

Civil Registration and Vital Statistics-Uganda Progress Report – January-March 2025



January- March 2025
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Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for Disease Control and Prevention (CDC) and CDC Foundation

Executive Summary

This report outlines the major CRVS activities undertaken by data for health Initiative during the period of January to March 2025. Under CRVS governance and leadership, D4H has supported the review of the desired health facility death notification, Medical Certification of cause of death and registration business process map developed during a stakeholders' work shop held last year (2024) with collaborative technical assistance from the Swiss Tropical School of Medicine team.

Health facility death notification and MCCD has registered progressive improvements with focus on support for the weekly hospital mortality review meetings led by the previously trained MCCD champions at all the regional referral Hospitals with extended support to general hospitals within their jurisdiction. In addition, MoH engaged the Uganda Protestant Medical Bureau team in a meeting to provide an overview of death notification and MCCD performance of major hospitals supported by the bureau to enable improvements in documentation and reporting. Additionally, the D4H team met with the police medical department team to discuss prospective collaborative work of Medical Legal Death Investigations (MLDI) reporting and inclusion to death notification and MCCD in the DHIS2 to enhance mortality data collection and access.

Other CRVS partner collaborative work supported the quarter includes the development of the national annual vital statistics report by the Uganda Bureau of Statistics (UBOS) with specific focus on the section on death notification, MCCD and verbal autopsy. The D4H team also participated in a Vital Strategies supported workshop held in South Africa under the data Impact Program to undertake CRVS policy advancement. Lastly D4H and CDCF had a stakeholder engagement workshop to support the development of the phase 6 CRVS and DI work plan for the next 2 years. The major CRVS activities have been maintained (i.e Governance, leadership, death notification, MCCD and production of the national annual Vital statistics report) in addition to MLDI and sample Verbal Autopsy.

CRVS Governance and Leadership

Following the development of the as desired health facility Business Process map during the CRVS stakeholders/TWG meeting held by NIRA in December 2024, the D4H team supported further review of the BPM with support of the Swiss TPH team. The new BPM incorporated some new changes including a clarity on electronic transfer of notification and MCCD data into DHIS2.

Health facility death notification and Cause of death

The in-country CRVS technical team continues to support MoH health facility MCCD champions with weekly mortality review meetings and monthly health facility MCCD mentorships to improve completeness, quality and reporting of MCCD at National, regional and general hospitals. There have been fluctuations in performance at all health facilities with hitting 60% MCCD and 69% notification at RRH's and averaging at 30% MCCD and 40% notification at both National and general hospitals by the end of December 2024. However, MCCD performance improved thereafter from 60% to 81% MCCD and 69% to 99% death notification at RRH's while National and general hospitals have improved MCCD from 30% to 44% and death notification from 40% to 58% by the end of January 2025.

The Ministry of Health Division of Health Information (MoH-DHI), with support from D4H held a mortality review meeting (13th February) with the Uganda Protestant medical bureau (UPMB), to support improvements in death notification and MCCD from private health facilities. A total of 9 high volume general hospitals each represented by a doctor and records personnel participated in review of the previous year's performance in regards to death notification and MCCD with use of the standard MoH medical cause of death certification form (HMIS 100). With oversight of 23/179 general hospitals, UPMB contributed 13% of total country annual deaths and 42% had a MCCD by the end of January 2025.



Figure 1: The UPMB Monitoring and Evaluation director, Mr. Muhumuza Ambrose addressing Medical Officers

During the months of February and March, the MoH strengthened implementation of the use of electronic medical records (EMR) requiring electronic data entry of all patient documentation. This has had significant effect on death notification and MCCD data entry into DHIS2 as a result of non-synchronized integration of the death notification and MCCD form into the EMR as seen in the line graph of the proportion of deaths notified and MCCD by month chart below).

Trend Analysis of Percentage of Deaths Notified vs. Medically Certified

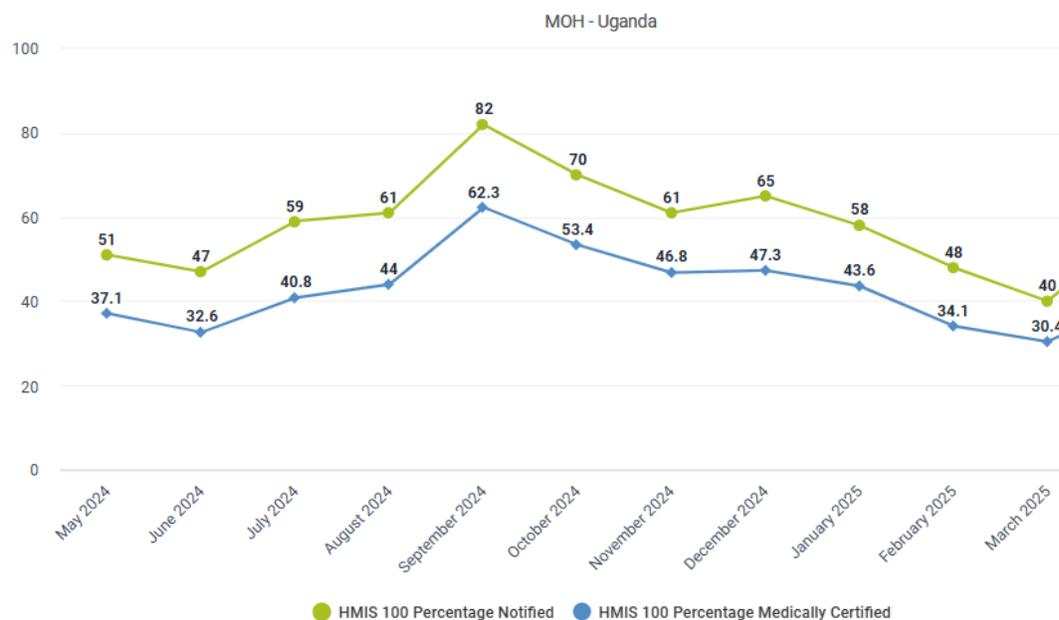


Figure 2: Line graph showing the Proportion of health facility deaths notified and medically certified by moth 2024-2025

Community death notification and cause of death

The Ministry of Health (MoH) and the Uganda Police Health Services team held a meeting on the 28 of March 2025, to discuss operations of the City Authority mortuaries in MLDI data collection and use. The meeting engaged a police Medical Doctor, Biostatistician, Data Officer, 2 MoH epidemiologists, DHIS2 system analyst. This information will support development of strategies to establish Medical-Legal Death Investigation (MLDI) for mortality data collection and use.

Production of the Vital statistics report

The Uganda Bureau of Statistics initiated the development of the first ever annual vital statistics report with support from the D4H team. The draft was further reviewed and revised during a CRVS stakeholders meeting held in February including the National identification and Registration Authority (NIRA) and the Ministry of Health (MoH) and several ministries represented in the CRVS TWG. The D4H team provided technical support for the analysis of Cause of death with use of the WHO ANACOD3 tool and development of the medically certified cause of death section. The report was finalized and will be disseminated this year.

Other CRVS collaborative work

The country key CRVS partners NIRA, MoH and UNIPH hosted the Data Impact and CRVS-D4H team for the phase 6 CRVS-DI work plan development during the third week of 17-21st March 2025. The workshop engaged key CRVS partners and stakeholders including MoH, UNIPH, NIRA, UBOS, UNICEF, United Nations Economic Commission for Africa (UNECA), Global Health Advocacy Incubator (GHAI). This engagement has provided deep, meaningful discussions for the development of a collaborative work plan with relevant activities for support during the next 2 years 2025/27.

The Institute of Public Health with support from Vital strategies conducted policy advancement workshop in Johannesburg, during the week of 25-28, February 2025 to support technical competence in health policy for issues of Public Health Concern with use of mortality data.

Issues of concern

The Uganda Bureau of statistics (UBOS) experienced delays in the production of the annual Vital statistics report as a result of competing National statistical survey activities and had to postpone the dissemination.

The Ebola Virus Disease outbreak which started in the month of February disrupted planned activities with the MoH such as the development of mortality surveillance guidelines.

Next steps

- The UBOS will be holding a dissemination workshop for the first annual vital statistics report in April 2025.
- The CDCF-D4HI team will review and refine the proposed country work plan activities and provide feedback to the national stakeholders for budgeting and the next steps.
- Support the MoH in development of the Mortality surveillance guidelines.

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