

**Civil Registration and Vital Statistics-Uganda
Progress Report**



1st April to 30th June 2023
**Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for
Disease Control and Prevention (CDC) and CDC Foundation**

l) Improving Health facility death notification

a) MCCD data quality assessment

In collaboration with the MoH, D4H supported conducted an MCCD data quality assessment for 10 regions covering selected 10 Regional Referral Hospitals and 52 district hospitals to support improvements on availability, quality and interventions on MCCD and death notifications in DHIS2. The DQA revealed a number of MCCD quality issues including completeness, accuracy and timeliness in reporting and limited skilled staff for MCCD. These will require continues mentorship and supervision for improvement.

b) MCCD follow up training sessions

The Ministry of Health team had an online MCCD follow up training session with selected 5 high volume capital City council health facilities (Kisenyi HC IV, Komamboga HC III, Kissugu HC IV, Kiswa HC IV, Kawaala HC IV and Kitebi HC IV (Please name the hospitals) and 2 referral hospitals (Kawempe NRH and Naguru Hospital to support improvement in health facility death notifications. No improvements have been registered yet.

To enhance skills in MCCD and improve reporting in DHIS2, MCCD follow up training session was done for the Entebbe Regional Referral Hospital during the second week of June. The hospital MCCD electronic reporting rate has improved from 45% in April 2023 to 100% in June 2023.

c) DHIS2 and MVRS system integration

The team successfully completed the DHIS2 and MVRS database integration and interoperability to enable migration of death notification and MMCD data from DHIS2 to the NIRA-MVRS. With guidance from the MoH and DHIS2 consultants, the team finalized the linkage of the DHIS2-MCCD application with the National CRVS system to enable transfer death notifications in DHIS2 to to NIRA in real time. A total of 1,069 records of death notification were transferred from DHIS2 to the NIRA MVRS system by the second week of June 2023. However, 205 records got rejected due to incompleteness of date of death, time of death, health facility name and cause of death.

d) Development of the MCCD dashboard

D4H continued to support updates of the current DHIS2 application with guidance on development of MCCD dashboards to support monitoring of MCCD. The DHIS2 consultant also integrated the use of the DORIS tool to improve quality of the assigned cause of death for real-time death notification by the Ministry of Health (MoH) and the National Registration and Identification Authority (NIRA).

e) MCCD performance monitoring

The team held a monthly mortality data review meeting with regional referral and general hospital Directors to highlight and support improvements in MCCD performance against the number of aggregated deaths reported in DHIS2 monthly reports. The directors agreed on the following actions to support improvements in health facility death notification and MCCD. These are request for weekly or daily death reports, ensure initiation and consistency of routine mortality review meetings and establishing mortality agenda item in the senior management meetings.

D4H also continued to support the MoH-DHI team with the regional weekly mortality data review meetings to support improving MCCD for all aggregate deaths reported in DHIS2. These meetings provide death summaries from mainly regional referral Hospitals presented by every Friday morning starting from 8:00am to 9:00am. The regional epidemiologists are requested to work with the regional biostatisticians to populate this a template and prepare a 2 slides presentation every week.

II) Improving community death notification

a) Piloting death notification with local leaders, VHT's and community resource persons

The national CRVS agency, under the D4H team guidance the National Identification and Registration Authority (NIRA) has trained local leaders to support a 4-month pilot study for evaluation of the effectiveness of using Local Council One Chairpersons to undertake community death notifications within their respective areas of jurisdiction (a Village) in one district (estimated Population 240,00 with 80 villages and 11 sub-counties). It is anticipated that Local Council Chairpersons would improve community death reporting to 90% of the expected deaths within the district. The team is using death notification form 12 in addition to an electronic data collection using ODK was developed by NIRA and 10 android mobiles have also been distributed for community death notification use. As a result, 273 deaths were notified in 2 months of May and June from the district. These are yet to be registered by NIRA.

b) CRVS and HDSS integration

To support improvements community death notification and registration in Iganga District, NIRA office in collaboration with the D4H team supported training of community death notification scouts in the eastern region (Iganga/Mayuge HDDS). From the 64 villages of the targeted 1138 unreported deaths in the retrospective period of Jan-Dec 2022, 797 (70%) have been documented on form 12, NIRA death notification form, and will be reviewed for submission to the NIRA district office for data entry into the electronic registration system (MVRS)

III) General CRVS support

a) Support for the legal reform process for the ROPA

A CRVS technical working group meeting was held to review the regulatory impact assessment report and the inception report for the CRVS-ID policy. The NIRA team also held a one-day meeting with CRVS stakeholders to disseminate the Regulatory Impact Assessment (RIA) report and support its adaptation.

b) CDCF D4H and Bloomberg Philanthropies in country technical visit

The CDCF team had a two weeks' technical visit to review the current CRVS processes at both health facility and community level to support improved death notification, medical certification of cause of death, registration and production of the annual vital statistics report by the Uganda Bureau of Statistics (UBOS). This visit generated business process maps for death notification in the community and health facilities. The national CRVS team also met with Bloomberg Philanthropies Public Health team lead (Kelly Henning) to provide insight into future prospects for in country D4H CRVS activities including improving MCCD, engagement of the FETP and Data Impact program to strengthen use of the PH Bulletin and

mentorship of trainee's in developing Policy briefs and scientific communication on CRVS. During the last week of June, the CDCF-D4H team conducted a 2nd in-country technical visit to support collaborative work on Mortality surveillance and participated in the Africa CDC lead workshop to support review of the Mortality surveillance operational guidelines.

c) Mortality surveillance stakeholder's meeting- Baylor supported districts in western Uganda

In support of D4H contractors, the MoH participated in a week-long mortality stakeholders' meeting organized by the in-country CDC mortality surveillance project in 4 districts of western Uganda. The meetings provided country updates and the impact of the project activities on death notifications at health facility level with MCCD and verbal autopsy in the respective communities. During the meetings, health workers and local government leaders provided their views on strengthening systems for mortality surveillance including data collection, death report submission to the relevant authorities and systems (DHIS2 and the CRVS Mobile Registration System- MVRS). Over 9,200 of the expected 11,200 deaths have been notified (7036 at community and 3,421 in the health facility). The MCCD rate were low at 12.3% for the health facility deaths while VA cause of death was assigned to 52% of the community deaths.

III) Issues of concern

- The integration of the DHIS2 system to MVRS on the death notification module have a mismatch of the health facility mapping and the data has quality issues of completeness and accuracy.
- MCCD reporting is still very low (4%) due to inability of the doctors to fill HMIS 100
- The NIRA team still requires MCCD assigned cause of death which is not available yet for many of the records though manner of death has been suggested by MoH as sufficient for death notification.

IV) Next steps

- MoH-DHI to share Health Facility mapping aligned to the respective DHIS2 administrative units with the NIRA team
- Follow up support for the pilots on community death notification with the use of the local government structures at Village level by engaging local leaders known as the local council 1 chair persons, VHT's and other community resource persons in death notification to NIRA.
- Real time data sharing from DHIS2 to MVRS through the established integration for all death notifications records DHIS2.
- Plans for the CRVS stakeholder meeting on CRVS policy development
- MCCD refresher trainings at 5 selected health facilities to enhance death notification and medical certification of cause of death
- Update the standard operating procedures for the MCCD application in DHIS2
- Testing and validation of the new MPDSR linkage with HMIS form 100/the death notification and medical certificate of cause of death report form.
- Follow up MCCD training sessions for regional support staff (Epidemiologists and Biostatisticians)

V) Recommendations and conclusion

- MOH to clarify on the use of manner of death and share a document to formalize this decision.
- Both developers to provide extracts of their facilities administrative structures for review and to ease alignment (DHIS and MVRS Developers)
- ED NIRA to write to the Permanent Secretary MOH requesting that the DHIS2 system aligns to the structure as provided by the Ministry of Local Government (Andrew – NIRA)
- Follow up interventions required to improve MCCD reporting and quality.
- NIRA to share with MoH spreadsheet showing missing data for MoH follow up on completeness with the health facilities.
- NIRA to share with MoH the minimum set of acceptable variables in the MVRS.

There is need for innovative interventions and establishment of collaborative partnerships for continued support and mentorship to improved MCCD and community death notification of health facility MCCD.

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