

**Civil Registration and Vital Statistics-Uganda  
Progress Report - January to March 2024**



**January- March 2024  
Date: 23<sup>rd</sup> May 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.

Through regular online meetings with the National, Regional referral and general hospitals the MoH-Division of Health information has continued to support weekly and monthly review of death summaries. This led to an increase in death notification and MCCD from. In addition, the MPDSR/HMIS 100 linkage pilot, MoH completed the development of the MCCD dashboard to support monitoring the improvements in health death notification and MCCD at all I

D4H continued to support CRVS collaborative work with FETP to improve death notification and MCCD through establishment of a proposal to initiate quality improvement work at 6 RRH's and the Iganga Mayuge HDSS in community death notification beyond the Iganga/Mayuge HDSS leading to an additional of 311 community death notification and registrations by NIRA.

D4H continues to support CRVS activities through engagement of MoH, UNIPH and NIRA in various activities focusing of improving death notification and generation of quality cause of death data at both community and health facility level to support improved death registration across the country.

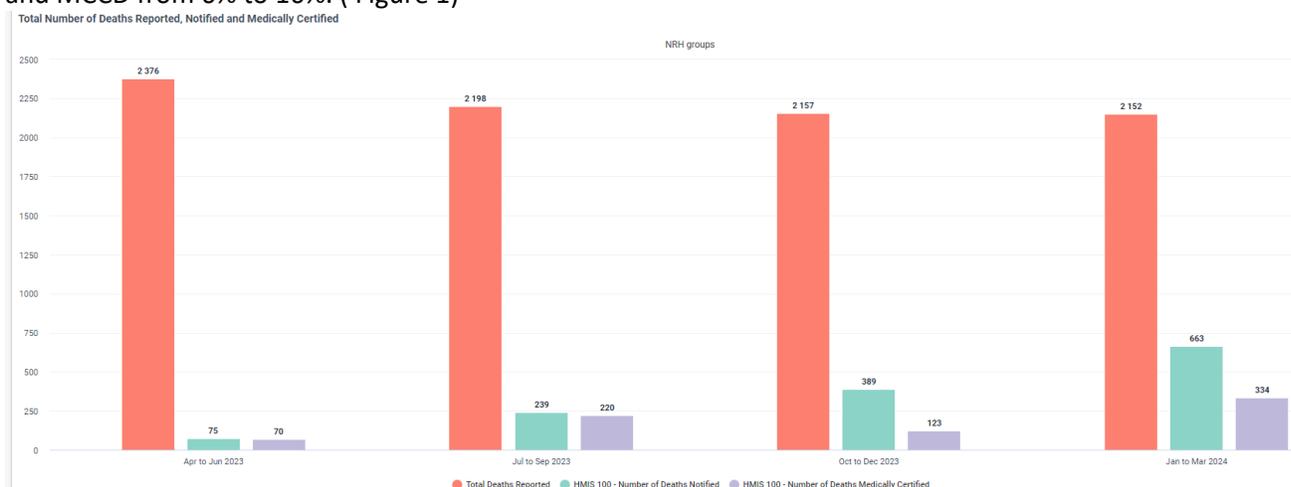
## A) Improving death notification and MCCD

### I) Support at National, Regional Referral and district General Hospitals.

The MoH-DHI weekly death statistical review reports with regional teams continue to improve death notifications at regional and National referral hospitals with a 4% increment (10%-14%) in December 2023. This has been supported by development of health facility audit committees to support routine death review meetings and documentation of death notifications in addition to MoH-DHI issuing directives on death notification and MCCD as a mandatory duty to all health facilities.

The MoH-DHI provided an online training for over 60 private not for profit health facilities under the management of Faith based organizations i.e The catholic, Protestant and Muslim medical bureaus. This was followed by a physical session with their respective monitoring and evaluation leads to support monthly mortality data review for completion of the notification and medical certification of cause of death report form in DHIS2.

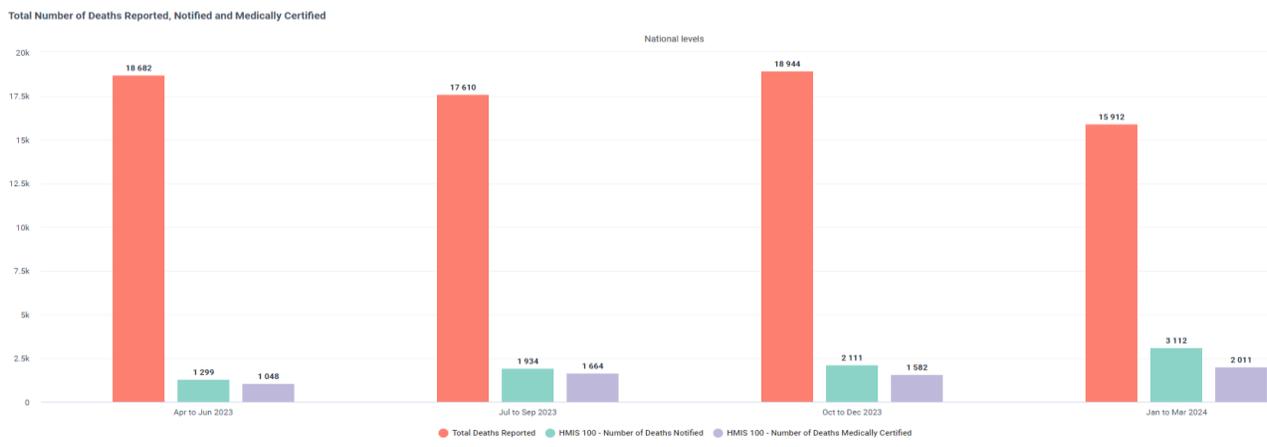
We continue to support the regional and National referral hospitals in death notification and MCCD documentation through an online platform created by the MoH-DHI to troubleshoot any issues of concern. By March 2024, the National referral hospitals improved death notification from 18% to 31% and MCCD from 6% to 16%. ( Figure 1)



The RRH's, death notification improved from 34% to 45% and MCCD from 30% to 31%. ( Figure 2)



Overall the National death notification rate improved from 10% to 18% and MCCD from 7% to 12% by end of March 2024.( Figure 3)



## II) Maternal and Perinatal Death Surveillance Response linkage to MCCD reporting

Following the initiation of the MPDSR/HMIS 100 Pilot linkage in Kawempe hospital in January, we made an interim in February assessment for the MPDSR/HMIS 100 linkage pilot at Kawempe National referral hospital. The findings were exciting with all reviewed maternal and perinatal deaths 100% Medically certified(MCCD) in real-time in comparison to 10% and 6% MCCD for reviewed Maternal and perinatal deaths before the linkage of the forms. Introduction of the MPDSR/HMIS 100 linkage in Kawempe national referral hospital as a pilot yielded 9/9 (100%) Maternal deaths with MCCD and 30/111 (27%) perinatal deaths with MCCD for the month of February 2024. The MoH-DHI team has embraced the linkage and introduced it in the production instance for access to all health facilities.

The DHI focal point continues to provide an overview of this linkage through the monthly meetings and refresher trainings held with the National, Regional and General hospitals. This is contributing to the improvements seen in the maternal and perinatal deaths notification and MCCD.

### **III) FETP/CRVS linkage work**

D4H in collaboration with the FETP approved and conducted a baseline assessment to improve death notification and Medical Certification of causes of death through quality improvement projects at 6 RRH's. The team conducted a half-day session on the overview of mortality surveillance for 13 FETP first year fellows on mortality surveillance, mortality data sources and possible analytics. The participants included 5 Medical Doctors 6 Nurses, 1 social scientist and 1 Veterinary Doctor. This work will support initiation of the quality improvement projects on death notification and MCCD.

### **B) Collaborative work to improve general CRVS**

#### **I) Iganga HDSS CRVS intergration**

Under the CRVS/HDSS integration work, the Iganga/ Mayuge HDSS trained 114 of community teams (Village Health workers and local council one leaders per village) on data collection of community death notification and registration in areas outside the Iganga/Mayuge HDSS site. This covered 57 villages in Mayuge district contributing 563 additional death notifications and registrations for the year 2023 bringing the total of 2023 death notifications to 951. Overall, the Iganga/Mayuge HDSS integration work notified and registered 130 + over 650 deaths and over 90 verbal autopsies for cause of death during the quarter, January-March 2024. The HDSS site continues data collection on death notification and submission of form 12 to the respective District registration offices.

#### **II) Support to MoH to improvr Mortality surveillance**

D4H team participated in the MoH- Mortality surveillance stakeholder's meeting from the 3rd-5<sup>th</sup> of March 2024 to review the draft MS road map. The meeting was organized by the Department of Integrated Epidemiology, surveillance and Public Health emergencies and had official representation from MoH DHI and various stakeholders including NIRA-M&E, WHO, IDI, METS and Sub national level represented by Mulago NRH, Arua RRH, Kamuli and Bundibugyo GH information Officers). This document is still under technical scrutiny and editing by an MoH high level team in the (IES-PHE) to be followed by MoH-TWG review for approval and MoH senior management.

#### **III) Development of the annual Vital statistics report**

D4H Supported MoH/UBOS on cause of death data analysis with ANACoD3 for inclusion in the first CRVS report for 2023. The UBOS with support from MoH and NIRA is finalizing preparation of the Vital statics report including cause of death.

#### **IV) CRVS legal review/reforms**

The Global Advocacy Incubator (GHAI) continues to support NIRA with the amendments /legal reforms to improve death notification and registration both at health facility and community level.

### **Issues of concern**

- DHIS2 network inconsistencies that delay data entry.
- Limited review of perinatal deaths thus affecting the linkage of review to HMIS 100 for completion of MCCD.

- Slow uptake in use of the MCCD/HMIS form 100
- Limited support supervision and refresher training on use of the HMIS 100
- Inadequate data collection, management and utilization plan for mortality data both at health facility and community level.
- Unclear roles and responsibilities of health facility staff on death notification and MCCD
- Inadequate scale up and institutionalization of MCCD application - roll out to private health facilities

**Next steps**

- Introduction of community Verbal Autopsy in selected sample populations in the country.
- Support for health facility death notification and MCCD with the following activities
  - Additional engagement of private health facilities/hospitals through the Uganda Catholic Medical bureau.
  - Development of SoP’s for death notification and MCCD
  - Introduce the MPDSR/HMIS 100 linkage to additional health facilities including Masaka, Hoima and Jinja RRH’s.
  - Establish a mandatory linkage of perinatal death notifications forms/ reviews and HMIS100 linkage to achieve 100%.

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