Civil Registration and Vital Statistics-Uganda Progress Report October- December 2025

October- December 2025
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Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for Disease Control and Prevention (CDC) and CDC Foundation

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Executive Summary

During the fourth quarter of 2025, Uganda continued to strengthen its Civil Registration and Vital Statistics (CRVS) system through improved mortality reporting, digital integration of birth and death notifications, expanded stakeholder engagement, and strengthened governance for mortality surveillance. The Ministry of Health (MoH), working closely with the National Identification and Registration Authority (NIRA) and partners including Data for Health (D4H), Makerere University Centre for Health and Population Research (MUCHAP), and the Uganda Protestant Medical Bureau (UPMB), implemented several strategic interventions aimed at improving the completeness, quality, and timeliness of vital event reporting. A key milestone during the quarter was the **development of digital registers** by the MoH in collaboration with NIRA to strengthen electronic birth and death notifications. These registers will facilitate seamless data exchange between the MoH District Health Information Software (DHIS2) and NIRA's CRVS system, enabling automatic transfer of health facility notifications to the national civil registration platform. This integration represents a significant step toward improving interoperability between health sector information systems and the national civil registration framework.

The MoH Division of Health Information (DHI) tested **new validation rules for the electronic Medical Certificate of Cause of Death (eMCCD) module within DHIS2** to improve data quality at the point of entry. These validation rules focus on ensuring completeness and accuracy of key data fields and are pending approval by the MoH data management committee before integration into the national DHIS2 MCCD application. To address gaps in death reporting from health facilities, MoH-DHI and D4H conducted **mortality data feedback meetings with high-volume hospitals in Kampala** that had reported less than 50% of expected death notifications. Facilities included Mulago National Referral Hospital, Kawempe National Referral Hospital, the Specialized Women's Hospital, and the Uganda Cancer and Heart Institutes. These meetings identified reporting challenges and informed plans to strengthen reporting through continuing medical education, improved data entry processes, and enhanced use of electronic medical records. Complementing these efforts, **onsite mentorships were conducted in eight high-volume hospitals** across eastern and western Uganda that had low MCCD reporting performance. The mentorships included practical training on completing the cause-of-death certification and data entry into DHIS2. As a result, reporting performance improved, including a **24% increase in MCCD reporting at Mulago National Referral Hospital**, and national reporting coverage increased to approximately **5% by September 2025**.

At the community level, important progress was made toward strengthening the reporting of deaths occurring outside health facilities. In December 2025, the MoH Community Health Department, in collaboration with MUCHAP and D4H, convened a **national stakeholder meeting on community death notification and verbal autopsy**. The meeting brought together representatives from NIRA, multiple MoH departments, district local governments, and district health officers. The discussions focused on building consensus for implementing community death notification systems that leverage Village Health Teams (VHTs) and digital platforms such

as the electronic Community Health Information System (eCHIS). The initiative will be implemented through a **six-district pilot**, which will test approaches for improving the completeness and timeliness of community birth and death notifications.

Governance and coordination of mortality surveillance were further strengthened through a **Mortality coordination committee/TWG meeting held on 2 December 2025**, where stakeholders reviewed national mortality surveillance guidelines and recent mortality data outputs. The TWG emphasized the importance of continued regional dissemination of guidelines and training of health workers on death notification and mortality auditing. Despite this progress, challenges remain, including delays in dissemination of mortality audit tools due to competing Ministry of Health activities and resource constraints affecting the digitization and validation of HMIS tools. These constraints continue to slow implementation of electronic medical records and other digital reporting systems that would strengthen mortality data collection and use.

In the next quarter, efforts will focus on rolling out the newly developed digital registers, strengthening MCCD reporting through mentorships in additional regional referral hospitals, launching the six-district community notification and verbal autopsy pilot, and supporting CRVS governance through the national CRVS Technical Working Group. In addition, development of a **mortality surveillance dashboard within DHIS2** will support the production of excess mortality statistics and early detection of unusual mortality patterns.

1. Strengthening Health Facility Mortality Reporting

Improving the quality and completeness of mortality data from health facilities remained a major priority during the reporting period. The MoH Division of Health Information tested **new validation rules for the electronic Medical Certificate of Cause of Death (eMCCD)** within the DHIS2 platform. These rules introduce automated data quality checks to ensure completeness and accuracy of data fields entered in the system. Once approved by the MoH Data Management Committee, the rules will be integrated into the DHIS2 MCCD application to strengthen data quality at the point of entry.MoH-DHI and D4H also conducted **four mortality data feedback meetings with high-volume health facilities in Kampala** that had reported less than 50% of expected monthly deaths in the first half of 2025. The meetings focused on:

- Mulago National Referral Hospital
- Kawempe National Referral Hospital
- Specialized Women's Hospital
- Uganda Cancer Institute
- Uganda Heart Institute

The meetings identified gaps in reporting practices and data quality and informed targeted strategies to strengthen reporting through training, mentorship, and improved use of electronic medical records.

These interventions resulted in measurable improvements in reporting, including a 24% improvement in reporting performance at Mulago National Referral Hospital and gradual improvements in national reporting coverage.
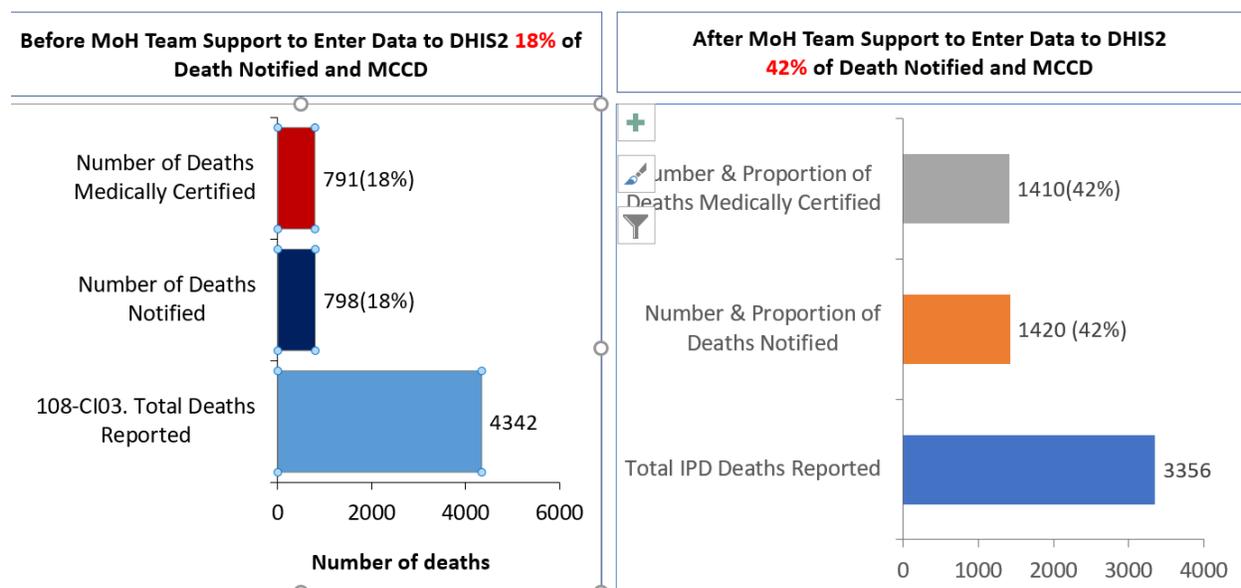

Figure 1: Extract from DHIS2 MCCD dashboard reflecting improvements in MCCD reporting at Mulago National referral Hospital.

In addition, **onsite MCCD mentorships were conducted at eight high-volume hospitals** across eastern and western Uganda. These facilities included:

- Kisiizi Hospital
- Ishaka Adventist Hospital
- Rugarama Hospital
- Mbarara National Referral Hospital
- Ngora General Hospital
- Kumi General Hospital
- Amai General Hospital
- Katakwi General Hospital

Mentorship activities included continuing medical education (CME) sessions and practical training on accurate completion of cause-of-death certificates, particularly focusing on the correct sequencing of causes of death in the MCCD. Health workers also received hands-on training on entering mortality data into the DHIS2 eMCCD system.
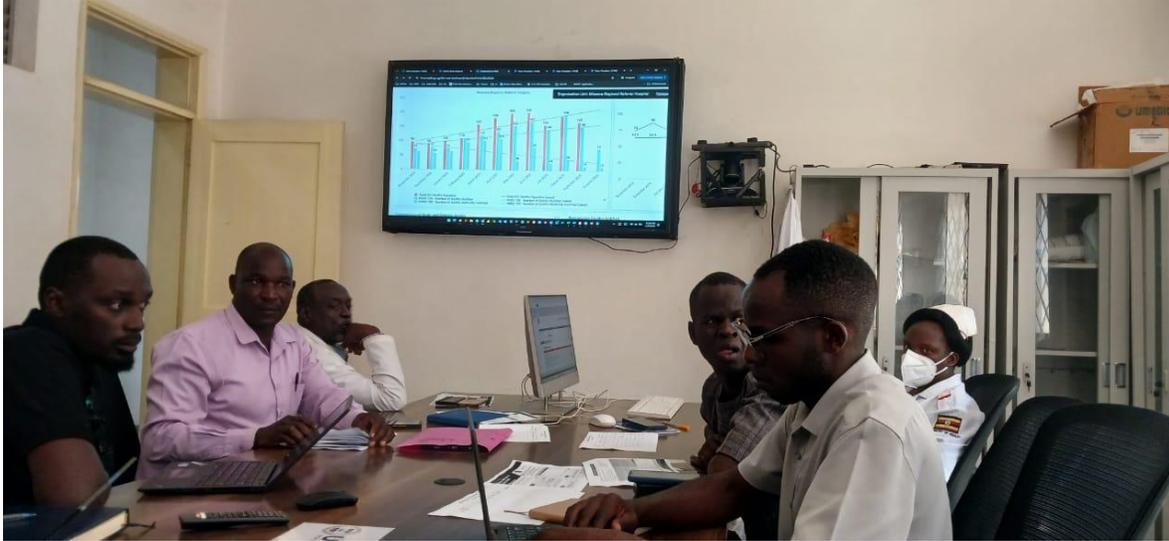
Figure 2: MoH- ststistician, Michael Turyasingura (extreeme left) reviewing MCCD data reported in DHS2 with staff during the mentorship visit at Mbarara National referral Hospital

2. Digital Integration of Birth and Death Notification Systems

Significant progress was made in strengthening digital interoperability between health information systems and the national CRVS system. The Ministry of Health, in collaboration with NIRA, developed **digital registers for birth and death notification**. These registers are designed to enable electronic notification of vital events from health facilities through the DHIS2 platform and automated transmission of these notifications to the NIRA CRVS system. This development represents an important step toward improving the completeness and timeliness of civil registration by ensuring that health facility notifications are seamlessly shared with the national registration authority.

D4H also supported the MoH Division of Health Information to review the **Electronic Medical Records (EMR) interface for the MCCD system**, ensuring that all national HMIS data elements required for death certification are included. This work will support future integration between EMR systems, DHIS2, and the CRVS system.

3. Community Death Notification and Verbal Autopsy

Recognizing that a large proportion of deaths occur outside health facilities, the Ministry of Health and partners continued efforts to strengthen **community-based death notification systems**. In December 2025, the MoH Community Health Department, in collaboration with MUCHAP and D4H, convened a **stakeholder meeting on community death notification and verbal autopsy**. The meeting aimed to secure stakeholder support and alignment for implementing community-based reporting systems for births and deaths.

- Participants included: Representatives from NIRA
- Multiple departments within the Ministry of Health

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- District local government officials
- District Health Officers

The program will begin with a six-district pilot, starting with orientation of district health teams and detailed microplanning for implementation. The initiative will leverage existing community health structures, particularly **Village Health Teams (VHTs),** and digital tools such as the **electronic Community Health Information System (eCHIS)** to improve the completeness, accuracy, and timeliness of community death reporting.

Figure 3: CRVS commissioner NIRA, Mr. Katutsi Vincent taking the team through what NIRA expects from MoH

Figure 4: Dr. Meddy Rutayisire of CHD-Health promotion taking the team through eCHIS

4. Strengthening Mortality Surveillance Governance

Governance and coordination for mortality surveillance were strengthened during the quarter through regular stakeholder engagement. The **Mortality Surveillance Secretariat convened a Mortality Technical Working Group (TWG) meeting on 2 December 2025**. The meeting

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focused on governance and multi-sector coordination for implementation of the national mortality surveillance guidelines.

Key discussions included:

- Review of national mortality surveillance guidelines
- Presentation of mortality data outputs for the previous quarter
- Plans for regional dissemination of the guidelines
- Training of health workers on death auditing and notification

The TWG emphasized the importance of strengthening collaboration between stakeholders to improve the use of mortality data for public health planning and epidemic detection.

Data Use and Surveillance

The Ministry of Health's MS Roadmap identifies a "fragmented information systems to notify and share mortality data," "limited technical expertise in certifying the cause of death at all levels," and "weak or no mechanism for collecting data on community deaths" (Ministry of Health Uganda, 2024, p. 11).

In response, the MoH IES&PHE department developed a **mortality surveillance dashboard within DHIS2** to support analysis of excess mortality and early detection of unusual mortality patterns- November 3rd-8th 2025). The main objective was to establish a comprehensive monitoring function that provides timely detection of unusual mortality patterns, enabling rapid public health response to emerging threats. The work focused on excess mortality as a strategic component, establishing this routine function to enhance Uganda's capability to contribute to global health security while building essential technical and operational capabilities for broader system strengthening. The team was able to accomplish the following;

1. **Standardize Methodology:** Developed and implement a validated methodology and process for calculating and monitoring excess mortality specifically adapted to Uganda's context, aligned with WHO recommendations.
2. **Establish Baselines:** Created reliable baseline mortality expectations using historical data from 2020-2024 (pre-pandemic and current years) from selected facilities with high reporting completeness.
3. **Define Alert Thresholds and Response Protocols:** Established clear statistical thresholds for excess mortality alerts and associated protocols to trigger appropriate investigation and response mechanisms.
4. **Develop DHIS2 Dashboard:** Created a dedicated excess mortality dashboard within the existing DHIS2 platform, integrating automated calculation functions and visualization tools.

The team was able to take stock of the changes being reflected in the dashboard.
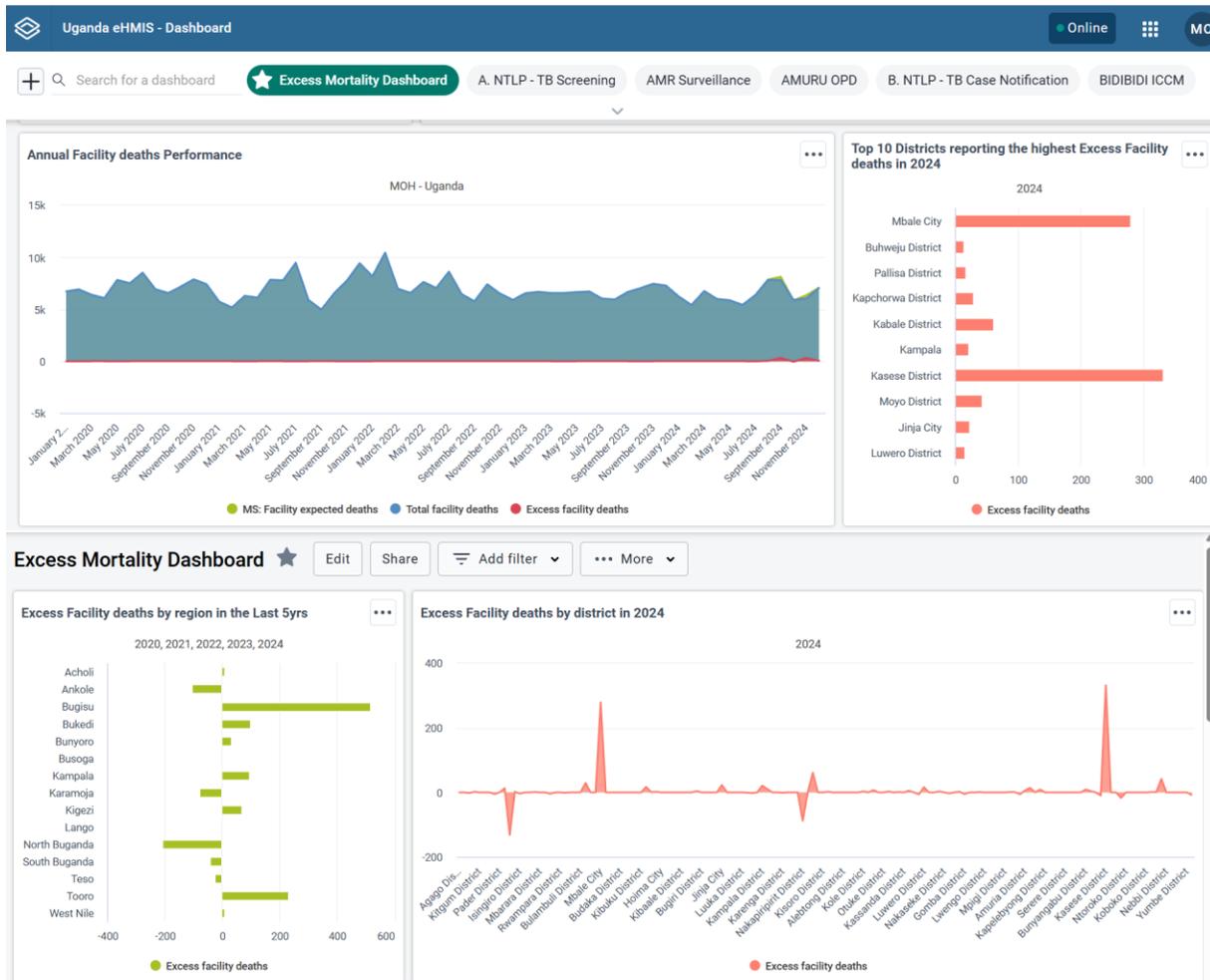
5. Challenges

Two main challenges were identified during the reporting period:

Competing Ministry of Health priorities:
Dissemination of the mortality audit tool across health regions was delayed due to competing national health activities, including medical outreach camps and a national palliative care conference.

Resource constraints affecting digitization:
Limited financial and technical resources delayed the digitalization and validation of HMIS tools, which has slowed the rollout of electronic medical records systems and digital reporting mechanisms needed to strengthen mortality data systems.

6. Planned Activities for the Next Quarter

Key planned activities include:

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Health Facility Strengthening

- Conduct MCCD mentorships and training in eight additional Regional Referral Hospitals: Jinja, Mbale, Masaka, Soroti, Hoima, Lira, Fort Portal, and Mubende.

Community CRVS Strengthening

- Launch the six-district pilot to strengthen community birth and death notification and verbal autopsy.
- Conduct orientation of district health teams and microplanning for pilot implementation.

Digital System Strengthening

- Roll out the newly developed digital registers to support electronic birth and death notification.
- Continue strengthening EMR integration with DHIS2 and the national CRVS system.

CRVS Governance and Coordination

- Support the quarterly high level task force, CRVS and MS Technical Working Groups meeting led by NIRA and MoH-IES&PH department to review progress, assess registrations, and guide on CRVS data processes/procedures.

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