Uganda

Country Snapshot

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

Status of MMS Implementation and Scale Up

Policy | MMS is incorporated into national ANC guidelines, strategic plan, and M&E framework; rollout is guided by a national roadmap with full scale targeted by 2030.

Financing | Supply is fully donor funded (Vitamin Angels/Kirk Humanitarian), with UNICEF expected to begin contributing in 2026; long-term plans focus on government financing.

Product | All MMS commodities are donor supplied; Long-term plans explore local manufacturing.

Service Delivery | MMS is delivered through ANC services; Data completeness, adherence measurement, and workforce capacity are constraints to service monitoring.

National Monitoring System Components

Admin Data

DHIS2 / HMIS Data

Nationally-scaled, DHIS2. Captures % of pregnant women receiving 180 MMS tablets; % receiving IFA at first ANC visit

Logistics MIS

Nationally-scaled, National Medical Stores (NMS). Captures stock on hand of MMS and IFA, distribution and consumption data, stockouts, ordering.

Survey Data

Who is being reached?

Periodic Household Surveys

Nationally-scaled DHS & national nutrition surveys. Captures maternal anemia, supplementation coverage (IFA historic), and other dietary and nutrition indicators.

Are systems working?

Facility-based Systems

Sub-national, Digital ANC Registry & OpenCRP (community-facility linkage system). Captures MMS dispensing at ANC visits IFA dispensing.

Data Systems & Tools

- Uganda relies on a layered digital system—DHIS2, the digital ANC registry, OpenCRP, and logistics platform. Reporting quality is constrained by data incompleteness, limited data bundles, and connectivity for rural facilities.
- A unified digital registry is under development to streamline ANC, MMS, and community-facility data flows; national training is underway, but offline-capable devices and stronger data management capacity remain critical needs.
- LMIS is transitioning towards integrated MMS logistics reporting as UNICEF supply begins in 2026; NMS data is currently supplemented by partner tracking tools

Uganda

Thanks to Dr. Samalie Namukose, Edmond Muyingo, and Rebecca Nerima for their invaluable contributions to this snapshot.

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

Governance & Data Use for Decisions

Adaptations & Emergent Innovations

- Forthcoming digital integration via unified registry and OpenCRP to link VHTs to facilities and send SMS reminders to pregnant women to support ANC attendance and adherence.
- New reporting tools and efforts to clarify dual tracking of IFA and MMS.

Measurement Practices & Considerations

- Adherence is measured using distribution data (e.g., 30 tablets per month) and self-report.
- Packaging (180-tablet bottles) makes monthly consumption verification difficult, and health workers struggle to confirm actual intake.

Indicators

- MMS indicators in the DHIS2 and the digital ANC registry:
  - % of pregnant women receiving 180 MMS tablets
  - % receiving IFA at first ANC visit
- Additional ANC and nutrition indicators are captured through the digital registry, but MMS-specific indicators remain limited pending results from the implementation science study.

Future Directions

Short Term

- Strengthen training for data managers, HMIS officers, and frontline staff.
- Improve reporting quality and completeness across MM Supplementing districts.
- Clarify dual tracking of IFA and MMS to reduce confusion in service delivery and logistics.
- Advance rollout of the unified digital registry and offline-capable tools.

Long Term

- Institutionalize MMS within national M&E systems and strategic plans.
- Refine indicators and adherence measurement tools.
- Achieve full national scaleup by 2030 with integrated, routine use of MMS data for planning, procurement, and quality improvement.
- Local production of MMS.