

**Civil Registration and Vital Statistics-Uganda
Progress Report – July to September 2024**



**July- September 2024
Date: 2nd October 2024**

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

Executive summary

The CRVS activities in collaboration with D4H Initiative covered a number of activities during this quarter to strengthen death notification and certification services. Several trainings were supported including a two-day refresher training for Medical Officers (M.O's) and Medical Records Officers (MRO's) from 16 Regional Referral Hospitals (RRH's) and 2 specialized units (Mulago Cancer and Heart Institutes). The champions will spear head weekly health facility death review meetings and regional quarterly mortality performance review meetings. The hospital based weekly mortality review meetings have been strengthened to ascertain notifications and MCCD for all deaths in the respective 7-day period. This has resulted in improved death notifications and MCCD at RRH's with an average of 60% death notifications and 40% MCCD since July 2024 improving further to 74% death notification and 53% MCCD by end of September 2024.

A weeks training in R software for 17 staff from MoH-DHI& IES-PHE, MaKSPH and UNIPH staff followed by mortality data analysis and a Trainer of Trainers including 5 selected staff. UNIPH in collaboration with the Data Impact Program(DIP) started a 3-weeks' online writing skills workshop in which 5 country staff (3 MoH and 2 HDDS) are preparing CRVS related articles for publication in the National Public Health Bulletin. These trainings will support institutionalized mortality data analysis, dissemination and use for decision making and policy formulation via publications in public health bulletins and journal articles.

Technical support was also provided towards strengthen CRVS governance and leadership including guidance for the MakSPH mortality surveillance project in Kalangala and Buvuma islands with support for planning of community and health facility staff, the CRVS TWG meeting held to review the legal recommendations for community and health facility death notification and registration, the development of the MCCD standard operating procedures, finalization of national Mortality Surveillance (MS) roadmap and development of the draft MS guidelines for implementation.

A) Improving death notification and MCCD

I) MoH Technical support

a) Capacity building

Several trainings were supported during this period including the following;

A two-day (22nd and 23rd of July) refresher training on MCCD data management for Medical Records Officers (MRO's) from 16 Regional Referral Hospitals (RRH's) and 2 specialized units (Mulago Cancer and Heart Institutes) on HMIS/DHIS2 death notification and cause of death report indicators, data entry, extraction, cleaning and basic data analysis to support interpretation of mortality data and cause of death for hospital decision making.



Figure 1: Training of MCCD Regional Champions

A weeks training in R software was conducted with support from CDCF-D4H for 17 staff from MoH-DHI& IES-PHE, MasPH and UNIPH staff including 2 biostatisticians, 3 data scientists, 2 research associates and 9 epidemiologists. The skills attained will support institutional Capacity for national and sub-national mortality data analysis and use. This was followed by a 5-day (29th July-2nd August) mortality data analysis training in Kampala for 16 participants including 6 from MoH, 4 from Iganga-Mayuge HDSS(MUCHAP), 2 from UNIPH, 1 from MakSPH and 3 D4H coordinators. The training conducted by the Johns Hopkins University team of 5, covered data management and exploratory descriptive data analysis practical sessions that generated outputs of specific mortality study questions that were presented to the respective institutional heads. The trainee's will support institutionalized mortality data analysis, dissemination and use for decision making and policy formulation via publications in public health bulletins and journal articles. This was followed by a 5-day Trainer of Trainer's (ToT) online workshop for mortality data analysis training to run 2 hours per week) with 5 national trainers (3 MoH and 2 HDSS) who will there after support regular CRVS data analysis and dissemination for action.



Figure 2: Mr. Paul Mbaka (L) and Dr. Dan Kajjunga addressing participants during the mortality data analysis training



Figure 2: Mr. Collins Ochieng facilitator (Standing in black) and picture of participants of the R training

On 7th-8th August 2024, we conducted another orientation training of 23 regional MCCD champions to spear head weekly health facility death review meetings and regional quarterly mortality performance review meetings. Participants were selected from 16 RRH's, 2 National Referral Hospitals and 3 Mulago Hospital specialized medical institutes (Women's hospital, Cancer and Heart institutes) majorly including Medical Doctor's (15), Senior Nursing Officers (5) and MRO's (3). The MoH-DHI and CDCF conducted another one day (15th August) death notification and cause of death training at Entebbe Pediatric Surgical Hospital for 11 participants including 3 medical officers, 2 anesthesiologists, 5 Nursing Officers, and 1 clinical data officer.

UNIPH with support from Data Impact Program(DIP) started a 3-weeks' online writing skills workshop (8 hours each week) in which 5 country staff (3 MoH and 2 HDDS) are preparing CRVS related articles for publication in the National Public Health Bulletin.

b) Health facility mortality data review meetings

MoH technical support for hospital based weekly mortality review meetings is currently provided to ascertain notifications and MCCD for all deaths in the respective 7-day period. The RRH's have yielded an average of 60% death notifications and 40% MCCD since July 2024

improving further to 74% death notification and 53% MCCD by end of September 2024 shown in figure 2 below



Figure 3 :Weekly Mortality meeting at Soroti and Naguru Hospitals

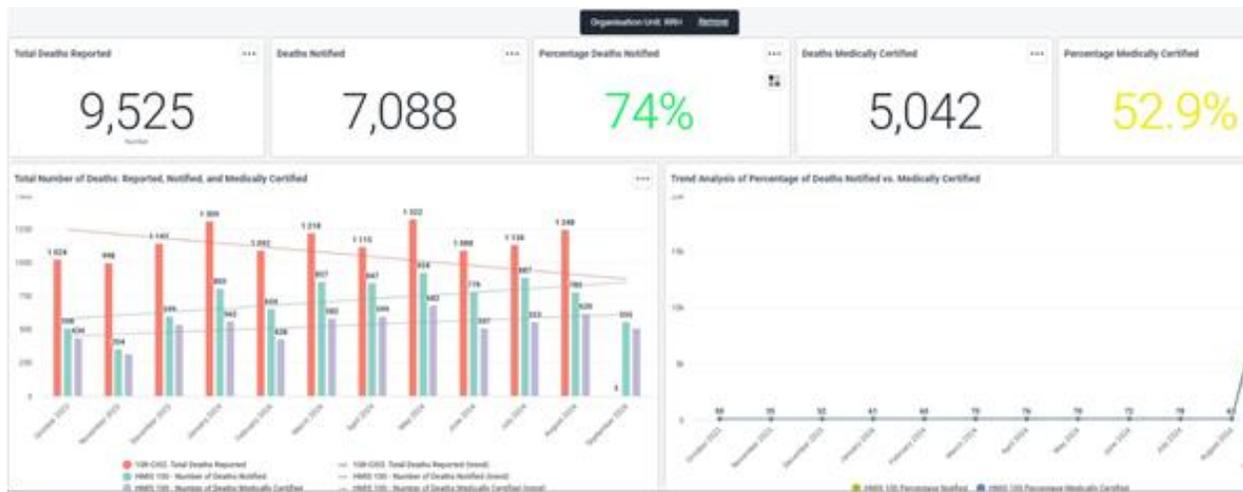


Figure 2: Current annual performance of regional referral hospitals September 2024

Review meeting held for 23 private Hospitals under the Faith Based Organization-Uganda Catholic Medical bureau (UCMB) to review and improve the current Death Notification(DN) of < 8% and medical Certification of Cause of death (MCCD) of < 3% r, in response to the good performance noted (100%-DN&MCCD) at one of their hospitals in the western region of Uganda. Meeting had 43 hospital staff with 22 Doctors, 7 MRO's, 2 Records Assistants(MRA's), 1 Biostatisticians and 3 M&E Officers, 4 health Information Assistants and 4 data Clerks). UCMB currently reflects improvement to 30% death notifications and 20% MCCD for the month of August 2024.

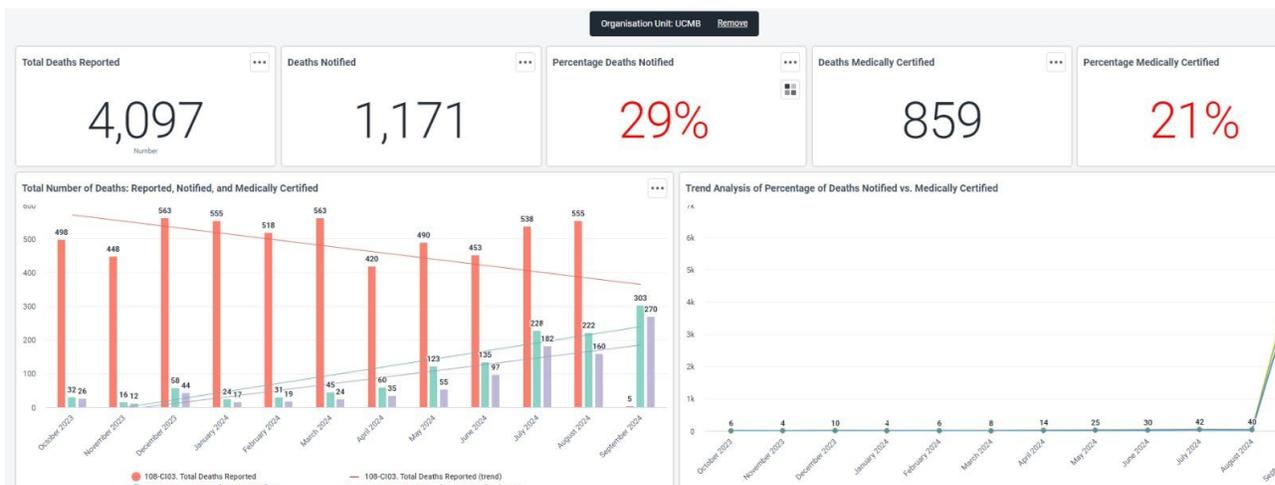


Figure 3: annual performance for UCMD health facilities

B) Support towards governance and leadership

a) Mortality surveillance stakeholder workshop

The Makerere University School of Public Health (MakSPH) Mortality Surveillance Project held a stakeholder (MoH, District and local government leadership) engagement meeting on the 5th of July during which they shared preliminary findings for phase I of their research work on exploration of system barriers and facilitators and possible recommendations to improve death notification and reporting in Buvuma and Kalangala Islands located in Lake Victoria. The Key strategic interventions recommended highlighted facilitation of community knowledge and pro-active support from existing community/local government and health facility structures.

b) CRVS Technical Working Group meeting

On the 13th and 14th of August NIRA hosted the 2nd CRVS-TWG meeting to discuss a GHAI/CDC report that seeks to address recommendations for reforms on death notification, cause of death information and registration in Uganda. The report seeks to address key issues and practices in the current system that hinder registration with possible solutions. NIRA will present the recommendations and next steps for death notification and registration to their legal team and the MoH Permanent Secretary to guide on the proposed areas of action.

c) Development of MCCD standard Operating Procedures

The MoH-Division of health information(DHI), conducted review and revision of the MCCD/ HMIS report form and standard Operating procedures (SOP's) for MCCD which was followed by national dissemination for the revised HMIS tools between the 17th and the 25th of June to support roll out of revised tools at all health facilities.

d) Development of the Mortality Surveillance road map

The MoH- Department of Integrated Epidemiology Surveillance and Public Health Emergencies (IES&PHE) held a stakeholder meeting on the 12th July in which D4H participated with other health partners to review and validate of the Mortality Surveillance roadmap. A selected committee refined the document by the 18/07/2024 for final review and approval by the national Task force. This was followed by the final presentation and launch in the MS stakeholders meeting held on the 26th of September 2024.

Issues of concern

- The MCCD data quality is inadequate with incompleteness and inaccuracy
- Limitations in interoperability between MVRS and DHIS2 causing delay in death notification and registration

Next steps

- Monthly MCCD mentorship at hospitals
- Regional quarterly performance review meetings
- CDCF team in country visit to strengthen CRVS collaborative support and development of a desired health facility CRVS business Process mapping with MoH, NIRA and UBOS.

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