Ethiopia

Country Snapshot

Convening on Measurement and Monitoring of Multiple Micronutrient Supplementation (MMS)

Status of MMS Implementation and Scale Up

Policy

- National Roadmap emphasizes monitoring, reporting, and system strengthening.
- National Adolescent and MIYCN Nutrition guideline updated to position MMS as the standard of care, replacing IFA over time.
- Strong government ownership with clear scale-up vision, but uneven readiness across regions.

Service Delivery

- MMS introduced through phased rollout; 70 woredas currently implementing through ANC with annual expansion planned.
- Pilot learnings will shape national scale-up, especially around counseling, training, and monitoring.

Financing & Product: MMS Cost and supply chain sustainability are major longterm concerns.

National Monitoring System Components

Admin Data

DHIS2 / HMIS Data
Nationally-scaled Unified Nutrition Information System for Ethiopia (UNISE) (DHIS2-based). Collects IFA distribution.

Logistics MIS
Nationally scaled LMIS. Collects stock-on hand, stockout for IFA.

Who is being reached?

Are systems working?

Survey Data

Periodic Household Surveys
Nationally-scaled National Food and Nutrition Survey (NFNS). Captures anemia status, IFA 90+ adherence. Nationally-scaled DHS. Captures % women who took any iron-containing supplements during pregancy..

Facility-based Surveys
Nationally-scaled Ethiopia Service Provision Assessment (ESPA). Captures IFA distribution.

Data Systems & Tools

- UNISE/DHIS2 revision planned for late 2026-2027.
- Supply chain data (LMIS) is managed by Ethiopian Pharmaceutical Supply Service (EPSS); MMS is not yet integrated.

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Adaptations & Emergent Innovations

- UNICEF uses a Google Sheets to manage MMS implementation & stock.
  - Google Sheets dashboard used for 70 districts; Dashboard learnings (coverage tracking, pace monitoring) will inform DHIS2 design. **Challenge:** already strained at 270 districts
  - ODK pilots are underway to replace Google Sheets, driven by concerns about data quality, version control, and scalability.
- Telegram channels used for realtime updates during pilot.

Governance & Data Use for Decisions

- Annual planning uses routine HMIS data and survey data.
- IFA data used for LMIS quantification and program adjustments; MMS data will be used similarly once integrated.

Measurement Practices & Considerations

- Adherence measured only through selfreport ("are you taking it daily?").
- Bottle packaging (180 tablets) and no mechanisms for pill counting makes adherence tracking difficult.
- Ethiopia is avoiding parallel reporting systems and sequencing MMS integration with the 2026-2027 DHIS2 revision.
- UNICEF stock is distributed using "push" distribution model; need to transition to "pull" distribution model for nationally scaling.

Indicators

- Need for clear data collection guidance during the transition period when MMS and IFA may be used concurrently for different purposes.
- **Challenge**: Indicator revision requires alignment across 20+ MoH departments.
- **Challenge**: UNISE/HMIS indicator space is extremely constrained.
- HMIS/DHIS2 currently captures only one IFA provision indicator; **Desired indicators**: adherence, anemia, birth outcomes.
- The MOH is considering "given", "taken", and stock indicators, but adherence is the most contested; Some stakeholders proposed "90+ MMS consumed" as a proxy indicator, but feasibility is unclear.

Future Directions

Short Term

- Finalize and launch MMS indicator in DHIS-2 and LMIS
- Strengthen provider training on counselling, adherence tracking, and data entry
- Reduce parallel reporting by transitioning to integrated digital tools

Long Term

- Establish fully-integrated national MMS monitoring system with automated dashboards
- Invest in sustainable procurement pathways
- Institutionalize MMS within ANC QoC initiatives and national financing mechanisms
- Local production of MMS