Expanding the Coverage of Nutrition Interventions Across the Continuum of Care: A Call to Action

THE PROBLEM

Despite progress in reducing malnutrition, it remains a significant public health challenge. Globally, 148 million children under five are stunted[1]. Ethiopia faces a particularly high burden, with 41%[2] of children under five affected by stunting and nearly 60% of under-five deaths linked to malnutrition[3].

The Lancet Series on Maternal and Child Undernutrition (2013 and 2021)[4,5] identified a set of high-impact interventions that, if implemented at scale, can significantly reduce child stunting and mortality. As a result, achieving universal coverage of essential nutrition interventions is a critical step toward addressing undernutrition[6]. Intervention coverage tends to change more rapidly than functional outcomes, such as anthropometric measures, making it a more responsive indicator of short-term progress in nutrition programs. It allows for timely assessment and supports necessary mid-course corrections[7].

Photo credit: UNICEF Ethiopia/2014/Nesbitt

However, gaps in data on nutrition intervention coverage continue to hinder efforts to track progress and evaluate the implementation of national nutrition programs. This brief aims to summarize the findings of an analysis assessing the coverage and equity of essential nutrition interventions delivered through the health system across the continuum of care.

METHODOLOGY

We used data from the population-based cross-sectional Ethiopia Food and Nutrition Strategy Baseline Survey (FNSBS). A total of 7,931 women of reproductive age (15-49 years) and children aged 0-59 months (mother-child pairs) were included in this analysis. We assessed coverage for 16 essential nutrition and health interventions provided across the continuum of care. These interventions are identified as strategic actions to improve maternal and child nutrition in Ethiopia's Food and Nutrition Strategy and are services delivered through the health system. We developed a nutrition intervention co-coverage index capturing the number of interventions received by mother–child pairs across the continuum of care, with each intervention equally weighted.

KEY FINDINGS

Coverage of essential nutrition interventions is sub-optimal: The highest coverage for mothers were observed for the early initiation of breastfeeding (78%) and receiving tetanus toxoid during pregnancy (67%). In contrast, only 17% of women received 90 or more iron/folate tablets during pregnancy. For children, vaccination interventions had the highest coverage.

Health interventions had higher coverage than nutrition interventions, underscoring missed opportunities to deliver nutrition services via existing health platforms.

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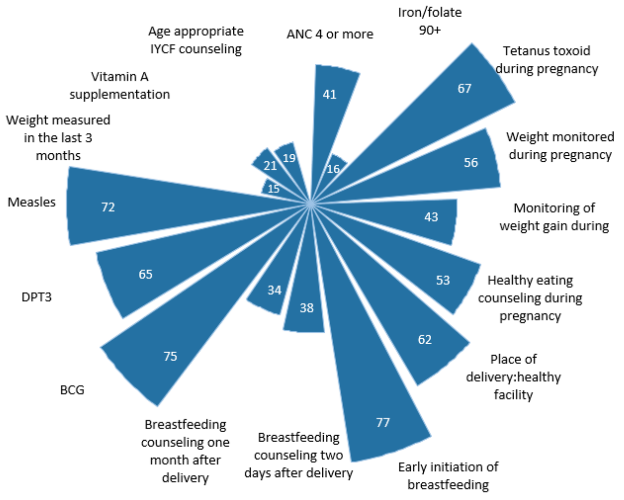
7. Gillespie S, Menon P, Heidkamp R, Piwoz E, Rawat R, Munos M, Black R, Hayashi C, Kumar Saha K, Requejo J. Measuring the coverage of nutrition interventions along the continuum of care: time to act at scale. BMJ Glob Health 2019;4(Suppl 4):e001290

Figure 1: Coverage of health and nutrition interventions implemented across the continuum of care



Opportunity gaps, defined as differences in coverage between nutrition interventions and the health platforms through which they are delivered, were evident. For example, although 40% of women had four or more antenatal visits, only 17% received 90 or more iron/folic acid supplementation. Similarly, despite high rates of skilled birth attendance and BCG vaccination, only 37% of women received timely breastfeeding counseling.

Co-coverage of interventions for mother-child pairs was also sub optimal

For children aged 0-5 months, mother-child pairs received 6 out of 12 interventions, while those aged 6-23 months received 7 out of 15 interventions and at 24-59 months, pairs received an average of 7 out of 13 interventions. On average, among children aged 12-59 months, mother-child pairs received 7 out of 16 interventions.

Pro-urban and pro-rich disparities in coverage were present

Coverage was significantly higher in the richest quintile than in the poorest for all interventions. Likewise, coverage was higher among urban residents compared to rural residents for all interventions. However, no pro-urban or pro-rich inequities in coverage were observed for early initiation of breastfeeding.

ACTIONS TO INCREASE COVERAGE OF ESSENTIAL NUTRITION INTERVENTIONS

Strengthen integration of nutrition into routine health service delivery. Ensure frontline health workers deliver essential nutrition interventions during antenatal care, immunization, and child illness visits.

Ensure nutrition interventions are included in routine health service performance tracking: Update routine health service performance systems to include all essential nutrition interventions, beyond vitamin A and growth monitoring, for accountability

Invest in health system strengthening to improve nutrition service delivery: This includes securing consistent supply chains for key inputs (e.g., iron/folic acid, vitamin A), building frontline worker capacity, and improving quality of care through supportive supervision and data use.

Incentivize health workers: Include nutrition delivery in performance reviews and offer financial or career advancement opportunities.

Expand access and equity through targeted strategies: Reach rural and vulnerable populations by integrating nutrition interventions into community-based and social protection platforms such as the Productive Safety Net Program (PSNP), and by tailoring delivery approaches for underserved regions.

Implement catch-up campaigns to address declines in coverage: Use short-term interventions such as campaigns to restore coverage for lagging interventions such as vitamin A supplementation.

Further Information: This brief is prepared utilizing findings from the Food and Nutrition Strategy Baseline Survey (FNSBS 2021-2022). Please refer to the survey report for additional information on methods and additional findings. https://ephi.gov.et/wp-content/uploads/2025/07/FNS_baseline-report.pdf

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