1 037 711	1 033 820	1 026 605	1 026 824	975 401	919 353	932 090	954 638	1 016 988	1 015 904	1 011 245	945 663	863 447
Terminations	77 780	82 910	90 160	89 126	83 707	105 358	104 660	116 419	124 446	108 301	120 144	135 523	138 139
Miscarriages	21 273	24 605	28 642	26 492	16 289	20 410	21 718	25 680	30 510	30 477	30 337	28 370	25 903
Still births	20 916	20 649	20 493	20 493	20 415	20 272	20 106	19 974	19 612	19 591	19 501	18 237	16 651
From 3 months													
Total pregnancies	**1 071 025**	**1 068 456**	**1 063 063**	**1 062 370**	**1 006 517**	**953 057**	**966 116**	**990 705**	**1 055 026**	**1 053 101**	**1 048 888**	**982 024**	**897 366**
Live births	1 037 711	1 033 820	1 026 605	1 026 824	975 401	919 353	932 090	954 638	1 016 988	1 015 904	1 011 245	945 663	863 447
Terminations	3 889	4 146	4 508	4 456	4 185	5 268	5 233	5 821	6 222	5 415	6 007	6 776	6 907
Miscarriages	8 509	9 842	11 457	10 597	6 516	8 164	8 687	10 272	12 204	12 191	12 135	11 348	10 361
Still births	20 916	20 649	20 493	20 493	20 415	20 272	20 106	19 974	19 612	19 591	19 501	18 237	16 651
With income below CSG threshold	**944 900**	**926 438**	**913 558**	**803 505**	**789 767**	**748 692**	**763 036**	**700 354**	**834 997**	**834 426**	**830 964**	**778 070**	**711 348**
Live births	915 509	896 405	882 227	776 620	765 351	722 215	736 162	674 857	804 892	804 034	800 347	748 442	683 372
Terminations	3 431	3 594	3 874	3 370	3 284	4 138	4 133	4 115	4 925	4 919	4 897	4 579	4 181
Miscarriages	7 507	8 534	9 846	8 015	5 113	6 413	6 861	7 261	9 659	9 968	10 287	10 616	10 616
Still births	18 453	17 904	17 611	15 500	16 019	15 925	15 880	14 120	15 522	15 505	15 434	14 433	13 178
Difference between 0 and 3 months													
Total pregnancies	86 655	93 527	102 837	100 565	89 295	112 336	112 458	126 006	136 529	121 172	132 339	145 769	146 774
% difference	7.5%	8.0%	8.8%	8.6%	8.1%	10.5%	10.4%	11.3%	11.5%	10.3%	11.2%	12.9%	14.1%

b. Number of pregnant women at 0 months and 3 months below the child support grant income thresholds

Using the income thresholds for the *child support grant* applicable to each year, we calculated the number of pregnant women at 0 months and 3 months whose income is below these thresholds. The income threshold applicable to 2024 was R 63 600 annually for single persons, and R127 200 annually for married couples.

Table 12 Number of pregnant women at 0 months and 3 months with income below the *child support grant* income thresholds

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From 0 months													
With income below CSG threshold	1 021 350	1 007 533	1 001 933	879 566	859 832	836 939	851 855	789 431	943 053	942 846	939 434	881 000	806 713
Live births	915 509	896 405	882 227	776 620	765 351	722 215	736 162	674 857	804 892	804 034	800 347	748 442	683 372
Terminations	68 621	71 890	77 480	67 409	65 681	82 766	82 660	82 299	98 492	98 387	97 936	91 585	83 622
Miscarriages	18 768	21 334	24 614	20 037	12 781	16 033	17 153	18 154	24 147	24 919	25 717	26 540	26 540
Still births	18 453	17 904	17 611	15 500	16 019	15 925	15 880	14 120	15 522	15 505	15 434	14 433	13 178
From 3 months													
With income below CSG threshold	**944 900**	**926 438**	**913 558**	**803 505**	**789 767**	**748 692**	**763 036**	**700 354**	**834 997**	**834 426**	**830 964**	**778 070**	**711 348**
Live births	915 509	896 405	882 227	776 620	765 351	722 215	736 162	674 857	804 892	804 034	800 347	748 442	683 372
Terminations	3 431	3 594	3 874	3 370	3 284	4 138	4 133	4 115	4 925	4 919	4 897	4 579	4 181
Miscarriages	7 507	8 534	9 846	8 015	5 113	6 413	6 861	7 261	9 659	9 968	10 287	10 616	10 616
Still births	18 453	17 904	17 611	15 500	16 019	15 925	15 880	14 120	15 522	15 505	15 434	14 433	13 178
Difference between 0 and 3 months													
With income below CSG threshold	76 450	81 096	88 375	76 061	70 066	88 248	88 819	89 077	108 056	108 420	108 470	102 929	95 365
% difference	7.5%	8.0%	8.8%	8.6%	8.1%	10.5%	10.4%	11.3%	11.5%	11.5%	11.5%	11.7%	11.8%
Comparison with total pregnancies													
0 months - eligible ito CSG as % of total	88%	87%	86%	76%	78%	79%	79%	71%	79%	80%	80%	78%	77%
3 months - eligible ito CSG as % of total	88%	87%	86%	76%	78%	79%	79%	71%	79%	79%	79%	79%	79%

The highlighted figures for 2023 were used to cost the different scenarios for the *maternity support grant*.

3. Other variables

a. Grant value per month

The costing model uses the following grant values per month to estimate the cost of a *maternity support grant*.

Table 13 Grant values used in costing the *maternity support grant*

Basis for the value	Social Relief of Distress Grant	*Child Support Grant*	Food Poverty Line	Lower-bound Poverty Line	Upper-bound Poverty Line	Old Age Grant
Monthly amount	350	560	760	1058	1558	2190
Base year	2024	2025	2023	2023	2023	2024
Source	Budget Review 2024	Budget Review 2024	STATSSA National Poverty Lines 2021 - STATISTICAL RELEASE P0310.1			Budget Review 2024

b. Period of payments

Since the *maternity support grant* is for pregnant women, the issue of when should payments start and end is relevant. The costing model explores the cost of three sets of scenarios in this regard, namely:

- Scenarios 1 & 2 – nine payments from the start of the 1st trimester to birth.
- *Scenarios 3 & 4 – nine payments from the start of the 2nd trimester to birth plus three months.* During the three months following the sixth payment, SASSA would take measures to transition the grant to the *child support grant*.
- Scenarios 5 & 6 – six payments from the start of the 2nd trimester to birth.

c. Average number of monthly payments

The costing model allows the user to specify the average number of monthly payments likely to be made to beneficiaries whose pregnancy ends with a live birth, is terminated, or ends in a miscarriage or stillbirth, for each of the above scenarios.

The **fixed** scenarios assume that all beneficiaries who register for the grant will receive a fixed number of monthly payments (either 9 or 6). This avoids the need for SASSA to put complicated administrative processes in place to manage confidential information relating to terminations, miscarriages and stillbirths, and to recover over-payments from women who do not report these events timeously.

The **variable** scenarios assume that SASSA will only pay grants to pregnant women. As soon as the pregnancy ends by way of termination, miscarriage or stillbirth, the women will need to notify SASSA timeously and grant payments will be discontinued. In these scenarios, SASSA will need to put administrative processes in place to receive notifications from women whose pregnancies have ended by way of termination, miscarriage or stillbirth, as well as to recover any overpayments to women who do not report these events timeously.

Table 14 below sets out the assumptions regarding the average number of monthly payments in the six scenarios.

Table 14 Assumptions regarding the average number of monthly payments

Groups of beneficiaries	Number of payments	Explanation
S1 – nine payments from 1st trimester to birth (fixed)		
Live births	9	The pregnancy goes to term and the child is born alive.
Terminations	3	Voluntary terminations are allowed to 12 weeks (three months), and medical practitioner-advised terminations to 20 weeks (five months).
Miscarriages	3	Miscarriages are defined as pregnancy loss prior to 20 weeks (five months). However, most miscarriages occur in the first 12 weeks (three months).
Stillbirths	7	Stillbirths are defined as pregnancy loss at or after 20 weeks (5 months) through to full term (9 months).
S2 – nine payments from 1st trimester to birth (variable)		
Live births	9	Making the *maternity support grant* a fixed grant for nine months would avoid the management difficulties and confidentiality issues related to terminations, miscarriages and stillbirths. This scenario explores the cost of this option.
Terminations	9	
Miscarriages	9	
Stillbirths	9	
S3 – nine payments from 2nd trimester to birth + 3 months (fixed)		
Live births	6	The pregnancy goes to term and the child is born alive.
Live births – after birth	3	SASSA would transition the grant to a *child support grant* or the grant ends after nine total payments. To account for transitions to the *child support grant*, the number of live births is adjusted downward by the current uptake rate for the *child support grant* among children < 3 months.
Terminations	9	Making the *maternity support grant* a fixed grant for nine months would avoid the management difficulties and confidentiality issues related to terminations, miscarriages and stillbirths. This scenario explores the cost of this option.
Miscarriages	9	
Stillbirths	9	
S4 – nine payments from 2nd trimester to birth + 3 months (variable)		
Live births – to birth	6	The pregnancy goes to term and the child is born alive.
Live births – after birth	3	SASSA would transition the grant to a *child support grant* or the grant ends after nine total payments. To account for transitions to the *child support grant*, the number of live births is adjusted downward by the current uptake rate for the *child support grant* among children < 3 months.
Terminations	2	Medical practitioner-advised terminations between 12 weeks (three months) to 20 weeks (five months).
Miscarriages	2	Miscarriages are defined as pregnancy loss prior to 20 weeks (five months). So, this covers miscarriages from 12 weeks (3 months) to 20 weeks (five months).
Stillbirths	4	Stillbirths are defined as pregnancy loss at or after 20 weeks (5 months) through to full term (9 months).
S5 – six payments from 2nd trimester to birth (fixed)		
Live births	6	Making the *maternity support grant* a fixed grant for nine months would avoid the management difficulties and confidentiality issues related to terminations, miscarriages and stillbirths. This scenario explores the cost of this option.
Terminations	6	
Miscarriages	6	
Stillbirths	6	
S6 – six payments from 2nd trimester to birth (variable)		
Live births	6	The pregnancy goes to term and the child is born alive.
Terminations	2	Medical practitioner-advised terminations between 12 weeks (three months) to 20 weeks (five months).
Miscarriages	2	Miscarriages are defined as pregnancy loss prior to 20 weeks (five months). So, this covers miscarriages from 12 weeks (3 months) to 20 weeks (five months).
Stillbirths	4	Stillbirths are defined as pregnancy loss at or after 20 weeks (5 months) through to full term (9 months).

d. Grant take-up rate

Using data from the GHS and from SASSA, we estimate the take-up rate for the *child support grant* in 2021/22 to be between 80% and 83%.

In the costing model, there are two take-up scenarios:

- 100% take-up scenario, which sets the upper boundary for the likely cost of the new grant;
- Realistic take-up scenario, which is set at 80% take-up and represents the most likely cost of the new grant once fully implemented.

The take-up rates can be changed to explore other scenarios.

The increasing take-up rate is the key cost driver in the Rollout Plan. The model allows the user to set the take-up rate in each year of the five-year Rollout Plan.

4. The cost of different scenarios for the *maternity support grant*

The costed scenarios use the estimated number of pregnant women with income below the *child support grant* income thresholds as presented in Table 12 above.

Table 15 and Table 16 below present the results of the costing.

Table 15 Scenarios with 100% take-up rate

Scenarios with 100% take-up rate R000s	No. of eligible pregnant women (2023)	Average number of payments	Assumed take-up rate	Social Relief of Distress Grant	Child Support Grant	Food Poverty Line	Lower-bound Poverty Line	Upper-bound Poverty Line	Old Age Grant
Value of grant				350	560	760	1058	1558	2190
S1 - 9 payments from 1st T to birth (fixed)	806 713	9 fixed	100%	2 541 146	4 065 833	5 517 917	7 681 521	11 311 730	15 900 313
S2 - 9 payments from 1st T to birth (variable)	806 713	variable	100%	2 300 580	3 680 928	4 995 546	6 954 325	10 240 869	14 395 059
S3 - 9 payments from 2nd T to birth + 3 months (fix	711 348	9 fixed	100%	2 209 694	3 535 510	4 798 192	6 679 588	9 836 293	13 826 368
S4 - 9 payments from 2nd T to birth + 3 months (va	711 348	variable	100%	2 150 378	3 440 605	4 669 393	6 500 287	9 572 256	13 455 225
S5 - 6 payments from 2nd T to birth (fixed)	711 348	6 fixed	100%	1 493 830	2 390 129	3 243 746	4 515 636	6 649 679	9 347 110
S6 - 6 payments from 2nd T to birth (variable)	711 348	variable	100%	1 463 890	2 342 223	3 178 732	4 425 129	6 516 400	9 159 766
Cost difference between fixed and variable scenarios									
Difference between S1 and S2	0			240 566	384 905	522 371	727 196	1 070 861	1 505 254
% difference	0.0%			9.5%	9.5%	9.5%	9.5%	9.5%	9.5%
Difference between S3 and S4	0			59 315	94 904	128 799	179 301	264 037	371 143
% difference	0.0%			2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
Difference between S5 and S6	0			29 941	47 905	65 014	90 507	133 279	187 344
% difference	0.0%			2.0%	2.0%	2.0%	2.0%	2.0%	2.0%

With reference to the above table:

- If the grant value is set at the *child support grant* level of R560 per month, the *maternity support grant* will cost between R2.3 billion and R4.0 billion depending on how many months it is paid to beneficiaries.
- If the grant value is R560 per month, the difference in the cost of paying the grant for a fixed period of nine months (Scenario 1) versus a fixed period of six months (Scenario 5) is 41%, or R1.6 billion.
- The difference between the fixed and variable scenarios is most pronounced between scenarios 1 and 2. If the grant value is R560 per month, Scenario 2 offers a saving of 9.5%, or R384 million over Scenario 1. By contrast, the level of savings offered by the variable scenarios 4 and 6 are 2.7% and 2.0% respectively compared to their counterpart fixed scenarios. This is because the impact of voluntary terminations and early miscarriages is excluded by the payments starting at the beginning of the 2nd trimester.
- Introducing the *maternity support grant* with a grant value equal to the food poverty line is fiscally achievable in the medium term, and would make sense if the *child support grant* is increased to that value.

Table 16 Scenarios with realistic (80%) take-up rates

Scenarios with realistic take-up rates R000s	No. of eligible pregnant women (2023)	Average number of payments	Assumed take-up rate	Child Support Grant	Food Poverty Line	Lower-bound Poverty Line	Upper-bound Poverty Line	Old Age Grant
Value of grant				560	760	1058	1558	2190
S1 - 9 payments from 1st T to birth (fixed)	806 713	9 fixed	80%	3 252 667	4 414 333	6 145 217	9 049 384	12 720 250
S2 - 9 payments from 1st T to birth (variable)	806 713	variable	80%	2 944 743	3 996 436	5 563 460	8 192 695	11 516 047
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	711 348	9 fixed	80%	2 828 408	3 838 553	5 343 670	7 869 034	11 061 094
S4 - 9 payments from 2nd T to birth + 3 months (variable)	711 348	variable	80%	2 752 484	3 735 515	5 200 229	7 657 805	10 764 180
S5 - 6 payments from 2nd T to birth (fixed)	711 348	6 fixed	80%	1 912 103	2 594 997	3 612 509	5 319 743	7 477 688
S6 - 6 payments from 2nd T to birth (variable)	711 348	variable	80%	1 873 779	2 542 985	3 540 103	5 213 120	7 327 813
Cost difference between fixed and variable scenarios								
Difference between S1 and S2	0			307 924	417 897	581 757	856 689	1 204 203
%difference	0.0%			9.5%	9.5%	9.5%	9.5%	9.5%
Difference between S3 and S4	0			75 923	103 039	143 441	211 230	296 914
%difference	0.0%			2.7%	2.7%	2.7%	2.7%	2.7%
Difference between S5 and S6	0			38 324	52 011	72 405	106 624	149 875
%difference	0.0%			2.0%	2.0%	2.0%	2.0%	2.0%

With reference to the above table:

- If the grant value is set at the *child support grant* level of R560 per month, and the take-up rate is 80%, the *maternity support grant* will cost between R1.87 billion and R3.25 billion depending on how many months it is paid to beneficiaries.
- If the grant value is R560 per month and the take-up rate is 80%, the difference in the cost of paying the grant for a fixed period of nine months (Scenario 1) versus a fixed period of six months (Scenario 5) is still 41%, but the actual difference is lower, at R1.34 billion, than if the take-up rate was at 100%.
- If the grant value is R560 per month and the take-up rate is 80%, the difference in the cost of paying the grant for a fixed period of six months (Scenario 5) versus varying the number of monthly payments depending on whether the pregnancy ends with a live birth, termination, miscarriage or stillbirth (Scenario 6) is R38 million, or 2.0%. This suggests that only limited cost savings are likely to be realised by putting additional administrative processes in place to manage variable payments. In addition, such administrative processes are likely to encounter significant confidentiality issues when dealing with terminations, miscarriages and stillbirths.
- If the grant value is R560 per month and the take-up rate is 80%, the difference between Scenario 3 (fixed nine payments) and Scenario 5 (fixed six payments) is 32%, or R916 million. However, 96% of this difference, or R800 million, would replace the *child support grant* in the first three months following a child's birth, which is an existing spending obligation for government.

Our assessment is that the benefits likely to accrue to government, pregnant women and children from the introduction of a *maternity support grant* will exceed the estimated annual fiscal cost of R3.2 billion. Note that R800 million, or 31% of this amount, would be in lieu of the *child support grant* for children younger than three months. The new fiscal cost to government would therefore be R1.7 billion, which is only 1.6% more than the cost of Scenario 5.

5. Analysis of spend on pregnancies that do not lead to live births

The total number of pregnant women in each scenario is calculated as the sum of live births, terminations, miscarriages and stillbirths. This means that a certain percentage of the grant funds will inevitably be paid to pregnant women whose pregnancy does not lead to a live birth. Table 17 below explores this issue with reference to scenarios 1, 3 and 5, having a grant value of R560 per month.

Table 17 Analysis of spend on pregnancies that do not lead to live births

Scenarios with realistic take-up rates R000s	No. of eligible pregnant women (2023)	Average number of payments	Assumed take-up rate	Child Support Grant
Value of grant				560
S1 - 9 payments from 1st T to birth (fixed)	**806 713**	**9 fixed**	**80%**	**3 252 667**
Live births	683 372	9		2 755 357
Terminations	83 622	9		337 165
Miscarriages	26 540	9		107 009
Still births	13 178	9		53 135
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	**711 348**	**9 fixed**	**80%**	**2 828 408**
Live births - to birth	683 372	6		1 836 905
Live births - after birth	653 799	3		878 706
Terminations	4 181	9		16 858
Miscarriages	10 616	9		42 804
Still births	13 178	9		53 135
S5 - 6 payments from 2nd T to birth (fixed)	**711 348**	**6 fixed**	**80%**	**1 912 103**
Live births	683 372	6		1 836 905
Terminations	4 181	6		11 239
Miscarriages	10 616	6		28 536
Still births	13 178	6		35 424
Amount spent on pregnancies that do not lead to a live birth				
S1 - 9 payments from 1st T to birth (fixed)				497 310
S3 - 9 payments from 2nd T to birth + 3 months (fixed)				112 797
S5 - 6 payments from 2nd T to birth (fixed)				75 198
% of total payments spent on pregnancies that do not lead to a live birth				
S1 - 9 payments from 1st T to birth (fixed)				15.3%
S3 - 9 payments from 2nd T to birth + 3 months (fixed)				4.0%
S5 - 6 payments from 2nd T to birth (fixed)				3.9%
Difference between S1 and S5 (9 & 6 months)				422 112
% difference				84.9%

With reference to the above table:

- In Scenario 1, which provides R560 per month for 9 months, R497 million, or 15.3% of the total, is spent on pregnancies that do not lead to live births. R337 million is paid to women who terminate their pregnancy.
- In Scenario 5, which provides R560 per month for 6 months, R75 million, or 3.9% of the total, is spent on pregnancies that do not lead to live births. This is 84.9% less than for Scenario 1. The biggest difference is that starting payments from the beginning of the 2nd trimester (i.e. after 12 weeks) excludes all pregnancies that are voluntarily terminated.
- Scenario 3 would pay out R112 million on pregnancies that do not lead to live births. This is R384 million less than Scenario 1, but R37 million more than Scenario 5.

6. Rollout plan

To facilitate discussions around the introduction of a *maternity support grant*, the costing model includes a five-year Rollout Plan in which users can explore the implications of different rollout scenarios. Table 18 below presents a possible rollout plan for Scenario 3, which provides for nine

monthly payments of R560 per month to all eligible pregnant women, with a three-month post-birth transition period to the *child support grant*. Also shown are the associated additional administration costs.

Table 18 Rollout plan for Scenario 4 for the *maternity support grant*

Rollout Plan Scenarios R000s	No. of eligible pregnant women (2023)	Average number of payments	Year 1	Year 2	Year 3	Year 4	Year 5
Value of grant	annual % increase	**4%**	560	582	605	629	654
Assumed take-up rate			20%	30%	50%	70%	80%
S3 - 9 payments from 2nd T to birth + 3 months (fixed)	**711 348**	**fixed**	**707 102**	**1 102 321**	**1 909 807**	**2 779 794**	**3 303 176**
Live births - to birth	683 372	6	459 226	715 901	1 240 321	1 805 333	2 145 242
Live births - after birth	653 799	3	219 676	342 460	593 323	863 603	1 026 203
Terminations	4 181	9	4 215	6 570	11 383	16 569	19 688
Miscarriages	10 616	9	10 701	16 682	28 902	42 068	49 988
Still births	13 178	9	13 284	20 709	35 878	52 222	62 055

Note that all the amounts in the line "live births – after birth" reflect payments in lieu of the *child support grant*, and are therefore not a new spending obligation on government. For instance, in Year 1, if an additional 20% of eligible children < 3 months old are registered from birth for the *child support grant*, this would be the cost to government of the grant in the first three months.

Given the high level of awareness around social grants generally, it is expected that the rollout of a *maternity support grant* will be rapid.

Annexure B Template for Maternity Case Record – Department of Health

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.
Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003)
This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward/ clinic/ subsection must clearly print (stamp) the name of the section and the date the service was rendered

Level of care	
Antenatal clinic:	**Delivery site:**
Transport when in labour:	

Name of patient or place large patient sticker here

Name..... Surname .....

Address.....

Next to School/Shop.....

MomConnect Yes No

Date registered...../...../.....

Woman's name | Employed | Unemployed

ID Number | Religion

Institution file number | Record book number | Original | Duplicate

Consent for blood products | Agrees to the use of blood products if needed | Disagrees to the use of blood products

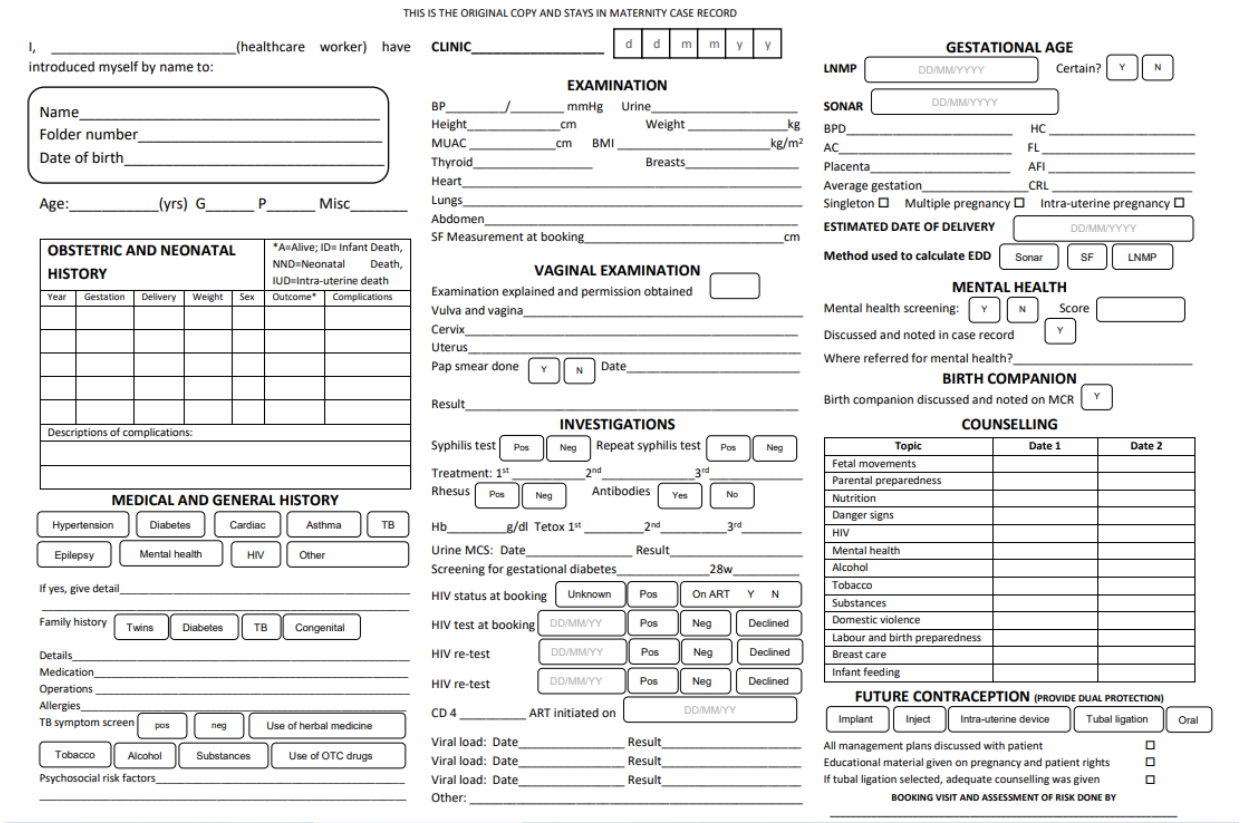
Name of birth companion | Contact number of birth companion

Community health worker name

Contact detail of mandate
Name of person mandated to consent on behalf of woman when appropriate

Contact telephone number of mandate

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.



THIS IS THE ORIGINAL COPY AND STAYS IN MATERNITY CASE RECORD

I, _____(healthcare worker) have introduced myself by name to:

Name_____
Folder number_____
Date of birth_____

Age:_____(yrs) G_____ P_____ Misc_____

OBSTETRIC AND NEONATAL HISTORY

*A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications:

MEDICAL AND GENERAL HISTORY

Hypertension | Diabetes | Cardiac | Asthma | TB | Epilepsy | Mental health | HIV | Other

If yes, give detail_____

Family history: Twins | Diabetes | TB | Congenital

Details_____
Medication_____
Operations_____
Allergies_____

TB symptom screen: pos | neg | Use of herbal medicine

Tobacco | Alcohol | Substances | Use of OTC drugs

Psychosocial risk factors_____

CLINIC_____ d d m m y y

EXAMINATION

BP_____/_____ mmHg Urine_____
Height_____cm Weight _____kg
MUAC _____cm BMI _____kg/m²
Thyroid_____ Breasts_____
Heart_____
Lungs_____
Abdomen_____
SF Measurement at booking_____cm

VAGINAL EXAMINATION

Examination explained and permission obtained ☐
Vulva and vagina_____
Cervix_____
Uterus_____
Pap smear done Y N Date_____
Result_____

INVESTIGATIONS

Syphilis test Pos Neg Repeat syphilis test Pos Neg
Treatment: 1st_____ 2nd_____ 3rd_____
Rhesus Pos Neg Antibodies Yes No
Hb_____g/dl Tetox 1st _____ 2nd_____ 3rd_____
Urine MCS: Date_____ Result_____
Screening for gestational diabetes_____ 28w_____
HIV status at booking: Unknown | Pos | On ART Y N
HIV test at booking: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
CD 4 _____ ART initiated on DD/MM/YY
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Other: _____

GESTATIONAL AGE

LNMP DD/MM/YYYY Certain? Y N
SONAR DD/MM/YYYY
BPD_____ HC _____
AC_____ FL _____
Placenta_____ AFI _____
Average gestation_____ CRL _____
Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐
ESTIMATED DATE OF DELIVERY DD/MM/YYYY
Method used to calculate EDD Sonar | SF | LNMP

MENTAL HEALTH

Mental health screening: Y N Score
Discussed and noted in case record Y
Where referred for mental health?_____

BIRTH COMPANION

Birth companion discussed and noted on MCR Y

COUNSELLING

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)

Implant | Inject | Intra-uterine device | Tubal ligation | Oral

All management plans discussed with patient ☐
Educational material given on pregnancy and patient rights ☐
If tubal ligation selected, adequate counselling was given ☐

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY

_____