Civil Registration and Vital statistics Progress Report

1st April 2021 to 31st June 2022

Uganda National Institute of Public Health

D4Health Initiative

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1.0 Introduction:

Civil Registration and Vital Statistics (CRVS) systems play a significant role for all individuals by ensuring the registration of births, deaths, marriages, and other vital events, and the recording of causes of death (The importance of CRVS systems for gender equality | Get Every One in the Picture, 2020). The Registration of Persons Act 2015 mandates National Identification and Registration Authority (NIRA) to register births, deaths, and adoptions as they occur and to register all persons in the country, and to issue National Identification Numbers for citizens and lien Identification Numbers for alien residents ('Civil Registration and Vital Statistics Systems of Uganda', 2019). Since 2015, registration has mainly focused on national ID, registering over 90% of the population aged 16 and above. However, birth registration coverage (32%) and, notably, death registration coverage (~2%) have lagged behind (Uganda Mobile VRS, 2021).

1.1 Project Goal:

The goal of the CRVS Uganda is to support development of a functioning civil registration system that ensures the registration of all vital events including births and deaths and issuing of relevant certificates as proof of such registration for efficient government planning, effective use of resources and aid, and more accurate monitoring of progress towards achieving the Sustainable Development Goals.

1.2 Specific Objectives:

The CRVS project focuses on the following three areas:

1) Support coordination/governance mechanisms via CRVS and mortality surveillance technical working groups (TWGs) to;

- Institute coordination/governance mechanisms
- Conduct periodic CRVS TWG (NIRA) and Mortality Surveillance sub-TWG meetings (UNIPH/MOH)

2) Establish a sustainable mortality surveillance system [led by Uganda National Institute of Public Health (UNIPH)/Ministry of Health (MOH] through;

- Development of a mortality surveillance system for COVID-19 response
- Capture of real-time information on deaths from all Regional Referral Hospitals and select districts

3) Support the improvement of death notification in health facility and community settings, and ultimately the registration of deaths in the national death registration and identification system (Led by NIRA)

1.3 Key stakeholders:

The Key CVRS stakeholders in Uganda include the NIRA, MOH, the UNIPH, and the Uganda Bureau of Statistics (UBOS), as well as several other partnering organizations (Centres for Disease Control and Prevention (CDC) Foundation, US CDC, Swiss Tropical and Public Health Institute (Swiss TPH), Bloomberg Philanthropies and CDC/Uganda, Global Health Advocacy Incubator (GHAI), WHO, World Bank, among others).

2.0 Current Work and Country Updates

The team is currently reviewing activity progress and strengthening CRVS through the following activities;

2.1 CRVS coordination with The National Identification and Registration Authority (NIRA)

The D4H team facilitated and supported a joint stakeholder's workshop to review the Legal framework of CRVSID, review the CRVS wok plan and legal framework in order to set priorities that will strengthen and support coordination and, governance of CRVS activities. The process to review the legal framework National CRVS Policy is ongoing (9 months) under a consultant whose terms of reference include the following

- Conduct initial baseline survey (Collate all data/documents)
- Hold 6 regional workshops to review the policy documents
- Hold a National workshop (Ministers and PS's
- Present to the revised legal framework and policy documents to cabinet for regulatory assessment and approval

The team also supported revitalization of the CRVS technical working group and CRVS sub Committee that are due to resume meetings (Birth, Death/Mortality, Marriage & Divorce and Vital Statistics committees). TWGG and Sub- committee member were re-nominated by the Executive Director. NIRA continues to follow up and supervise ongoing activities to improve death notification and registration country widee.

D4H conducted 4 weekly progress meetings and discussions with the NIRA team to review workplan activities, proposed priority activities and budget formulation for the next Implementation period including the following;

- Piloting of compulsory community deaths notification using Local Council village Chairpersons
- Training of health workers in High Volume HC III on Death Notification, MCCoD and ICD 11
- Support supervision to HC IV, General Hospitals on Death Registration
- Development of Community Death Notification mobile application
- Development and dissemination of CRVS Strategic Plan
- Quarterly CRVS TWG meetings held
- Quarterly CRVS sub Committees (Birth, Death, Marriage & Divorce and Vital Statistics committees)
- Development and Dissemination of the National CRVS Policy
- Training on CRVS Data Use
- Support for upgrade of CRVS reporting Dashboard
- Quarterly MCCD Data Review workshops

The team continues with on -going data collection and support supervision for CRVS (birth and death) notification and registration at both health facilities and communities.

2.2 Community mortality surveillance with UNIPH in 15 first phase districts covered the following activities;

Bi-weekly meetings held on current strategies to institutionalize mortality surveillance including monitoring, reporting, revision of data collection tools, data interpretation and support for death notification at community and certification at health facility level.

Facilitation and conducting support supervision of RMS activities in 15 districts to troubleshoot challenges faced by the Village Health Teams (VTT's) in data collection and reporting. VHT's were engaged in interviews concerning their difficulties and successes in documentation and use of Mtrac to report deaths in real-time. The team continues to support the VHT's to improve on reporting with the completeness and the accuracy required.

2.3 MCCD and ICD11 monitoring

Monthly meetings/discussions held with the MoH- Division of Health Information to discuss bottlenecks in medical certification of Cause of death (MCCD) and use of ICD11 at health facility level. These meetings paved way for an action plan to support onsite training at all Hospitals (Regional Referral-RRH's and District Hospitals), distribution of MoH MCCD forms (HMIS 100) and upgrading all facility access to ICD11 to enable real time death certification and reporting into DHIS2. Of the 16,187 deaths reported in DHIS2, 523(3%) are certified in ICD11.

Below are the results of the number of deaths reported in DHIS2 and those certified using MCCD/ICD11 module by health facility from January-June 2022.

Deaths reported and certified by the trained Regional referral Hospitals (January-June 2022)

No.	Health Facility Name	Total deaths (DHIS2)	Total deaths (ICD11)	Proportion of DHIS2 Vs. ICD11
1	Gulu Military Hospital	2	2	100%
2	Kambuga Hospital	39	30	77%
3	Bukwo General Hospital	26	15	58%
4	Itojo Hospital	46	17	37%
5	Amuria Hospital	19	7	37%
6	Bududa Hospital	50	15	30%
7	Kisoro Hospital	63	18	29%
8	Busolwe Hospital	56	16	29%
9	Luwero Hospital	29	8	28%
10	Hoima Regional Referral Hospital	469	119	25%
11	Mukono General Hospital	24	6	25%
12	Kyenjojo Hospital	84	20	24%
13	Masafu Hospital	57	12	21%
14	Kitagata Hospital	81	13	16%
15	Pallisa Hospital	113	16	14%
16	Nkokonjeru Hospital	23	3	13%
17	Kiryandongo Hospital	104	13	13%
18	Katakwi Hospital	81	10	12%
19	Bwera Hospital	124	12	10%
20	Rukunyu Hospital	77	7	9%

21	Bundibugyo Hospital	36	3	8%
22	Tororo General Hospital	220	18	8%
23	Apac Hospital	51	4	8%
24	Gombe Hospital	104	8	8%
25	Kaberamaido Hospital	27	2	7%
26	Kitgum Hospital	296	21	7%
27	Kalisizo Hospital	71	5	7%
28	Nebbi Hospital	117	7	6%
29	Mbarara Regional Referral Hospital	168	10	6%
30	Nakaseke Hospital	37	2	5%
31	Kawolo Hospital	202	10	5%
32	Fort Portal Regional Referral Hospital	448	21	5%
33	Kotido Hospital	22	1	5%
34	Iganga Hospital	202	9	4%
35	Lira Regional Referral Hospital	703	18	3%
36	Koboko Hospital	90	2	2%
37	Kayunga Regional Referral Hospital	187	4	2%
38	Atutur Hospital	58	1	2%
39	Kagadi Hospital	126	2	2%
40	Masindi Hospital	87	1	1%
41	Gulu Regional Referral Hospital	191	2	1%
42	Kawempe National Referral Hospital	1246	10	1%
43	Soroti Regional Referral Hospital	332	1	0%
44	Arua Regional Referral Hospital	559	1	0%
45	Jinja Regional Referral Hospital	673	1	0%
46	Kamuli Hospital	2976	0	0%
47	Mbale Regional Referral Hospital	992	0	0%
48	Kamuli Mission Hospital	852	0	0%
49	St. Mary's Hospital Lacor	777	0	0%
50	Masaka Regional Referral Hospital	735	0	0%
51	Mubende Regional Referral Hospital	441	0	0%
52	Kabale Regional Referral Hospital	338	0	0%
53	Ishaka Adventist Hospital	144	0	0%
54	Yumbe Hospital	133	0	0%
55	Mityana Hospital	127	0	0%
56	Kiboga Hospital	94	0	0%
57	Moroto Regional Referral Hospital	94	0	0%
58	Kapchorwa Hospital	87	0	0%
59	Moyo Hospital	85	0	0%
60	COU Kisiizi Hospital	83	0	0%
61	Bugiri Hospital	66	0	0%
62	Lyantonde Hospital	51	0	0%
63	St. Joseph's Kitgum Hospital	50	0	0%
64	Rakai Hospital	43	0	0%

65	Abim Hospital	33	0	0%
66	Kumi (Ongino) Hospital	30	0	0%
67	Kyegegwa Hospital	27	0	0%
68	St. Anthony's Tororo Hospital	27	0	0%
69	Lira University Hospital	26	0	0%
70	Entebbe Regional Referral Hospital	25	0	0%
71	Buliisa Hospital	16	0	0%
72	Amudat Hospital	15	0	0%
	Total	**16,187**	**523**	**3%**

2.4 Other Significant external contacts made by D4H Initiative-individuals/groups

The team joined a Program review and evaluation of the World Bank support for the Joint Implementation Support Mission for the Uganda Reproductive Maternal, Child and Adolescent Health Services Improvement Project (URMCHIP) and the Uganda COVID-19 Response and Emergency Preparedness Project (UCREPP)-May 4-18, 2022. The purpose of joining the meeting discussions and field activities was to hear and learn from their experiences and gather opportunities to strengthen CRVS activities. The meeting was attended by Ministry of Health staff and World Bank staff supporting the 2 programs.

D4H joined the Uganda Centers for Disease Control (UG-CDC) Baylor supported Mortality Surveillance project team, in 2 week-long support supervision activities in the western-Rwenzori region of Uganda (Three districts of Kabarole, Kyenjojo and Bunyangabu). The team has had weekly meetings to continue discussions on the findings from the supervision and support compilation of the report to guide further implementation and use of the government supported structures for continuity (DHIS2 and NIRA)

D4H is engaged in a 5-day CRVS stakeholders' workshop to develop and cost an action plan for population-based surveillance in support of a National Integrated Surveillance System.

3.0 Issues of concern

To date the major concerns, include the following;

3.1 Mortality Surveillance-CRVS Coordination:

There are still difficulties in completeness and accuracy of reporting through the Mtrac system. Processes to establish a national community data collection system are still under deliberations by all the stakeholders to support institutionalization beyond the 15 initial districts. The team continues to use Mtrac in only 15 of the 111.

3.2 ICD-11 Training and Tools:

The use of MCCD/ICD11 module has only been recently established in only public health facilities and is still minimal requiring continued support with regular onsite supervision and data reviews. There is need to train all other private health facilities across the country that are not yet engaged.

3.3 Digital Health:

Utilization of the MCCOD module at all RRH's District Hospitals and HC IV's is yet to be fully accomplished requiring the following;

- Ascertaining continued availability of HMIS 100 forms to all facilities
- Provide nationwide access and use of ICD11 user accounts in DHIS2 at all trained Health facilities to address the bottlenecks.

4.0 Next steps/Upcoming Activities

Expand CRVS Scope: Expanding and strengthening of rapid mortality surveillance within the 15 Regional districts by training more VHT's (30 per district) to cover more parishes in the selected districts.

4.1 Digital Health:

- Review and adaptation of the most applicable electronic Community Health Information System in place to cover the while country.

4.2 ICD Coordination:

- Distribution of a circular/ letter addressed to all DHO's and Health facility In-charges from the MoH Director General of Health Services to support mandatory MCCOD and ICD11 data entry.
- Mentorship and support for trained regional referral Hospitals, district hospitals and health Center IV's
- -Regular review, support and uutilization of ICD11 data

4.3 ICD-11 Training and Tools:

- Review of the MCCD/ICD11 training curriculum and standard operating Procedures
- Distribution of the HMIS 100 data collection tools to all facilities country wide
- Support for training of all National Referral and Private Not For Profi t(PNFP) hospitals in Medical Certification of Cause of Death

4.4 Mortality Surveillance-CRVS Coordination:

- The team will continue to support the quarterly MS Technical working group (TWG) to strengthen their role on technical coordination of activities Country wide.
- Support the initial CRVS TWG meeting and continued engagement in quarterly meetings
- Support for ICD11systems update including the following;
    - Allow for death notification in ICD11 module without MCCD
    - Generation of facility specific alerts for incomplete MCCD's
    - Include ICD11 codes in available data elements for extraction
    - Avail date of death in data set
    - Support upgrade of the CRVS reporting dashboard

5.0 Conclusion and recommendations

D4H continues to pursue engagements with teams from the Ministry of Health (MoH), Uganda National Institute of Public Health (UNIPH), the National Identification and Registration Authority (NIRA) and other relevant partners to strengthen real-time documentation and reporting of deaths at both community and health Facility level through the existing National systems.

The team will provide on-going support to health facility staff in MCCD use and DHIS2- ICD11 reporting and engage MoH teams in regional review meetings for data collation, interpretation and dissemination at both national and subnational levels to inform appropriate health interventions and policy formulation.

D4H will ccontinue to facilitate and support for both the CRVS-TWG and relevant subcommittees through working with all relevant stakeholders to strengthen coordination and governance of all cause mortality activities across the country

- Conduct the quarterly mortality surveillance TWG to review the terms of reference and current mortality surveillance activities from specific stakeholders.
- Strengthening Community mortality data collection procedures through the eCHIS
- Compulsory community deaths notification using Local Council village Chairpersons
- Training of General Hospitals on Death Registration
- Dissemination of CRVS Strategic Plan
- Development and Dissemination of the National CRVS Policy