TECHNICAL BRIEF

Maintaining civil registration amid the COVID-19 crisis: **Uganda's mobile notification system**

INTRODUCTION

Authorities in Uganda reacted promptly to the threat of COVID-19 spreading across the country. A nationwide 14-day lockdown was imposed as of 31 March 2020: this affected all aspects of public life, including civil registration services across the country. The lockdown was extended until the end of June 2020; since then, a range of restrictions have been lifted, but never completely. At first, the government declared that essential services should remain in operation during the lockdown. However, because civil registration that the National Identification and Registration Agency (NIRA) delivers was not listed as an essential service, all district civil registration offices were closed. Activities such as outreach to hard-to-reach areas and underserved communities were abruptly halted.

Even though civil registration offices closed their physical doors, the registration of vital events continued during lockdown. Registration officers were supported to work from home: they got a mobile internet data plan that enabled them to register all notified events electronically. Because birth notification and the business process for it are decentralized, vital events could be captured as notifications on paper and, in some cases, electronically. All events captured through the notification system that were not processed right away can be registered when the civil registration offices are fully operational. NIRA also operated a call centre at all times, with minimum staff to answer inquiries and give information.

From January to August 2020, NIRA recorded around 83,200 birth events in its electronic system. This represents 21 percent of notifications recorded in the same period in 2019.

This brief underlines the value of the vital events notification system in Uganda. Until registration operations can be fully restored, the notification system ensures that vital events information will be captured in times of crisis and registered later.



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Traditionally, birth registration rates in Uganda have been low. In 2006, only 21 percent of the population had some form of birth certificate. A report in 2016¹ stated that by 2011, birth registration rates had reached 31 percent; they stabilized at 32 percent in 2016. Rates of registration of other vital life events, such as death registration, stayed low. A digitized approach, followed by institutional and legislative changes that were introduced in 2015, led to a new way of collecting notifications of vital events (primarily births) and registrations of notified events. In 2011, the former registration authority – the Uganda Registration Services Bureau – developed digitized birth and death registration services. It did this by enabling digital capturing and the transfer of notified events data at the district level. Using landline internet infrastructure and mobile network services to communicate registration data from remote areas made it possible to digitize data collection and processing. The system was branded as the Mobile Vital Records System (MVRS).

Birth event information is recorded on the notification form that health practitioners complete at registration offices in health facilities or designated officials complete in local communities. This form has two parts: once the form is completed, it is physically divided into two:

- One part is given to the informants as proof of the completed notification. This form is known as a short birth certificate. In the registration business process, it is later used to complete the registration and certification of the event.
- The other part is used to enter the information into the central civil register. NIRA operates the register using the MVRS web application.

Under the Ugandan registration system, a vital event can be registered only when the event is recorded in the MVRS, verified, and approved by the registrar at the NIRA head office or at designated NIRA district offices. Physical birth certificates can be collected only at the main office or one of the registration offices in the districts or sub-counties.

As of 2020, MVRS is being used in 112 out of 135 districts across Uganda and in 222 government and missionary health and faith-based facilities out of a total of 5,230 health facilities that handle births.

¹ Uganda Demographic and Health Survey 2016. dhsprogram.com/pubs/pdf/FR333/FR333.pdf

SYSTEM RESILIENCE IN TIMES OF CRISIS

Birth registration

As Figure 1 shows, the start of a nation-wide lockdown coincided with the drop in the number of births notified in the MVRS. Before the notification is entered into the MVRS, the information is collected on a form that is kept as a permanent paper record at the civil registration office. The notification business process is flexible: agents can complete the forms, and electronic data entry can be done later.

This allowed NIRA to implement an ad hoc contingency plan to ensure the essential level of services, where possible. Registration officers were advised to use the MVRS tool and register the events outside of official registration premises. Responsible parties such as the Ministry of Health, local governments, and staff of the civil registry office were encouraged to continue online notification and registration of births and deaths. They can use their access credentials to access MVRS from their home computers, then transfer the data from the forms into the MVRS system and complete the registration.

Also, NIRA started using online meeting tools to coordinate CRVS activities, especially between the civil registry office and the Ministry of Health. The aim was to strengthen civil registration services. Minimum IT staff have been maintained to make sure the systems are up and running so that all births and deaths can be notified during this time. All communication channels – such as email, social media, and online meeting avenues – are being used to coordinate and monitor the performance of civil registration.

While Figure 1 reveals a dramatic drop in events registered in the MVRS due to COVID-19 restrictions, it provides evidence that birth notifications were continuously being collected even though registration offices were closed. What Figure 1 does not show is that many paper notification forms have likely been completed by registration agents in the communities, but have not yet been entered into the MVRS because district registration offices are closed. The information will be updated in the electronic system when registration offices are fully open again.



The ability to maintain operational capacity is evident in the case of health facilities that have access to the MVRS platform. Health facilities are listed as essential services during lockdown, which means they can continue completing notification forms and entering data in the MVRS. As Figure 2 shows, compared to the January to August period in 2019 and 2018, the number of recorded events at health facilities in the MVRS in 2020 did not drop significantly; on average, it remained the same.

⁴

² mobilevrs.co.ug/birth_stats_view.php

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Although birth registration rates have increased, other vital events have not seen the same progress. Death registration uses the same processes as birth registration along with the MVRS system, but demand is very low. The result is low registration rates. Autopsies are extremely rare, and coroners are not in place. Most people die and are buried at home: hospital care is costly and hard to access for the mainly rural population. The MVRS system reports that from January 2018 to August 2020, only 2,099 deaths were registered.⁴

With a clear division between notification, registration, and certification, due to the design of registration business processes, at any given time, there are always more vital events notified than the number of events registered, including registration certificates issued. With the introduction of digitized processing of vital events registration, every notification entered and registered in the MVRS will be recorded directly in the central NIRA register. Official registration rests on the registrar's decision to verify the data in the central NIRA register upon request by the informant or a person subject of vital event registration. Obtaining a certificate is a matter of personal decision at which point to request a copy of the registration certificate. Many people decide to get the certificate when they need it to gain access to specific rights or services. As a result, many registered events remain uncertified.

³ mobilevrs.co.ug/birth_stats_view.php

⁴ mobilevrs.co.ug/deaths_dashboard.php

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MOBILE VITAL RECORDS SYSTEM

In the administrative units where MVRS is used, birth registration rates have increased from 30 percent in 2011 to around 65 percent in 2018, compared to a nominal increase from 21 percent in 2006 to 30 percent in 2014. This means that in 122 districts where MVRS is used, it has contributed to registering more than 50 percent of these districts' births. Some have registered more than 70 percent of their district's births.

MVRS is also designed to be used in healthcare facilities. Mothers can register their children's births immediately after delivery or when they come back for immunizations or health checkups. Where children are born in hospitals, local administrators simply enter and upload birth details to a web-based MVRS application and transfer this information to NIRA, the birth register custodian, through a mobile network or fibre optic link. Data are transferred almost instantaneously, which reduces uncertainty about whether or when registration records will reach the national birth register. According to NIRA, around 73 percent of all births take place at health facilities, while around 300,000 deaths occur in health facilities. This emphasizes the importance of working strategically on strengthening cooperation with health facilities and working toward expanding the number of vital events notification points at health facilities.

As a result of the successes of the MVRS, NIRA is developing the death module on the system. This will integrate other systems, such as the legacy Civil Registration Information Management System (CRIMS), so that civil registration can be done on one platform. The plan is to further integrate the national ID system and the DHIS2 platform with the MRVS.

Table 1 lists the data elements that are captured on the birth notification form.

Table 1: Birth data captured on the birth notification form.

Date of occurrence Surname Surname Civer neuron	e
 Date of registration Place of occurrence Locality of occurrence District of registration Attendant at birth Type of place of occurrence (hospital, home, etc.) Sex Height at birth Name of child Given name Other names Other names Address Village Parity 1 National identification number/Alien identification number Usual occupation Place of usual residence Locality of residence Reasons for late registration Given name Other names Other names Other names Address Village Parish Sub-county County District Occupation Citizenship National identification number/Alien identification County District Occupation Citizenship National identification number/Alien identification Reasons for late registration 	cation dentification

LESSONS LEARNED FROM THE PROJECT

The MVRS online registration platform allows registration officials to complete the registration form on their personal or office computer. This means that the registration can be done outside of the official premises, including at the registration official's home. The design of the birth and death registration business process can accommodate a crisis such as COVID-19 very well. Registration agents can complete registration forms in the field when social distancing measures should be followed. Data entry from the registration forms can still be done, even if registration offices are operating with limited capacity or are closed. Finally, digital processing and the sharing of registration information across the NIRA system lower the need for in-person interactions. In that way, registration is not affected by lockdown restrictions.

Further expansion of the MVRS in health facilities could transform birth and death registration from the current standalone service at registration centres into a seamless service in health facilities. The experience of Uganda shows that in such scenarios, registration services will remain functional as long as health facilities are operational.

ABOUT THIS SERIES

This country brief for Uganda is part of the technical paper series: Documenting the role of notification systems in capturing vital data about births and deaths for health surveillance amid a health crisis.

The United Nations Economic Commission for Africa, the APAI-CRVS Secretariat, and the Centre of Excellence for CRVS Systems have partnered to support the development of this technical brief series on innovative, good practices facilitating the continuous and universal registration of vital events in Africa. This includes the generation of data for health surveillance during a health crisis, which has consequently mitigated the impact of COVID-19 on the performance of the civil registration systems. The overarching purpose of this technical paper series is to provide inspiration and policy guidance for CRVS programming in the African region in the midst of a global health crisis, such as the COVID-19 pandemic.

The paper was prepared by Zoran Đoković.

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