

Civil Registration and Vital Statistics-Uganda Progress Report April-June 2025



April- June 2025
Date: 18th July 2025

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

Executive Summary

During this quarter, Data for Health (D4H), in collaboration with the Uganda Ministry of Health (MoH), has continued to make significant progress in enhancing facility-based mortality reporting and the quality of mortality data through targeted interventions, technical support, and strategic partnerships through the following interventions.

D4H provided ongoing support to the MoH Division of Health Information (DHI) to improve the completeness and accuracy of cause-of-death data through monthly regional mortality review meetings, technical support for the Medical Certification of Cause of Death (MCCD) DHIS2 application.. Additionally, D4H facilitated printing and distribution of standardized HMIS Form 100 and supported the Clinical Services Department in laying the groundwork for a National Mortality Audit Committee to ensure oversight and quality assurance in death certification. D4H has also played a central role in the stakeholder review of Uganda’s MCCD training curriculum during a national meeting on April 24, which engaged 31 experts from public, private, and academic institutions. The meeting refined course content and structure, clarified the target audience, and incorporated legal and public health considerations. Parallel efforts included supporting a multi-stakeholder workshop (May 12–15) to develop National Mortality Surveillance (MS) Guidelines. These guidelines, once finalized, will standardize practices across the country, strengthen CRVS data flows, and improve the integration of mortality data into public health planning and policy.

To strengthen community-level CRVS integration, D4H initiated collaboration with the MoH Community Health Department to plan for the inclusion of community death notifications and verbal autopsies in the national electronic health system. Engagements with NIRA, the Uganda National Institute of Public Health (UNIPH), and partners such as FETP and GHAI focused on advancing data use, evaluating mortality surveillance, and launching advocacy efforts to improve death registration and cause-of-death certification, especially for deaths occurring outside health facilities. D4H continued to support national coordination through active participation in the Mortality Technical Coordination Committee meeting held on April 29. The meeting reviewed national progress on MCCD, death notification, and ongoing mortality surveillance activities. Despite these efforts, national performance declined between January and May 2025, with death notification dropping from 63% to 40% and MCCD from 47% to 28%. Performance disparities persist across facility types, with regional referral hospitals outperforming national and lower-level facilities. Support was also provided to the Uganda Bureau of Statistics to finalize the National Vital Statistics Report which was submitted to NIRA for review. Dissemination is pending due to concurrent national survey activities but is expected in the coming quarter.

The key Challenge during this period has been DHIS2 system performance gaps affecting real-time death reporting and certification. Priorities for the next quarter will include support for the launch of the National Mortality Audit Committee, strengthening EMR and DHIS2 integration for MCCD data capture, advancing CRVS data capture at the community level and finalizing the MCCD curriculum and training tools. D4H remains committed to supporting Uganda’s efforts to build a stronger, data-driven CRVS system through its partners to ensure every death is counted,

medically certified, and registered—contributing to stronger public health surveillance, planning, and accountability.

Enhancing Facility-Based Mortality reporting and Data Quality

D4H continues to work closely with the MoH Division of Health Information (DHI) to improve mortality reporting through regional monthly MCCD data review meetings and ongoing support for the MCCD application in DHIS2 led by the regional MCCD champions. The continued technical support has been integral to monthly hospital mortality review calls, which aim to improve cause-of-death data accuracy and its practical use at the health facility level. An online meeting held on 21st of April revealed much needed support for the transition of health Facility Electronic Medical Records systems (EMR) use to improve the death notification (42%) MCCD (32%) performance as seen in the DHIS2 application for the month of March 2025.

In addition, support was provided in the printing and of HMIS Form 100 to standardize mortality reporting across facilities. D4H also supported the MoH Clinical Services Department in the plans for the development of a National Mortality Audit Committee to provide oversight for death audits and ensure quality assurance in MCCD practices. This collaboration is ongoing to support the audit committee in providing oversight for quality MCCD reporting and health facility death audits. This will in turn increase death notification by health facilities into the NIRA-CRVS system from 45% seen in 2024. D4H will continue to support the use of HMIS for 100/MCCD report form in hard copy to support MCCD/DHIS2 data entry. To bolster accountability and oversight, D4H supported the MoH Clinical Services Department in laying the groundwork for a **National Mortality Audit Committee**, intended to oversee health facility death audits and improve MCCD practices.

Advancing MCCD Curriculum and Mortality reporting Guidelines

D4H provided critical technical input for the **stakeholder review of the MCCD curriculum** through a successful stakeholder meeting held on **April 24th, 2025** at Four Points Hotel in Kampala. The meeting brought together 31 experts from MoH, academia, national referral hospitals, and private institutions, marking a key milestone in MCCD curriculum development. The participants included representation of the Uganda medical dental and Practitioners' council (UMDPC), the Ministry of Health (MoH) Clinical Services department and Division of Health Information (DHI) and several senior medical doctors from 3 National referral hospitals (Mulago, Kawempe, Kiruddu and Naguru) the Uganda cancer and Heart Institute, Makerere University Medical School and 5 major private hospitals (Nakasero, Lubaga, Mengo, Nsambya, Case and International Hospital of Kampala (IHK)). The participants included Hospital directors, Physicians, pediatricians, Surgeons, pathologists and medical officers. The key highlights of the discussions provided guidance for the Justification of MCCD training with a Problem Statement that explicitly highlights the current quality of death certification, impact on CRVS, public health surveillance, and planning and the importance for legal documentation (e.g., insurance claims, inheritance, burial permits). Other issues focused on specificity of the intended target audience,

the definition of the document as a Course Unit, time structure for the course, guidance on Medical Legal Death Investigations(MLDI) and the development of case scenarios.

In parallel, D4H supported the **Mortality Surveillance (MS) Guidelines Development Workshop in Masaka (May 12–15, 2025)**. This collaborative effort involved MoH departments, Africa CDC, NIRA, the Uganda People's Defence Forces, and other key stakeholders. Participation included representatives from MoH (DHI and 8 regional referral hospitals), Africa CDC, NIRA, Makerere University School of Public Health, JHPEIGO, Infectious Diseases Institute(IDI), Baylor Children's Foundation, the Uganda prison Services and Peoples Defense Forces (UPDF). During the meeting, Africa CDC's MS lead gave an overview of the continental MS Framework as guidance for the development workshop. The discussions and compilation of the guidelines include chapters on the overview of MS in Uganda, Legal and ethical issues, Identification and notification of Deaths, reviewing and auditing of death, data management including collection/reporting, collation, analysis and dissemination, death in armed forces, laboratory and Monitoring and Evaluation. The guidelines will provide guidance for the implementation of mortality data collection, collation, analysis, dissemination and use for Public Health surveillance, planning, policy formulation and priority interventions. In addition, the guidelines will support improvements in mortality data collection to enhance death notification with cause of death assignment and registration by NIRA. The initial draft was developed in September 2024 during which stakeholders generated the initial ideas for the guidelines. This will be followed by the development of harmonized tools and Standard Operating Procedures this year. The resulting guidelines will:

- Standardize MS practices nationwide.
- Support CRVS data collection, analysis, and dissemination.
- Provide a framework for legal and ethical death documentation across sectors.

Strategic Partnerships and Collaborative Advocacy

D4H engaged multiple partners to strengthen national mortality/CRVS data systems: To expand CRVS coverage beyond health facilities, D4H engaged in preliminary discussions with the **MoH Community Health Department** to plan for the integration of community death notifications and verbal autopsies into Uganda's electronic community health system, advancing comprehensive CRVS data collection. Discussions were held with the MoH Community Health Department team to explore integration of community death notification and verbal autopsy into the electronic community health information system for more comprehensive CRVS data capture. This initiative aims to improve death registration completeness, particularly for **non-facility deaths**, which are often underreported.

The meetings with the UNIPH Director and the NIRA Monitoring and Evaluation Manager explored collaborative mechanisms for CRVS data use, through the Data Impact program. The discussions are intended to plan joint support under the Data Impact program for improved CRVS data use. Discussions with leads from the Field Epidemiology Training Program (FETP) and Health Informatics at UNIPH focused on support to develop an excess mortality dashboard and evaluating the national mortality surveillance system. The D4H team also met with the new

GHAI Country Coordinator to initiate collaborative advocacy efforts supporting CRVS system enhancements in the country.

Technical Coordination Support

D4H team continued to support review of the 2025–2027 CRVS work plan, ensuring alignment with implementation gaps and in-country feedback from the in country partners. The ongoing review of the work plan contributed to further technical insights to align implementation strategies with concerns raised by the D4H in country partners including DHI leading mortality data analysis and dissemination with support from UNIPH.

D4H actively participated in national coordination and planning forum, the **quarterly Mortality Technical Coordination Committee meeting** chaired by MoH-IES&PHE on **April 29th**, where partners reviewed ongoing M CCD and MS activities. The meeting was chaired by the Departments Commissioner, Co-Chaired by the Commissioner of the Community Health department and attended by several representatives from public hospitals and development partner’s including D4H, WHO, IDI, Baylor children’s Foundation and Africa CDC. During the meeting the MoH-IES&PHE provided updates on active MS initiated during the EVD outbreak in February 2025 and an overview of Health Facility death notification and M CCD as seen on the DHIS2 M CCD application dashboard to enhance further improvements in mortality reporting. The partners also gave updates on mortality related activities they had supported during the quarter of January- March 2025.

Monitoring Progress and System Performance

Death notification (63%- 40%) and (47%- 28%) M CCD has declined this year from January to May 2025 (Figure 2).

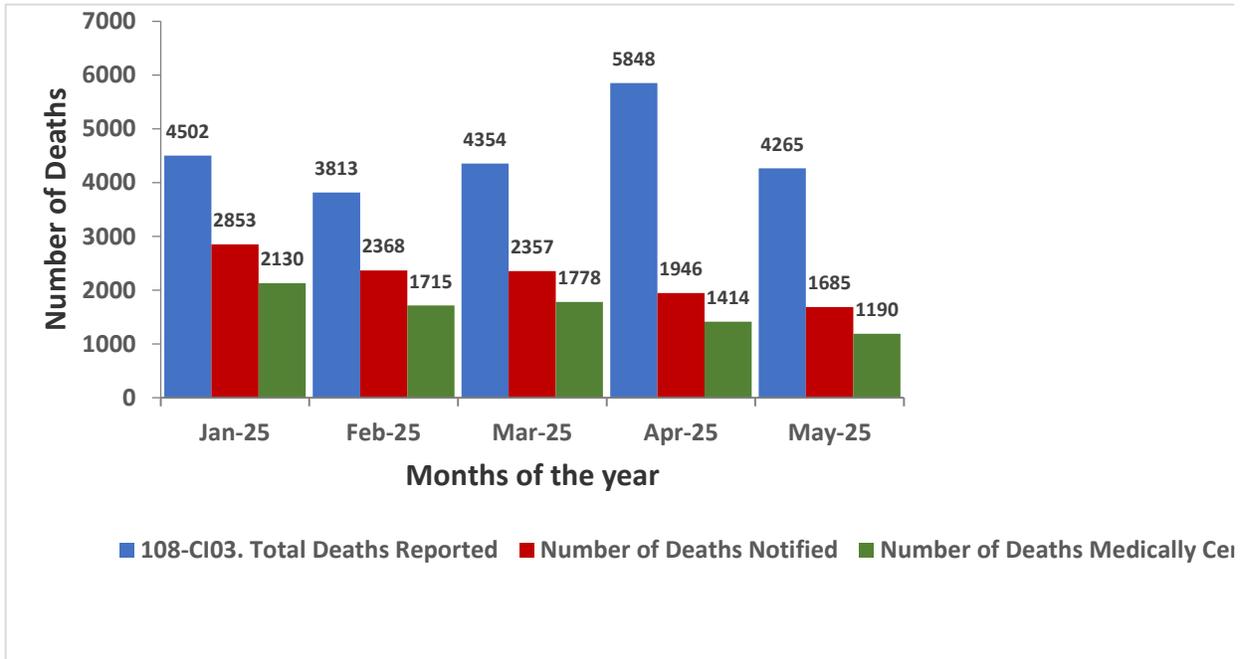


Figure 1: Number of Deaths Notified and Medically Certified Jan-May 2025 -National

Regional referral and general hospitals report more deaths and have better Notification (over 60%) and MCCD (over 40%) rates compared to the national referral and lower health centers have less than 40% notification and MCCD (Figure1).

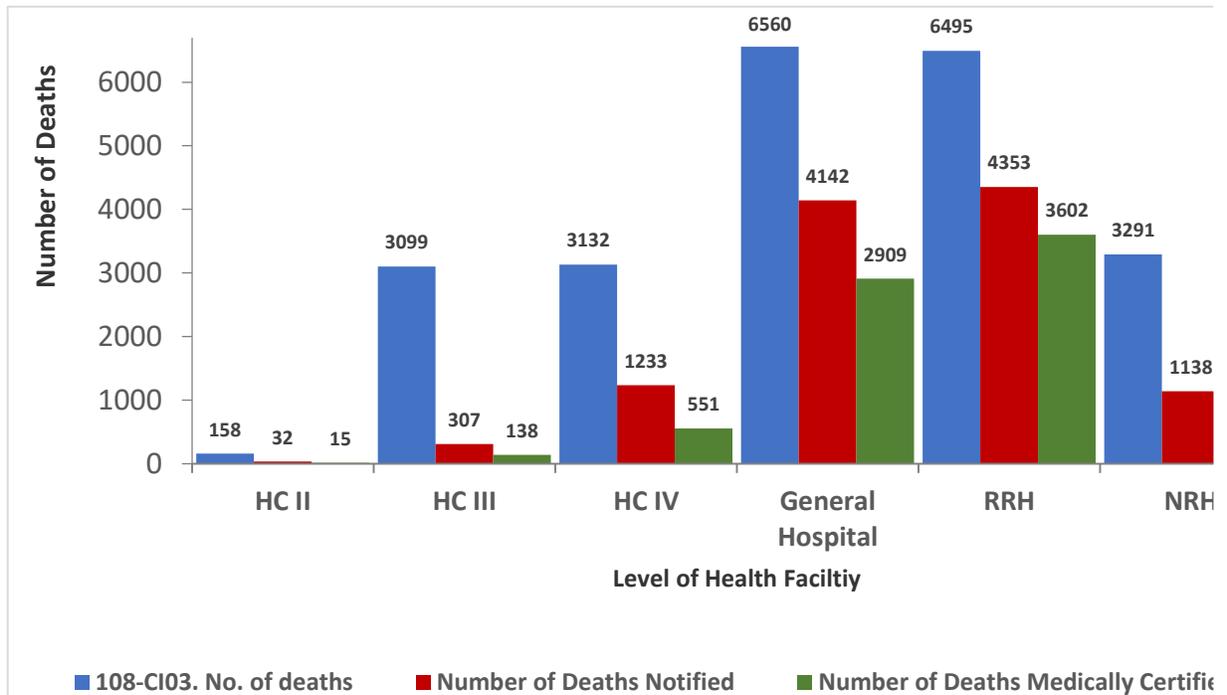


Figure 1: Number of Health Facilities to Death Statistics by Facility Level Jan-May 2025

Progress on National Vital Statistics Report

The Uganda Bureau of Statistics (UBOS) completed the Vital Statistics Report and submitted to NIRA. A meeting was held with NIRA for the final review of the Vital Statistics report. The report was completed and will soon be disseminated during a stakeholders meeting whose date will be communicated in due course pending approval from the **NIRA Executive Director**.

Challenges

- **Delayed dissemination** of the national **Vital Statistics Report** due to concurrent national economic survey activities.
- **Performance gaps** in DHIS2 systems at the facility level continue to affect real-time death notification and MCCD capture.

Conclusion and Way Forward

D4H’s collaborative approach continues to deliver tangible progress across the mortality data landscape in Uganda—from policy and curriculum development to digital systems support and inter-agency coordination. The second half of 2025 will focus on:

- Supporting the establishment of the **National Mortality Audit Committee**.
- Enhancing **EMR and DHIS2 integration** for MCCD reporting.

- Advancing **community-level CRVS integration** and finalizing **curriculum and training tools**.

Together with MoH and partners, D4H remains committed to supporting Uganda’s journey toward a robust, data-driven CRVS system that informs public health actions and ensures every death is counted, certified, and registered.

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