



Surakshit Matritva ki Taiyyari (SUMATI)

Advancing pre-pregnancy nutrition and care in India





Background

India has made remarkable progress in improving maternal and child health over the past two decades with a third of the states already achieving the SDG 2030 targets for maternal and child mortality and several on track.¹ Sustained government commitment in health and nutrition programs, strengthened health systems, and increased access to essential services have contributed to better health outcomes for women and children. Yet, despite these gains, millions of women in India enter pregnancy with nutritional deficiencies, untreated health conditions and limited access to information and services that can support a healthy pregnancy.

More than half of women of reproductive age in India are anaemic,² one in five are underweight³ and one in five babies are born with low birth weight.⁴ Nearly one in five women also live with hypertension or high blood sugar,³ increasing the risk of pregnancy complications and poor birth outcomes.⁵ These risks often exist before pregnancy begins, highlighting the need to support women earlier in the continuum of care.

The next major gains in maternal and child health and nutrition will come from investing in the critical pre-pregnancy period, before the first 1,000 days of life begin. Growing evidence shows that many of these risks can be addressed before pregnancy. Randomized controlled trials conducted in India, including the Women and Infants Integrated Interventions for Growth Study (WINGS)⁶ and the Women First Preconception Maternal Nutrition Trial,⁷ have demonstrated that a comprehensive package of health, nutrition, WASH and psychosocial interventions delivered before pregnancy can significantly improve maternal and newborn outcomes. Women who received these interventions before conception experienced improvements in nutritional status and mitigation of high-risk factors including anaemia and reproductive tract infections, while their babies had better birth outcomes, including improved birth weight. The benefits outweigh the costs of intervening in the pre-pregnancy phase.⁸



OBJECTIVES

To demonstrate an implementation model to improve the nutrition and health status of newly married and interpregnancy women before the start of pregnancy by:



Enhancing coverage and quality of pre-pregnancy nutrition and care services



Strengthening awareness, agency, and adoption of healthy practices among families

While the evidence for pre-pregnancy interventions is growing, there is limited experience of delivering comprehensive pre-pregnancy nutrition and care through routine public health systems. The Government of India's National Health Mission promotes a life-course framework, recognizing pre-pregnancy a critical focus area.⁹ To advance this vision, Nutrition International, in partnership with the state governments of Chhattisgarh, Madhya Pradesh and Maharashtra, is leading a five-year initiative to demonstrate how a comprehensive package of pre-pregnancy nutrition and care can be delivered through government health systems. *Surakshit Matritva ki Taiyyari* (SUMATI) aims to strengthen health systems, empower women and families and generate implementation and economic evidence to inform policy and support scale-up across India.

Target groups

PRIMARY



Newly married couples and single-child couples



Frontline health workers like the accredited social health activists (ASHA) and skilled providers such as auxiliary nurse midwives (ANM) and community health officers (CHOs) placed at primary health care facilities

SECONDARY

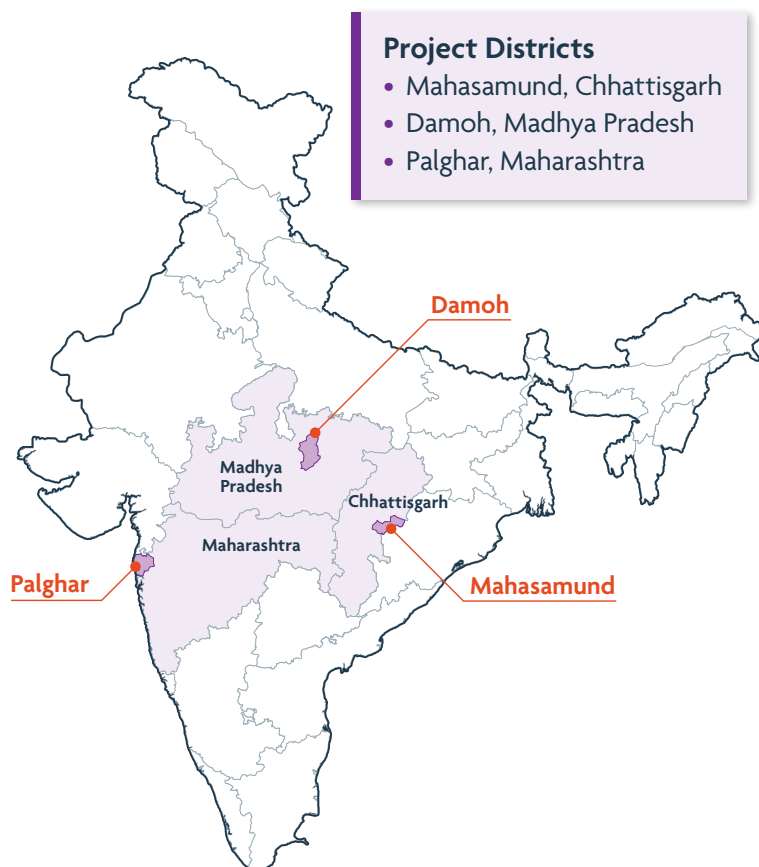


Family members (husbands, mothers-in-law)



Community influencers such as members from village councils and women's self-help groups

Geography



Implementation strategy

The project demonstrates how comprehensive pre-pregnancy nutrition and care can be integrated into routine government health systems by building on existing health programmes, service delivery platforms and health and nutrition service providers.

Working through national and state programmes including the National Health Mission, Anemia Mukt Bharat Abhiyaan, POSHAN Abhiyaan, Safe Motherhood program under SUMAN (*Surakshit Matritva Ashwasan*) and family planning initiatives, the implementation focuses on seven key pillars:



1

Planning and budgeting



2

Supply chain management



3

Capacity building including supportive supervision



4

Behaviour change interventions



5

Strengthening monitoring systems and strategic use of data



6

Technology and digital innovations



7

Evidence generation



Gender equity is embedded throughout the project, with interventions designed to actively involve husbands and mothers-in-law and create a supportive environment for pre-pregnancy care.

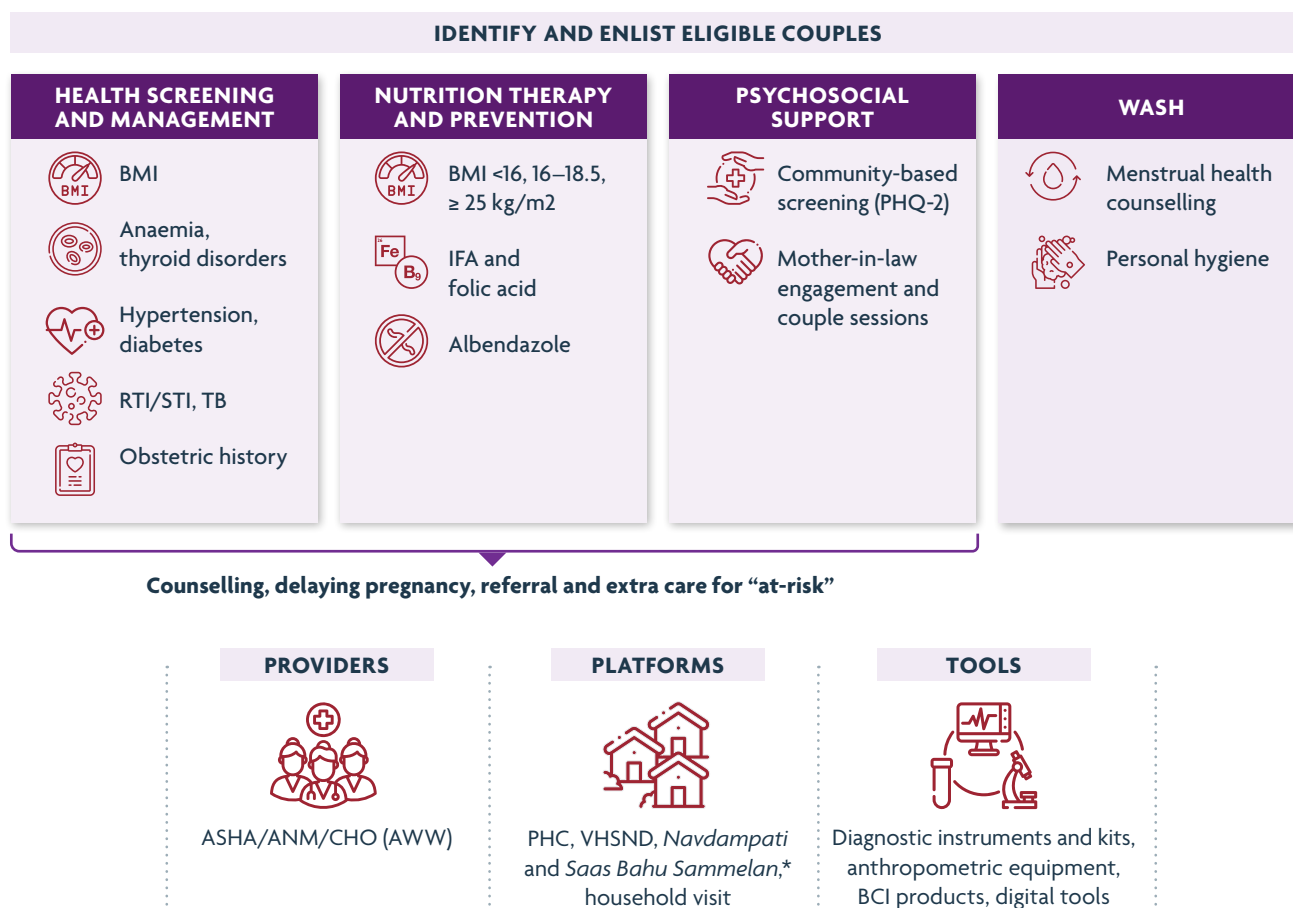
A comprehensive package of interventions

Delivered through existing public health platforms, the project integrates an evidence-based package of interventions encompassing:

- **Health screening and management** to identify and address nutritional and medical risks before pregnancy.
- **Nutrition interventions**, including micronutrient supplementation, nutrition assessment and dietary counselling.
- **Psychosocial support** and family engagement to strengthen women's agency and create enabling environments for healthy pregnancy planning.
- **WASH and menstrual health services** to promote healthy behaviours.

This service package is aligned to the nationally endorsed SUMAN Roadmap 2030, India's blueprint for improving maternal and child health and nutrition by providing quality care from before pregnancy through childbirth and the postnatal period.

Figure 1: Pre-pregnancy care package and essential resources



Abbreviations:

ANM: Auxiliary Nurse Midwife; **ASHA:** Accredited Social Health Activist; **AWW:** Anganwadi Worker; **BCI:** Behaviour Change Intervention; **BMI:** Body Mass Index; **CHO:** Community Health Officer; **IFA:** Iron and Folic Acid; **PHC:** Primary Health Centre; **PHQ-2:** Patient Health Questionnaire-2; **RTI:** Reproductive Tract Infection; **STI:** Sexually Transmitted Infection; **TB:** Tuberculosis; **VHSND:** Village Health, Sanitation and Nutrition Day; **WASH:** Water, Sanitation and Hygiene.

***Navdampati Sammelan:** Community event for newlyweds; **Saas Bahu Sammelan:** Community events for mothers-in-law and daughters-in-law



Impact

The project SUMATI aims to demonstrate how comprehensive pre-pregnancy nutrition and care can be effectively integrated into routine public health systems. By generating implementation and economic evidence, it seeks to inform and support the institutionalization and scale-up of pre-pregnancy nutrition and care across India.

By demonstrating and refining our approach across the three states, the project seeks to establish a scalable, government-led model that enables more women to enter pregnancy in optimal health, contributing to improved maternal and newborn outcomes.

Reach

Over 300,000 women are expected to benefit from comprehensive pre-pregnancy nutrition and care over the project period.

Sustainability

Sustainability is embedded in the project design through close partnership with the state governments of Chhattisgarh, Madhya Pradesh and Maharashtra. By strengthening existing public health systems, building the capacity of frontline health workers and integrating pre-pregnancy nutrition and care into routine government programs, the project is designed for scale and sustainability and to be embedded in public health systems. Implementation and economic evidence generated through the initiative will inform strategic planning and future scale-up, supporting the integration of quality pre-pregnancy nutrition and care within India's public health system and contributing to the global evidence base.





Key partners

Government of Chhattisgarh

Government of Madhya Pradesh

Government of Maharashtra

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