

# Civil Registration and Vital Statistics-Uganda Progress Report July- September 2025



July- September 2025  
Date: 15<sup>th</sup> October 2025

Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for Disease Control and Prevention (CDC) and CDC Foundation

CRVS quarterly report (July-September 2025)

## Executive Summary

During the July to September 2025 reporting period, Uganda made significant progress in strengthening its Civil Registration and Vital Statistics (CRVS) system through collaborative efforts between the Ministry of Health (MoH), the National Identification and Registration Authority (NIRA), the Uganda Catholic and Protestant Medical Bureaus (UCMB & UPMB), and development partners under the Data for Health Initiative (D4H). Key achievements included strengthened CRVS governance and advocacy, improved mortality data quality, capacity building of health workers, and enhancements in digital data systems. D4H and the Global Health Advocacy Incubator (GHAI) held high-level engagements with MoH departments to support budget advocacy for CRVS and to align stakeholders around priorities such as data use, interoperability of digital systems, and timely reporting.

Substantial work was done to improve the completeness and accuracy of Medical Certification of Cause of Death (MCCD) data, including the development of validation rules and monitoring indicators. A national mortality performance review with UCMB and UPMB revealed areas of progress and gaps, prompting training sessions and renewed commitments to enhance reporting from private faith-based hospitals, which contribute to nearly 30% of national mortality data. A key milestone was the approval of a revised MCCD course unit for medical schools, positioning Uganda to build long-term capacity in death certification through formal education. At the system level, enhancements were made to the DHIS2 MCCD application, including the development of customized health facility reporting formats and integration of WHO's analysis tools for cause of death. In August and September, MoH and stakeholders finalized a standardized all-cause mortality audit tool, addressing the critical gap in death audits beyond maternal and perinatal cases. NIRA also led a CRVS Technical Working Group meeting to review under-registration of births and deaths, with actionable plans to strengthen accountability, data digitization, and local government engagement.

No major challenges were reported during the quarter, reflecting improved coordination and implementation capacity across partners. Looking ahead, the next quarter will focus on rolling out the mortality audit tool, training facility teams on MCCD validation rules, initiating monthly feedback meetings to improve data use, and finalizing Standard Operating Procedures (SOPs) for mortality reporting. These developments mark a continued commitment by MoH, NIRA and partners to build a robust, integrated, and data-driven CRVS system capable of informing national health priorities and policies.

## 1. Updates

### A. Strengthening CRVS Governance and Leadership

D4H held collaborative partner meetings with the Global Health Advocacy Incubator (GHA) and Ministry of Health (MoH) departments including the Division of Health Information (DHI) and the department of Community Health. The discussions focused on CRVS budget advocacy and strategies to improve data use, digital systems interoperability, and tailored health reporting for key decision-makers. The commissioners emphasized multi-sectoral engagement, involving other ministries (Planning, Internal Affairs, Justice, Gender, Local Government, Parliament) to support CRVS policy and budget strategy development.

### B. Data Quality Improvement and M&E Frameworks

D4H and MoH-DHI conducted a review of Medical Certification of Cause of Death (MCCD) data for a period of 6 months of the year. A data quality report was shared with the National Key Result Areas for further guidance and integration into DHIS2 and EMR systems. Below are some of the reporting and data issues highlighted.

**Table 1: showing of percentage of completed fields by Health Facility Level**

Variable	National Referral Hospital	Regional Referral Hospital	PNFP Hospitals	General Hospital	Health Centre IV	Health Centre III	Clinics
District	60.9	73.3	86.5	84.7	91.8	94.8	88.4
Name	97.4	99.1	98.6	98.0	97.0	96.7	98.5
NIN	6.8	3.6	4.4	5.4	1.6	1.2	13.9
Sex	99.4	94.7	97.7	96.7	99.5	99.7	99.8
Age	79.3	87.3	81.8	76.0	71.8	63.0	67.1
Occupation	10.4	41.5	38.5	42.0	21.1	19.6	19.1
Date of Birth	69.9	70.5	69.2	71.6	65.5	57.1	55.7
Date - Time of Death	81.6	79.6	92.0	76.0	95.9	99.2	84.4

Variable	National Referral Hospital	Regional Referral Hospital	PNFP Hospitals	General Hospital	Health Centre IV	Health Centre III	Clinics
Code Final Underlying Cause	71.4	72.0	68.2	56.1	32.5	34.4	35.1
Surgery Performed	27.7	41.0	42.2	38.6	13.1	8.1	25.2
Autopsy	27.1	25.6	32.5	28.7	10.5	8.5	23.0
Event_date	79.5	79.1	87.3	85.8	90.9	83.6	86.1
Examined By	33.8	68.0	66.7	48.0	31.9	24.3	34.9
Manner of death	46.0	78.0	63.4	46.6	18.8	14.8	33.9

This led to the development of:

- Data validation rules and mandatory sociodemographic variables.
- A comprehensive indicator list to monitor monthly district and facility performance.

### C. Capacity Building and Performance Review

**D4H supported UCMB & UPMB Mortality Review Meeting (July 10–11) during which over 100** participants, including 51 medical doctors, attended. Despite a few hospitals maintaining >80% M CCD reporting, a decline from 60% to 45% (Jan–May) was noted due to lack of HMIS Form 100/M CCD. In addition, an **M CCD Training for UPMB Hospitals (July 16–17) was held and trained 43** healthcare workers from 23 hospitals in M CCD theory, ICD-11 coding, and DHIS2 data entry. The UCMB and UPMB administrators committed to continuing medical education (CME) sessions, creating mortality review committees, and clearing backlog data.



**Figure 1; The participants of the UPMB MCCD performance review meeting at hotel Africana ( The UPMB M&E officer on the extreme right bottom row)**

D4H also provided printed HMIS 100/MCCD forms and pledged continued mentorship and EMR roll-out as seen in the picture below.



**Figure 2: A display of the HMIS form 100 booklets that were provided to the private hospitals to support MCCD reporting**

## D. National Stakeholder Engagement

NIRA held a CRVS TWG Meeting on July 22<sup>nd</sup> 2025 during which key institutions discussed low birth (3.6%) and death (10%) registration rates. Key action points included:

- Assigning accountability to NIRA for CRVS outputs.
- Proposals for high-level oversight committee.
- Integration of health facility data systems and KPIs for registration.

The MoH Mortality Coordination Committee Meeting was held on August 8<sup>th</sup> 2025 at Esella Country Hotel in Kampala. The meeting was attended by 60 representatives from the following organizations and institutions, The US CDC, Makerere University, Ministry of Health, Regional Referral Hospitals (RRHs), Africa CDC, Mulago National Referral Hospital, Uganda People’s Defense Forces, Baylor College of Medicine, UNIPH-D4H, Uganda Police Force, and NIRA. The meeting reviewed the status of mortality data collection, identified bottlenecks, and agreed on key actions to strengthen death notification and medical certification of cause of death (MCCD). D4H presented the National Health Facility death notification and MCCD reporting status and the top causes of death seen in country for the period of January to June 2025. A general decline in notification and MCCD was noted as seen in the charts below (Figure 3 and 4). The MoH guided that increasing technical support to harmonize tools and of systems for data collection tools, using of EMR and DHIS2 will enhance improvements in reporting on cause of death.

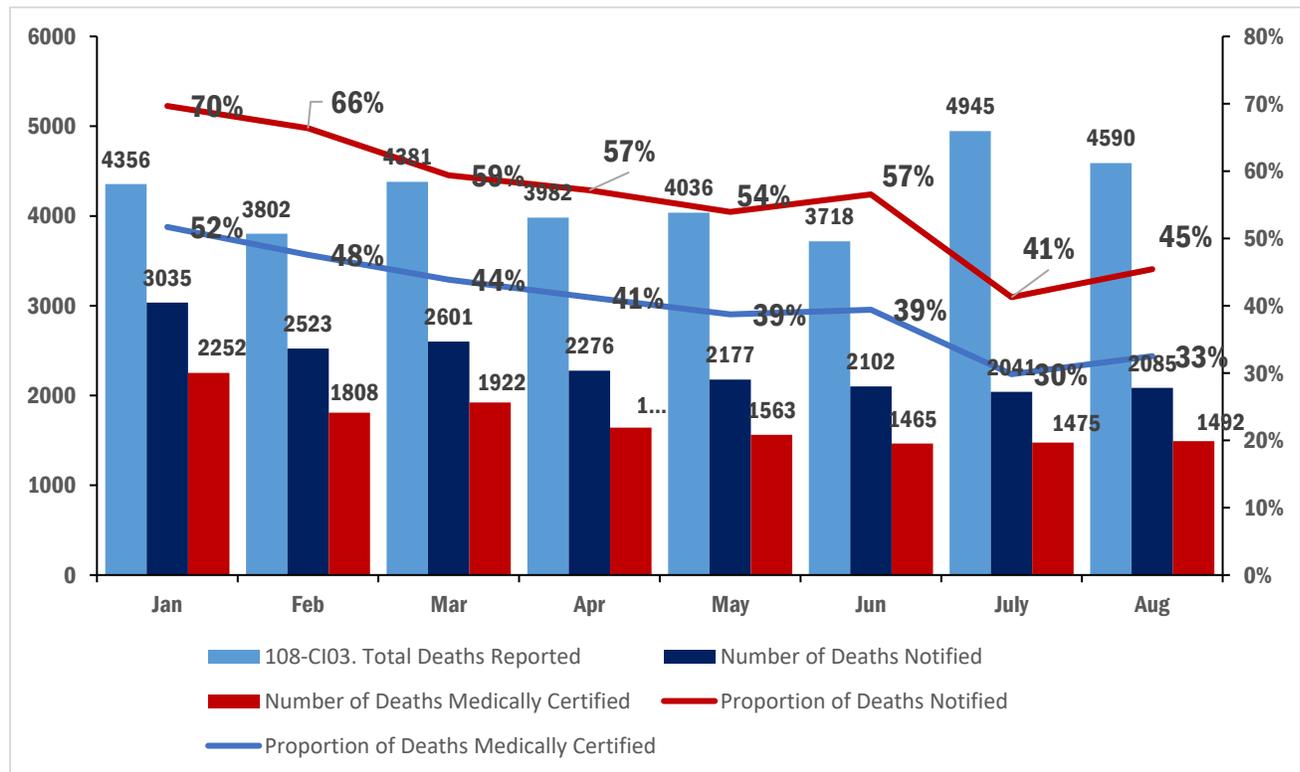


Figure 3: Number of deaths reported ,notified and medically Certified for the period of January-Aug 2025

## E. Curriculum Development

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D4H supported UMDPC MCCD Curriculum/course Review on August 15 2025 at Protea Hotel in Kampala. The meeting was attended by all deans of the 11 Uganda's medical schools and Director of the National council of higher education (NCHE), the UMDPC board representatives. The MCCD course unit was approved, with guidance to include routine clinical death audits and appropriate timing for the course unit during the medical students' academic year placements. Below are some of the meeting pictures.



**Figure 4: The Chair of the Uganda Dental and Medical Practitioner's council Prof. Joel Okullo (On the left) and Dr. Bahizi Archibald, Lead Consultant for MCCD curriculum development( on the right) Presenting at the Deans forum meeting**



**Figure 5: The deans , UMDC board members and other participants of the meeting to review the MCCD curriculum for medical schools.( Director NCHE seated at the center of the front row in Navy blue suit**

#### **F. System Improvements**

D4H also supported a 2 day MCCD Validation Rules Development workshop held on August 19–20, 2025. MoH-DHI, NIRA, and partners reviewed proposed rules for integration into DHIS2 that were installed in a test environment for further review through practical sessions by the team. The D4H team also supported the DHI team to develop Customized health facility monthly MCCD Reports during the month of September. These reports were presented to the DHI team for review and approval for use as: National format developed and integrated with WHO's cause of death analysis tool.



**Figure 6: Mr. Kanunka Simon, DHIS2 Systems developer taking participants ( MoH-DHI team) through the DHIS2 MCCD application data elements at Siver Springs Hotel, Kampala.**

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On 27th August 2025, a joint team of nine participants from NIRA, MoH, UNICEF, and D4H visited three health facilities: Kisenyi HCIV in Kampala and Kitebi HCIII in Wakiso District, to review the Birth Notification processes in September. The team reviewed the maternity register and identified gaps in data completeness for the parent’s identification including the mothers’ national identification numbers and the fathers’ names. It was noted that also community awareness of birth notification requirements was lacking. The team devised follow up actions to put in place to ensure notifications are captured in time. These included designing health education materials to be placed as posters at health facilities and digitization of the birth notification form in DHIS2 for data entry and integration with MVRS. The UNICEF project will facilitate a dedicated staff to register birth at selected high-volume health facilities.

With support from D4H-CDCF, MoH- Department of Clinical Services hosted a 2-day stakeholder meeting at Skyz Hotel in Kampala on the 1<sup>st</sup> and 2<sup>nd</sup> of September 2025 to develop a standardized all-cause mortality audit tool targeting older children and adults. The meeting participants included representatives from MoH departments of clinical Services, Surveillance &PHE, DHI, Communicable disease control, Mulago Naguru, Kiruddu and Entebbe Hospitals, the Police Health department and AIDS control Program. The team reviewed the tool developed for mortality surveillance and discussed mapping of data elements to HMIS form 100 to comprehensively capture the data elements required for death auditing and completing the death notification and MCCD form. The tool was edited and presented to the DHI team for review and approval by the data management committee. The MoH- clinical services team will then take on the dissemination process at regional level through the mortality audit teams at health facilities.



**Figure 8: Photograph outside the meeting room at Skyz hotel of the MoH and Hospital representatives who participated in the review and editing of death audit tool. (The commissioner Communicable Disease prevention and Control, Dr. Turyahabwe Stavia 6<sup>th</sup> from the right I brown dress and Led Medical Officer-Clinical Services in 6<sup>th</sup> position from the left in a Maroon coat)**

D4H in collaboration with MoH-DHI also conducted health facility mortality data feedback meetings prioritizing high-volume hospitals with <50% MCCD reporting rates as seen in the table below extracted from DHIS2.

Hospital Name	108 Total Deaths Reported	Number of Deaths Medically Certified	Percentage Medically Certified
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Butabika National Referral Hospital	33	41	124.2
Kabale Regional Referral Hospital	247	269	108.9
Kiruddu National Referral Hospital	760	717	94.3
Kayunga Regional Referral Hospital	387	356	92
Entebbe Regional Referral Hospital	195	151	77.4
Soroti Regional Referral Hospital	515	391	75.9
Yumbe Regional Referral Hospital	108	80	74
Naguru Regional Referral Hospital	202	149	73.8
Arua Regional Referral Hospital	241	169	70.1
Mulago SWN Hospital	47	29	61.7
Mubende Regional Referral Hospital	441	226	51.2
Jinja Regional Referral Hospital	762	382	50.1
Mbale Regional Referral Hospital	1,062	511	48.1
Hoima Regional Referral Hospital	442	211	47.7
Lira Regional Referral Hospital	717	337	47
Moroto Regional Referral Hospital	264	124	47
Mbarara Regional Referral Hospital	939	437	46.5
Masaka Regional Referral Hospital	776	329	42.4
Gulu Regional Referral Hospital	221	87	39.4
Kawempe National Referral Hospital	673	208	30.9
Fort Portal Regional Referral Hospital	499	61	12.2
Mulago National Referral Hospital	2,149	117	5.4

Uganda Cancer Institute

Uganda Heart Institute

**Table 2: Performance of national and regional referral hospital January to June 2025**

MoH-DHI with support from D4H team also developed the national customized health facility MCCD monthly report format. The report elements include performance slides on death notification, MCCD and the quality of cause of death data and the top causes of death for each health facility. This will standardize the key mortality data outputs generated routinely by hospitals to track data completeness, quality and enhance utilization of available data both at hospital and national level.

## 2. Challenges

**There were no significant challenges reported** during the July–September 2025 period. All planned activities were successfully implemented with active stakeholder participation and collaboration.

## 3. Next Steps

### October – December 2025 Planned Activities

**A. Governance & Coordination:** CRVS and Mortality Coordination Committee meetings will continue to ensure effective CRVS stakeholder engagement, implementation oversight, and performance reviews.

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**B. Capacity Building & Orientation:** Orientation sessions for MCCD validation rules targeting health facility staff, enabling hands-on testing and customization within DHIS2.

**C. Technical Development of tools:** MoH-DHI will finalize the validation of the Health Facility Business Process Model (BPM) and present it to the Health Information Technical Working Group for approval. Upon approval, Standard Operating Procedures (SOPs) for health facility MCCD reporting will be developed.

#### **D. Regional Implementation**

- Dissemination of the newly developed **mortality audit tool fo regional commitees** starting with the Mubende region.
- Expansion of training and support to health facilities on MCCD and cause of death reporting, including practical sessions on use of digital DHIS2 application.

#### **Conclusion**

Progress during the July–September 2025 reporting period demonstrates strong multi-stakeholder engagement, capacity building, and technical advancements in Uganda’s CRVS system. The continued collaboration between MoH, NIRA, UMDPC, faith-based health bureaus, and development partners, supported by D4H, has created solid momentum. The next quarter will focus on consolidating gains through tool dissemination, system validation, and institutionalizing quality improvement mechanisms for mortality data.

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