

**Civil Registration and Vital Statistics-Uganda  
Progress Report – October-December 2024**



**October- December 2024  
Date: 15<sup>th</sup> January 2025**

**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 recent efforts to enhance the death notification process and the Medical Certificate of Cause of Death (MCCD) in Uganda, alongside broader initiatives for improving Civil Registration and Vital Statistics (CRVS).

The initiative has focused on providing technical support and mentorship to hospitals across the region. Regular mortality meetings have been established at 17 regional referral hospitals, with additional mentorship provided to 30% of public general hospitals. Notably, a performance review meeting for 31 private hospitals under the Uganda Catholic Medical Bureau (UCMB) has yielded significant improvements. In September 2024, death notification rates reached 66% and MCCD completion stood at 59% for regional referral hospitals. By October, these figures saw minor fluctuations with notification at 63% and MCCD at 57%. Continued mentorship from trained champions at institutions, including Mulago National Referral Hospital, contributed to improvements, with overall notification hitting 75% and MCCD at 59% by month-end.

The CDC Foundation's Data for Health (D4H) team visited Uganda from October 21-25, 2024, to collaborate with key CRVS partners including NIRA, MoH, and NIPH. The visit aimed to address existing CRVS challenges and develop a Health Facility As-Desired Business Process Mapping. Discussions with leaders from various organizations provided valuable insights to enhance CRVS services.

In partnership with MoH, D4H conducted a national analysis of MCCD data from January to September 2024, revealing a 23% completeness rate for cause of death data. Key mortality causes identified included perinatal conditions and infectious lower respiratory infections. Recommendations emphasized the need for training medical professionals and regular data dissemination to facilitate informed health interventions. In addition, NIRA and the Uganda Bureau of Statistics conducted a three-day workshop in December to review the draft of the first annual Vital Statistics report, with completion targeted for January 2025.

Two major training sessions for healthcare staff were held to boost MCCD quality. At Mulago National Referral Hospital, over 200 doctors participated in an orientation. Additionally, mentorship at eight UCMB hospitals led to a noteworthy increase in death notification by 35%. An MCCD focal point was appointed at each facility to foster ongoing support.

The key issues hindering progress include: delays in the DHIS2 system and internet outages affecting data entry., Ongoing reliance on the MVRS system, complicating DHIS2 integration and discrepancies in reported deaths versus data in DHIS2. The major next Steps include Finalization of the Health Facility Desired Business Process map, Continuing MCCD mentorships across various hospitals and enhance data harmonization and collection tools for CRVS.

These initiatives reflect a concerted effort to improve the effectiveness of death notification and MCCD processes while concurrently enhancing the overall CRVS framework in Uganda, ultimately leading to better public health outcomes.

## A) Improving death notification and MCCD

### I) Technical support at Hospitals

Support for weekly mortality meetings at the 17 regional referral hospitals and mentorship for 30% of the public General Hospitals to review deaths and ensure completion of the Medical Certificate of Cause of death(MCCD). We also held a mortality performance review meeting for 31 private Hospitals under the Faith Based Organization-Uganda Catholic Medical bureau (UCMB) to support improvements in Health Facility Death Notification(DN) and medical Certification of Cause of death (MCCD).

This has improved notification to 66% and medical certification to 59% at RRH's while general hospitals improved notification to 60% and MCCD to 46% for the month of September. During the month of October 2024, the hospital weekly Mortality review meetings and monthly MCCD mentorships by champions continued leading to improved death notification of 63% and medical certification of cause of death to 57% for the month of October in all Hospitals. Mentorships led by the trained MCCD champions continued in other high-volume National Referral Hospitals including Mulago National referral hospital. The NRH's improved notification to 53% and MCCD to 46% while the RRH's and the general Hospitals improved notification to 75% and MCCD to 59% by the end of the month. However, we note a decline by December 2024 which may be attributed to inaccuracy and incompleteness of the denominators. (Figure 1&2)

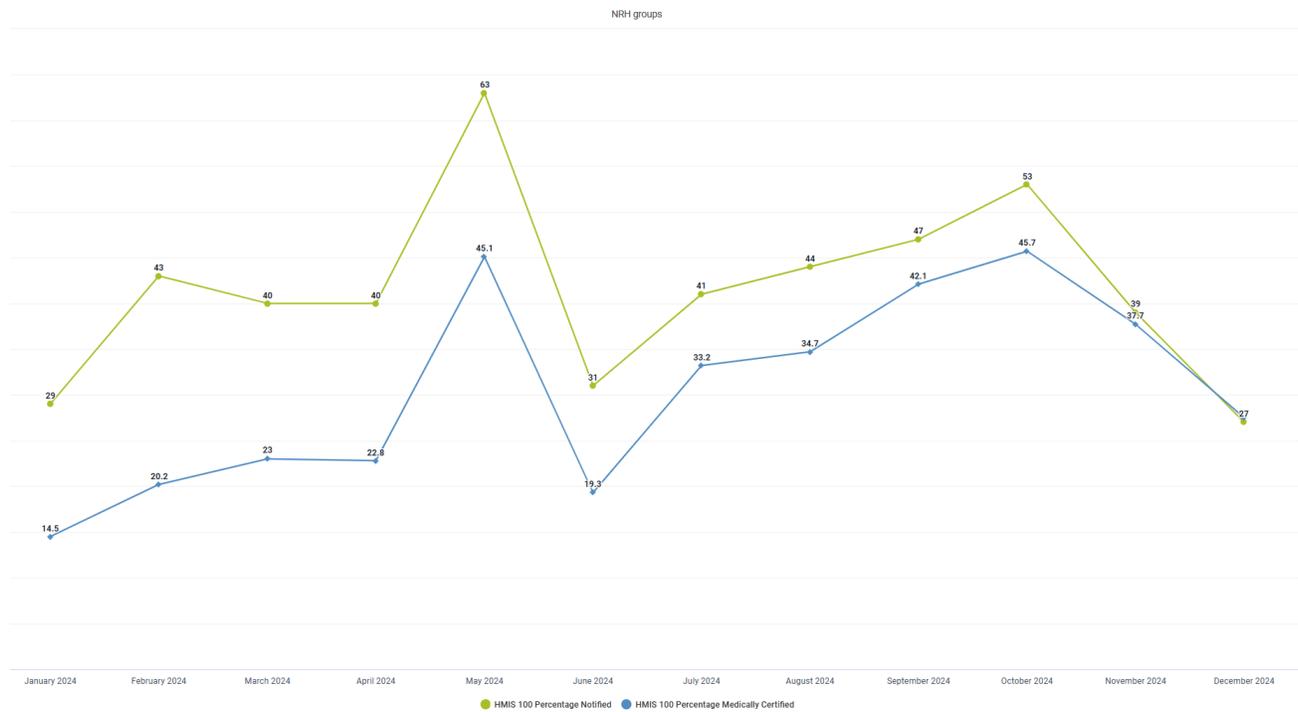


Figure 1: Trend of percentages of death notification and MCCD National referral hospitals per month from January-December 2024

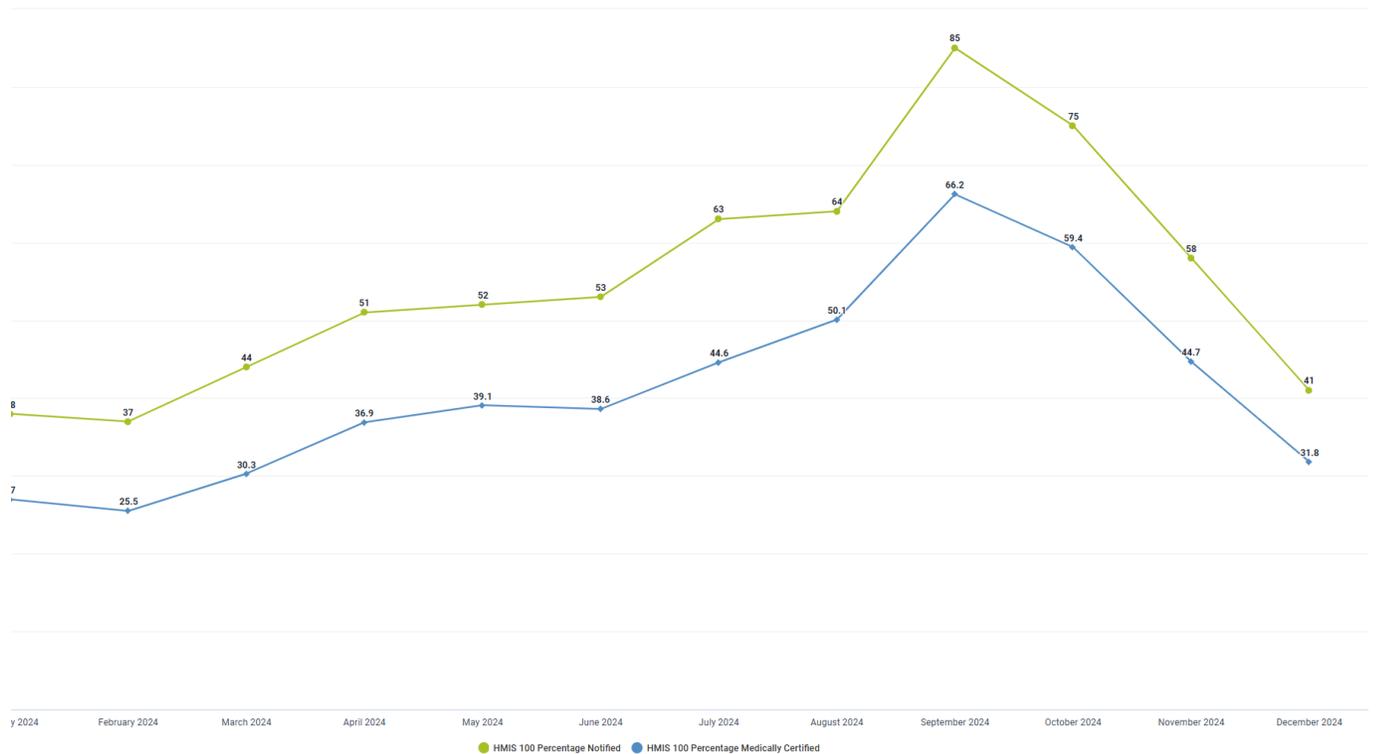


Figure 2: Trend of death notification and MCCD at RRH's and General hospitals per month from January-December 2024

## B) Collaborative work to improve general CRVS

### I) CDCF in country visit

From October 21 to October 25, 2024, the CDC Foundation's Data for Health (D4H) team conducted a technical visit to Uganda focusing on enhancing civil registration and vital statistics (CRVS) services. This visit aimed to foster collaboration with local partners including the National Registration and Identification Authority (NIRA), the Ministry of Health (MoH), and the National Institute of Public Health (NIPH), to improve the quality, completeness, and timeliness of CRVS systems in the country.

Key activities included a workshop that united high-level government officials, health professionals, and community members to share insights on CRVS challenges. High-level discussions with stakeholders highlighted the following priorities:

1. **Birth Registration Improvements**
2. **Death Notification and Registration Enhancements**
3. **Mortality Audits and Data Utilization**
4. **Data Analysis and Reporting:**

This initiative represents a significant step towards a more effective and integrated CRVS system in Uganda, ultimately enhancing public health data quality and influencing policy decisions for better health outcomes.

## II) Mortality data analysis and use

In collaboration with the MoH, D4H conducted national data analysis to establish completeness and quality of available cause of death data from MCCD statistics (January-September 2024) to inform interventions at health facilities. The top 5 causes of death indicate perinatal conditions (Birth asphyxia, prematurity and low birth weight) endocrine disorders and Malaria and infectious lower respiratory tract infections such as TB (Figure 3). With completeness of 18% and 23% ill-defined causes of death, the recommendations focused on increasing efforts to improve quality of MCCD through training of Doctors, regular data analysis and dissemination to support informed decisions and interventions.

### Top 20 Leading Causes of Death Both Sexes and all Ages

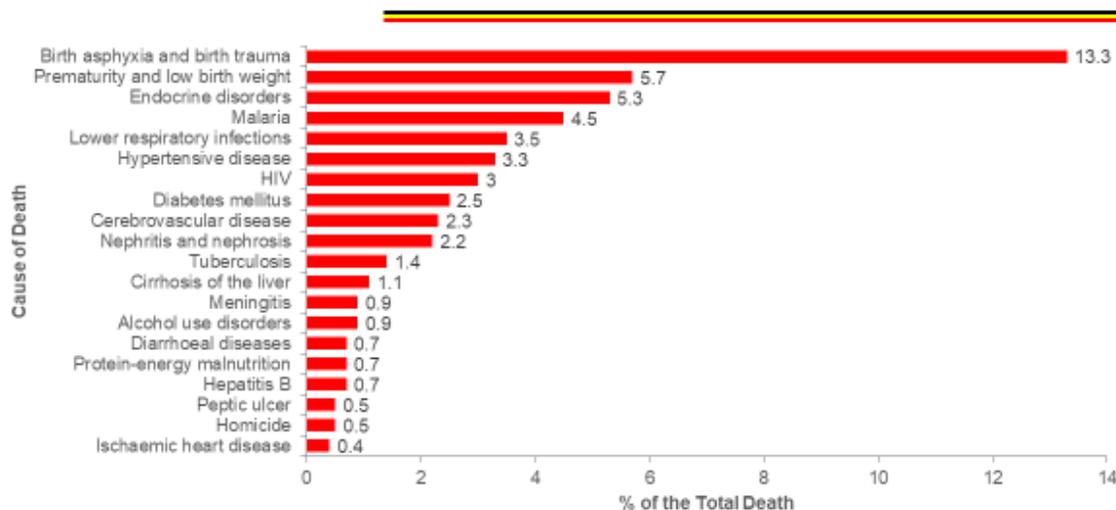


Figure 3: top 20 causes of death January to September 2024.

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

NIRA in collaboration with Uganda Bureau of Statistics held a 3-day stakeholder workshop (12th-14th December) to review their first draft annual Vital Statistics report. Work on the VS report is still in progress and will to be completed in January 2025.

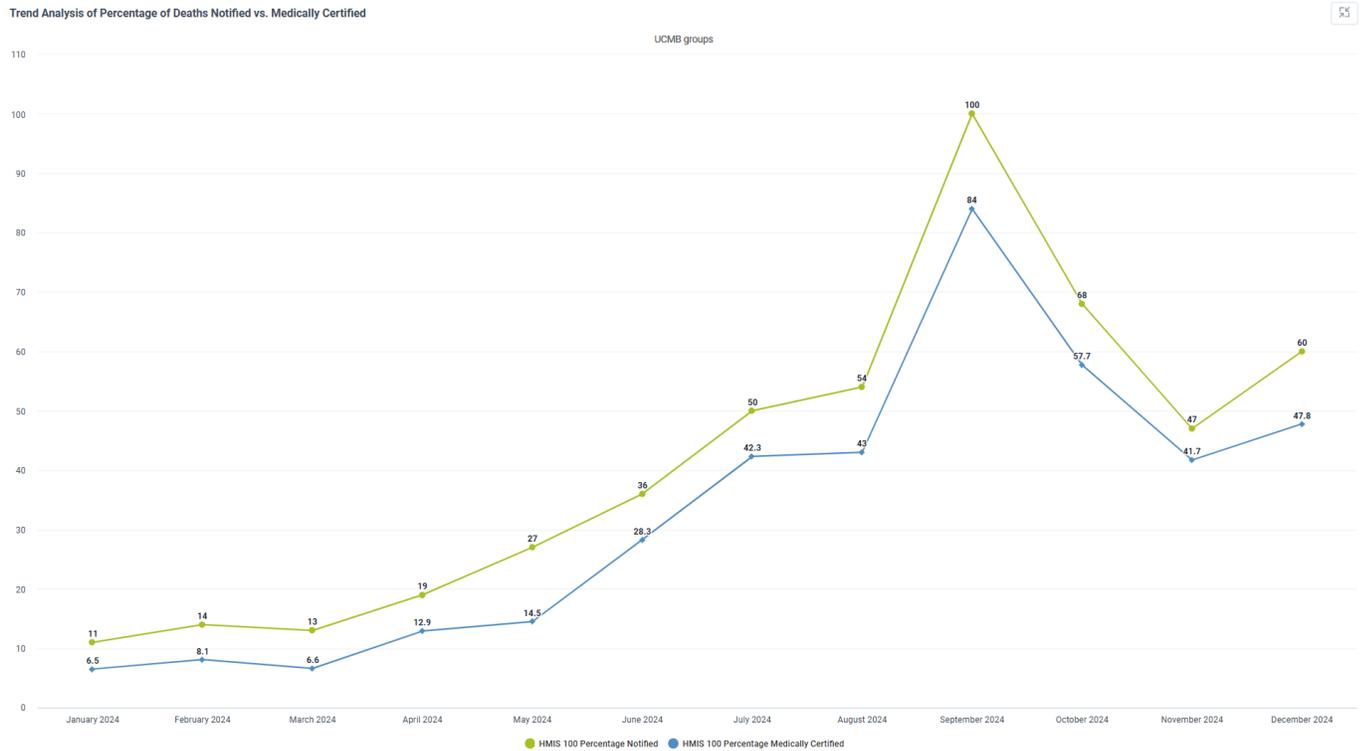
## IV) MCCD training and mentorship

### a) Mulago National Referral Hospital

The departments of Pathology and Medicine at the Mulago National referral hospital held an MCCD orientation session on the 15<sup>th</sup> November to improve MCCD quality. The session had over 200 doctors in attendance including 30 physicians, 20 pathologists and 150 Senior House Officers. The team improved quality of MCCD documentation and reporting in DHIS2.

**b) MCCD mentorships for Uganda Catholic Medical Bureau (private for Profit General Hospitals)**

The MoH in collaboration with Uganda Catholic Medical Bureau (UCMB) conducted MCCD mentorship at 8 high -volume hospitals to support improvements in death notification and MCCD. A team of 2 UCMB staff, 4 MoH (Departments of Integrated Epidemiology and Surveillance and Division of Health Information (DHI) and 2 UNIPH/D4HI staff conducted the mentorships in eight selected high volume General hospitals including Kitovu, Nyakibaale, Ibanda, Comboni, Angal, Lacor, St. Joseph Kitgum and Bishop Asili hospital. Death notification and MCCD in these facilities is currently at 60% and 48% respectively.



**Figure 4: Trend of proportion of deaths notified and medically certified at UCMB facilities by month- January to December 2024.**

During the visits, an MCCD session was given in addition to MCCD standard operating procedures and a review of MCCD records in DHIS2. The major findings included that all facilities had trained staff in MCCD in December 2023 and have access to the DHIS2 MCCD application for data entry. To note was the use of Electronic Medical records system which will require integration with HMIS 100 to support timely death notification and MCCD reporting to MoH. An MCCD focal person was selected for each facility to provide continued linkage and peer support and MCCD

### Issues of concern

- DHIS2 system delays with interruptions in internet connectivity disrupting death notification and MCCD data entry
- Continued use of MVRS use at health facilities affecting DHIS2 data entry in most private health facilities(UCMB) and Mulago Hospital.
- Closure of the gaps in number of deaths seen at all facilities and the number notified and medically certified in DHIS2.
- Inefficiency of MCCD data transfer from DHIS2 to the NIRA CRVS system due to a disjoint in the designated administrative units between MoH and NIRA.

### Next steps

- After development of the health facility desired Business Process map by the Swiss TPH team, the draft was handed over to the CRVS team this month to be reviewed before the stakeholders meeting for finalization.
- The MoH health facility MCCD champions with support from the in country CRVS technical team will continue to provide monthly health facility MCCD mentorships both at regional and general hospitals (both public and private not for profits- UCMB, UPMB, UOMB and UMMB).
- Participate in development of MoH Mortality Surveillance guidelines.
- Engage the MoH clinical services and surveillance departmental teams in the further discussions on mandatory health facility death audits and MCCD followed by proposed activity work plan to support implementation
- Support printing of new HMIS 100.
- Harmonisation of the CRVS data collection administrative units and support for birth notification tools.
- Enhance MCCD reporting and data collection at Mulago National referral hospital and police in collaboration with mortuaries.
- Health facility mortality performance reviews

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