UGANDA INTEGRATED NUTRITION INFORMATION SYSTEM - FLOUR FORTIFICATION MONITORING AND SURVEILLANCE

Uganda Integrated Nutrition Information System (UINIS)

- System developed to strengthen the existing HMIS
 - Data on some of the nutrition indicators was being left out
 - Multiple players implementing/supporting various programs
- Coordinate all the nutrition information data collection and dissemination
- Minimum uniform indicators have been suggested to be included in surveys to be carried out by different partners
- Multiple vehicle fortification program
- Flour fortification to fit into the UINIS

Flour fortification stakeholders in Uganda

Organisation		Key Roles
Consumer association	CONSENT , UCPA	
Flour millers	Uganda Wheat Flour Millers' Network	 Qty. Fortified flour produced Qty. fortified flour marketed in different regions/districts Sales of fortified flour in local markets
Ministries	Ministry of Health-Environment health	
	Ministry of Health-Nutrition	 Prevalence of micronutrient deficiencies, NTDs in different parts of the country Identify sentinel sites for data collection Issue guidelines and forms for collecting data on NTD births, VAD,IDA
	Ministry of Trade, Tourism and Industry	
	Ministry of Agriculture, Animal industry and Fisheries	
	Local authorities (Ministry of Local Government)	No. Of H/holds in different areas Formalize surveys indifferent areas of the country

Stakeholders Cont'd

Other government agencies	Uganda Bureau of Statistics	Population data
Food control	Uganda National Bureau Standards	Proportion of products meeting standards
	National Drug Authority	
	Uganda Revenue Authority	Quantity of imported and exported fortified flour
Donor Agencies	WFP,WHO, A2Z, UNICEF, USAID, GAIN, IBFAN	Funding and technical assistance
Academia and research	Makerere, Kyambogo, Gulu, Mbarara,	Surveillance teams,
institutions	Busitema Universities	Quality of fortified flour/flour
	UIRI, FBRC,UVRI,	products
Civil Society	UGAN,	Advocacy
Organisations		

Fortified flour scenario and accessibility

- Fortification voluntary program
- Fortified wheat flour is produced from 4 wheat millers out 8 producers
- From factory, the flour is taken to distributors in the different regions of the country.
- From the distributors the flour goes to the wholesalers then retailers and bakeries (small and large scale)
- The population buys the flour products from the retail or they purchase flour and make own products.

Flour Fortification Program objectives

- ■Reduce the prevalence of iron deficiency anemia by 10% in 3 years
- ■Reduce the prevalence of vitamin A deficiency by 10% in 3 years
- Reduce the prevalence of neural tube defects

Key monitoring and impact indicators

- Prevalence of iron deficiency
- Prevalence of iron deficiency anaemia
- Prevalence of vitamin A deficiency
- Prevalence of foliate deficiency
- Incidence of NTDs
- Total quantity of fortified flour (domestic production + imports less exports)

Indicators cont'd

- Quality of fortified flour produced /Proportion of fortified flour meeting standards
- Amount of fortified vehicle distributed (absolute amount and % market share of the available fortified food; domestic production, imports and exports) within different regions/districts
- Geographical area coverage of the fortified food
- Prevalence of awareness on fortification/recognition of the fortification logo

Potential options to collect program coverage and impact data

Indicator	Approach
Prevalence of awareness about	Collect data from health facilities (Health centre III as
fortification/recognition of the	sentinel sites)
fortification logo	
Prevalence of population	• Collect data from health facilities (Health centre III as
reporting purchase of fortified	sentinel sites)
flour	• HIES
Per capita consumption of	• Collect data from health facilities (Health centre III as
fortified flour	sentinel sites)
	• HIES
Prevalence of households	Collect data from sentinel primary schools in the area
which use fortified flour	• Analyse the flour samples from households in the area

Cont'd

Indicator	Approach		
Prevalence of iron deficiency	 Collect serum samples from health facilities in the area/region (Health centre III as sentinel sites) – HMIS/UDHS Biochemistry labs performs tests 		
Prevalence of iron deficiency	Collect data from health facilities in the area/region (Health		
anaemia	centre III as sentinel sites) –HMIS/UDHS		
Prevalence of folate deficiency	• Collect serum samples from health facilities in the area/region (Health centre III as sentinel sites) -HMIS		
	 Biochemistry labs performs tests 		
Incidence of NTDs	Collect data from health facilities in the regions - HMIS		

Thank you