

**Civil Registration and Vital Statistics-Uganda
Progress Report – April to June 2024**



**April- June 2024
Date: 5th August 2024**

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

Executive summary

D4H continues collaboration with the Ministry of Health (MoH), Uganda National Institute of Public Health (UNIPH) and the National Identification and Registration Authority (NIRA) to strengthen death notification and certification services.

A number of activities during this quarter including monthly online meetings to support improvements in reporting on mortality with the regional referral hospitals, MCCD orientation sessions with clinicians at Mulago National referral Hospital, roll out of the MPDSR/HMIS 100 linkage to all other health facilities beyond the 4 pilot sites of Kawempe, Masaka, Hoima and Jinja Hospitals and quality improvement projects implemented by the FETP fellows at 6 regional referral hospitals (Mbale, Jinja, Soroti, Mbarara, Hoima and Kayunga hospitals). The quality improvement projects demonstrated the potential for targeted, evidence-based interventions to enhance mortality reporting at the hospital level. By addressing the key barriers in death reporting through a collaborative approach, the projects were able to achieve significant progress and some improvements in death notification from 21%-25% and Medically Certified deaths/MCCD from 14%-17% during this quarter.

D4H also provided collaborative support to the MoH to develop Mortality surveillance road map and guidelines, integrate death notification and MCCD into EMR, sustain community death notification through the Iganga/Mayuge HDSS in community death notification and linkage to registration by NIRA. Sustained commitment and ongoing efforts will be essential to ensuring that the gains made are consolidated and built upon, ultimately leading to more death registrations in Uganda.

A) Improving death notification and MCCD

I) Technical support at Hospitals

The D4H team continues to support the monthly mortality data review online meetings during which the regional teams make presentations on deaths notified and medically certified at regional and National referral hospitals. In addition, the MPDSR/HMIS 100 linkage was rolled out to other health facilities beyond Kawempe national referral hospital with onsite orientation sessions at Jinja, Masaka and Hoima RRH's. The onsite orientation focused on demonstration with a few practical examples. Kawempe hospital has maintained maternal reviews and MCCD at 100% while perinatal death review and MCCD still lagging behind at an average of 63% of those reviewed.

The team also held a 2 day MCCD/ICD11 coding orientation session on the 29th-30th May. The sessions had over 55 Mulago National referral hospital staff from the departments of surgery, internal medicine, pediatrics and pathology (5 pathologists, 3 Physicians, 15 interns, 30 Medical Officers, 2 records officers and 3 records assistant. This was followed by a meeting held to show case death notification and MCCD good practices from one faith based private hospital (Virika Hospital), as an avenue to share experiences and initiate support for other private health facilities under the management of the Uganda Catholic Medical bureau.

The above initiatives have contributed to improvement in Death Notification (DN) and medical certification of Cause of death (MCCD)/CRVS death statistics from the National referral, Regional Referral (RRHs) during the quarter of April to June. The NRH improved DN from 33% - 37% and MCCD from 16%- 23%; RRH DN improved from 51- 53% and MCCD from 35- 37%. The current National performance of DN has improved from 21% to 25% and MCCD from 14% to 17% in the last quarter.

II) Quality improvement projects by FETP

Following a half-day session on the overview of mortality surveillance for 13 FETP first year fellows, the team conducted an MCCD baseline assessment during the first week of April in six Regional Referral Hospitals (RRHs): Moroto, Masaka, Fort Portal, Kabale, Lira, and Arua RRH. The assessed facilities registered over 467 deaths and notified 41% and certified 30% over a period of six months August 2023-January 2024. Only 2 of 6 RRHs had operational death audit committees besides the MPDSR. Regarding MCCD quality, 263 MCCD forms HMIS 100 were reviewed with 223 (85%) filled accurately. The team used the findings to design MCCD QI projects for the 6 RRHs using an adopted death notification Job Aid that had been used to improve death notification in Fort Portal RRH. Each team adopted an existing continuous quality improvement (CQI) team, adding a few members to coordinate the project activities. Through inception meetings with the Hospital director and the heads of department. The QI projects focused on improving Notification of Deaths in 6 regional referral hospitals were randomly selected for a Continuous Quality Improvement (CQI) projects. Hoima, Mbarara, Kayunga RRH achieved the target of 50% deaths notified while Kalisizo hospital exceeded this target. Although there was gradual improvement in number of deaths notified by Soroti, Mbale and Jinja RRH,

these fell short of the target of 50% of the deaths notified due to lack of collaboration from the leadership and staff.

B) Collaborative work to improve general CRVS

I) CDCF in country visit

The CDCF team visited the country between the 9th and the 22nd of April 2024. The visit was focused on support for the national CRVS systems including review of death notification processes and ascertaining causes of death at both health facilities and in the community. A number of follow up activities to improve the processes and the general performance were outlined focusing on further engagement of the technical leadership at MoH, the Mulago National Referral Hospital and NIRA in addition to enhancing use of digital tools at all levels to ease data collection and sharing with the relevant authorities for decision making and policy formulation.

II) Development of the MS road Map

D4H has provided technical support to MoH Department of Integrated Epidemiology, surveillance and Public Health emergencies in development of the mortality Surveillance road map. D4H participated in the monthly MS road map validation workshops held with several other MS partners including Baylor College of Medicine Children's Foundation, Infectious Diseases Institute, Cancer Institute, Heart Institute and Mulago National Referral Hospital.

Three day workshops were held on the 17th-19th April, the 8th-10th May and the 19th-24th May. Among the gaps identified in mainly use of parallel death notification tools and systems outside MoH-HMIS forms, DHIS2 and the national CRVS systems. Validation has been ongoing to support harmonization of health facility and community mortality data collection and use. The road map was subsequently presented to the National task force on the 6th & 19th June for approval. The team has also participated in the development of draft MS guidelines.

III) Support for electronic Medical records (EMR) integration with HMIS 100/DHIS2

The Division of Health Information (DHI) in collaboration with D4H and the Makerere University School of Public Health Monitoring and Evaluation Technical Support (MAKSPH-METS) team held a 5 day (27th-31st May) technical workshop to support digitized integration of death notification and medical certification of cause of death reporting in the Electronic Management Records (EMR) system across HIV care health facilities. D4H team also contributed to the review and update of the HIMS tool and SOP for death notification and MCCD. This will enhance mortality data collection death notification with cause of death into DHIS2 and the electronic CRVS system(MVRS). DHI conducted online orientation of referral hospitals on the Maternal and Perinatal Death Surveillance Reports (MPDSR) linkage to the MCCD DHIS2 application. This

has contributed over 90% maternal and 60% perinatal deaths medically Certified in DHIS2 from the 4 selected high volume health facilities.

IV) Support for CRVS legal review and reforms

The Global Advocacy Incubator (GHA) continues to support NIRA with the amendments /legal reforms to improve death notification and registration both at health facility and community level. Processes are still underway to improve regulations including the following;

- Permit death notification by other qualified medical professionals besides medical doctors
- Restrict MCCD section to medical doctors
- Avoid issuing of the MCCD form to the Next of kin and instead maintain provision of the death notification record to deliver to NIRA for processing of the death certificate
- Permit community death notification done or actively supported by local government and community health workers.

D4H participated in Global Expert workshop on “Operationalizing holistic approaches to CRVS Systems strengthening between June 9th – 14th, 2024 in Rwanda-M Hotel, Kigali City. This was organized by Vital Strategies and UNECA with support from UNFPA, UNICEF, World Bank-GFF and Bloomberg Philanthropies D4H-CDCF. Over 100 CRVS experts of experts from 30 countries in Africa, Asia, and Latin America (Fig. 1). The major aim of the workshop was to equip participants with knowledge by sharing experiences and expertise of CRVS and identity management processes that cover the full spectrum of CRVS system strengthening efforts in-line with international standards and best practices. Knowledgeable and/or experienced CRVS expert/professionals with a proven record in contributing to strengthening of CRVS systems through design, implementation, and management. (Government stakeholders, or colleagues actively engaged in CRVS consultancies or from CRVS partner organisations). The major take home message was to improve and simplify CRVS services by moving information and not the people with the help of digitisation among other recommendations.

Issues of concern

- Unsatisfactory death notification and MCCD in respect to health facility deaths reported
- Limited data analysis and utilization at all levels both national and subnational)
- DHIS system delays with interruptions in internet connectivity

Next steps

- Participation in the finalization of the National Mortality Surveillance guidelines.
- Hold a death notification/MCCD performance review meetings for faith based health facilities.
- Conduct the national CRVS and MS TWG meetings
- Mortality data analysis training for national team
- Training of MCCD regional Champions
- CRVS team country knowledge sharing visit to Rwanda

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