

## MONITORING FOOD FORTIFICATION PROGRAMS IN THE ECSA REGION

COMPONENTS	SUB-COMPONENTS	TARGETS	COUNTRIES									
			ECSA	Kenya	Uganda	Tanzania	Malawi	Zambia	Zimbabwe	Lesotho	Swaziland	
1. National Policies		Current governmental documents expressing decision of using food fortification as a public health intervention.	NA		X							
		At least two annual meetings of an inter-institutional public/private alliance in F.F. documented with minutes.	NA									
		Annual public meeting to recognize contribution (public and private sectors) to the food fortification programs.										
2. Standards	2.1 Salt Iodization	Standard specifies level of addition of micronutrients.										
		Standard specifies minimum and Tolerable Maximum contents of micronutrients for labeling and enforcing.										
		Fortificant and premix specifications are included in standards. Participating in regional certification scheme.										
	2.2 Oil /Sugar Fortification	Standard specifies level of addition of micronutrients.										
		Standard specifies minimum and Tolerable Maximum contents of micronutrients for labeling and enforcing.										
		Fortificant and premix specifications are included in standards. Participating in regional certification scheme.										
	2.3 Wheat/Maize F. Fortification	Standard specifies level of addition of micronutrients.										
		Standard specifies minimum and Tolerable Maximum contents of micronutrients for labeling and enforcing.										
		Fortificant and premix specifications are included in standards. Participating in regional certification scheme.										

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3. Implementation	3.1 Salt Iodization	At least 70% of the large factories with the necessary equipment for fortification.										
		Annual workshops to factory employees about the importance and requirements of food fortification.										
		At least 60% (1 check), 70%(2) or 80% (3) of food samples at retail stores complying regulations.										
	3.2 Oil /Sugar Fortification	At least 70% of the large factories with the necessary equipment for fortification.										
		Annual workshops to factory employees about the importance and requirements of food fortification.										
		At least 60% (1 check), 70%(2) or 80% (3) of food samples at retail stores complying regulations.										
	3.3 Wheat/Maize F. Fortification	At least 70% of the large factories with the necessary equipment for fortification.										
		Annual workshops to factory employees about the importance and requirements of food fortification.										
		At least 60% (1 check), 70%(2) or 80% (3) of food samples at retail stores complying regulations.										
4.QC/QA in Factories	4.1 Salt Iodization	QA-department documents daily checking of the fortification steps.										
		Daily checking of the technical specification of fortification at production.										
		Factories send daily composite samples to external reference lab. with the recommended frequency.										

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4.QC/QA in Factories	4.2 Oil /Sugar Fortification	QA-department documents daily checking of the fortification steps.									
		Daily checking of the technical specification of fortification at production.									
		Factories send daily composite samples to external reference lab. with the recommended frequency.									
	4.3 Wheat/Maize F. Fortification	QA-department documents daily checking of the fortification steps.									
		Daily checking of the technical specification of fortification at production.									
		Factories send daily composite samples to external reference lab. with the recommended frequency.									
5. Quality Auditing and Inspection by Government	At least one annual visit for inspection to each food factory, and documented with reports.										
	Continuous supervision and checking of fortified foods coming through the importation sites, and documented with monthly reports.										
	At least one annual sampling of fortified foods at retail stores in different regions of the country, and documented with a report.										
6. Overall Output of the Program	Annual publication interpreting the program data from factories, importation sites, retail stores and homes.										
	Annual assessment of penetration (provision) and quality (micronutrient levels) of fortified foods at homes.										
	At least 60% (1 check), 70%(2) or 80% (3) of food samples at homes with the household minimum content.										

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7. Effectiveness Monitoring (Assessment of intervention-specific outcomes) <sup>1</sup>		Baseline about the penetration and consumption of the fortifiable foods completed in countries where economical household surveys have been completed.									
		At least 60%(1 check), 70%(2) or 80%(3) of the target population receiving 25%EAR <sup>2</sup> from each fortified food.									
		Less than 30%(1 check), 20%(2 checks) or 10%(2 checks) of population at risk of excesses <sup>3</sup> with additional intakes below UL.									
		At least 60%(1 check), 70%(2) or 80%(3) of the target population reaching 100%EAR <sup>4</sup> .									

**NOTE:** The table does not include biological and functional outcomes (impact indicators) that are part of effectiveness M&E, because those are very difficult to be analyzed following an adequacy (pre-defined success criteria) design. Assessment of biological and functional outcomes is more suitable for plausibility (reducing the effect of confounding factors) or probabilistic designs, which are proper of epidemiological/biochemical evaluations and experimental studies.

<sup>1</sup> Effectiveness monitoring needs of dietary/nutritional surveys carried out at home and, if possible, at the individual level, and probably following a sector/region representative sampling framework. Therefore, this monitoring may take place every 3-5 years and covering all the existent nutritional interventions and not only one of them.

<sup>2</sup> The proportion of the Estimated Average Requirement (EAR) of each micronutrient provided through food fortification may change from food to food, and from country to country. For example, in the case of salt iodization the criteria of success may be 100% EAR of iodine. The target population for program monitoring may also be different. In principle, the populations taken as reference for micronutrient deficiency corrections through mass fortification would be children from 3 to 6 years old, and women of reproductive age.

<sup>3</sup> The population groups at risk of excessive intakes of micronutrients are children from 3 to 6 years old and adult males (19 to 50 years old).

<sup>4</sup> The assessment of these target parameters requires evaluation of the intake through the diet, as well as the contribution by each one of the nutritional interventions (i.e. mass food fortification, targeted fortification, and preventive supplementation), reason by which it may be better to be included as part of the epidemiological/biochemical surveys.