
2025 ANNUAL REPORT

Strengthening Civil Registration and Vital Statistics (CRVS) and Mortality Data Systems in Uganda.



Reporting Period: January – December 2025
Implementing Partner: Data for Health (D4H)

CRVS annual report (January-December 2025)

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Executive Summary

Throughout 2025, the Data for Health (D4H) initiative, in close collaboration with the Ministry of Health (MoH), National Identification and Registration Authority (NIRA), Uganda Bureau of Statistics (UBOS), and national and international partners, made significant progress in strengthening Uganda’s Civil Registration and Vital Statistics (CRVS) and mortality surveillance systems.

Key achievements included improvements in health facility death notification and Medical Certification of Cause of Death (MCCD), refinement of national CRVS business processes, development and approval of an MCCD curriculum for medical schools, advancement of national mortality surveillance guidelines, and strengthened digital interoperability between DHIS2, Electronic Medical Records (EMR), and NIRA’s CRVS systems. Uganda also completed its first-ever Annual Vital Statistics Report, a landmark achievement for evidence-based planning and accountability.

Despite disruptions caused by the Ebola Virus Disease (EVD) outbreak, competing national priorities, and system integration challenges, strong multi-sectoral collaboration enabled sustained progress. By the end of 2025, Uganda had laid critical foundations for improved mortality data quality, governance, and use—positioning the country to ensure that every death is notified, medically certified, and registered to inform public health action and policy.

1. Main Implementation Themes (Phase 6, April 2025 – March 2027)

The following themes reflect the key focus areas of the D4H Phase 6 workplan in Uganda. Activities are largely recurring over the two-year period, with some efforts consolidated in the second year:

- I. CRVS Governance and Leadership
- II. Health Facility Death Notification and Cause of Death
- III. Community death notification and Verbal autopsy
- IV. Medical-Legal Death Investigation
- V. Vital Statistics Production and Data Use

2. CRVS Governance and Leadership

1.1 Business Process and Policy Coordination

Following the development of the “as-desired” Health Facility Business Process Map (BPM) during the CRVS Technical Working Group (TWG) meeting convened by NIRA in December 2024, D4H supported further refinement of the BPM in early 2025 with technical input from Swiss TPH. The revised BPM clarified electronic transfer pathways for death notification and MCCD data into DHIS2 and informed the development of future Standard Operating Procedures (SOPs).

Throughout the year, D4H supported CRVS governance through:

- Participation in CRVS TWG and Mortality Coordination Committee meetings.
- Engagement with MoH commissioners and sector leads to strengthen multi-sectoral accountability.
- Advocacy discussions with the Global Health Advocacy Incubator (GHAI) to support CRVS budget prioritization and data use.

3. Health Facility Death Notification and Cause of Death

2.1 Performance Trends

D4H provided continuous technical support to MoH health facility MCCD champions through:

- Weekly mortality review meetings.
- Monthly mentorships at national, regional referral, and general hospitals.

By January 2025:

- Regional Referral Hospitals (RRHs) improved MCCD completion from 60% to 81% and death notification from 69% to 99%.

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- National and General Hospitals improved MCCD from 30% to 44% and notification from 40% to 58%.

However, performance fluctuated later in the year due to:

- Rapid rollout of EMR systems without synchronized integration of MCCD and death notification modules.
- Limited availability of HMIS Form 100 in some facilities.

2.2 Capacity Building and MCCD Curriculum Development

A major milestone was achieved with the approval of the national MCCD course unit:

- Stakeholder reviews in April and August 2025 engaged MoH, UMDPC, NCHE, all 11 medical school deans, and senior clinicians.
- The curriculum was approved for integration into undergraduate medical training, including guidance on clinical death audits.

Additional capacity building included:

- UCMB and UPMB mortality review meetings attended by over 100 participants.
- Training of 43 health workers from 23 hospitals in MCCD, ICD-11 coding, and DHIS2 reporting.
- Ongoing mentorships targeting low-performing, high-volume hospitals.

2.3 Private and Faith-Based Health Facilities

In February 2025, MoH-DHI and D4H convened a mortality review meeting with the Uganda Protestant Medical Bureau (UPMB), engaging nine high-volume hospitals. UPMB facilities, overseeing 23 general hospitals, accounted for 13% of national deaths, with 42% medically certified by January 2025. Subsequent mentorships and trainings improved performance across multiple regions.

2.4 Data Quality Improvement and System Strengthening

A national MCCD data quality review highlighted gaps in key variables such as National Identification Number (NIN), occupation, autopsy, and manner of death. In response, D4H supported:

- Development of MCCD validation rules.
- Identification of mandatory sociodemographic variables.
- Creation of a comprehensive indicator list for monthly monitoring.

In August–September 2025, validation rules were tested in a DHIS2 test environment, and customized national health facility MCCD monthly report formats were developed and approved for use, integrating WHO cause-of-death analysis tools.

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2.5 Mortality Surveillance and Audit Systems

D4H supported the advancement of national mortality surveillance through:

- A Mortality Surveillance Guidelines Development Workshop (May 2025), involving MoH, Africa CDC, NIRA, UPDF, and academic institutions.
- Development of standardized all-cause mortality audit tools for older children and adults.
- Groundwork for establishment of a National Mortality Audit Committee to oversee death audits and MCCD quality.

These initiatives aim to standardize mortality surveillance, address legal and ethical issues, and improve CRVS completeness and reliability.

4. Community Death Notification, Verbal Autopsy and Medical-Legal Death Investigation

To expand CRVS coverage beyond health facilities:

- MoH and Uganda Police Health Services engaged in discussions on Medical-Legal Death Investigation (MLDI) and mortuary-based data collection.
- D4H supported planning for integration of community death notification and verbal autopsy into the electronic Community Health Information System (eCHIS).
- In December 2025, MoH-CHD, Makerere University partners, NIRA, and D4H convened a national stakeholder meeting to initiate community death notification and verbal autopsy implementation, leveraging Village Health Teams (VHTs).

5. Vital Statistics Production and Data Use

With D4H technical support:

- UBOS completed Uganda's first Annual Vital Statistics Report.
- Cause-of-death analysis was conducted using WHO ANACOD3.
- The report was reviewed by NIRA and is pending dissemination following executive approval.

Parallel engagements with UNIPH supported planning for excess mortality dashboards and enhanced use of mortality data for decision-making.

4.1 Digital Interoperability and System Integration

In late 2025, MoH and NIRA developed **digital birth and death registers**, enabling seamless transfer of notifications from DHIS2 to NIRA's CRVS systems. D4H supported:

- Review of EMR–MCCD interfaces.

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- Testing of validation rules.
- Facility feedback meetings in Kampala targeting national referral and specialized hospitals.

6. Challenges

Key challenges during the year included:

- Delayed dissemination of the Vital Statistics Report due to competing national surveys.
- EMR and DHIS2 integration gaps affecting real-time reporting.
- Disruptions from the Ebola Virus Disease outbreak.
- Resource constraints delaying full digitization of HMIS tools.
- Some health staff are reluctant to notify and medically certify deaths
- The ongoing transition to digital systems has created a reporting gap, as paper-based tools have been phased out while not all health facilities are yet fully covered by digital platforms.

7. Conclusion and Way Forward

Progress in 2025 reflects strong multi-stakeholder collaboration, growing institutional capacity, and important technical advances in Uganda’s CRVS system. Moving forward, priorities include:

- Institutionalizing the National Mortality Audit Committee.
- Establishment of the high-level CRVS oversight committee led by NIRA
- Expanding community death notification and verbal autopsy pilots.
- Strengthening EMR–DHIS2–CRVS interoperability.
- Scaling MCCD mentorships and training nationwide.
- Disseminating mortality surveillance guidelines and audit tools.

D4H remains committed to supporting Uganda in building a robust, data-driven CRVS system that ensures every death is counted, certified, and registered, enabling better public health planning, accountability, and impact.