# Nutrition Services

Child, maternal, and adolescent nutrition services and the common constraints\*

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| **Child Nutrition Services** | **Target Population and Service Delivery Platform** | **Integration with Other Services** | **Bottlenecks and Challenges** |
| **Promotion of early initiation of breastfeeding** | Mothers of newborns | Component of immediate postnatal care (PNC) services | Home delivery is still common[[1]](#footnote-1),[[2]](#footnote-2),[[3]](#footnote-3), and misconception is high with pre-lacteal feeds still a common practice |
| **GMP** for children under two  (MOH flagship program) | Children under two, delivered monthly, mainly by HEWs at health post (HP) level and with outreach and HH visits. A version of “well baby clinic” is being explored. | None in practice | Low coverage (participation rate), feasibility issues with the HEW workload, data credibility issue challenging monitoring efforts. Weak implementation of the “P” in “GMP” (promotion during GMP[[4]](#footnote-4)) |
| **Infant and young child feeding (IYCF) counseling** | The first 1,000 days families | Provided standalone or as a component of GMP | Reach is low, difficult to monitor coverage and quality; access to diversified foods, gender issues, and dietary practices/culture are limiting effectiveness[[5]](#footnote-5) |
| **Child feeding cooking demonstration** | Irregular schedule, done at HP and outreach setups mainly by HEWs | None | Feasibility, monitoring is difficult (not tracked in the health management information system [HMIS]) |
| **Mid-upper arm circumference (MUAC) screening** | Children under 5, active case finding mainly at HP level. Family MUAC approach being tested. | None in practice (except in some campaigns) | Low coverage 7 is affecting effective coverage of wasting management (a gateway), feasibility issues with the HEW workload. |
| **Management of severe acute malnutrition (SAM), outpatient therapeutic program (OTP)** | Under 5, in HPs and health center (HCs) (but mainly by HEWs) | Well integrated with iCCM/iCMNC | Service interruption is common. Misuse of ready-to-use therapeutic food (RUTF) is increasing. It is donor dependent, has a parallel supply distribution, has relatively new national guidelines which are not fully implemented; gaps in quality (needs specific skills) and scale-up[[6]](#footnote-6) |
| **Inpatient Management of SAM, stabilization centers (SCs)** | Under 5, SCs in HCs and hospitals | NA (provided in separate rooms with its own protocol) | Relatively new guidelines not fully implemented, quality gaps common, and need for more scale-up 8 |
| **Management of acute malnutrition (MAM)** | Under 5 and pregnant and lactating women (PLW), HPs in selected woredas, mainly by HEWs | Integrated management of acute malnutrition (IMAM) (integration in progress) | Coverage is low, potential conflicting guidance with the ongoing IMAM pilot and new (high-risk/low risk) MAM approach is being introduced.[[7]](#footnote-7) |
| **Vitamin A supplementation (VAS) and deworming** | VAS for 6–59 months and deworming for 12–59 months, done every 6 months. Delivered in HPs/outreach/HHs, mainly by HEWs | None in practice (except in some campaigns) | Coverage, feasibility issues (difficult for HEWs to track and difficult for mothers to remember next dates[[8]](#footnote-8),[[9]](#footnote-9); some woredas starting semiannual deworming for children at 1 year old. |

*\*Source:* Triangulated from routine program data, surveys, and staff observation and experience

Table 10. Maternal nutrition services and their constraints\*

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| **Maternal Nutrition Services** | **Target and Platform** | **Integration with Other Services** | **Bottlenecks/Challenges** |
| **Nutrition assessment and counseling for pregnant women** | PLW: ANC, PNC, PWC in HPs, HCs, hospitals | Integrated in ANC, PNC, PWC | ANC and PNC coverage and quality of service is low; nutrition counseling is often overlooked and is difficult to monitor; access to diversified foods, gender issues, dietary practices/culture are limiting effectiveness. |
| **Deworming during pregnancy** | Pregnant women 2nd trimester | ANC (HPs, HCs, hospitals) | Relatively new,[[10]](#footnote-10) coverage low. |
| **IFA supplementation** | PLW | ANC, PNC (HPs, HCs, hospitals) | Adherence, early pregnancy identification, and linkage to ANC low; low community- and HH-level counseling on IFA adherence.[[11]](#footnote-11) |
| **Folate supplementation** | Pre-pregnancy | Not scaled up | Folate deficiency and its impact are big and yet pre-pregnancy care is generally poor.[[12]](#footnote-12) |
| **Replacing IFA with MMS** | PLW | New integrated into ANC (HCs, hospitals) in pilot sites; not scaled up | Pilot testing in progress, promising results in some countries[[13]](#footnote-13); more costly than IFA, posing a threat to its scalability. |
| **Calcium supplementation** | Pregnant women | Tested in pilot sites, not scaled up | Calcium deficiency is nearly universal, contributing to negative pregnancy outcome; not scalable (due to cost)[[14]](#footnote-14),[[15]](#footnote-15) and not part of MMS. |

*\*Source:* Triangulated from routine program data, surveys, and staff observation and experience

Table 11. Adolescent nutrition services and their common constraints

| **Adolescent Nutrition Services** | **Target and Platform** | **Integration with Other Services** | **Bottlenecks/Challenges** |
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| **Weekly iron-folate supplementation** | Girls, in health facilities and schools | None as such | Implementation research finalized, being scaled up but coverage low[[16]](#footnote-16), [[17]](#footnote-17) |
| **Nutritional assessment and counseling** | Health facilities/schools | Relatively new | Coverage low24 |
| **Deworming for school and out of school** | Schools | None as such | Coverage low |

\**Source:* Triangulated from routine program data, surveys, and staff observation and experience

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