

Civil Registration and Vital Statistics-Uganda Progress Report January- March 2026



January- March 2026
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Bloomberg Data for Health Initiative (D4H)-Uganda/U.S. Centers for Disease Control and Prevention (CDC) and CDC Foundation

Uganda CRVS Quarterly Report (January – March 2026)

Executive Summary

During the first quarter of 2026, Uganda’s Civil Registration and Vital Statistics (CRVS) system continued to make steady progress in strengthening birth and death registration, digital integration, and institutional coordination. Key efforts were driven by the Ministry of Health (MoH), the National Identification and Registration Authority (NIRA), Uganda Bureau of Statistics (UBOS), and partners including D4H.

A total of **76,934 births** and **4,485 deaths** were registered during the quarter, contributing to ongoing improvements in registration completeness. Strategic discussions during the CRVS Technical Working Group (TWG) focused on optimizing CRVS business processes, reviewing standard operating procedures (SOPs), and identifying bottlenecks affecting registration coverage.

Significant advancements were made in **digital transformation**, including:

- Development and testing of **HMIS digital registers (e-registers)** for lower-level health facilities.
- Integration efforts between **eAFYA EMR, DHIS2, eMCCD, and CRVS systems** to enable real-time data exchange.
- Creation of a **data mining tool** to automate reporting of birth and death notifications.

Capacity building also progressed, including Training of Trainers (ToT) in Arua district to support rollout of digital registers, and development of a **Medical Certificate of Cause of Death (MCCD)** training curriculum aimed at improving cause-of-death data quality.

At the governance level, a **high-level inter-agency consultative meeting** convened by NIRA marked a milestone in strengthening coordination across government institutions involved in CRVS.

No major implementation challenges were reported during the quarter.

1. CRVS Coordination and Governance

During the reporting period, coordination and governance of CRVS activities were strengthened through both technical and high-level engagements. D4H supported the quarterly CRVS Technical Working Group (TWG), which reviewed progress in birth and death registration and assessed CRVS business process maps and standard operating procedures (SOPs) to improve registration completeness and efficiency. Efforts during the quarter focused not only on increasing the number of registrations but also on improving the processes and systems that support timely and complete registration, particularly through digitization and integration of reporting systems. The presentation on CRVS performance showed cumulative 2025 totals of 209,199 births and 18,926 deaths registered, reflecting continued progress in expanding coverage to include 76,934 Births 4,485 registered during the quarter (Jan–Mar 2026).

In March 2026, the National Identification and Registration Authority (NIRA), with support from D4H, convened the first high-level consultative meeting involving key stakeholders across government institutions. The meeting brought together representatives from the Ministry of Health (MoH), Uganda Bureau of Statistics (UBOS), Ministry of Internal Affairs, and other technical departments. Discussions focused on addressing persistent gaps in registration, strengthening institutional collaboration, and aligning CRVS implementation strategies across sectors. This marked a significant step toward enhanced oversight and multi-sectoral coordination. The discussions also laid ground for structure of the committee including selection of the secretariat as NIRA and revolving chair persons, frequency of the meetings, reporting format including CRVS statistics, data quality, devices in use and challenges encountered.



The Executive Director of NIRA, Miss Kisembo RoseMary, taking the high level committee members and representatives through the key CRVS issues of concern.

3. Digital Transformation and Systems Integration with Electronic Medical Records (EMR)

Significant progress was made in advancing digital solutions to strengthen CRVS systems and improve data flow between health facilities and national registration platforms. The Ministry of Health, through the Division of Health Information (DHI), continued implementation of the **eAFYA Electronic Medical Records (EMR) system**, aimed at reducing reporting delays and improving data accuracy through digitized clinical workflows.

To support automated reporting, a **data mining tool** was developed to enable direct submission of:

- Electronic Medical Certificate of Cause of Death (eMCCD)
- HMIS Form 100 reports
- Birth notifications

from the eAFYA EMR system to DHIS2. This involved detailed review, mapping, and validation of data elements to ensure alignment with national reporting standards. Once validation is complete, full integration will allow seamless transfer of notifications to NIRA for official registration.

Additionally, D4H provided technical guidance in the development of digital registers, including:

- Mortuary registers
- Birth and death notification modules

These innovations are designed to capture deaths occurring outside health facilities and integrate them into the CRVS system through DHIS2 and eMCCD platforms.



EMR team lead Mr. Mwesigra Frank introducing the EMR HMIS indicators for validation

4. Strengthening Health Facility Reporting Systems (HMIS e-Register)

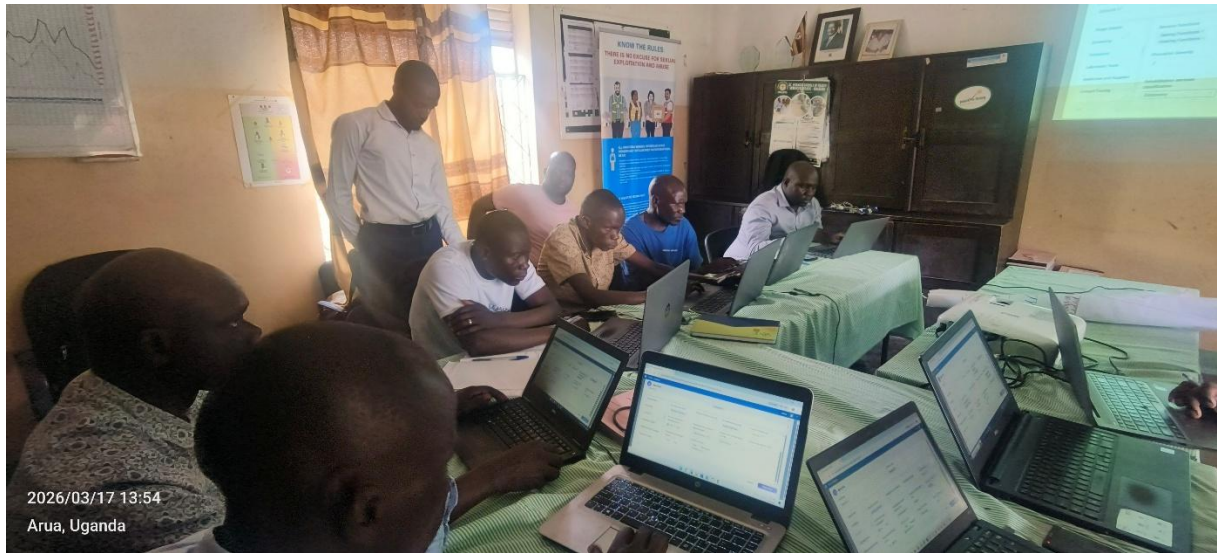
To improve data capture and reporting at lower-level health facilities, the Ministry of Health developed an integrated **HMIS digital register (e-register)**. This system is tailored for use in Health Centre II and III facilities, which often face resource and infrastructure constraints.

In March 2026, D4H supported a five-day Training of Trainers (ToT) in Arua district targeting regional trainers, including HMIS focal persons and medical records officers. The training covered:

- System navigation and user account management
- Data entry and reporting procedures
- Installation and use of the e-register on mobile devices

Following the training, participants are expected to cascade knowledge to 19 health facilities across the district. A coordination platform was also established to facilitate experience sharing, progress tracking, and resolution of implementation challenges.

This initiative is expected to significantly enhance real-time data capture, improve documentation quality, and strengthen routine reporting.



Practical session on navigation of the e register with records Staff at Arua Regional Referral hospital

5. Capacity Building and Human Resource Development

Capacity building efforts during the quarter focused on improving both technical skills and standardization of practices related to CRVS.

D4H collaborated with the Ministry of Health to develop a **Medical Certificate of Cause of Death (MCCD) course unit**, which was presented to the MoH National Training Committee for approval. The course is intended to:

- Standardize pre-service training for medical students
- Support continuing professional development (CPD) for practicing doctors

After the review by the MoH technical training team, D4H supported consultancy for the revision of the course unit with the guidance from the MoH technical training team. The consultant re submitted to the training team and the Human Resources for Health Development department for review and approval before endorsement by the Director General of Health Services. After this, it will be submitted to the Uganda Medical and Dental Practitioners Council (UMDPC) through the commissioner Health Services of the Department of Clinical Services.

In addition, preparatory discussions and system testing were conducted to support national rollout of the HMIS e-register, ensuring that required data elements for birth and death notification are well defined and aligned with CRVS system requirements.

6. Community-Based CRVS Strengthening

Recognizing the importance of capturing vital events occurring outside health facilities, the Ministry of Health, through the Department of Community Health, with support from D4H conducted orientation training for up to 400 community health workers and district leadership to support the **six-district pilot intervention**.

The pilot aims to:

- Strengthen community-level birth and death notification
- Introduce verbal autopsy in one district
- Leverage existing community health structures and digital tools such as CHW's and the electronic Community Health Information System (eCHIS).

This initiative is expected to improve completeness, timeliness, and accuracy of community-based reporting and enhance linkage with national registration systems.



The NIRA registration Officer, Bukomansimbi District-Mr. Kagimu Richard, taking participants through the NIRA notification form 12

7. Challenges

No major challenges were reported during the quarter, indicating smooth implementation of planned activities and strong coordination among stakeholders.

8. Planned and Upcoming Activities

Key upcoming activities will focus on scaling and consolidating gains achieved during the quarter:

- Follow up of implementation of the six-district community notification pilot, including verbal autopsy.
- Completion and approval of the MCCD training curriculum and submission to UMDPC.
- Support to UBOS in analysis of cause-of-death data using ANACoD3 and development of the 2025 Vital Statistics Report.
- Validation of the eAFYA data mining tool and DHIS2 mappings.
- Implementation of end-to-end CRVS system integration for automated transfer of notifications to NIRA.
- MCCD health facility support with mentorship and supervision.

These activities are expected to further strengthen the CRVS system by improving data quality, enhancing system interoperability, and promoting evidence-based decision-making.

Conclusion

The first quarter of 2026 demonstrated strong momentum in Uganda’s CRVS system, particularly in digital innovation, stakeholder coordination, and foundational capacity building. The integration of electronic medical records with national registration systems, alongside investments in training and community-level interventions, positions the country to significantly improve the completeness, timeliness, and quality of vital statistics.

Sustained focus on implementation of pilot initiatives, system interoperability, and data use will be critical in translating these gains into measurable improvements in registration coverage and public health outcomes. Continued collaboration among government institutions and partners will remain essential to achieving a robust, integrated, and sustainable CRVS system in Uganda.

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