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

1ˢᵗ January to 31st March 2023
Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for Disease Control and Prevention (CDC) and CDC Foundation

I) Improving facility based death notification

DHIS2 upgrades

D4H team continued to engage the MoH-Division of Health Information to improve on the functionality on the DHIS2/MCCD application. This work has involved regular review of the data elements and outputs from the current DHIS2-MCCD app to ensure that it provides complete outputs to support meaningful MCCD analysis and interpretation. We have finalized this process to be presented to the senior DHI team for approval and upgrade the system for national use.

We also took on 2 new consultants (Mortality and DHIS2 systems development) to continue support and improvements for MCCD work at health facilities. With support from the MoH, the DHIS2 systems developer will work on DHIS2- MCCD systems upgrade and use while the mortality consultant will support and provide overall technical guidance on mortality surveillance activities.

D4H continued to support the uptake and utilization of the MOH's DHIS2-ICD11 application;
The activities focused on engaging the 2 proposed consultants for the upgrade and improvements in the DHIS2/MCCD application to a harmonized DHIS2 mortality register that is linked to other MoH departments such as reproductive health and clinical services. Progress has been made in the DHIS2 production instance on inclusion of specific data elements such as dates of death, Codes for all causes of death and their time intervals and the general logical flow for the downloads during data abstraction to ease interpretation and support analysis of cause of death. However, work on linkage to the maternal death review forms is still underway. The team made a presentation to the MoH-DHI's ACHS to seek buy in and approval for health facility use. He proposed to first training of trainers at MoH to support trained health facilities in implementation.

D4H Initiative supported validation of the DHIS2 system changes and completion of the linkage of DHIS2 to NIRA's registration system. Following a discussion with the ED-NIRA and the mortality consultant, it was agreed to finalize on this interoperability between DHIS2 and CRVS-MVRS that should permit transmission of Cause of deaths data from DHIS2 to NIR after medical certifications. A meeting between MoH-ACHS Division of Health Information (DHI) and (IT) technical teams from NIRA and MoH directly involved in the development/maintenance of the MCCOD app/NIR api.

MCCD performance monitoring
D4H in collaboration with the MoH-Division of Health Information supported the initiation of regional mortality weekly data review meetings supported by regional biostatisticians and epidemiologists to improve the completeness and quality of cause of death data in MCCD.
The team also prepared and presented the 2022 national MCCD data ANACOD3 output which was shared with the CRVS global team for guidance before dissemination in country. The purpose of this output was to highlight MCCD data quality issues and provide advocacy for the importance of MCCD. The presentation was disseminated the MoH national and regional level hospital directors to support advocacy for MCCD quality improvement at health facility level

Support for perinatal death notification in Hoima region
The team also supported UNIPH/FETP collaborative mortality surveillance work with training in quality improvement for perinatal death notification/reporting and review through training of health facility

maternity ward In-charges in quality improvement methods in 9 districts of Hoima region with the lowest perinatal death notifications (6 hospitals, 9 Health Centre(H/C) IV's and 4l7 H/C III's.

Collaboration with the Uganda Medical and Dental practitioner's council

The team has also engaged the Uganda's Medical and Dental Practitioner's Council (UMDC) in discussions for the development of a plan to institutionalize MCCD training in medical schools and as a prerequisite for renewal of practicing licenses for doctors. We agreed to develop a roadmap and a costed work plan for MCCD curriculum for medical schools including an e-learning platform for licensing of practicing Doctors.

II) Improving community death notification and registration

The team engaged Iganga Mayuge HDSS and NIRA to guide on sustainable community death reporting through proposed pilot projects. These include the use of village health teams, religious leaders and local/village council chiefs in selected districts. The team proposed 3 pilots by UNIPH, NIRA in Adjumani district and the Iganga-Mayuge HDSS team. The team advised on exclusion of RL's due to their diverse nature and difficulty in follow up. Proposals were generated in preparation for implementation**. The team leads are** Prof. Chalapati, the director of the Iganga/Mayuge HDSS and Mr. Kasawuli Paul, the Northern region senior Registration Officer.

III) Support for MoH Mortality Surveillance

 D4H also participated in several MoH strategic meetings to support enhanced mortality surveillance(MS) specifically after the EVD outbreak. In collaboration with the department of disease surveillance and public health emergencies the team participated the MS Technical working group that developed a strategy and proposed work plan to enhance MS in the first 180 days after the EVD outbreak and thereafter routine MS. This was followed by another 3-day meeting held during the 3rd week of February to contribute to the EVD after action review (AAR). This work generated strengths, gaps and opportunities to improve MS. The team contributed to guidance on strengthening routine Mortality surveillance as follow up actions after the EVD outbreak in the county.   A review of the country's MS activities by all partners and MoH departments like DHI, Reproductive health, clinical services, Africa-CDC and CDC-Uganda, WHO and Baylor Uganda. It was agreed that all partners/agencies participate in upcoming MS Technical working group meetings to support harmonization- and implementation of MS activities

D4H has contributed to the development of the approved response plan which includes specific activities to strengthen MS like capacity building of health facility and health assistants on mortality reporting and conducting regular data review meetings. D4H continues to support MoH in regular monthly review of mortality data by summarizing trends in health facility MCCD reporting rates. This month a review of cause of death data quality using ANACoD3 has been generated for sharing with the MoH to support and advocate for improved reporting and quality of cause of death data.

IV) D4H Work plan development- D4H phase 5

D4H team engaged the key partner's NIRA, UNIPH and MoH-DHI to highlight weaknesses, gaps and bottlenecks in death reporting at both community and health facility level. This information was incorporated into the generation of D4H work plan propositions for the phase 5.

V) Africa CDC MS stakeholders' workshop

D4H participated in the Mortality surveillance (MS) stakeholders meeting organized by Africa CDC Africa from 21st-23rd February 2023 which generated the MS national action plan.

VI) Support for CRVS legal review and budget advocacy

D4H has collaborated the GHAI team (Lydia and Prakash) to support legal reform processes for implementation of mandatory community death reporting and budget advocacy for sustainability in Uganda.

VII) Challenges

Mortality Surveillance-CRVS Coordination:
- Plans to hold the 3rd mortality surveillance technical working group meeting in November 2022 were halted due to the Ebola Virus Disease outbreak.

VIII) Next steps

- D4H has to finalize the contractual processes initiated for the DHIS2 support and Mortality consultant's contracts.
- We will have a 2 weeks D4H/CDC-F team in-country visit between the 10th and 20th of April. This visit is intended to provide an overview and understanding of health facility and community death reporting processes for further guidance and support to strengthen CRVS in the country.
- The team will hold a follow up joint D4H partners' (UNIPH, MoH and NIRA) meeting to discuss strategies to bridge the identified gaps in both community and health facility death notification processes. These will form the basis for the upcoming D4H work plan and implementation phase.
- D4H in collaboration with MoH-DHI plans to support national ToT with regional epidemiologists and biostatisticians on the DHIS2/MCCD module and application updates. The ToT regional epidemiologists will provide oversight and follow up support to improve MCCD implementation and reporting which will be reviewed weekly. We also plan to provide support to update the MCCD module/application with the new ICD11 version and compilation of the MCCD data dictionary development mode for testing before incorporation into the development instance.
- The team has organized for a learning session with the Zambian team who will demonstrate the use of ANACoD 3 in Cause of Death (CoD) data quality assessment.
- Implementation of the prospective arm for the CRVS/HDSS integration on community death reporting implementation research.
- National MCCD Data quality assessment
- Support for the CRVS stakeholders meeting to discuss the key policy issues and the way forward for law reform.

Prepared by: Dr Nanziri Carol	Reviewed by: Dr Alex Ario
Title: CRVS Technical Officer	Title: Director
Uganda National Institute of public health	Uganda National Institute of public health
Data 4 Health Initiative	Ministry of Health