**Gaps in Adolescent Nutrition Service Delivery in Ethiopia**

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In the past decade nutrition interventions in Ethiopia have focused on the 1000 days starting from a woman’s pregnancy until her child is 2 years old. This time provides a critical window of opportunity to mitigate short and long-term consequences of malnutrition.

This focus has resulted in great success in the reduction of child undernutrition in Ethiopia. The second phase of Ethiopia’s National Nutrition Program (NNP-II) will be completed by 2020. As we look to a new phase of nutrition programming in Ethiopia, the time has come to bring adolescents to the center stage. Focusing on adolescent nutrition in addition to 1000 days is an important step to address nutritional challenges before conception and child-bearing and to break the intergenerational cycle of malnutrition.

Adolescence is a period of rapid growth and high nutritional need. Optimal nutrition in this life stage has long-lasting consequences on nutrition and health. In Ethiopia 29% of adolescent girls aged 15-19 are thin (BMI < 18.5)1, 20% are anemic and 28% are folate deficient2. Moreover, the median age at first birth is 19.2 years and 12.5% of teenage girls have begun child bearing1. Meeting nutritional needs of adolescents is especially critical in countries like Ethiopia where a significant portion of adolescent girls have their first pregnancy before the age of 18 years. Adolescent nutrition interventions provide an opportunity to improve the nutritional well-being of adolescent girls and their future offspring before conception.

Initiatives that are targeted to adolescent girls in NNP II are mainly focused on nutritional assessment, counseling and micronutrient supplementation at all contact points with health care providers. Ethiopia’s National Adolescent, and Youth Health strategy (2016 -2020) outlines three adolescent nutrition service delivery platforms: health facilities, schools, and youth centers.

However, contact points for adolescents within the health facilities are very limited and nutrition services provided do not uniquely target adolescents. Usually, the initial contact point for an adolescent girl with the health facility, is during her first pregnancy. Consequently, there are limited opportunities to conduct nutritional assessment and counseling for adolescents before conception. Schools are ideal contact points to reach adolescents. Although primary school enrollment is high in Ethiopia, the number of adolescent girls and older adolescents that are in secondary school is lower. Therefore, school initiatives need to be supplemented with interventions that can reach out of-school adolescents.

Another major bottleneck to address adolescent nutrition is the lack of data on the nutrition situation of adolescents. Adolescents are not included in nationally representative health surveys such as the Ethiopia Demographic and Health Survey. Thus, nationally representative outcome indicators for adolescent nutrition are not available.

Moreover, since adolescent nutrition indicators are not included in the Health Management Information System, data on service delivery is also very scarce. Despite initiatives such as the provision of nutrition services in youth centers included in the NNP II, data on coverage is not available. The overall lack of data makes the identification of effective delivery platforms and implementation modalities for adolescent nutrition very challenging.

If Ethiopia is to achieve global nutrition targets such as the Sustainable Development Goals and the World Health Assembly targets, nutrition programming needs to have a stronger focus on adolescent nutrition. Ongoing adolescent interventions in the health system need to be adolescent-friendly and nutrition should be included in such services. Other sectoral adolescent interventions need to be nutrition sensitive. More attention should also be given to new ways of reaching adolescents such as mass media, social media, and peer groups. Finally, community nutrition interventions delivered through the Health Extension Program should specifically target adolescents.

***References:***

1. Central Statistical Agency (CSA) \*Ethiopia+ and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

2. Ethiopian Public Health Institute. 2016. Ethiopian National micronutrient survey. Addis Ababa,Ethiopia.