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## BACKGROUND

- Postpartum Anaemia (PPA) affects 40–70% of mothers in South Asia [NFHS-5, UNICEF].
- Maternal mortality sees ~24.5% of deaths on days 5–7 & ~20% between days 8–42 [DHS studies].
- Most child deaths cluster within days 0–7, with ~20% between days 8–28 [DHS].
- The study evaluated the feasibility & scalability of integration of IFA supplementation into EPI schedules.
- It emphasized "7th-day home visit" as a crucial window for CHWs to screen for danger signs, refer cases.

## METHODS

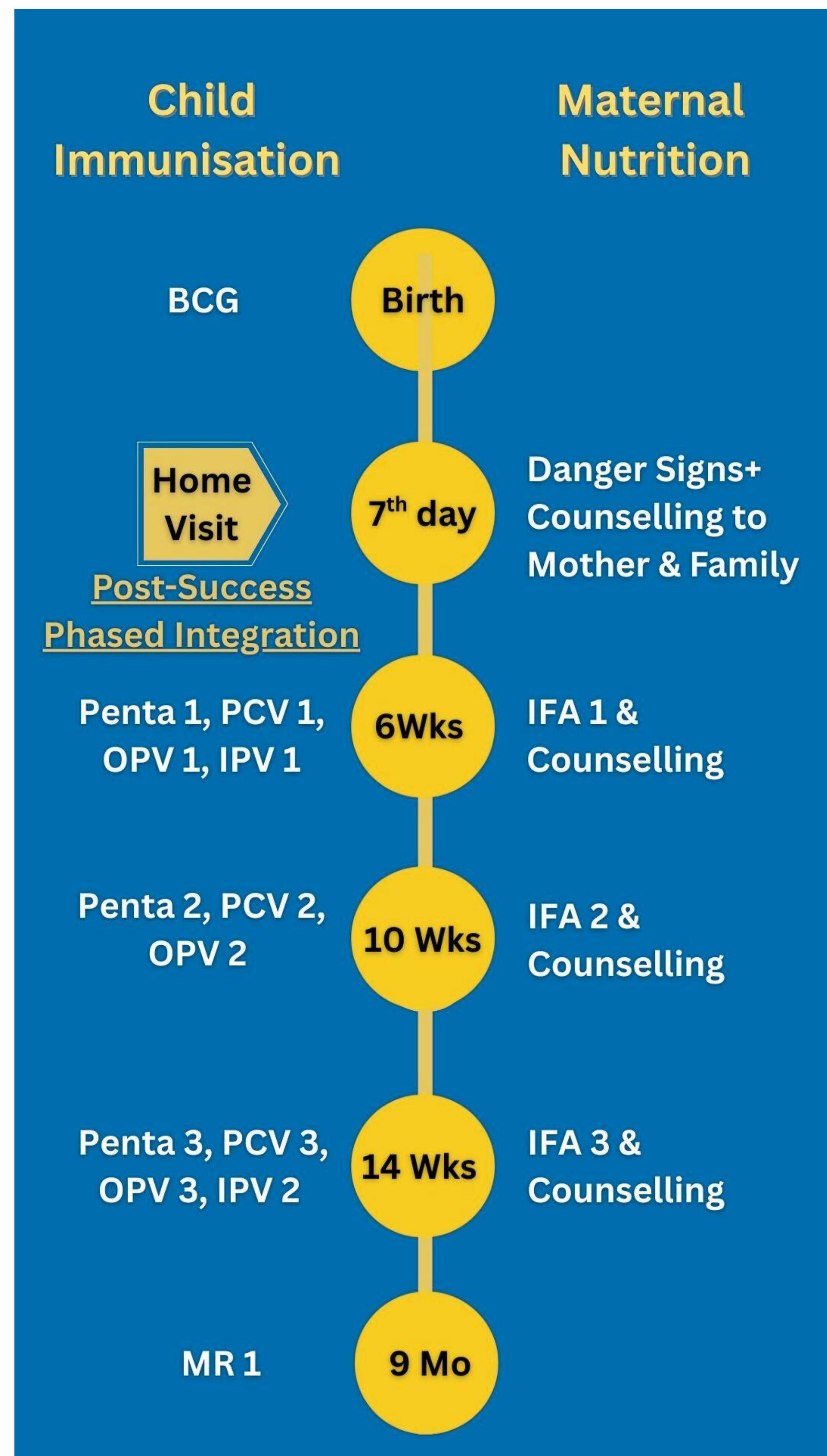
- A systematic review of 15 studies examined integration of IFA into EPI & postpartum home visit models.
- Data extracted- intervention design, feasibility, coverage, outcome, operational lessons.
- 7 Bangladesh evidence included BDHS 2017, Shonjibon trial, MiniMat, BRAC MaMoni, Alive & thrive.
- 8 Global evidence included WHO 2020 review, Ethiopia IYCF-EPI, Nepal IIP, & PROBIT trial.

## RESULTS

- Combining IFA supplements into EPI schedule enhances IFA compliance upto 20-48%.
- Postpartum home visits and regular counselling improve EBF rates by 10% to over 40% and doubled the likelihood of EBF at 4-6th weeks postpartum as well as reinforce maternal micronutrient adherence.
- Phase 1 offers rapid national scalability;
- phase 2 builds long term behavioural changes once systems are stable.

## CONCLUSION

- Integrating Maternal nutrition into fixed epi schedule is not just feasible & cost effective, but beneficiary.
- But requires sustained supply chain, incentives, regular monitoring and national & international support.
- This staged model completes South Asia's gap for scalable, wide-reach approach to maternal nutrition.



Authors & Years	Country	Study Design	Primary Outcomes
Kanagat et al., 2022	Ethiopia	Implementation Study	↑ Maternal nutrition, ↑IFA adherence, operational feasibility
Smitha et al., 2024	Eastern India	National Survey	IFA compliance rate (~20.8%)
Pokhrel et al., 2024	Nepal	Cross Sectional	IFA compliance rate (48.2%)
Namukose et al., 2023	Uganda	Cross Sectional	↑ Integration score, staff feasibility
Kavle & Landry, 2017	LMICs	Review	↑ Program coverage, access, compliance
MCSP / HNN Brief, 2017	LMICs	Program Brief	↑ Access coverage