

**Civil Registration and Vital Statistics-Uganda  
Progress Report - October to December 2023**



**October- December 2023  
Date: 2<sup>nd</sup> February 2024**

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

## Executive summary

There has been continued support to the Ministry of Health (MoH) and the National Identification and Registration Authority (NIRA) to strengthen death notification and certification services.

The MoH-Division of Health Information continued engagement of regional teams in the weekly death summary review meetings for Regional and National referral hospitals. With support from D4H, MoH developed draft death notification/MCCD job aids and standard Operating procedures (SoP's) for health facility guidance. D4H also continued support for the Uganda Centers for Disease Control and prevention (CDC)- Uganda/Baylor mortality Surveillance project with the use of the death notification Job AID at Virika and Fortportal hospitals. This led to a 7% increase in national death notification and MCCD. In addition, the testing of 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 levels.

NIRA with support from the GHAI conducted a parliamentary caucus meeting to present the propositions for budget advocacy specifying the need for NIRA offices in the 5 districts without NIRA registration Offices. This was approved and has led to additional government budget support for upcoming NIRA registration activities. NIRA continues birth and death registration at both facility and community level.

The team also participated in a weeks' regional training on Analyzing Mortality Levels and Cause of Death Data – from the 27 November to 1 December 2023 in Dar es Salaam, Tanzania organized by the United Nations Economic Commission for Africa (UNECA). The Skills from this training will be used to support mortality data analysis and presentation to support teams both at MoH and UBOS in development of mortality and CRVS statistical reports.

Other collaborative work included development of a proposal on death notification and MCCD quality improvement at 5 RRH's by FETP and continued CRVS/HDSS integration work 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) Support for the Ministry of Health**

### **I) Engagement of Regional Referral Hospitals and National Referral hospitals in weekly death summary review meetings**

D4H continues to guide and support the MoH regional weekly death statistical review/ reporting meetings in collaboration with the Division of Health information maintaining a 50% Medical Certification of Cause of death (MCCD) in hard copy while increasing MCCD electronic reporting by 10% (24%-34%) September-October 2023. Data is mostly from the attending (7-10)/17 regional referral hospitals. The death notifications at all the 17 regional referral hospitals improved from 16% to 23% and a sustained increment at national level from 9% in September to 10% in October 2023 and 14% in December 2023.

The MoH with support from D4H has also developed draft terms of reference for use at health facility level specifying the processes and staff roles for death notification and MCCD.

### **II) Development of the mortality surveillance health facility dashboard**

The team has also completed upgrades and development of the MCCD dashboard in DHIS2 to support monitoring of death notification and MCCD at national level.

### **III) Maternal and Perinatal Death Surveillance Response linkages to MCCD reporting**

In order to increase the number of MCCD among Maternal and perinatal routinely reviewed deaths, the MoH with support from D4H conducted 2 training sessions to enhance- the MPDSR and MCCD application linkage in DHIS2 through at 2 selected sites including Kawempe National referral and Mukono hospitals. Kawempe Hospital has an average of 10 maternal deaths and 200 perinatal deaths per month respectively. While Mukono hospital has an average of 10 perinatal deaths per month. This was followed by the development of SOP's/workflows for MPDSR/MCCD linkage for use at the health facilities.

We continued providing technical Support and guidance on the MPDSR and MCCD application linkage yielding (11/11) 100% linkage of maternal review forms to HMIS 100 in DHIS2 for the October 2023 in Kawempe National referral hospital.

## **B) The CRVS/HDSS integration work in Iganga and Mayuge District**

The CRVS/HDSS integration pilot study conducted a 1 hour se on line session and a practical 1-day training for 8 Doctors to assign cause of death to the VA records Autopsy.

Prospective CRVS/HDSS data collection on community death and registration by the Iganga HDSS site continued with up to 692 death notifications by November 2023 adding 311 additional death notifications and registrations in December from outside of the HDSS for the year 2023.

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

D4H in collaboration with the data Impact (DI) program engaged the FETP team to write up a proposal to enhance MCCD improvements through quality improvement projects at specified RRH's. This work will be prepared for publication (Policy brief, bulletins and journal articles). The proposal was developed and submitted to D4H for review and approval. The work will focus on assessment of the quality of MCCD at 5 RHH to support improved death notifications and MCCD at health facilities.

## **D) 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 continues to collaborate with GHAI in planning for the NIRA legal reform and budget advocacy processes. A budget call circular for alignment with NIRA's Budget Advocacy priorities has been developed and includes the following.

- Establishment of NIRA offices in the 5 districts lacking offices to enable increase NIRA services uptake.
- Inclusion of CRVS activity/projects in National Development Plan IV (NDP) through engagements

NIRA with support from the GHAI conducted a parliamentary caucus meeting to present the propositions for budget advocacy specifying the need for NIRA offices in the 5 districts without NIRA registration Offices. This was approved and has led to additional government budget support for upcoming NIRA registration activities. NIRA continues birth and death registration at both facility and community level with 6,380 death notifications and 5,379 death registrations during the quarter.

## **II) Technical Support for CDC-Baylor funded mortality surveillance project**

Support for the use of the death notification job aid for 2 selected health facilities in the CDC/Baylor supported health facilities has maintained improved notification and MCCD at 100% for Virika hospital and death notifications at fort portal RRH improved from 34% to over 68% by December 2023.

## **III) Regional Training Workshop on Analyzing Mortality Levels and Cause of Death Data - 27 November to 1 December 2023 - Dar es Salaam, Tanzania.**

A team 3 staff from MoH, NIRA and UBOS participated in the regional training workshop during which Analysis of cause of death and data presentations including development of the vital statistical report and Uganda's experiences with use of ICD11, the WHO ANACOD3 and DORIS in DHIS2 were shared. The team developed a list of next steps required to improve cause of death data collection, analysis and dissemination using the skills shared in the training. These included the following;

- Improving on the quality of mortality data through community sensitization and engagement on the importance of death notification to the relevant authorities
- Amendment of the law of death registration to include compulsory burial permits before burial.
- Support training of health professionals and community CRVS duty bearers in data collection
- Clean the current cause of death dataset, analyze it to develop statistics for the CRVs report for dissemination and publication

### Issues of concern

- 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
- Lack of harmonization on data collection tools at community level

### Next steps

- Support MoH/UBOS on cause of death data analysis with ANACoD3 for inclusion in the first CRVS report for 2023.
- Support the initiation of the quality improvement projects on death notification and MCCD lead by the FETP at 5 RRH's.
- Introduction of community Verbal Autopsy in selected sample populations in the country
- Follow up support for the amendments /legal reforms on death notification and registration by NIRA with support from GHAI
- Assessment of the performance outputs for the MPDSR/HMIS 100 Pilot linkage
- Continue support for health facility death notification with additional engagement of private health facilities and Public general hospitals.

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