

**Civil Registration and Vital Statistics-Uganda
Progress Report - July to September 2023**



**July- August 2023
Date: 13th December 2023**

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

Executive summary

During the quarter, Data for Health Initiative supported continued supporting the Ministry of Health (MoH) and the National Identification and Registration Authority (NIRA) to strengthen death notification and certification services.

NIRA completed consultative meetings for the CRVS-ID policy development. The draft report was shared with NIRA management team for review and approval before the subsequent presentation to the parliamentary Health committee. NIRA continues birth and death registration at both facility and community level.

In collaboration with the MoH-Division of Health Information, D4H continued to test linkages of the MPDSR forms to the HMIS 100 in DHIS2 system. Other system upgrades include integration of the Digital open Rule for integration of cause of death selection (DORIS), the Analysis of Cause of Death WHO tool (ANACOD3) and the data dictionary for the Medical Certification of Cause of Death (MCCD) module. This will be finalized and disseminated to the MoH-DHI team for approval for use in all health facilities.

The team has also the TB program in discussions and the linkage of the TB ECBBS to the MCCD in the case of death as a treatment outcome. D4H continues to support regional weekly performance review meetings with biostatisticians and records personnel at Regional referral hospitals to encourage and improve MCCD use and mortality reporting at health facility level. Currently MCCD reporting has improved to 10% at national level and 22% at regional referral hospital.

This calls for continued focus on health facility support by providing onsite targeted supervision and mentorship on quality data collection in addition to use of the MCCD data to inform policy.

A) Support to the Ministry of Health

I) MCCD orientation training for regional epidemiologists and biostatisticians to enhance regional MCCD monitoring and supervision

D4H continues to support the MoH regional weekly death statistical reporting meetings in collaboration with the Division of Health information at the MoH. D4H in collaboration with the department of Clinical Services at MoH organized and delivered a webinar on MCCD for over 100 intern medical Doctors, nurses and a few Medical officers held on the 31st of August. The D4H team also participated and facilitated in the MoH MCCD 4-days orientation workshop starting on the 19th of September for regional epidemiologists and biostatisticians to improve regional MCCD monitoring and supervision and reporting in to DHIS2. This has contributed to an improvement in the national MCCD reporting from 5% in June to 16% in September 2023 at for the National, regional and district hospitals.

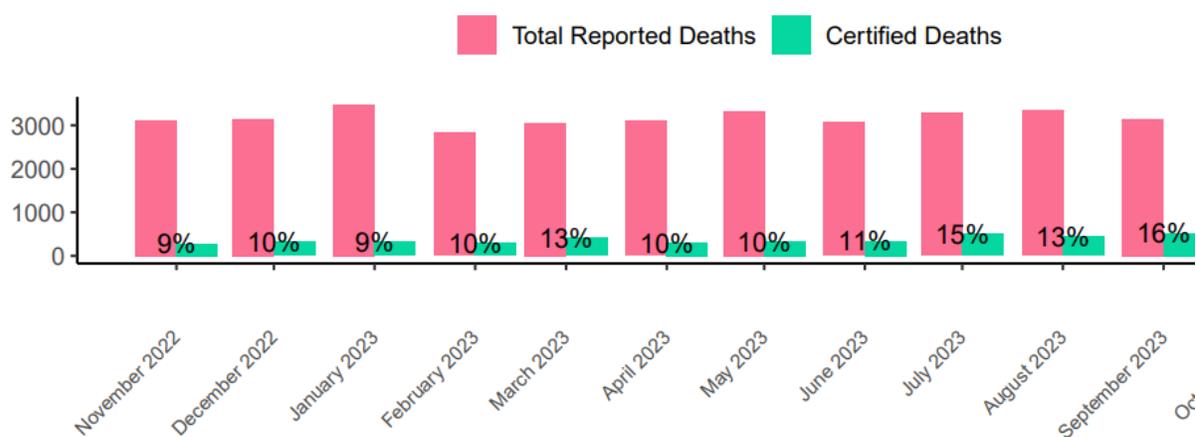


Figure 1: MCCD performance at national, Regional and District hospitals

II) DHIS2 upgrade

The D4H team continued to making additional improvements in DHIS2 including generation of indicators for the MCCD dashboard. This DHIS2 consultant has modified the script to produce a daily report of the indicators in the matrix that is stored in DHIS2 for the native Dashboard function. We are currently implementing and Testing Final Solution for the Visualization of the Dashboard. The team continued to update the MCCD Application to including updating NIN function periodically and testing of DORIS and the new version of the ICD11 API. D4H team with support from the DHIS2 and mortality surveillance consultant developed the MPDSR and MCCD application linkage in DHIS2 through the approved MoH DHIS2 testing instance in 2 selected sites (Kawempe Regional referral (RRH) and Mukono RRH. D4H continues to work with the DHIS2 consultant to on the testing final for the Visualization of the Dashboard and the linkage of the MPDSR forms with HMIS 100 in DHIS2 to support. Other system upgrades include integration of the Digital Open Rule for integration of cause of death selection (DORIS), the Analysis of Cause of Death WHO tool (ANACOD3y) and the data dictionary for the Medical Certification of Cause of Death (MCCD) module. This will be finalized and disseminated to the MoH-DHI team for approval for use in all health facilities.

B) Piloting community death notification and registration

I) Community death notification pilot in Adjumani districts

The National Identification and Registration Authority (NIRA) continued support the pilot community case notification in Adjumani district. The pilot on community case notification in Adjumani district registered 102 new deaths by LC1 chairpersons from 52 villages during the month of July 2023. This brings the total the total deaths registered to 375 in 3 months of May-July 2023. The pilot study was concluded with 76% (382/502) of the expected deaths notified in the respective period of 1 year

II) The CRVS/HDSS integration work in Iganga and Mayuge District

The pilot on community death notification completed the retrospective data collection phase with 1138 (Over 100%) deaths notified and registered with the District NIRA office. Currently the pilot study has started the prospective phase on community death reporting with the initial preparatory training session on the principles of Medical Certification of Cause of Death and Verbal Autopsy for the 8 doctors who will be involved in the coding of the study VA's. The Doctors include an a Makerere University Professor, an obstetrician & gynecologist, a pedestrian and 5 senior Medical officers from the health facilities in region of Eastern Uganda where the HDSS is located.

C) Technical Support for CDC-Baylor funded mortality surveillance project

The team has also supported the CDC Uganda mortality surveillance project led by Baylor Uganda covering 3 districts in western Uganda during the subsequent week. The CDCF-D4H team conducted an in-country technical visit to support collaborative work on Mortality surveillance and visit West Uganda hospitals for M CCD assessment. The Baylor team shared the best practices and challenges faced in both community and health facility death notification(MCCD) including delays, completeness and accuracy of MCCD. The CDCF-D4H team developed a death notification job aid and operational guide to support improvements Baylor's MS work. A draft guidelines was generated to be finalized by the Africa CDC technical team. Following the development of a death notification job aid and operational guide, the D4H team had an orientation session on the death notification operational guidelines with 3 selected CDC-Uganda-Baylor supported health facilities (Fort Portal Regional referral, Kyenjojo and Virika hospitals) to improve death notification.D4H continued to advocate for the use of the death notification job aid for 2 selected health facilities in the CDC/Baylor supported health facilities (Fort portal Regional Referral and Virika Hospitals) to encourage nurses and records officers improve death notification and certification by assisting the Doctors in documentation and reporting. Death notification improved in Fort portal RRH from 42% in June 2023 to 59% in September 2023 and medical certification of Cause of death from Virika Hospital was maintained at 100% (10/10) in September 2023 within the of July 2023.

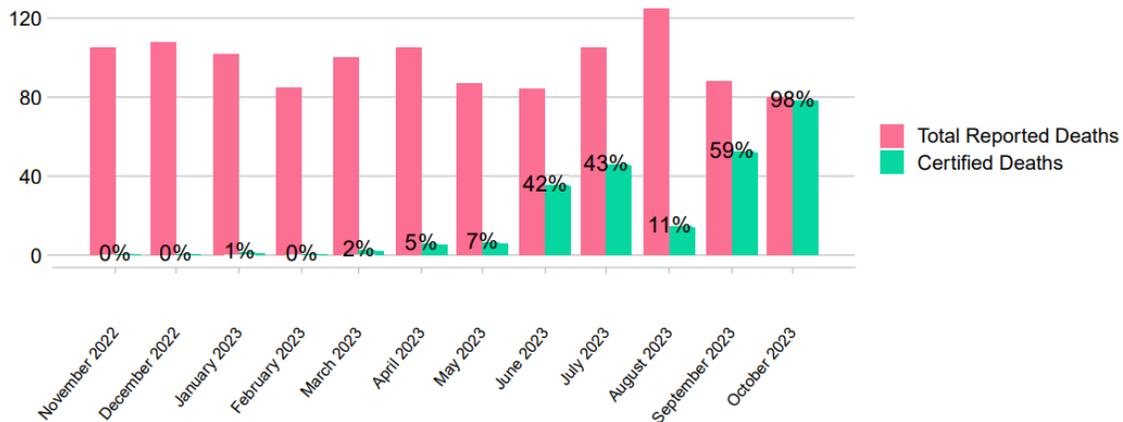


Figure 2: MCCD performance in fort portal regional referral Hospital

D) Development of MCCD course unit for Medical Schools

D4H team has had several engagements with the Director of the Uganda Medical and dental practitioner’s on MCCD institutionalization in the Medical school curriculums. Following the meetings, the team developed the MCCD course unit outline and will be developing the course content which will be shared with the country team and the UMDPC board for review and approval.

E) CRVS-ID policy development

During the months of August and September, the D4H- CRVS consultant continued to conduct stakeholder consultation interviews from the Central Government Departments and Agencies and generated a second progress report highlighting key issues in preparation of the National CRVS-ID Policy CRVS. Some of the major issues include low community awareness, inadequate CRVS staff at district levels, limited equipment for data entry and unfavorable process instituted by NIRA. The policy draft was completed and shared with NIRA for review and finalization.

F) FETP/CRVS linkage work

The FETP had a site visit to the Iganga/Mayuge HDSS between 31st July – 04th August, 2023 to support mortality data use. The visit involved orientation of 8 fellows on Iganga/Mayuge HDSS data to generate topics for publication and policy formulation. As a result, 8 mortality related topics were generated to pursue manuscripts and policy briefs to support policy formulation. These include:

- Trends of pregnancy, time to neonatal birth and death among teenagers in Eastern Uganda
- Trends of mortality due to vaccine preventable diseases among children under 5 years in Eastern Uganda, 2007-2022.
- Trends and distribution of maternal mortality, Iganga/Mayuge HDSS cohort study 2015-2023
- A comparative study of verbal autopsy interpretation by automated analysis versus physician review in determining cause of death within a population-based cohort in Eastern Uganda
- Trends and characteristics of health facility and community deaths occurring within a population-based cohort in Eastern Uganda, 2005-2023
- Assessing trends of water hygiene and sanitation indicators at household level and mortality from related diseases in a population cohort from Iganga and Mayuge Districts from 2005 to 2022

- Birth preparedness and complication readiness among adolescent mothers in Eastern Uganda. 2018-2021
- The Burden of Malaria Mortality in Eastern Uganda -A case of Iganga/Mayuge- Health Demographic Surveillance Site (IMHDSS) in Eastern Uganda, 2014-2022.

The FETP team at the Uganda Public Health Institute organized a dissemination work shop for the findings of the quality improvement work done on Improving Perinatal Death Notification, Review, and Response in Bunyoro Region, Uganda. The meeting was held on the 11th of September 2023 in Hoima City. It was attended by 5 district health officials from each of the 9 Districts including the District Health Officer (DHO), Assistant DHO's Maternal and Child Health services and QI and MPDSR focal persons). The major findings were that perinatal death notifications improved from 20% to 64% and perinatal death review improved from 17% to 33% in a period of 3 months. It was also noted that macerated still births contributed to the highest proportion of perinatal deaths in comparison the still births.

G) Collaborative work with other agencies

I) Collaboration with Global Health Advocacy Incubator (GHAI) to support for budget advocacy and legal reforms for death notification and registration

D4H has had collaborative meetings with NIRA led by GHAI to discuss required legal reforms to improve death notification and registration. A 2-day (26th-27th July 2023) high-level meeting on Uganda Civil Registration and Vital Statistics Legal Reforms and budget advocacy for NIRA. Recommendations for legal review and budget advocacy were made including the following; removal of early birth registration fees, timelines for registration, responsibility for mandatory death notification/fact of death, the role of medical practitioners and health facility administrators in death notification, the need for postmortems in unnatural deaths, the appropriate data fields on the death notification form and the death certificate and setting priorities for CRVS budget advocacy. Processes led by NIRA are still underway to harmonize the legal reforms/amendments and present to the first parliamentary council for approval.

D4H also participated in the GHAI interviews for selection of a Civil Society organization to conduct CRVS Continued testing and validation of the MPDSR and M CCD application linkage in DHIS2.

II) Africa CDC workshop to develop mortality Surveillance guidelines

The team also contributed to the development of the Africa CDC lead operational guidelines for mortality surveillance. Participants in the workshop included all Africa CDC member states.

Issues of concern

- Slow uptake in use of the M CCD/HMIS form 100
- Limited local expertise to support use of the HMIS 100
- Inadequate data management and utilization plan for mortality data
- Lack of standard operating procedures (SOP's) and guidelines on M CCD
- Inadequate scale up and institutionalization of M CCD application - roll out to private health facilities
- HMIS is majorly paper based, large registers and HMIS report forms and often causing fatigue among health workers
- Existing silos of parallel research or project-based efforts in mortality data collection

Next steps

- Training of doctors to conduct the VA coding for the CRVS/HDSS integration work on community death reports.
- Demonstration sessions for the MPDSR and MCCD application linkage in DHIS2 at 2 selected sites Health facilities in Kampala region.
- Technical support for MoH regional weekly death statistical reports including general and private hospitals.
- Follow up with NIRA on legal reform processes and budget advocacy to agree action plans
- Finalization of the situational analysis report to support the CRVS-ID policy development and present a first draft to NIRA for review.
- Implementation of MCCD quality improvement at RRH within the FETP/CRVS linkages

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