THE REPUBLIC OF UGANDA

# UGANDA VITAL STATISTICS REPORT 2024

**JULY 2025**


THE REPUBLIC OF UGANDA

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The Uganda Vital Statistics Report 2024 is produced by the Uganda Bureau of Statistics. (UBOS). P.O Box 7186, Colville Street. Kampala, Uganda. Email: ubos@ubos.org; website: www.ubos.org

UBOS collaborated with the National Identification and Registration Authority (NIRA), Uganda Registration Services Bureau (URSB) and Ministry of Health to produce this report.

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# PREFACE

The Uganda Vital Statistics (UVS) Report 2024 is the 1st to be produced in Uganda in collaboration with National and International stakeholders. The main purpose of the UVS Report 2024 is to generate reliable information on Births, Marriages, Deaths and Causes of death from administrative registration systems country-wide.

The report provides policymakers and program managers with information for better planning, policy formulation and further research on civil registration and vital statistics. The report is also essential for monitoring programmes geared towards attainment of SDG-Indicator 17.19.2 which provides for achievement of 100% birth registration and 80% death registration by 2030.

The Uganda Bureau of Statistics acknowledges the financial support from the Government of Uganda and complementary efforts from other organizations that contributed substantially to the compilation of this maiden UVS Report 2024. Specifically, the Bureau is grateful to the National Identification and Registration Authority (NIRA), Uganda Registration Services Bureau (URSB), Ministry of Health, Population Studies and Research Institute (MUK), East African Community (EAC), United Nations Population Fund (UNFPA), United Nations International Children Emergency Fund (UNICEF), and Centre for Disease Control for their technical guidance, financial support, time and providing the required data that formed a basis for this report. We would like to extend our gratitude to all the staff involved in data collection, analysis and report writing for the UVS 2024 Report with commitment, dedication, and hard work.

Finally, the Bureau implores the general public to utilize the findings in this report to strengthen the Civil Registration and Vital Statistics (CRVS) systems in Uganda as a pillar for human capital wealth.

Chris N. Mukiza (PhD)

**EXECUTIVE DIRECTOR**

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# ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| ABN | Acknowledgement of Birth Notification |
| AG | Attorney General |
| ASFR | Age Specific Fertility Rate |
| ASMR | Age Specific Mortality Rate |
| CD | Communicable Diseases |
| CDC | Center for Disease Control and Prevention |
| CoD | Causes of Death |
| CRVS | Civil Registration and Vital Statistics |
| CRS | Civil Registration Services |
| CRVSS | Civil Registration and Vital Statistics System |
| HIS | Health Information system |
| ICD | International Classification of Diseases |
| IMDSS | Iganga-Mayuge health and Demographic Surveillance Site |
| MCCD | Medical Certification of Cause of Death |
| MCH | Maternal and Child Health |
| MDAs | Ministries, Departments and Agencies |
| MoH | Ministry of Health |
| MUCHAP | Makerere University Centre for Health and Population Research |
| MVRS | Mobile Vital Records System |
| NIRA | National Identification and Registration Authority |
| EAC | East African Community |
| NCD | Non-Communicable Disease |
| NEMIS | National Education Management Information System |
| NGO | Non-Governmental Organization |
| PSRI | Population Studies and Research Institute |
| SDG | Sustainable Development Goal |
| TB | Tuberculosis |
| TWG | Technical Working Group |
| UBOS | Uganda Bureau of Statistics |
| UVS | Uganda Vital Statistics |
| UDHS | Uganda Demographic and Health Survey |
| UN | United Nations |
| UNECA | United Nations Economic Commission for Africa |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| NPHC | National Population and Housing Census |
| UVSR | Uganda Vital Statistics Report |
| VA | Verbal Autopsy |
| WB | World Bank |
| WHO | World Health Organization |
| CDC | Centre for Disease Control |

## DEFINITION OF TERMS AND CONCEPTS

1) ***Civil Registration and Vital Statistics (CRVS):*** According to the United Nations Principles and Recommendations for a Vital Statistics System**,** Civil registration **is** the continuous, permanent, compulsory, and universal recording of vital events (such as births, deaths, marriages, and divorces) by an official Government authority in accordance with legal requirements.
2) ***Age-Specific Fertility Rate (ASFR):*** The annual number of births to women of a particular age group per 1,000 women in that age group.
3) ***Age-Specific Mortality Rate (ASMR):*** A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.
4) ***Burial Permit:*** Official document, usually issued only for a legally registered death, authorizing the removal of the dead body to the cemetery or other final disposal.
5) ***Causes of Death:*** All diseases, morbid conditions, or injuries that either resulted in or contributed to death and the circumstances of the accident or violence that produced any such injuries. Symptoms or modes of dying, such as heart failure or asthenia, are not considered to be causes of death for vital statistics purposes.
6) ***Certifier (of Cause of Death):*** Person authorized by law to issue a certificate, in a prescribed format, stating the underlying and contributory causes of death and other facts related to the event for submission to the local registrar or other appropriate authority. The certifier is usually the clinician who attended to the deceased in his or her last illness; in the case of deaths of persons who were not attended to during the last illness by a clinician; or in the case of deaths due to violence or injury, then the medical-legal officer (e.g., physician or medical examiner) can be the certifier.
7) ***Civil Registrar:*** Official authorized by law to register the occurrence and charged with the responsibility for civil registration of vital events in a well-defined area and for recording and reporting information on those vital events for legal and statistical purposes.
8) ***Civil Registration System:*** The institutional, legal, and technical settings established by the Government to conduct civil registration in a technical, sound, coordinated and standardized manner throughout the country, taking into account cultural and social circumstances particular to the country.
9) ***Civil Registration:*** This is the act of recording and documenting vital events in a person's life (birth, marriage, divorce, adoption and death and causes of death).
10) ***Civil Registration Completeness:*** Complete registration exists when every vital event that has occurred in the population has been registered in the civil registration system.
11) ***Crude Birth Rate (CBR):*** The number of live births relative to the size of that population during a given period, usually one year. It is expressed as the number of live births per 1,000 population per year.
12) ***Crude Death Rate (CDR):*** The number of deaths relative to the size of that population during a given period, usually one year. It is expressed as the number of deaths per 1,000 population per year.
13) ***Date Occurrence:*** The exact date when the event occurred; it should be expressed in terms of day, month, and year, as well as hour and minute, if appropriate (for live births, foetal deaths, and deaths).
14) ***Date of Registration:*** The day, month and year when an entry of registration of a vital event is made in the civil register.

15) ***Death:*** Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition excludes foetal deaths.

16) ***Delayed Registration:*** The registration of a vital event after one year of occurrence. Late registration is the registration of a vital event between the legal period and 1year. Because the grace period is usually considered to be 1 year after the vital event, delayed registration is usually considered the registration of a vital event 1 year or more after the vital event has occurred.

17) ***Foetal Death (also referred to as 'stillbirth'):*** Death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.'[1] Note that this definition broadly includes all terminations of pregnancy other than live births, as defined above.

18) ***Infant Mortality Rate:*** A vital statistics summary rate based on the number of infant deaths occurring during the same period of time, usually a calendar year, i.e., the number of deaths under 1 year of age occurring in a given geographical area during a given year, per 1,000 live births occurring among the population of the given geographical area during the same year.

19) ***Informant:*** The individual or institution whose responsibility, designated by law, is to report to the local registrar the fact of the occurrence of a vital event and to provide all the information and characteristics related to the event. On the basis of such a report, the event may be legally registered by the local registrar. The importance of the informant lies in the fact that the registrar can legally record a vital event only on the basis of a legally designated informant's declaration, either verbally or in writing. The informant must be able not only to supply the accurate information necessary for registration, i.e., for legal purposes, but also the particulars required for statistical purposes[2].

20) ***Late Registration:*** A late registration is the registration of a birth or death after the legally specified time period but within a specified grace period. The grace period is usually considered to be six months after the vital event.

21) ***Live Birth:*** A live birth is the result of the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered to be a live birth.

22) ***Neonatal Mortality Rate (NMR):*** Probability (expressed as a rate per 1,000 live births) of a child born in a specific year or period dying in the first 30 days of life, if subject to age-specific mortality rates of that period.

23) ***Population Pyramid:*** This is the distribution of a population by age groups and sex.

24) ***Quality assurance:*** This refers to strategies and procedures for ensuring the quality of vital statistics.

25) ***Sex Ratio:*** This is the ratio of males to females in a population. They describe the balance or imbalance between males and females in a population. Imbalances in sex ratio may be due to data quality issues, where more males may be reported than females and also due to migration.

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[1] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

[2] UN 2001, para. 374

26) ***Timeliness in Register-Based Vital Statistics:*** For every vital event registered within the interval specified by legislation, a statistical report form has been forwarded to the agency responsible for the compilation of vital statistics within the established time schedule of the vital statistics program, and the production, publication, and dissemination of the vital statistics is prompt enough to serve the users' needs.
27) ***Timeliness in Registration:*** This element of a vital event report is determined by the difference between the date of the event and the date of its registration when compared to the interval specified by legislation.
28) ***Total Fertility Rate (TFR):*** The sum of age-specific fertility rates for females aged between 15 and 49 years during a specified period, usually one year. It is an estimate of the average number of children a cohort of women would bear if they went through their childbearing years experiencing the same age-specific fertility rates.
29) ***Under-5 Mortality Rate (U5MR):*** The probability of a child born in a specific year or period dying before reaching the age of 5, if subject to age-specific mortality rates of that period. The under-5 mortality rate as defined here is the number of deaths divided by the number of populations at risk during a certain period of time, but a probability of death derived from a life table and expressed as rate per 1,000 live births.
30) ***Underlying Cause of Death:*** The cause of death to be used for primary statistical tabulation purposes has been designated as the underlying cause of death. The underlying cause of death is defined as '(a) the disease or injury which initiated the trend of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.'[3]
31) ***Verbal Autopsy:*** VA is a process for diagnosing causes of death based on responses collected from families and/or caregivers to a series of structured questions on the signs and symptoms experienced by the deceased, and their duration. These responses are usually reviewed by a physician to determine the probable cause of death.
32) ***Vital Event Record:*** A legal document entered in the civil register which attests to the occurrence and characteristics of a vital event.
33) ***Vital Event:*** The occurrence of a live birth, death, foetal death, marriage, divorce, adoption, legitimation, recognition of parenthood, annulment of marriage, or legal separation.
34) ***Vital Statistical Record:*** A document or record containing those items of information concerning an individual vital event that meets the needs for vital statistics compilation.
35) ***Vital Statistics System:*** In the context of defining a system as a set of interacting or independence components forming an integrating whole and for the purposes of these principles and recommendations, the vital statistics system's components are (a) legal registration, (b) statistical reporting of, and (c) collection, compilation, and dissemination of statistics pertaining to vital events. The vital events of interest are live births, adoptions, legitimations, recognitions, deaths and foetal deaths, and marriages, divorces, separations, and annulments of marriage.
36) ***Completeness of registration: The*** proportion of registered events to the expected number of events.

[3] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

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# EXECUTIVE SUMMARY

The Uganda Vital Statistics Report 2024 presents information on births, deaths, causes of death and Marriages reported and registered from 2020 to 2024. It highlights information on birth and death timeliness, birth and death registration completeness, live birth distribution by various background characteristics, medically certified causes of death, and Community deaths some of which were identified by Verbal Autopsy. The information presented in this report is useful for planning and evidence-based decision making at all levels of Government.

**Birth registration completeness for registered under-1 live births (infants).**

Birth registration completeness for registered under-1 live births in 2024 was 3.4 percent having decreased from 10.8 percent in 2022. The calculated Crude Birth Rate using registered births was 1.1 in 2024 having decreased from 4.0 in 2022.

**Sex Ratio:** The sex ratio at birth at birth for Under-1 registered live births was 102.4.

**Registered live births by site of occurrence:** More than half (58%) of all the registered under-one live births in 2024 occurred at a health facility while 42 percent occurred outside the health facility. Ten sub regions had at least 50 percent of their registered live births occurring in health facilities in 2024.

**Registered live births by age of mother:** Majority of registered under-one Live births (14%) were born to women aged 25-29 followed by women aged 20-24 (12%). Generally, there was a steady decline in live births registration among mothers in the age groups 35-39 and 45-49.

**Death Registration Completeness:** Death registration completeness in 2024 was 3.9 percent; a decrease from 5.9 percent in 2023. The sex ratio at death was 130.9. There were more registered adult male deaths (57.1%) compared to females at 42.9 percent in 2024. The calculated Crude Death Rate using registered deaths was 0.2 in 2024.

**Registered Causes of Death:** Endocrine disorders (7.7%) was the leading cause of death among all registered deaths that occurred in health facilities. Hypertensive disease (5.5%) was the leading cause of death among deaths that occurred in the community. The leading cause of registered under 5 deaths that occurred in the health facilities was birth Asphyxia and birth trauma (14.4%) while Lower respiratory infections (20.0%) was the leading cause of death for registered under 5 that occurred in the community.

**Causes of Community deaths identified by Verbal Autopsy:** The leading causes of under-five community deaths identified by verbal autopsy were; prematurity (19.4%), Diarrheal diseases (12.9%) and Birth asphyxia (9.7%).

**Marriage Registration:** The highest number of registered marriages in 2024 were Civil marriages (2,664). The number of other types of registered marriages included: Christian marriages (2,400), customary marriages (391), Islamic marriages (32), and Hindu marriages (16). Most males got married in the age group of 30-34 while most of the females got married between 25-29 years across the years (2020-2024).

# CHAPTER 1: INTRODUCTION

## 1.1 Background

A well-functioning civil registration system should generate data that is consistent, comparable, complete, accurate, and cost-effective on a continuous basis. It must adhere to the principles and guidelines set by the United Nations (UN, 2014). Such systems are fundamental for recording key life events—births, deaths, marriages, and divorces—and serve as the cornerstone for legal identity, access to social rights, and the generation of reliable population statistics essential for governance, development planning, and policymaking.

In Uganda, the civil registration system plays a pivotal role in advancing the country's development agenda, particularly in sectors such as health, education, and social protection. It also provides critical data for monitoring progress on international frameworks like the Sustainable Development Goals (SDGs). The SDG framework comprises 17 goals, 169 targets, and over 230 global indicators, approved by the UN Statistical Commission in March 2016. Of these, 67 indicators—spanning 12 of the 17 goals—can be fully or partially derived from a robust civil registration system. In particular, SDG Target 16.9 aims to achieve universal legal identity, including birth registration, by 2030. Additionally, SDG Targets 17.18 and 17.19 underscore the need for accurate, timely, reliable, and disaggregated data in support of sustainable development, highlighting civil registration and vital statistics (CRVS) as a core component.

Civil registration systems fulfill a dual function: they secure fundamental legal rights—such as citizenship, inheritance, and property ownership—and provide comprehensive statistical data on demographic trends. This includes information on births, deaths, and causes of death disaggregated by age, sex, and location. Such data is critical for designing effective public health strategies and social service policies.

This report focuses on vital events—births and deaths occurring in both communities and health facilities, as well as marriages registered in Uganda between 2020 and 2024—as recorded through the civil registration system. The annual Vital Statistics Report offers insights into Uganda's processes for registering vital events, evaluates the quality of the collected data, and provides an analysis of causes of death.

The production and compilation of this report followed the Vital Statistics Production Template and Workbook (Revision 1), a framework jointly developed by Vital Strategies, the United Nations Economic Commission for Africa (UNECA), the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), and Statistics Norway (Vital Strategies, 2020).

## 1.2 Status of Vital Statistics Production and Dissemination in Uganda

The Statistics Act (Cap 333) mandates UBOS, as the National Statistics Office (NSO), to collect, analyze, and publish statistics on population, vital events, and mortality. In line with this mandate, UBOS collaborated with key stakeholders to produce Uganda's first official *Vital Statistics Report (2024)*, covering births, deaths, marriages, and causes of death.

Previously, vital statistics were reported through various publications, including the *Statistical Abstracts*, *Uganda Demographic and Health Survey (UDHS)*, *Uganda National Household Survey (UNHS)*, and Census reports. However, no standalone Vital Statistics Report had been produced.

Going forward, UBOS will annually compile and publish comprehensive vital statistics by consolidating data from relevant stakeholders. The *Causes of Death* section, formerly part of the *Statistical Abstract*, is now integrated into the *Vital Statistics 2024 Report*.

## 1.3 Objectives and scope of the report

### 1.3.1 Main objective

The main objective of this report is to provide critical insights into the current status and of vital events' registration in Uganda for evidence-based policy formulation, decision making and tracking progress towards achieving targets set under the national development programmes and Sustainable Development Goals (SDGs).

### 1.3.2 Specific objectives

1. To present registration completeness, patterns and trends of birth, marriages and death registration at national and sub regional level.
2. To show the registered causes of death at the national and sub-regional levels.
3. To present gaps, challenges and recommendations for compilation of quality birth, death and marriage statistics.

### 1.3.3 Scope of the report

The United Nations (UN) recommends that countries systematically register and collect data on Civil Registration and Vital Statistics (CRVS), including births, deaths, stillbirths/foetal deaths, marriages, divorces, annulments, judicial separations, adoptions, legitimations, and judicial declarations of paternity (UN, 2014). This report will focus specifically on births, deaths and marriages that have been registered within the officially stipulated period of 12 months from the date of occurrence between 2020 and 2024 at the national and sub-regional levels.

## 1.4 Process of compiling the report

The process of producing the Vital Statistics report involves several key stages:

- Development of a Tabulation Plan – Outlining key data points and indicators for analysis.
- Data Collation – Gathering vital events data from NIRA, the Ministry of Health, and other CRVS stakeholders.
- Data Cleaning and Analysis – Ensuring data accuracy, consistency, and completeness.
- Draft Report Production – Preparing an initial VS report for internal review.
- Internal and External Review.
    - UBOS conducts an internal review of the draft report.
    - External reviewers from CRVS stakeholders provide feedback and validation.
- Final Validation, Publication, and Dissemination – The validated Vital Statistics report is officially published and distributed to inform policy formulation and evidence-based decision-making.

## 1.5 Limitations of the Report

The analysis in this report is based solely on data from the Mobile Vital Records System (MVRS) from NIRA and the National Marriage Registration System (NMRS) from URSB. To avoid duplication, data from the National Security Identification System (NSIS) was excluded. Additionally, only vital events—births, deaths, marriages, and causes of death—officially registered with NIRA, the Ministry of Health (MoH), and URSB were considered. As such, unregistered events and data from other sources are not reflected in the report, which may affect the completeness of coverage.

## 1.6 Country profile

### 1.6.1 Geography

The republic of Uganda is located in East Africa and lies astride the equator. Uganda is a landlocked country that borders Kenya to the east, Tanzania to the south, Rwanda to the southwest, the Democratic Republic of Congo to the west, and South Sudan to the north.

The country has a total land area of 241,553 square kilometers and is administratively divided into 135 districts and 11 Cities (Kampala Capital City inclusive). Uganda has a decentralized system of governance, and several functions have been ceded to the Local Governments. However, the Central Government retains the role of formulating policy, setting and supervising standards, and providing national security.

Uganda has a favorable climate because of its relatively high altitude. The Central, Eastern, and Western regions of the country have two rainy seasons per year, with relatively heavy rains from March through May, and light rains from September through December. The level of rainfall decreases as one travels northward, turning into just one rainy season a year. The soil fertility varies accordingly, being generally fertile in the Central and Western regions and becoming less fertile as one moves to the east and the north. Because climate varies, Uganda's topography ranges from tropical rain forest vegetation in the south to savannah woodlands and semi-arid vegetation in the north. Climate determines the agricultural potential and thus the land's capacity to sustain human population; population densities are high in the Central and Western regions and decline towards the north.

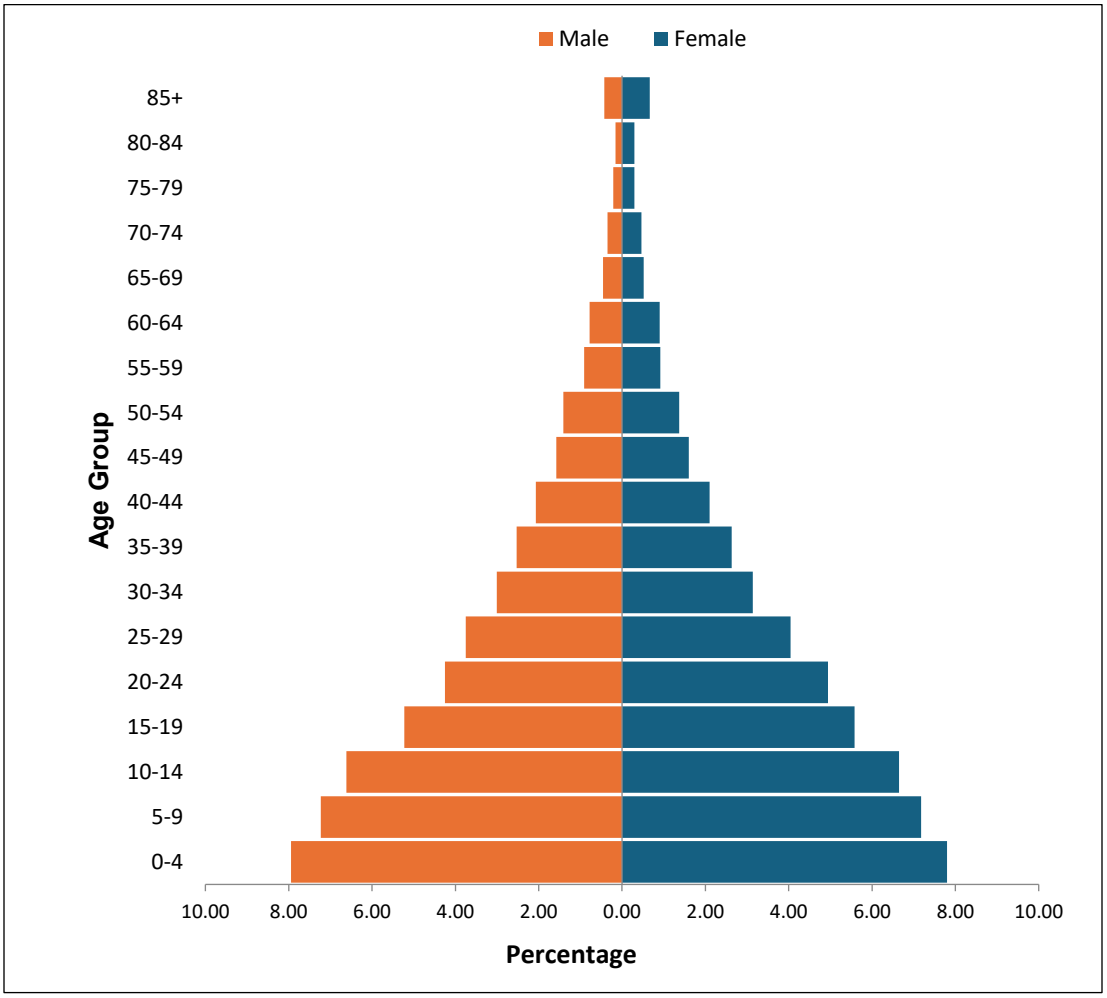
*Figure 1.1 Map of Uganda by Districts/administrative units and New Cities*


## 1.6.2 Country demographic profile

According to the 2024 National Population and Housing Census, Uganda's population is 45.9 million persons (22.3 million males and 23.6 million females) with an average annual growth rate of 2.9 percent between 2014 and 2024. The Crude Birth Rate is 33.2 births per 1,000 population and the Crude Death Rate is 5 deaths per 1,000 persons. The Ugandan population is essentially young, with 77.8 Percent of all Ugandans under the age of 35 according to the NPHC 2024. Uganda's Population Density as of 2024 was 190 persons per square kilometer, an increase from 123 people and 173 people per square kilometer in 2002 and 2014 respectively.

The population pyramid (Figure 1.2) shows the household population by 5-year age groups and sex. The broad base of the pyramid shows that a large proportion of Uganda's population is young where children under age 15 constitute 42.3 percent of the total population.

***Figure 1.2: Population Pyramid for Uganda***




*Source: NPHC 2024*

# CHAPTER 2: DATA SOURCES AND ANALYSIS

## 2.1 Introduction

This section provides insights into the sources of data and methodology undertaken while compiling the indicators in the UVS Report 2024.

### 2.1.1 Data Sources

The data used for development of this report was obtained from the Mobile Vital Records System (MVRS) used by National Identification and Registration Authority (NIRA), National Marriage Registration System (NMRS) from Uganda Registration Services Bureau (URSB) and Ministry of Health (MoH). Other sources of data included the Population and Housing Censuses, Uganda Demographic and Health Surveys conducted by UBOS.

### 2.1.2 Data Collection Processes

Data for vital events like births, deaths and marriages is collected by the National Identification and Registration Authority, Ministry of Health, Ministry of Local Government and Religious leaders through a series of processes including;

i. **Event Notification:** The first step in collecting data for vital statistics is the notification for a vital event. This involves individuals, families or institutional representatives (e.g., hospital staff) reporting a birth, death, marriage, or other events to the relevant authority.

ii. **Data Verification:** Once an event is notified, the information provided must be verified to ensure accuracy and completeness. Verification involves cross-checking the event's details with supporting documentation and ensuring compliance with legal and procedural standards done by the registration officer.

iii. **Registration and Certification**: Once verified, the vital event is officially registered in the civil registration system and certified in accordance with the law.

iv. **Data Aggregation and Compilation:** Data collected at the local level is periodically aggregated and compiled at regional and national levels. This process consolidates records from local registration offices, health facilities and other reporting entities.

v. **Analysis and Reporting:** After aggregation, the data is analyzed to produce vital statistics including birth rates, death rates, fertility rates and cause-specific mortality rates by the Uganda Bureau of Statistics. These statistics, among others, are then disseminated in regular reports annually by NIRA, MoH, and URSB. The UVS Report 2024 is the maiden report compiled by UBOS.

## 2.2 Data Analysis

This subsection describes how the analysis was conducted and the software used. It outlines methods for estimating the completeness of births and deaths that have been registered, in addition to computing the expected number of births and deaths in 2024. Analysis of the data sets was done using STATA software.

### 2.2.1 Estimation of Birth Completeness

Completeness of registration is the proportion of registered events to the expected number of events. The number of expected births was calculated using age specific fertility rates (ASFR) multiplied by the Projected women in the reproductive age group (15-49 years). The number of expected births was obtained based on the following formulas;

$$\textbf{Expected Births} = \frac{ASFR * Projected\ women}{1000}$$

Birth registration completeness was calculated as below;

$$\text{Birth Registration Completeness} = \frac{\text{Actual registered live births in a year}}{\text{Expected births within a year}} \times 100$$

### 2.2.2 Estimation of death completeness

The number of expected deaths was calculated using age specific mortality rates (${}_nm_x$) multiplied by the projected population age groups The expected deaths at the national level were obtained using the following formulas;

$$\textbf{Expected Deaths} = \frac{ASMR(\text{nmx}) * Projected\ Population\ age\ group(i)}{1000}$$

Death registration completeness for both the national and subregional levels was calculated using the formula below:

$$\text{Death Registration Completeness} = \frac{\text{Actual registered deaths within a year}}{\text{Expected number of deaths within a year}} \times 100$$

### 2.2.3 Causes of Death

To promote comparability in causes of death information within countries, the World Health Organization (WHO), recommends the use of the International Classification of Diseases (ICD) guides to assign the main underlying cause of death, for health-facility deaths where a physician is available to certify the event.

In Uganda, data on causes of death events is obtained from health facilities. Data on probable causes of deaths is obtained from the community using Verbal Autopsy. For community events the Village Health Teams (VHTs) are designated as Notifiers by Ministry of Health and assign probable cause of death based on a predefined list of possible causes of death. For health facility events, health professionals report on the causes of death in accordance with the standard ICD guidelines.

# CHAPTER 3: TIMELINESS AND COMPLETENESS OF REGISTRATION

## 3.1 Introduction

This chapter covers the data quality, timeliness of registration, registration completeness and data integration. The civil registration systems provide the foundation for legal identity, social services, and population data critical for planning and policy making. The effectiveness of these systems relies on three

## 3.2 Timeliness of registration

Timeliness of registration refers to the prompt recording of vital events such as births and deaths in the civil registration system. Delays in registering these events can lead to discrepancies in official statistics and diminish their usefulness for policy and decision-making. In Uganda, the legal time frame for registering a birth or death is within 30 days of the event. Registrations completed within this period are classified as timely. If the registration occurs after 30 days but within one year, it is considered late. Registrations made more than one year after the event are classified as delayed and may require additional documentation or legal procedures.

**Timely Registration Rate** $= \frac{births/deaths\ registered\ within\ the\ legal\ period}{Total\ Births/\ deaths\ registered} \times 100$

This metric helps to measure how efficiently the system ensures on-time registrations.

**Late registration Rate** $= \frac{births/deaths\ registered\ after\ the\ legal\ period\ up\ to\ 1\ year}{Total\ Births/\ deaths\ registered} \times 100$

**Table 3.1** illustrates fluctuations in timely, late, and delayed birth and death registration rates between 2020 and 2024. The timely birth registration rate peaked in 2022 at 8.1 percent and dropped to its lowest point in 2024 at 1.2 percent. The Late birth registration rate reached its highest level in 2022 at 82.9 percent and declined to 9.2 percent in 2024. In contrast, the Delayed birth registration rate rose steadily from 70.6 percent in 2021 to 89 percent in 2024.

Regarding death registration, the Timely registration rate decreased from 7.9 percent in 2020 to 3.6 percent in 2023 and then rose to 7.2 percent in 2024. Meanwhile, the

Delayed death registration rate increased from 45.6 percent in 2020 to 70.6 percent in 2022 and then declined to 58.1 percent in 2024.

**Table 3.1: Birth and Death Registration Timeliness by year. (2020-2024)**

| | Birth Registration Timeliness | | | | |
|---|---|---|---|---|---|
| **Period** | **2020** | **2021** | **2022** | **2023** | **2024** |
| **Birth Registration Timeliness** | | | | | |
| Births registered less than 1month (Timely) | 2,323 | 6,021 | 15,536 | 15,254 | 5,883 |
| Births registered 1 month-1 year (Late) | 13,845 | 38,670 | 159,792 | 93,401 | 45,644 |
| **Under-1 registered births** | **16,168** | **44,691** | **175,328** | **108,655** | **51,527** |
| Births registered 1 year and above (Delayed) | 76,625 | 110,941 | 507,410 | 387,100 | 443,522 |
| **Total Number of births registered** | **93,279** | **157,063** | **192,799** | **500,180** | **498,439** |
| Timely Birth Registration Rate | 2.5 | 3.8 | 8.1 | 3.0 | 1.2 |
| Late Birth Registration Rate | 15.0 | 24.6 | 82.9 | 18.7 | 9.2 |
| Delayed Birth registration rate | 82.0 | 70.6 | 263.2 | 77.4 | 89.0 |
| **Death Registration Timeliness** | | | | | |
| Deaths registered less than 1 month (Timely) | 66 | 567 | 1,630 | 2,128 | 1,533 |
| Deaths registered 1 month-1 year (Late) | 389 | 4,554 | 10,687 | 15,469 | 7,388 |
| **Registered deaths within 1 year of occurrence** | **455** | **5,121** | **12,317** | **17,597** | **8,921** |
| Deaths registered 1 year and above (Delayed) | 381 | 6,424 | 29,509 | 41,282 | 12,379 |
| **Total Number of deaths registered** | **836** | **11,545** | **41,826** | **58,879** | **21,300** |
| Timely death Registration Rate | 7.9 | 4.9 | 3.9 | 3.6 | 7.2 |
| Late death Registration Rate | 46.5 | 39.4 | 25.6 | 26.3 | 34.7 |
| Delayed death registration rate | 45.6 | 55.6 | 70.6 | 70.1 | 58.1 |

*Source: Mobile Vital Records System, NIRA*

## 3.3 Registration completeness

Registration completeness measures the proportion of events that are officially registered compared to the total number of such events occurring in a population in a given period of time. A complete civil registration system ensures that no births, deaths, marriages, or divorces go unregistered within the legally specified period. Completeness of births and deaths is an important indicator of the quality and efficiency of the country's civil registration system. The completeness of births and deaths is calculated by dividing the actual number of registered events (births and deaths) by the expected number of events. Expected births and deaths are calculated using age-specific rates or crude birth rates and crude death rates.

### 3.4.1 Birth registration completeness

**Birth Registration Completeness** = $\frac{\text{Actual registered live births within one year of occurrence}}{\text{Expected births in the year.}} \times 100$

The national results for birth registration completeness are presented in Table 3.2. Overall, live birth registration completeness has fluctuated over the five-year period. Under-one birth registration completeness increased from one percent in 2020 to 10.8 percent in 2022 then declined to 6.6 percent in 2023 and 3.4 percent in 2024.

The number of under-one registered live births rose from approximately 16,000 in 2020 to a peak of 175,00 in 2022, before dropping to about 52,000 in 2024. Meanwhile, the number of expected births increased from 1.6 million in 2020 then declined to 1.5 million in 2024.

**Table 3.2: Completeness of birth registration, 2020-2024**

| Year | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Population (Millions)* | 41.6 | 42.9 | 44.2 | 45.6 | 45.9 |
| Expected Births* | 1,567,702 | 1,595,355 | 1,622,610 | 1,644,788 | 1,515,437 |
| Registered Births** | 16,168 | 44,691 | 175,328 | 108,655 | 51,527 |
| **Birth Registration Completeness (%)** | **1.0** | **2.8** | **10.8** | **6.6** | **3.4** |

*Source: * UBOS population Projections*
*** Births registered with Mobile Vital Records System*
*Note; NPHC 2024 actual births was used as 2024 Expected births.*

### 3.4.2 Death registration completeness

Similarly, the completeness rate for deaths is obtained by dividing the number of registered deaths within the year of occurrence divided by expected number of deaths within the year.

**Death Registration Completeness** = $\frac{\text{Actual registered deaths within one year of occurrence}}{\text{Expected deaths in the year}}$ X 100

Table 3.3 shows that the number of expected deaths followed an upward trend between 2020 and 2023, increasing from 291,085 in 2020 to 296,153 in 2023, before falling to 221,938 in 2024. Similarly, the number of deaths registered within one year of occurrence rose from 455 in 2020 to 17,597 in 2023, then declined to 8,921 in 2024. Correspondingly, death registration completeness increased significantly from 0.2 percent in 2020 to 5.9 percent in 2023, before decreasing to 3.9 percent in 2024.

**Table 3.3: Expected, registered and completeness of death registration, 2020-2024.**

| Year | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Population (Millions) | 41.6 | 42.9 | 44.2 | 45.6 | 45.9 |
| Registered deaths within 1 year of occurrence** | 455 | 5,121 | 12,317 | 17,597 | 8,921 |
| Expected deaths* | 291,085 | 291,624 | 291,804 | 296,153 | 229,527 |
| **Deaths Registration Completeness (%)** | **0.2** | **1.8** | **4.2** | **5.9** | **3.9** |

*Source: *UBOS population projections and **Mobile Vital Records System, NIRA*

# CHAPTER 4. BIRTH REGISTRATION

**KEY FINDINGS:**

- Birth registration completeness was 3.4 percent in 2024.
- Of all live births registered in 2024, 10.3 percent were registered at under one year of age.
- Among all live births registered in 2024, 38.6 percent were registered at under five years of age.
- Of the total registered under-one live births, 58.0 percent occurred in health facilities.
- Within the registered under-one births, the highest proportion (29.4 percent) was among mothers aged 25–29 years.
- The national sex ratio for registered under-one births was 102.4 males per 100 females in 2024.
- The crude birth rate for registered under-one births in 2024 was 7.5 births per 1,000 people

## 4.1 Introduction

Birth registration is a critical component of the civil registration system, providing essential data for public health planning, policy formulation, and legal documentation. Birth registration is a fundamental right of every child and serves as the foundation for legal identity, access to social services, and national planning. Live birth recording is essential for monitoring population growth, maternal and child health, and health service delivery. The WHO defines a live birth as the complete expulsion or extraction of a fetus from its mother, showing signs of life, such as breathing, heartbeat, or voluntary muscle movement, regardless of gestational age. Births are recorded by MoH and notifications are created by MoH which are shared or sent to NIRA for registration. NIRA is responsible for registering births in Uganda as mandated by ROPA 2015.

This chapter presents data on live birth trends recorded by the Ministry of Health (MoH) alongside registration data from the National Identification and Registration Authority (NIRA). It includes the total number of live births registered, the number and percentage of births registered under one year and under five years, the sex ratio at birth, and the distribution of registered live births by the child's sex, place of occurrence, and mother's age from 2020 to 2024.

### 4.1.1 Live birth registrations, 2020-2024

Table 4.1 presents the number of under-one and under-five live births registered in both health facilities and the community from 2020 to 2024. It shows that 51,527 under-one live births were registered in MVRS in 2024. The number of under-one birth registrations increased from 16,168 in 2020 to 175,328 in 2022, before declining to 51,527 in 2024. Across the years, more male than female under-one live births were registered. Additionally, a higher number of under-one live births occurring in health facilities were registered compared to those occurring in the community.

**Table 4.1: Birth registration trends in Uganda, 2020-2024.**

| | Births Registered | | | | |
|---|---|---|---|---|---|
| **Year** | **2020** | **2021** | **2022** | **2023** | **2024** |
| Total number of live births registered (all ages) | 93,279 | 157,063 | 692,799 | 500,180 | 498,439 |
| Number of live births registered (under-5) | 31,582 | 75,223 | 424,655 | 203,015 | 192,303 |
| Number of live births registered (under-1) | 16,168 | 44,691 | 175,328 | 108,655 | 51,527 |
| Percentage of live births registered (under-5) | 33.9 | 47.9 | 61.3 | 40.6 | 38.6 |
| Percentage of live births registered (under-1) | 17.3 | 28.5 | 25.3 | 21.7 | 10.3 |
| **Births registered by site of occurrence** | | | | | |
| Registered health facility (HF) live births (under-5) | 17,071 | 41,611 | 217,434 | 115,507 | 55,316 |
| Registered community live births (under-5) | 14,511 | 33,612 | 207,221 | 87,508 | 136,987 |
| Percentage of HF live births registered (under-5) | 54.1 | 55.3 | 51.2 | 56.9 | 28.8 |
| Percentage of community live births registered (under-5) | 45.9 | 44.7 | 48.8 | 43.1 | 71.2 |
| Registered HF live births (under-1) | 11,140 | 27,068 | 108,121 | 70,011 | 29,870 |
| Registered community live births (under-1) | 5,028 | 17,623 | 67,207 | 38,644 | 21,657 |
| Percentage of HF live births registered (under-1) | 68.9 | 60.6 | 61.7 | 64.4 | 58 |
| Percentage of community live births registered (under-1) | 31.1 | 39.4 | 38.3 | 35.6 | 42 |
| **Sex of registered live births (all ages)** | | | | | |
| Male | 45,670 | 77,696 | 344,627 | 249,054 | 247,480 |
| Female | 47,609 | 79,367 | 348,172 | 251,126 | 250,959 |
| Sex ratio | 95.9 | 97.9 | 99.0 | 99.2 | 98.6 |
| **Sex of registered live births (under-5)** | | | | | |
| Male | 16,030 | 38,072 | 213,817 | 103,086 | 96,727 |
| Female | 15,552 | 37,151 | 210,838 | 99,929 | 95,576 |
| Sex ratio | 103.1 | 102.5 | 101.4 | 103.2 | 101.2 |
| **Sex of registered live births (under-1)** | | | | | |
| Male | 8,321 | 22,671 | 88,667 | 55,245 | 26,066 |
| Female | 7,847 | 22,020 | 86,661 | 53,410 | 25,461 |
| Sex ratio | 106 | 103 | 102.3 | 103.4 | 102.4 |

*Source: Mobile Vital Records System, NIRA*

## 4.2 Under-1 sex ratio at birth

This is the ratio of males to females in a given population. It is portrayed as number of male births per 100 female births. The results of under-1 sex ratio at national and sub-regional levels for 2024 are presented in **Table 4.2**.

The results indicate that the national under-1 sex ratio was 102.4 implying more males being registered compared to females. The under-1 sex ratio for registered births by sub region shows that three sub regions namely: Kampala (102.5), Buganda (102.5) and Bukedi (101.1) are close to the national figure. Five sub regions namely, Ankole West Nile, Karamoja, Teso and Elgon had sex ratios of less than 100.

**Table 4.2: Sex ratio for Under-1 registered live birth by sub region, 2024**

| Sub Region | Male | Female | Total | Sex ratio |
|---|---|---|---|---|
| Ankole | 983 | 1030 | 1,894 | **95.4** |
| Kigezi | 566 | 511 | 1,036 | **110.8** |
| Tooro | 1,979 | 1,875 | 3,592 | **105.5** |
| Bunyoro | 2,959 | 2,783 | 5,428 | **106.3** |
| Acholi | 1,127 | 1,074 | 2,181 | **104.9** |
| West Nile | 2,573 | 2,626 | 5,195 | **98.0** |
| Lango | 761 | 693 | 1,430 | **109.8** |
| Karamoja | 1,434 | 1,530 | 2,961 | **93.7** |
| Bukedi | 1,533 | 1,516 | 3,002 | **101.1** |
| Teso | 465 | 473 | 921 | **98.3** |
| Busoga | 1,368 | 1,255 | 2,621 | **109.0** |
| Elgon | 477 | 491 | 964 | **97.1** |
| Kampala | 8,114 | 7,919 | 15,508 | **102.5** |
| Buganda | 1,727 | 1,685 | 3,342 | **102.5** |
| **National** | **26,066** | **25,461** | **51,527** | **102.4** |

*Source: Mobile Vital Records System, NIRA*

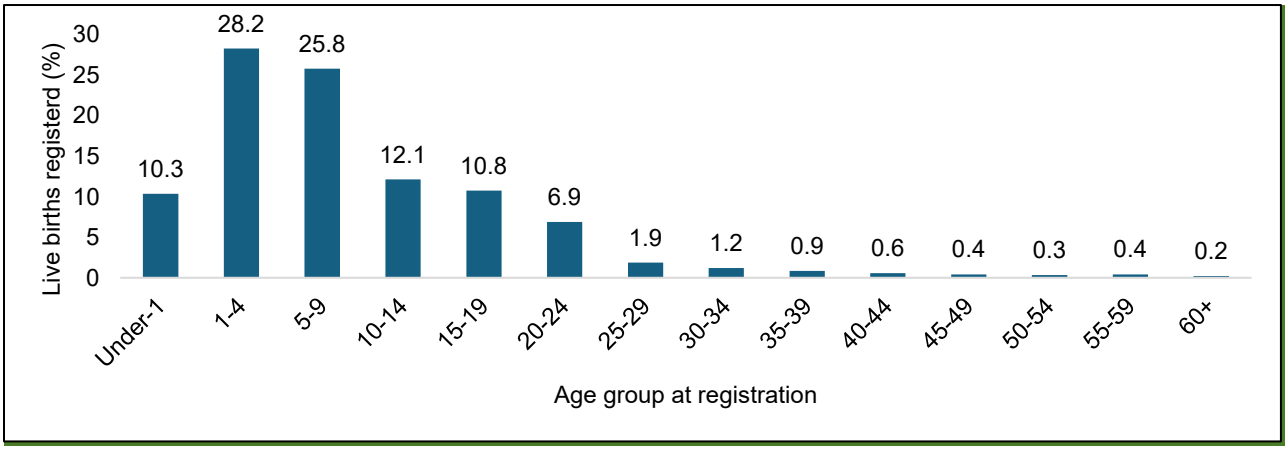
## 4.3 Background characteristics of live births registered

This section presents information on live births registration by various background characteristics such as sex of child, site of occurrence, mother's age and age at registration.

### 4.3.1 Registered live births by sex and age group at registration, 2024

Figure 4.1 shows the distribution of live births registered by sex and age group at registration. In 2024, the largest proportion of registered live births (28 percent) were children aged 1 to 4 years, followed by 26 percent aged 5 to 9 years, for both males and females. Additionally, only 10.3 percent of registered live births were under one year of age, indicating a high percentage of registrations occurring beyond the timely period.

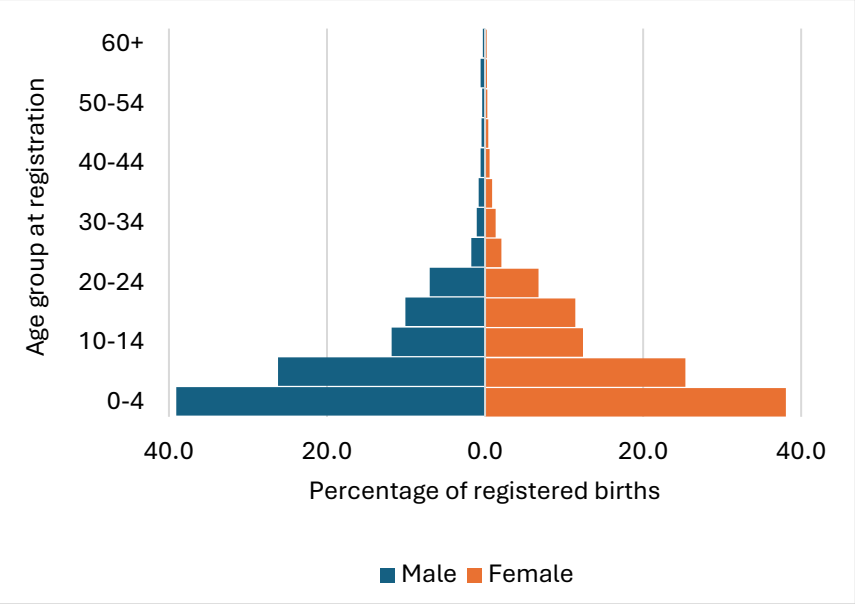
***Figure 4.1: Percentage of registered live births by age group at registration, 2024***




*Source: Mobile Vital Records System, NIRA*

The pyramid (Figure 4.2) shows that there were more registered males compared to females for most of the age groups. Registration of live births for both males and females reduced as the age increased after age group 0-4.

*Figure 4.2: Live birth registration pyramid (live births registered by age group and sex)*

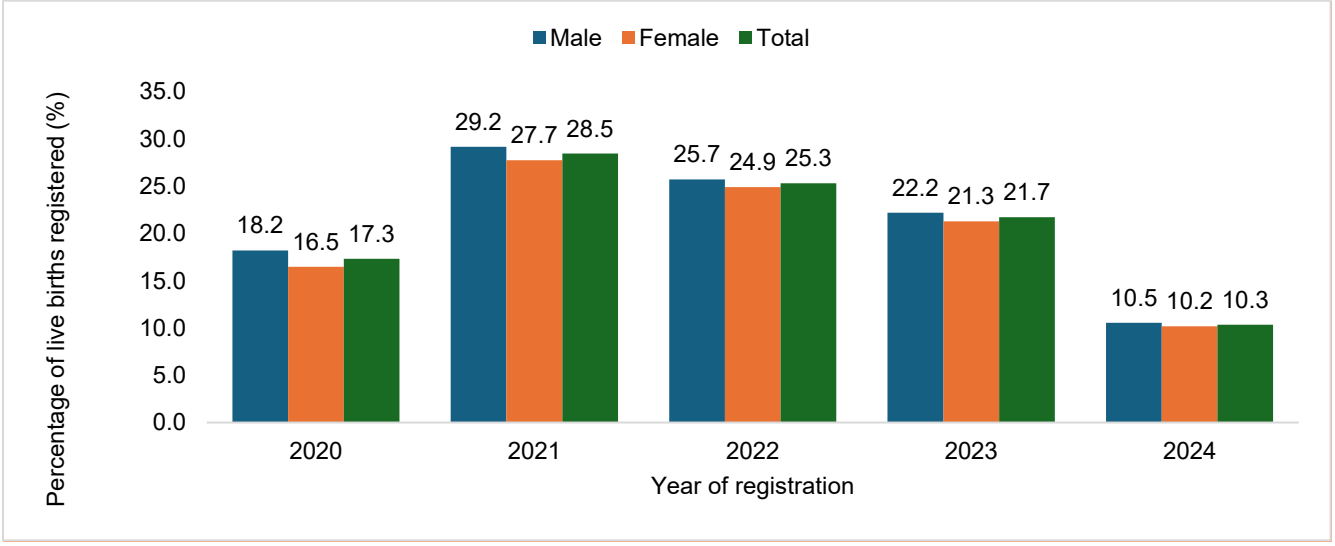



*Source: Mobile Vital Records System, NIRA*

### 4.3.2 Registered under-1 live births by sex and year, 2020-2024.

This section presents the results of under-one live births registered by sex and year, as shown in Figure 4.3. The data indicates that more male than female under-one births were registered throughout the five-year period. The proportion of under-one registered live birth increased from 17.3 percent in 2020 to a peak of 28.5 percent in 2021, then declined to 10.3 percent in 2024.

*Figure 4.3: Percentage of Under-1 live births registered by sex*

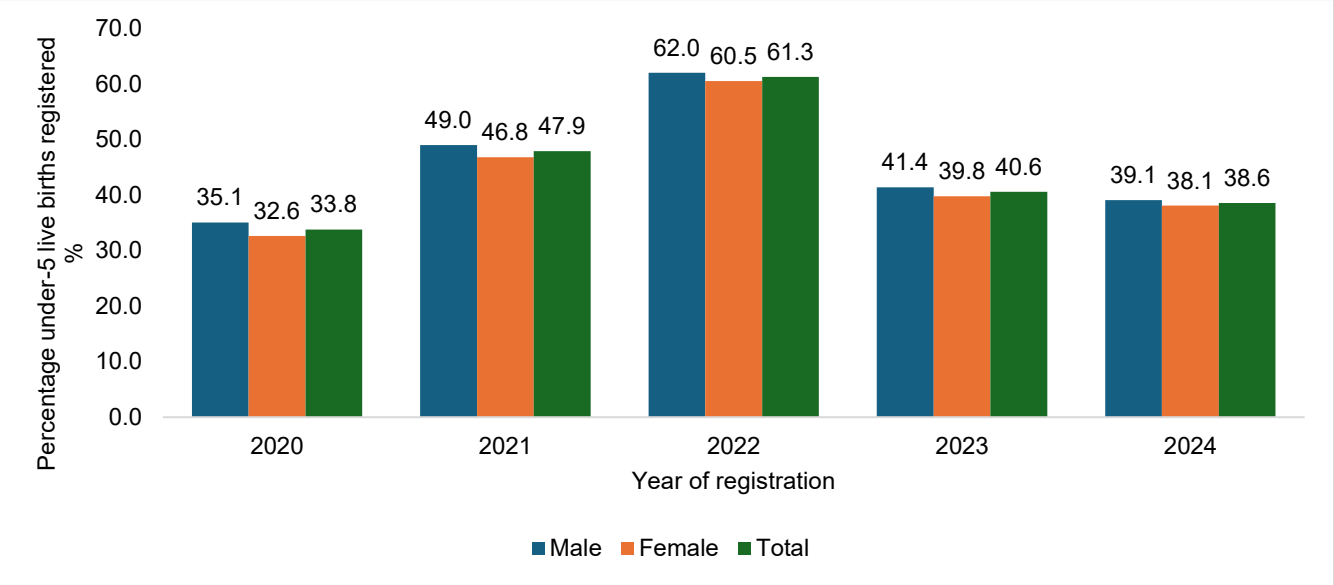



*Source: Mobile Vital Records System, NIRA*

### 4.3.3 Registered under-5 live births by sex and year, 2020-2024

Figure 4.4 shows the distribution of under-five live births registered by sex and year. Across the five-year period, more male than female under-five births were registered. In 2024, under-five registrations accounted for 38.8 percent of all registered live births. The highest proportion was recorded in 2022 at 61.3 percent, while the lowest was in 2020, at 17.3 percent.

*Figure 4.4: Percentage of Under-5 live births registered by sex, 2020-2024*




*Source: Mobile Vital Records System, NIRA*

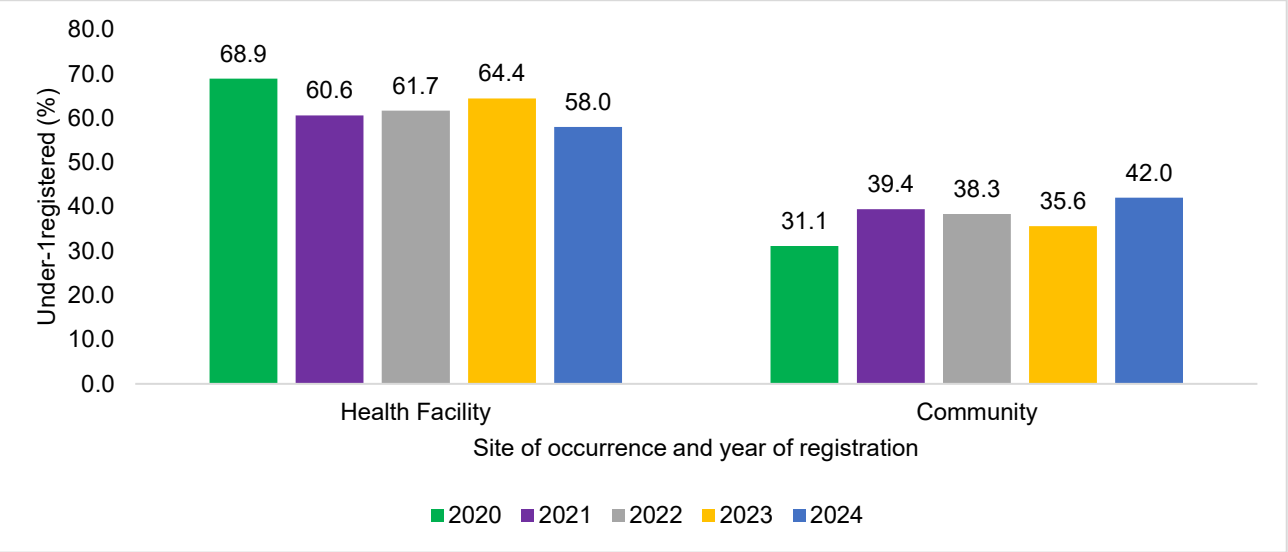
### 4.3.4 Registered Live Births by Site of Occurrence and Year Of Registration, 2020-2024

Child delivery is done either in a health facility or within the community. These live births/deliveries occur under skilled healthcare providers. Health facility delivery is an effective measure to reduce both maternal and child mortality as well as improved registration completeness due to technological advancements.

#### 4.3.4a Under-1 live births registered by site of occurrence

The results of the under-1 live births registered from 2020 to 2024 by site of occurrence are presented in Figure 4.5. There was a decline in registration of under-1 live births that occurred in health facilities from 68.9 percent in 2020 to 58.0 percent in 2024. Under-1 live births registered in the community increased from 31.1 percent in 2020 to 42.0 percent in 2024. This therefore means most births occur in health facilities in Uganda.

*Figure 4.5: Percentage of registered Under-1 live births by site of occurrence and year, 2020-2024*




*Source: Mobile Vital Records System, NIRA*

### 4.3.5 Registered live births by age of mother & year of registration

Table 4.3 presents the distribution of registered under-one live births by the age of the mother. In 2024, the highest percentage of registrations (29.4 percent) was among mothers aged 25–29, a trend consistently observed from 2020 to 2024 across all years.

**Table 4.3: Under-1 live births registered by age of mother, 2020-2024**

| | Percentage of under-1 registered births by mother's age | | | | |
|---|---|---|---|---|---|
| **Mother's age at birth** | **2020** | **2021** | **2022** | **2023** | **2024** |
| <15 | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 |
| 15-19 | 4.9 | 8.5 | 10.6 | 7.8 | 6.8 |
| 20-24 | 22.5 | 26.3 | 26.2 | 24.1 | 19.2 |
| 25-29 | 31.2 | 29.1 | 28.1 | 30.1 | 29.4 |
| 30-34 | 25.2 | 21.0 | 19.8 | 21.3 | 24.3 |
| 35-39 | 12.2 | 11.4 | 10.8 | 11.8 | 13.7 |
| 40-44 | 3.3 | 2.8 | 3.3 | 3.8 | 4.5 |
| 45-49 | 0.6 | 0.6 | 0.8 | 0.7 | 1.3 |
| 50+ | 0.1 | 0.2 | 0.2 | 0.2 | 0.5 |
| **Total** | 100 | 100 | 100 | 100 | 100 |

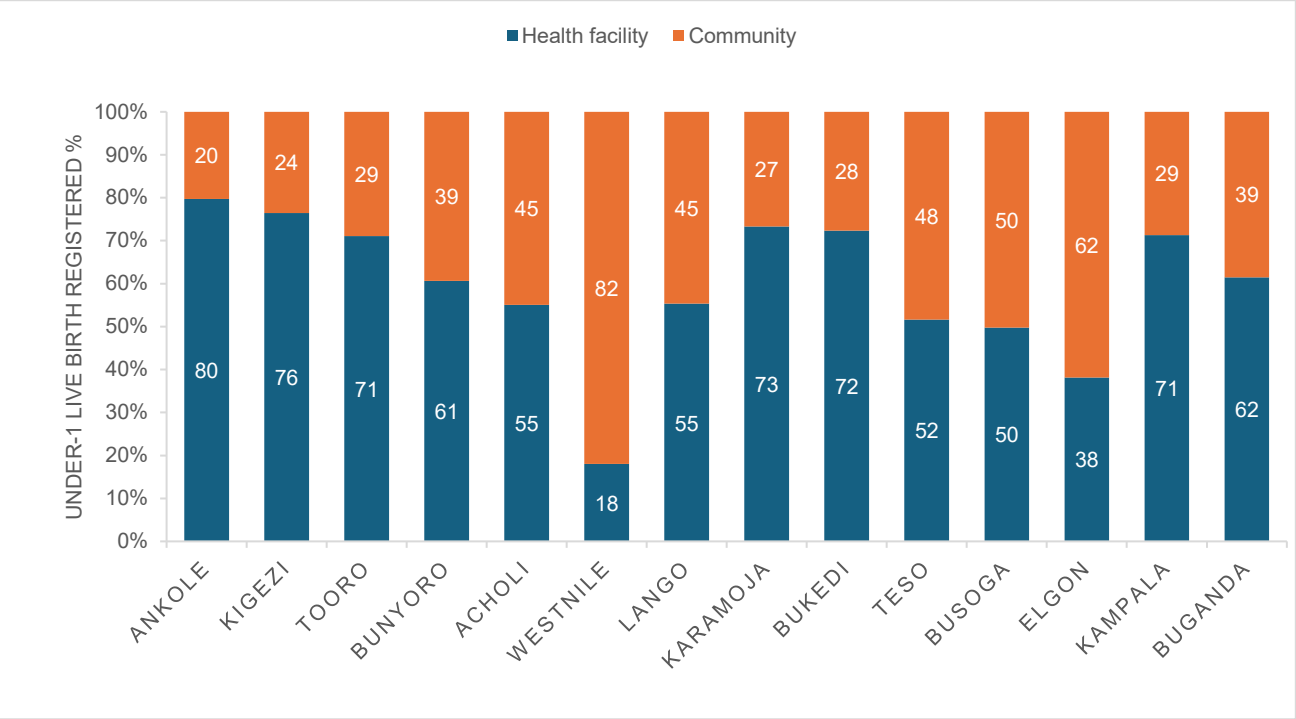
*Note: 50+ includes all births registered with mother's age of 50 to 54. Births to mothers aged 55 and over are considered implausible and were removed. Birth registrations where there was no recorded mother's age have also been removed.*

*Source: Mobile Vital Records System, NIRA*

### 4.3.6 Registered live births by site of occurrence and Subregion, 2024

Figure 4.6 shows that ten sub regions had over 50 percent of under-1 live births registered in health facilities. On the other hand, the West Nile sub region reported the lowest under-1 live births registered in the health facility (4 percent).

**Figure 4.6: Registered under-1 live births by sub region and site of occurence, 2024**




*Source: Mobile Vital Records System, NIRA*

# CHAPTER 5. DEATH REGISTRATION

**KEY FINDINGS:**

- Death registration completeness in 2024 was 3.9 percent.
- The national sex ratio of deaths registered within one year was 130.9.
- The number of registered deaths was higher among males compared to females across all age groups.
- Of all registered infant deaths, 27.5 percent occurred in health facilities while 72.5 percent occurred in the community in 2024.
- Over the last 5 years, there was an increase in the proportion of deaths registered in the community, compared to health facilities.
- Crude death rate of deaths registered within one year of occurrence was 0.2 deaths per 1,000 people in a population in 2024.

## 5.1 Introduction

Accurate data on deaths and their causes is essential for monitoring health trends and progress toward national, regional, and global goals such as SDG Goal 3 and Africa Agenda 2063. These goals aim to improve maternal and child health, reduce deaths from communicable and non-communicable diseases, and achieve universal health coverage. Mortality statistics—generated through civil registration systems—support evidence-based policymaking, help track health status, and identify emerging health threats. This report includes data on deaths registered in both communities and health facilities, along with their cause

### 5.1.1 Death registration in Uganda, 2020-2024

Death registration is a critical component of the CRVS system, providing essential data for public health planning, policy formulation, and legal documentation. Deaths are recorded by MoH and notifications are created by MoH which are shared or sent to NIRA for registration. NIRA is responsible for registering deaths in Uganda as mandated by ROPA 2015. Over the years, the trends in registered deaths have been influenced by several factors, including public awareness, accessibility of registration services, digitization of records, and Government initiatives to strengthen CRVS. While Uganda has made progress in improving death registration coverage, challenges such as delayed reporting, cultural beliefs, and logistical constraints in rural areas continue to impact overall registration completeness.

The analysis of registered deaths over time helps assess the effectiveness of Uganda's death registration system and its contribution to timely and accurate mortality statistics. This section presents trends in death registration by age, sex at national and sub regional level, highlighting key patterns and gaps that need to be addressed for improved data accuracy and completeness. Concerning deaths, an infant is defined as aged under-1 years old, therefore infant deaths are deaths to persons aged under-1 year old.

**Table 5.1** shows trends of registered deaths by age, site of occurrence and sex from 2020 to 2024. The total number of deaths registered fluctuated over the years, increasing from 997 in 2020, peaking in 2023 at 61,149, before decreasing to 22,182 in 2024. Out of the expected 229,527 deaths, only 22,182 were registered in the CRVS system in 2024.

**Table 5.1: Trends of registered deaths, 2020-2024**

| | Death Registered | | | | |
|---|---|---|---|---|---|
| **Year** | **2020** | **2021** | **2022** | **2023** | **2024** |
| Total number of deaths registered (all ages) | 997 | 12,103 | 42,998 | 61,149 | 22,182 |
| Number of deaths registered (under-5) | 54 | 490 | 1,805 | 1,814 | 435 |
| Number of deaths registered (infant) | 45 | 385 | 1,349 | 1,482 | 353 |
| Number of deaths registered (neonatal) | 36 | 298 | 920 | 1,146 | 281 |
| Percentage of deaths registered (under-5) | 5.4 | 4.0 | 4.2 | 3.0 | 2.0 |
| Percentage of deaths registered (infant) | 4.5 | 3.2 | 3.1 | 2.4 | 1.6 |
| Percentage of deaths registered (neonatal) | 3.6 | 2.5 | 2.1 | 1.9 | 1.3 |
| **Deaths registered by site of occurrence** | | | | | |
| Registered health facility (HF) deaths (under-5) | 52 | 250 | 1,460 | 523 | 116 |
| Registered community deaths (under-5) | 2 | 240 | 345 | 1,291 | 319 |
| Percentage of HF deaths registered (under-5) | 96.3 | 51.0 | 80.9 | 28.8 | 26.7 |
| Percentage of community deaths registered (under-5) | 3.7 | 49.0 | 19.1 | 71.2 | 73.3 |
| Registered HF deaths registered (infant) | 43 | 209 | 1,151 | 478 | 97 |
| Registered community deaths (infant) | 2 | 176 | 198 | 1,004 | 256 |
| Percentage of HF deaths registered (infant) | 95.6 | 54.3 | 85.3 | 32.3 | 27.5 |
| Percentage of community deaths registered (infant) | 4.4 | 45.7 | 14.7 | 67.7 | 72.5 |
| Registered HF deaths registered (neonatal) | 34 | 149 | 792 | 378 | 83 |
| Registered community deaths (neonatal) | 2 | 149 | 128 | 768 | 198 |
| Percentage of HF deaths registered (neonatal) | 94.4 | 50.0 | 86.1 | 33.0 | 29.5 |
| Percentage of community deaths registered (neonatal) | 5.6 | 50.0 | 13.9 | 67.0 | 70.5 |
| **Sex of registered deaths (all ages)** | | | | | |
| Male | 706 | 8,001 | 27,723 | 39,617 | 16,295 |
| Female | 289 | 4,021 | 14,729 | 20,709 | 5,788 |
| Sex ratio | 244.3 | 199.0 | 188.2 | 191.3 | 281.5 |
| **Sex of registered deaths (under-5)** | | | | | |
| Male | 37 | 279 | 953 | 986 | 248 |
| Female | 17 | 198 | 811 | 810 | 184 |
| Sex ratio | 217.6 | 140.9 | 117.5 | 121.7 | 134.8 |
| **Sex of registered deaths (infant)** | | | | | |
| Male | 29 | 222 | 717 | 805 | 199 |
| Female | 16 | 150 | 603 | 662 | 152 |
| Sex ratio | 181.3 | 148.0 | 118.9 | 121.6 | 130.9 |
| **Sex of registered deaths (neonatal)** | | | | | |
| Male | 23 | 171 | 494 | 627 | 163 |
| Female | 13 | 115 | 410 | 506 | 116 |
| Sex ratio | 176.9 | 148.7 | 120.5 | 123.9 | 140.5 |

*Source: Mobile Vital Records System, NIRA*

## 5.2 Sex ratios for registered deaths of infants by year of registration

The sex ratios for registered deaths of infants were consistently above 100 for all sub regions, an indication that there were more infant male deaths registered than infant female deaths registered. As shown in Table 5.2, the national sex ratio of infant deaths was 130.9. The highest infant death sex ratio was recorded in 2020 at 181.3, while the lowest was in 2022, at 118.9.

## 5.3 Deaths by background characteristics

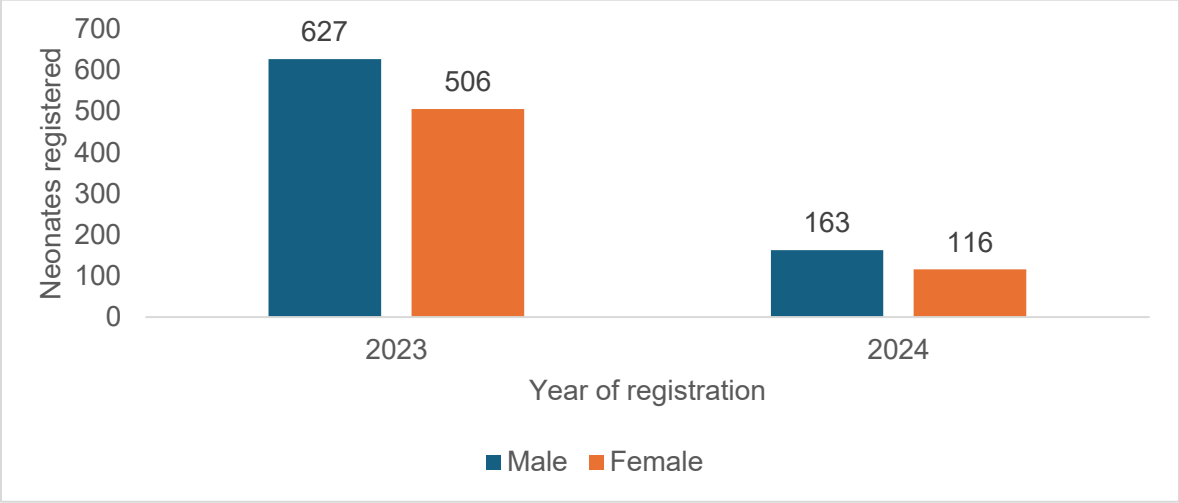
### 5.3.1 Neonatal deaths

Neonatal deaths refer to the death of a newborn within the first 28 days of life (0–27 days after birth) as per the WHO guidelines. Neonatal deaths are a critical indicator of maternal and newborn health, with deaths often caused by factors such as preterm birth, birth complications, infections, and congenital abnormalities.

### 5.3.1a Neonatal deaths registered by sex

Figure 5.1 shows that a total of 279 neonatal deaths were registered nationally in the year 2024 with more male deaths registered (163 deaths) than female deaths registered (116 deaths). Similarly, in 2023, there were also more male neonatal deaths (627 deaths) than female (506 deaths).

*Figure 5.1: Number of neonatal deaths registered by sex, 2023-2024*

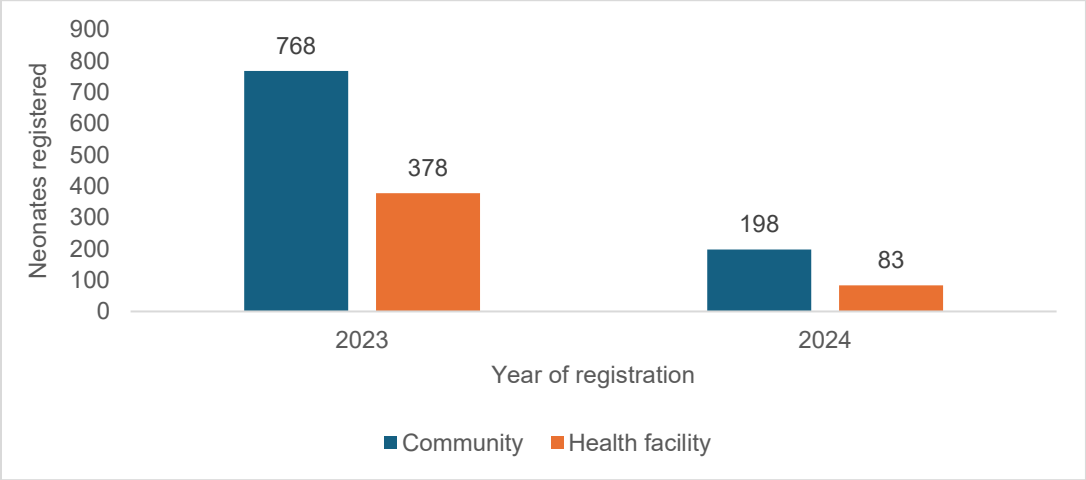



*Source: Mobile Vital Records System, NIRA*

### 5.3.1b Neonatal deaths by site of occurrence

There were more neonatal deaths registered that occurred in the community (198 deaths) than those that occurred in the health facilities (83 deaths) in 2024 (Figure 5.2). Similarly, there were more neonatal deaths registered (768 deaths) in 2023 that occurred in the community compared to those that occurred in health facilities (378 deaths).

*Figure 5.2: Number of neonatal deaths registered by site of occurrence, 2023-2024*

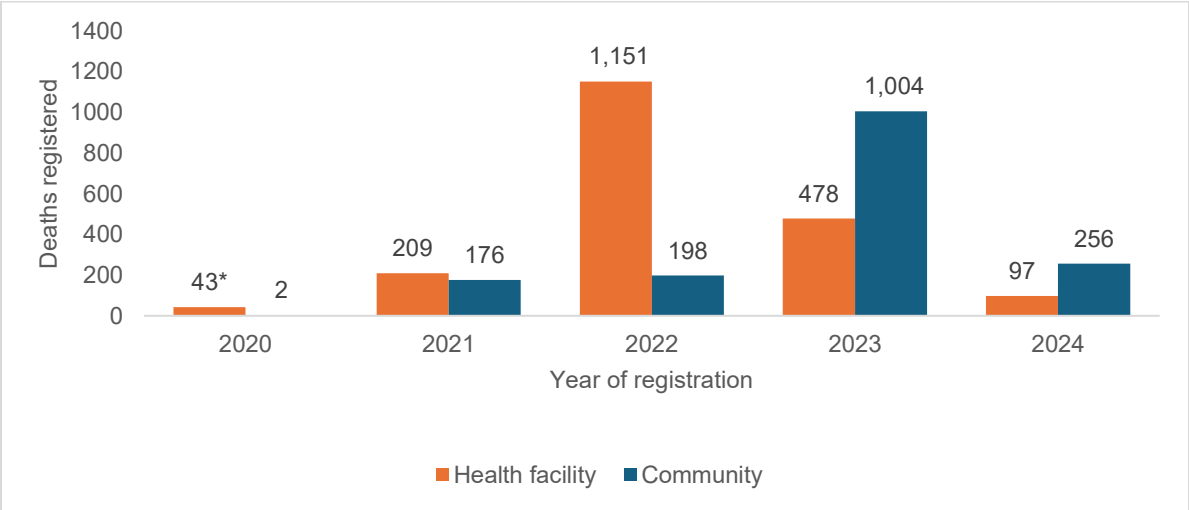



*Source: Mobile Vital Records System, NIRA*

### 5.3.2 Registered Deaths of Infants by Site of Occurrence

Figure 5.3 shows that in 2024, fewer infant deaths were registered in health facilities (97 deaths) compared to those occurring in the community (256 deaths). In 2020, only 2 infant deaths were registered from the community, while 43 were recorded in health facilities. Health facility-registered infant deaths rose sharply to 1,151 in 2022, then declined significantly to 97 in 2024. Similarly, community-registered infant deaths increased from 176 in 2021 to 1,004 in 2023, before dropping to 256 in 2024.

*Figure 5.3: Trends in number of registered infant deaths by site of occurrence, 2020-2024*




Note: In 2020, there were few observations/deaths registered (45)
*Source: Mobile Vital Records System, NIRA*

### 5.3.3 Registered Under-5 deaths by sex and year of registration

**Table 5.2** below shows that there were more male deaths compared to the female deaths across all years (2020 to 2024). There were more under-5 male deaths registered across all years.

**Table 5.2: Trends in Under-5 registered deaths by sex**

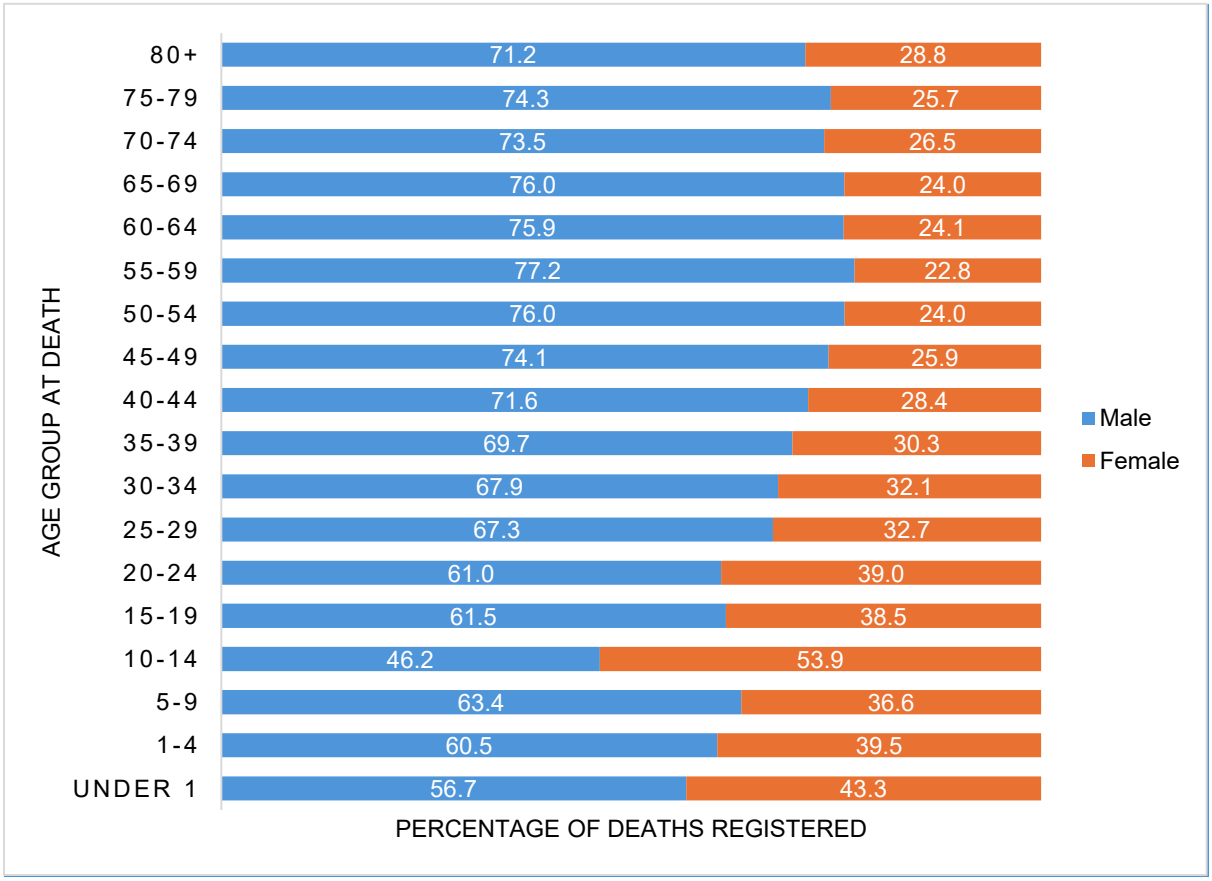
| Year of registration | Male | | Female | |
|---|---|---|---|---|
| | Number | Percentage | Number | Percentage |
| 2020 | 37 | 68.5 | 17 | 31.5 |
| 2021 | 279 | 58.5 | 198 | 41.5 |
| 2022 | 953 | 54.0 | 811 | 46.0 |
| 2023 | 986 | 54.9 | 810 | 45.1 |
| 2024 | 248 | 57.4 | 184 | 42.6 |
| **Total** | 2,503 | 55.3 | 2,020 | 44.7 |

*Source: Mobile Vital Records System, NIRA*

### 5.3.4 Registered deaths by age group and sex (all ages)

The recording of death by sex and age can provide important information on age patterns of death in a population. Figure 5.4 shows the distribution of registered deaths by sex and age groups. Nationally, registered deaths by sex shows that more male deaths are registered as compared to females at all ages, except the 10-14 age group. The national sex ratio for 2024 was 134.4 and the age group 55-59 had the highest proportion of male deaths registered compared to female deaths registered (77.2 percent and 22.8 percent respectively), followed by age group 65-69 with 76.0 percent of male death registrations.

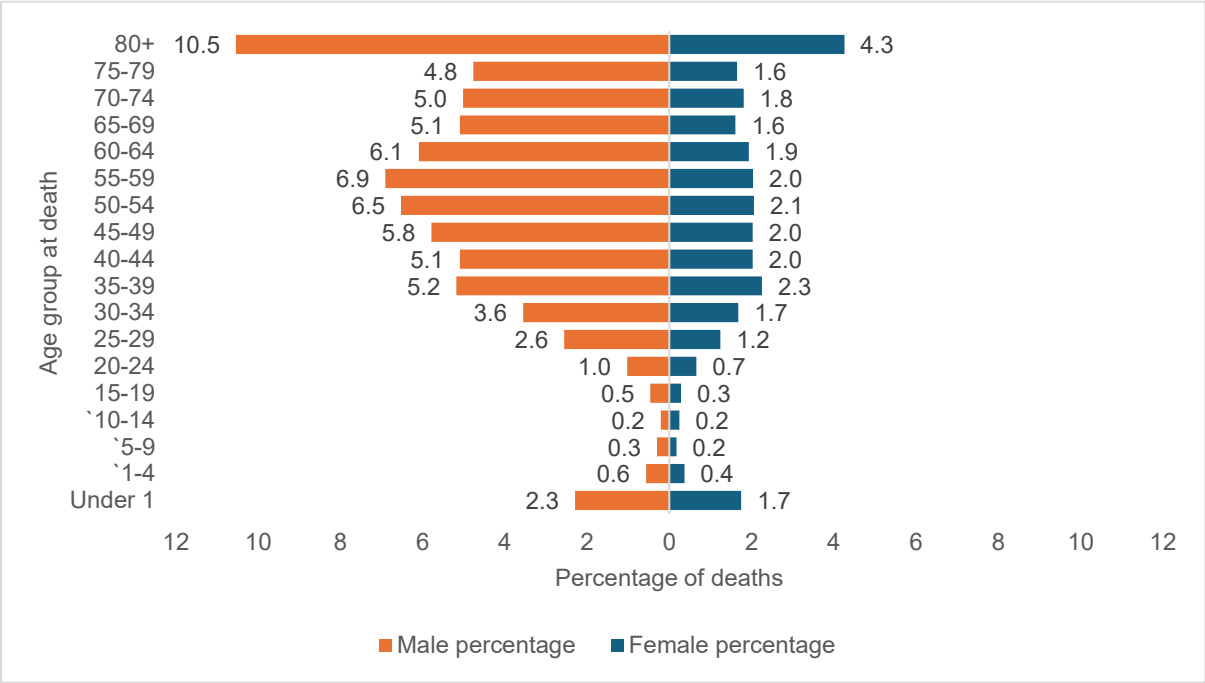
***Figure 5.4: Death registration by age and sex, 2024***




*Source: Mobile Vital Records System, NIRA*

Figure 5.5 is a pyramid which shows that there are more male deaths registered than female deaths registered across most age groups. The age group with the highest proportion of all registered deaths was 80+ for both males and females, with 10.5 percent of all total registered deaths occurring in males aged 80 and above.

*Figure 5.5: Death registration pyramid for sex and age at death, 2024*




*Source: Mobile Vital Records System, NIRA*

### 5.3.5 Adult deaths

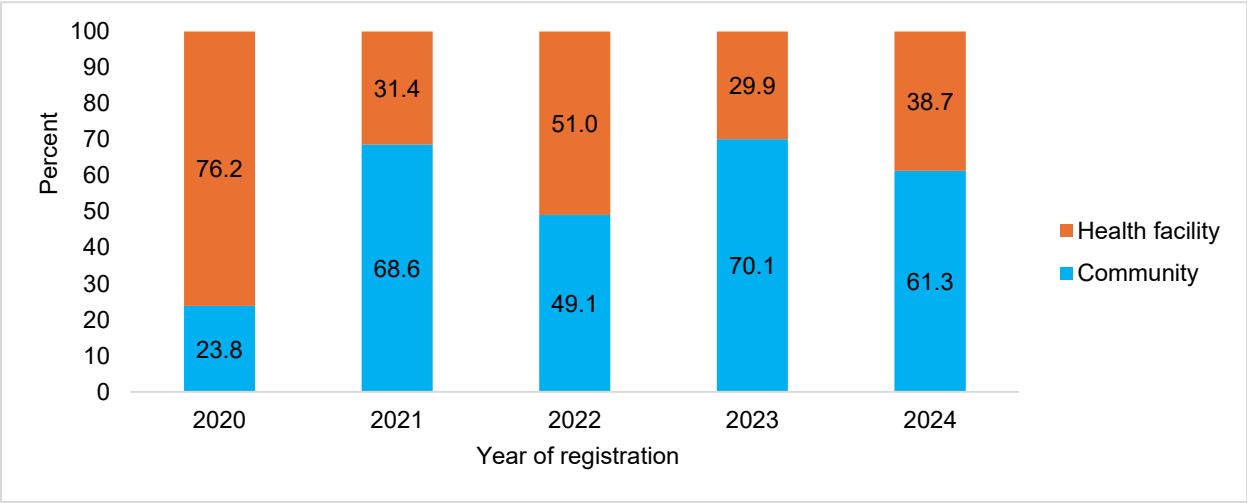
Adult deaths refer to the deaths of individuals who have reached adulthood. In Uganda, adults are usually defined as persons aged18 years and above. However, in this report, adult deaths are defined as deaths occurring among persons aged 15 years and above, following classifications used by organizations like WHO and UBOS.

The SDG 3 is to “ensure healthy lives and promote wellbeing for all at all ages”. Adult deaths are an important development and public health issue. The level of adult deaths is also an important indicator for the comprehensive assessment of the mortality pattern in a population. Therefore, comprehensive and reliable information on adult deaths is required to improve policy implementation, monitoring and evaluation of national programs of a country.

### 5.3.5a Registered adult deaths by site of occurrence

Registered adult deaths by site of occurrence are presented in Figure 5.6. In 2024, the majority of registered adult deaths occurred in the community, rather than in health facilities, at 61.3 percent and 38.7 percent respectively. This was different in 2020 and 2022 where there were more adult deaths in health facilities (76.2 percent and 51.0 percent respectively) than adult deaths in community (23.8 percent and 49.1 percent respectively).

*Figure 5.6: Adult deaths (15 years and above) registered by site of occurrence, 2020-2024*

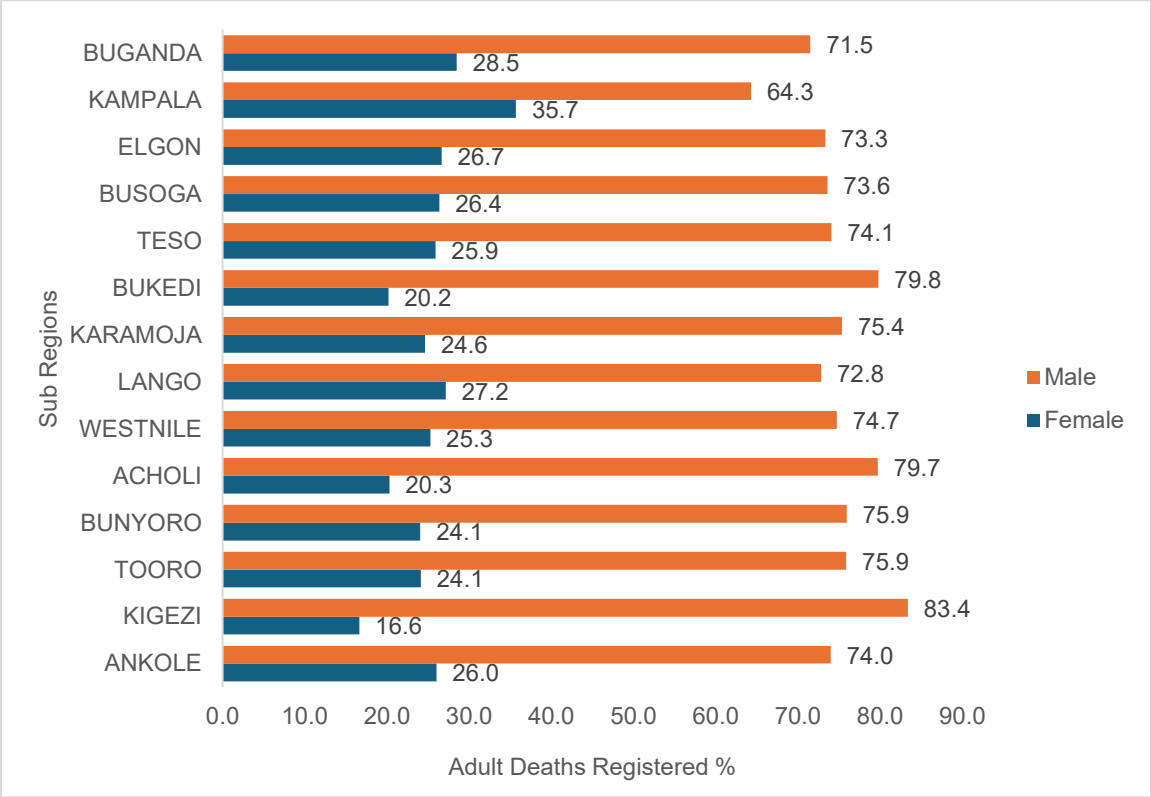



*Source: Mobile Vital Records System, NIRA*

### 5.2.5b Trends of registered adult deaths by sex

From the registered death statistics, adult deaths vary by sex as presented in **Figure 5.7**. There were more registered adult male deaths (73.6 percent) as compared to adult female deaths (26.4 percent) in 2024. A similar trend was observed across the years.

*Figure 5.7: Trends of registered adult deaths by sex, 2020-2024*




*Source: Mobile Vital Records System, NIRA*

# CHAPTER 6. CAUSES OF DEATH

**KEY FINDINGS:**

- In 2024, endocrine disorders were the leading cause of health facility registered deaths accounting for 7.7 percent.
- Hypertensive disease was the leading cause of deaths for registered that occurred outside the health facility (5.5%).
- The most prevalent non-communicable diseases were cardiovascular diseases and respiratory diseases while the most prevalent communicable diseases were infectious and parasitic diseases.
- The leading cause of death among the under 5 deaths registered that occurred in the health facility was birth asphyxia and birth trauma (14.4%) and those that occurred in the community was lower respiratory infections (20%)

## 6.1 Introduction

The chapter discusses causes of death occurring in health facilities and community. Cause of death refers to all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances surrounding them. Definition of cause of death does not include symptoms, signs and modes of dying. Knowledge on the leading causes of death provides fundamental information for monitoring population health trends, recognizing the pattern of disease and injuries impacting premature deaths, identifying emerging health challenges, and tracking the effectiveness of interventions. Analyzing the leading causes of death in both males and females can help identify gender-specific differences in health outcomes.

### 6.1.1 Leading causes of death that occurred in health facilities for the year 2023/24

The Sustainable Development Goals include several targets directly aimed at promoting healthy lives and well-being for all children. SDG Goal 3.2.1 aims to promote healthy lives and well-being for all children by ending preventable deaths of children under 5 by 2030. The target is to reduce deaths in this age group to at least as low as 25 per 1000 live births in every country (WHO, 2022).

**Table 6.1** shows leading causes of death as recorded by Health facilities. Neonatal conditions (9.4%) and Pneumonia (8.2%) are the main causes of under-five mortality in Uganda according to the Ministry of Health Annual Health Performance Report 2023/24. More male deaths than female deaths were recorded from these causes.

### Table 6.1: Leading causes of death in the health facilities, 2023/24.

| Causes of death | Under-5 | | | 5+ Years | | | | |
|---|---|---|---|---|---|---|---|---|
| Condition | Male | Female | Total <5y | Male | Female | Total>5 y | Total | % |
| Neonatal conditions | 2,297 | 1,911 | 4,208 | - | - | - | 4,208 | 9.4 |
| Pneumonia | 1,448 | 546 | 1,994 | 965 | 739 | 1,704 | 3,698 | 8.2 |
| Malaria | 867 | 700 | 1,567 | 702 | 648 | 1,350 | 2,917 | 6.5 |
| Premature baby | 1,146 | 1,015 | 2,161 | - | - | - | 2,161 | 4.8 |
| Anaemia | 431 | 316 | 747 | 704 | 569 | 1,273 | 2,020 | 4.5 |
| Hypertension (old cases | 73 | 20 | 93 | 506 | 642 | 1,148 | 1,241 | 2.8 |
| Septicemia | 281 | 178 | 459 | 271 | 253 | 524 | 983 | 2.2 |
| Motorcycle accidents | 61 | 34 | 95 | 609 | 227 | 836 | 931 | 2.1 |
| TB | 63 | 20 | 83 | 524 | 305 | 829 | 912 | 2 |
| Diabetes mellitus(re-attendances) | 20 | 4 | 24 | 444 | 436 | 880 | 904 | 2 |
| Motor vehicle accidents | 54 | 18 | 72 | 602 | 230 | 832 | 904 | 2 |
| Stroke/cardiovascular accident | 22 | 6 | 28 | 405 | 416 | 821 | 849 | 1.9 |
| Urinary Tract Infections | 310 | 116 | 426 | 106 | 254 | 360 | 786 | 1.8 |
| Injuries-(Trauma due to other causes | 89 | 34 | 123 | 447 | 165 | 612 | 735 | 1.6 |
| Peptic Ulcer Disease | 244 | 29 | 273 | 189 | 202 | 391 | 664 | 1.5 |
| Respiratory distress | 233 | 199 | 432 | 89 | 72 | 161 | 593 | 1.3 |
| Hypertension(newly diagnosed cases) | 54 | 33 | 87 | 195 | 304 | 499 | 586 | 1.3 |
| Heart Failure | 23 | 20 | 43 | 241 | 294 | 535 | 578 | 1.3 |
| Other cardiovascular Diseases | 30 | 16 | 46 | 211 | 241 | 452 | 498 | 1.1 |
| Chronic Kidney Diseases | 5 | 58 | 63 | 217 | 172 | 389 | 452 | 1 |
| Total all others | 3,019 | 1,370 | 4,389 | 7,047 | 6,850 | 13,897 | 18,286 | 40.7 |
| Total | | | | | | | | 100 |

*Source: Annual Health Performance Report 2023/24, MoH*

## 6.2 Registered medically certified causes of death in 2024

This section analyzes medically certified causes of death, highlighting the leading registered causes. Medical certification ensures accurate identification of causes of death, providing reliable mortality data essential for public health planning, policy development, and resource allocation. By distinguishing deaths caused by diseases, injuries, or other conditions, this process improves the quality of health statistics. Reliable cause-of-death data enables the government and stakeholders to design targeted interventions, monitor emerging health threats, and prioritize disease control efforts, supporting evidence-based decision-making and efficient resource allocation.

Medically certified causes of death refer to deaths where the cause is determined and documented on a medical cause of death Certificate by a qualified healthcare professional who fully understands the clinical sequence of disease or injury that led to death based on clinical history, diagnostic tests, and postmortem findings if necessary. The person who completes and signs the medical certificate of cause of death is referred to as **the certifier**.

Medical certification of cause of death is conducted by a medical doctor with information from clinical history, physical examination and investigations of the deceased. For deaths that occur where there is no medical doctor, verbal autopsy can be done to provide information on the probable cause of death.

This report focuses on the underlying cause of death, defined as the disease, injury, or poisoning that initiated the chain of events leading directly and inevitably to death. Table 6.2 shows that in 2024, a total of 46,543 health facility deaths were reported, of which 24,442 were notified, 17,453 were medically certified, and 6,887 were registered.

**Table 6.2: Deaths Notified and Medically Certified, 2020-2024**

| Year | Deaths Reported | Deaths Notified | Death medically certified |
|---|---|---|---|
| 2020 | 48,476 | 133 | 109 |
| 2021 | 53,909 | 905 | 556 |
| 2022 | 52,593 | 3,275 | 2,993 |
| 2023 | 52,936 | 7,763 | 5,959 |
| **2024** | 46,543 | 24,442 | 17,453 |

*Source: DHIS2, MoH*

### 6.2.1 Leading causes of registered medically certified health facility deaths of all Ages in 2024

The top 20 medically certified causes of death among health facility deaths registered for the year 2024 indicate that endocrine disorders (7.7%) were the leading cause of deaths, followed by Cerebrovascular disease (5.2%), Nephritis and nephrosis (4.7%) and Hypertensive disease (3.8%) were the top 4 causes of death for all ages as shown in Table 6.3. According to the Ministry of Health Annual Health Performance Report 2023/24, Neonatal conditions were the leading causes of deaths for all ages in the country. The majority of these were contributed from macerated and fresh still births which are not registered by NIRA.

**Table 6.3: Top 20 leading causes of health facility medically certified deaths registered for all age groups for both males and females**

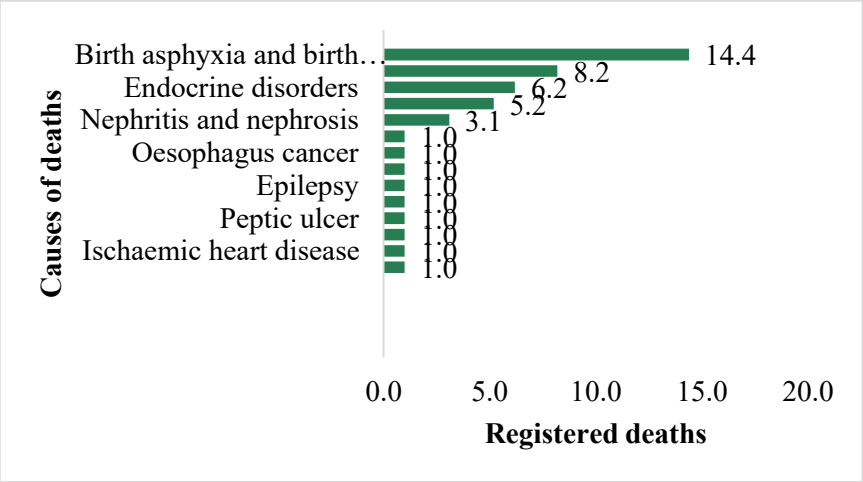
| Rank | Cause | Number of deaths | % of total deaths* |
|---|---|---|---|
| 1 | Endocrine disorders | 272 | 7.7 |
| 2 | Cerebrovascular disease | 184 | 5.2 |
| 3 | Nephritis and nephrosis | 167 | 4.7 |
| 4 | Hypertensive disease | 133 | 3.8 |
| 5 | Lower respiratory infections | 127 | 3.6 |
| 6 | Diabetes mellitus | 118 | 3.3 |
| 7 | Ischaemic heart disease | 81 | 2.3 |
| 8 | Tuberculosis | 67 | 1.9 |
| 9 | Malaria | 65 | 1.8 |
| 10 | Birth asphyxia and birth trauma | 36 | 1.0 |
| 11 | HIV | 35 | 1.0 |
| 12 | Liver cancer | 27 | 0.8 |
| 13 | Cirrhosis of the liver | 27 | 0.8 |
| 14 | Esophagus cancer | 26 | 0.7 |
| 15 | Prostate cancer | 24 | 0.7 |
| 16 | Meningitis | 23 | 0.7 |
| 17 | Inflammatory heart diseases | 23 | 0.7 |
| 18 | Breast cancer | 18 | 0.5 |
| 19 | Hepatitis B | 18 | 0.5 |
| 20 | Prematurity and low birth weight | 17 | 0.5 |

*Source: Mobile Vital Records System, NIRA*

### 6.2.2 Leading causes of health facility medically certified registered deaths Under-Five in 2024.

Figure 6.1 below shows that the leading causes of health facility medically certified registered causes of death of children under -5 of age years were Birth asphyxia and birth trauma (14.4%) and lower respiratory infections (8.2%) followed by endocrine disorders (6.2), prematurity and low birth weight (5.2).

*Figure 6.1: Leading causes of health facility medically certified of registered deaths among children under Five years for males and females (%), 2024*




*Source: Mobile Vital Records System, NIRA*

## 6.3 Distribution of health facility medically certified registered deaths by global burden of disease

The Global Burden of Disease (GBD) refers to a comprehensive, worldwide measure of the impact of diseases, injuries, and risk factors on population health. It quantifies health loss due to various causes by analyzing mortality (deaths) and morbidity (illness and disability) across different regions, age groups, and time periods. The distribution of deaths in Uganda according to the Global Burden of Disease (GBD) framework provides valuable insights into the country's health challenges. The GBD categorizes causes of death into three broad groups which include the following:

a) Communicable Diseases, Maternal, Perinatal conditions and Nutritional deficiencies
b) Non-Communicable Diseases (NCDs)
c) Injuries

It is important to note that a total of 4,472 health facility deaths were medically certified and registered and 944 representing 21% had an ill-defined cause of death.

### 6.3.1 Communicable diseases.

Communicable diseases, also known as infectious diseases, are illnesses caused by pathogens such as bacteria, viruses, fungi, and parasites. These diseases are transmitted directly or indirectly from one person to another, through vectors, or via contaminated food, water, or surfaces. Table 6.4 shows that the leading causes of medically certified registered deaths within the category of communicable diseases were Infectious and parasitic diseases (457 deaths) topped by tuberculosis (67 deaths), malaria (65 deaths) and HIV (35 deaths) followed by respiratory infections with lower respiratory infections ranking number one (128 deaths).

**Table 6.4: Leading health facility medically certified registered causes of deaths due to Communicable diseases, 2024**

| | Total | Male | Female |
|---|---|---|---|
| **Communicable diseases** | **585** | **390** | **195** |
| Infectious and parasitic diseases | 457 | 311 | 146 |
| Tuberculosis | 67 | 54 | 13 |
| Malaria | 65 | 46 | 19 |
| HIV | 35 | 20 | 15 |
| Meningitis | 23 | 17 | 6 |
| Hepatitis B | 18 | 17 | 1 |
| Diarrheal diseases | 10 | 4 | 6 |
| Intestinal nematode infections | 3 | 3 | 0 |
| Syphilis | 2 | 1 | 1 |
| Childhood-cluster diseases | 2 | 2 | 0 |
| Dengue | 2 | 1 | 1 |
| Gonorrhea | 1 | 0 | 1 |
| Pertussis | 1 | 1 | 0 |
| Measles | 1 | 1 | 0 |
| Hepatitis C | 1 | 0 | 1 |
| **Other infectious diseases** | **228** | **146** | **82** |
| **Respiratory infections** | **128** | **79** | **49** |
| **Lower respiratory infections** | **127** | **78** | **49** |
| **COVID-19** | **1** | **1** | **0** |

*Source: Mobile Vital Records System, NIRA*

### 6.3.2 Maternal, perinatal conditions and nutritional deficiencies

**Table 6.5** shows maternal hemorrhage was the top leading cause of death (9 deaths) followed by hypertensive disorders in pregnancy (4 deaths) among health facility medically certified and registered maternal conditions. While conditions arising during the perinatal period had birth asphyxia and trauma as the leading cause of death followed by prematurity and low birth weight. Nutritional deficiencies were led by iron deficiency anemia.

**Table 6.5: Leading cause of health facility medically certified registered deaths under maternal, perinatal conditions, and nutritional deficiencies 2024**

| | Total | Male | Female |
|---|---|---|---|
| **Maternal conditions** | **28** | **0** | **28** |
| Maternal hemorrhage | 9 | 0 | 9 |
| Hypertensive disorders of pregnancy | 4 | 0 | 4 |
| Maternal sepsis | 1 | 0 | 1 |
| Abortion | 1 | 0 | 1 |
| Other maternal conditions | 13 | 0 | 13 |

| | Total | Male | Female |
|---|---|---|---|
| **Conditions arising during the perinatal period** | **179** | **95** | **84** |
| Birth asphyxia and birth trauma | 36 | 20 | 16 |
| Prematurity and low birth weight | 17 | 8 | 9 |
| Other conditions arising during the perinatal period | 126 | 67 | 59 |
| **Nutritional deficiencies** | **24** | **15** | **9** |
| Iron deficiency Anaemia | 8 | 4 | 4 |
| Protein-energy malnutrition | 4 | 4 | 0 |
| Vitamin A deficiency | 1 | 1 | 0 |
| Other nutritional disorders | 11 | 6 | 5 |

*Source: Mobile Vital Records System, NIRA*

### 6.3.3 Non-Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) are a group of chronic conditions that are not caused by infectious agents and are typically of long duration. Table 6.6 presents health facility medically certified leading causes of registered deaths among non-communicable diseases in 2024. It shows that cardiovascular diseases were leading with a total death of 624, followed by respiratory diseases (376 deaths), endocrine disorders (272 deaths) and malignant neoplasms (265 deaths) in 2024. Cerebral vascular diseases (184 deaths) topped the cardiovascular disease category; Asthma topped the respiratory diseases (12 deaths) Liver cancer topped the Malignant neoplasms (27 deaths) while liver cirrhosis topped the digestive diseases (27 deaths).

**Table 6.6: Leading health facility medically certified registered deaths due to Non-communicable diseases, 2024**

| | Total | Male | Female |
|---|---|---|---|
| **Non-communicable diseases** | **2198** | **1424** | **774** |
| **Cardiovascular diseases** | **624** | **365** | **259** |
| Cerebrovascular disease | 184 | 103 | 81 |
| Hypertensive disease | 133 | 79 | 54 |
| Ischaemic heart disease | 81 | 52 | 29 |
| Inflammatory heart diseases | 23 | 17 | 6 |
| Rheumatic heart disease | 3 | 1 | 2 |
| Other cardiovascular diseases | 200 | 113 | 87 |
| **Respiratory diseases** | **376** | **245** | **131** |
| Asthma | 12 | 6 | 6 |
| Chronic obstructive pulmonary disease | 6 | 5 | 1 |
| Other respiratory diseases | 358 | 234 | 124 |
| **Endocrine disorders** | **272** | **179** | **93** |
| **Malignant neoplasms** | **265** | **160** | **105** |
| Liver cancer | 27 | 17 | 10 |
| Oesophagus cancer | 26 | 22 | 4 |
| Prostate cancer | 24 | 24 | 0 |
| Breast cancer | 18 | 1 | 17 |
| Lymphomas and multiple myeloma | 15 | 12 | 3 |
| Stomach cancer | 14 | 11 | 3 |
| Trachea, bronchus and lung cancers | 12 | 6 | 6 |

| | Total | Male | Female |
|---|---|---|---|
| Leukaemia | 11 | 6 | 5 |
| Cervix uteri cancer | 10 | 1 | 9 |
| Colon and rectum cancers | 9 | 7 | 2 |
| Mouth and oropharynx cancers | 6 | 3 | 3 |
| Pancreas cancer | 6 | 5 | 1 |
| Melanoma and other skin cancers | 3 | 3 | 0 |
| Corpus uteri cancer | 2 | 0 | 2 |
| Ovary cancer | 2 | 0 | 2 |
| Bladder cancer | 0 | 0 | 0 |
| Other malignant neoplasms | 80 | 42 | 38 |
| Other neoplasms | 16 | 5 | 11 |
| **Digestive diseases** | **237** | **179** | **58** |
| Cirrhosis of the liver | 27 | 22 | 5 |
| Peptic ulcer | 16 | 10 | 6 |
| Appendicitis | 1 | 0 | 1 |
| Other digestive diseases | 193 | 147 | 46 |
| **Genito-urinary diseases** | **185** | **136** | **49** |
| Nephritis and nephrosis | 167 | 122 | 45 |
| Other genitourinary system diseases | 18 | 14 | 4 |
| **Diabetes mellitus** | **118** | **78** | **40** |
| **Neuro-psychiatric conditions** | **73** | **55** | **18** |
| Alcohol use disorders | 11 | 11 | 0 |
| Epilepsy | 6 | 6 | 0 |
| Alzheimer and other dementias | 3 | 3 | 0 |
| Schizophrenia | 2 | 2 | 0 |
| Unipolar depressive disorders | 1 | 0 | 1 |
| Post-traumatic stress disorder | 1 | 1 | 0 |
| Other neuropsychiatric disorders | 49 | 32 | 17 |
| Congenital anomalies | 11 | 5 | 6 |
| Congenital heart anomalies | 1 | 1 | 0 |
| Other Congenital anomalies | 10 | 4 | 6 |
| **Sense organ diseases** | **5** | **2** | **3** |
| **Skin diseases** | **7** | **7** | **0** |
| **Musculo-skeletal diseases** | **7** | **6** | **1** |
| **Oral conditions** | **1** | **1** | **0** |
| **Sudden infant death syndrome** | **1** | **1** | **0** |

*Source: Mobile Vital Records System, NIRA*

### 6.3.4 Injuries

Injuries are a significant global public health concern, encompassing a wide range of physical harm caused by external forces. They can result from accidents, violence, or self-harm and are classified into unintentional and intentional categories. Injuries are a leading cause of morbidity, disability, and premature death, particularly among young people and those in low- and middle-income countries.

In Uganda, injuries account for a growing share of mortality and morbidity, posing challenges to the healthcare system and affecting the social and economic well-being of communities. The rise in injury-related deaths and disabilities highlights the urgent need for preventive measures and improved emergency care systems.

**Table 6.7** shows that Accidents were the leading causes of deaths under the injury category with a total of 449 deaths in the year 2024. The results further show unintentional injuries (44 deaths) and road traffic accidents (9 deaths) were leading causes of death in this category.

**Table 6.7: Leading health facility medically certified registered causes of deaths due to injuries , 2024**

| | Total | Male | Female |
|---|---|---|---|
| **Injuries** | 511 | 446 | 65 |
| Unintentional injuries | 44 | 36 | 8 |
| Road traffic accidents | 9 | 8 | 1 |
| Drownings | 7 | 5 | 2 |
| Poisonings | 6 | 5 | 1 |
| Falls | 1 | 0 | 1 |
| Fires | 0 | 0 | 0 |
| Other unintentional injuries | 21 | 18 | 3 |
| Intentional injuries | 18 | 14 | 4 |
| Homicide | 17 | 13 | 4 |
| Self-inflicted injuries | 1 | 1 | 0 |
| Ill-defined injuries/accidents | 449 | 396 | 53 |

*Source: Mobile Vital Records System, NIRA*

## 6.4 Registered deaths that occurred outside health facility/community

Community deaths refer to deaths occurring outside health facilities, often at home, in the community, or in non-clinical settings. In Uganda, the registration of such deaths is crucial for understanding population health dynamics, planning public health interventions, and ensuring accurate vital statistics for national development. Table 6.8 shows that Hypertensive disease was the leading cause of registered deaths (5%) for all ages that occurred in the Community.

**Table 6.8: Twenty leading causes of deaths registered for all Ages that occurred outside health facility.**

| Rank | Cause | Number of deaths | % of total deaths* |
|---|---|---|---|
| 1 | Hypertensive disease | 64 | 5.5 |
| 2 | Cerebrovascular disease | 52 | 4.4 |
| 3 | Endocrine disorders | 51 | 4.4 |
| 4 | Diabetes mellitus | 46 | 3.9 |
| 5 | Malaria | 44 | 3.8 |
| 6 | Lower respiratory infections | 43 | 3.7 |
| 7 | Ischaemic heart disease | 39 | 3.3 |
| 8 | Road traffic accidents | 37 | 3.2 |
| 9 | Nephritis and nephrosis | 35 | 3 |
| 10 | Cirrhosis of the liver | 18 | 1.5 |
| 11 | Tuberculosis | 17 | 1.5 |
| 12 | Liver cancer | 16 | 1.4 |
| 13 | Diarrhoeal diseases | 12 | 1 |
| 14 | Prostate cancer | 8 | 0.7 |
| 15 | Homicide | 8 | 0.7 |
| 16 | Leukaemia | 7 | 0.6 |
| 17 | Inflammatory heart diseases | 6 | 0.5 |
| 18 | Peptic ulcer | 6 | 0.5 |
| 19 | Colon and rectum cancers | 5 | 0.4 |
| 20 | Iron deficiency Anaemia | 4 | 0.3 |

*Source: Mobile Vital Records System, NIRA*

# CHAPTER 7: MARRIAGE REGISTRATION

**KEY FINDINGS:**

- In 2024, Civil Marriages registered a higher number (2,664), followed by Christian Marriages (2,400).
- The marriages registered show most males got married in the age group of 30-34 while most of the females got married between the age group of 25-29

## 7.1 Marriage registration

Information on the number of marriages is valuable in evaluating and tracking progress towards the national, regional and international goals. In Uganda there are 4 laws governing marriage registration. This is the marriage Act, the customary marriage registration Act, the Marriage and divorce of the Hindu Act and the Marriage and divorce of Mohammedan. Whereas nonregistration does not invalidate a marriage, registration guarantees spousal benefits from the rights and protection that a marriage would provide.

### 7.1.1 Marriages registered by type of marriage and year (2020-2024).

According to the Table 7.1, The total number of registered marriages reduced from 13,832 in 2020 to 5,503 marriages in 2024. Christian Marriages registered reduced from 10,902 in 2020 to 2,400 in 2024. There was an increase of registered Civil Marriages from 1,476 in 2020 to 2711 in 2023 before declining to 2664 marriages in 2024.

**Table 7.1: Trend in Number of registered marriages by Types of Marriage and year, 2020-2024.**

| Type of Marriage | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Christian | 10,902 | 6,390 | 3,834 | 2,265 | 2,400 |
| Civil | 1,476 | 1,646 | 2,686 | 2,711 | 2,664 |
| Customary | 386 | 250 | 314 | 240 | 391 |
| Hindu | 16 | 18 | 5 | 0 | 16 |
| Mohammedan | 1,052 | 426 | 960 | 745 | 32 |
| **Total** | **13,832** | **8,730** | **7,799** | **5,961** | **5,503** |

*Source: National Marriage Registration System (NMRS), URSB*

### 7.1.2 Registered marriage by sex and age at marriage, 2022-2023.

According to Uganda Registration Services Bureau, for a marriage to be registered both the groom and the bride must be 18 years and above. Table 7.2 shows that in 2022 and 2023 there were more registered marriages among age group 30-34 for males and 25 - 29 years for females.

**Table 7.2: Percentage of Registered marriages by sex and age at Marriage, 2022-2023.**

| | MALE | | FEMALE | |
|---|---|---|---|---|
| **Age Group** | **2022** | **2023** | **2022** | **2023** |
| 18-19 | 0.1 | 0.0 | 1.6 | 1.8 |
| 20-24 | 3.3 | 4.2 | 17.6 | 21.0 |
| 25-29 | 20.1 | 19.5 | 34.5 | 33.6 |
| 30-34 | 31.1 | 31.9 | 21.3 | 21.7 |
| 35-39 | 19.0 | 18.9 | 12.5 | 10.3 |
| 40-44 | 11.1 | 11.9 | 7.0 | 6.1 |
| 45-49 | 6.5 | 6.2 | 2.7 | 3.2 |
| 50-54 | 4.8 | 3.5 | 1.4 | 1.5 |
| 55-59 | 2.0 | 2.1 | 0.6 | 0.2 |
| 60+ | 1.9 | 1.7 | 0.8 | 0.6 |
| Total | 100 | 100 | 100 | 100 |

*Source: National Marriage Registration System (NMRS), URSB*

# CHAPTER 8. CONCLUSION, OPPORTUNITIES, CHALLENGES AND RECOMMENDATIONS

## 8.1 Introduction

This chapter presents conclusions, opportunities, challenges and recommendations on compilation of vital statistics based on the findings in this report. The findings will be useful for planning, improving program effectiveness, and promoting learning and accountability. Recommendations are aimed at the improvement of the civil registration systems in the country, hence quality vital statistics.

## 8.2 Conclusion

### 8.2.1 Birth Registration

The results of the 2024 Uganda Vital Statistics report have shown that birth registration completeness for Under-one live births increased from one percent in 2020 to 10.8 percent in 2022 and declined to 3.4 percent in 2024. The increase in birth registration observed in 2022 is attributed to the support towards civil registration under the World Bank project, Uganda Reproductive Maternal and Child Health Services Improvement Project -URMCHIP and UNICEF support to birth registration in 38 focus districts geared towards child protection.

The proportion of Under-one live births registered in health facilities has been declining over the review period. The results show that the proportions of registered live births decreased from 68.9 percent in 2020 to 57.7 percent in 2024. In 2022, there was high number of registered live births (147 live births) among women less than Fifteen years of age compared to the live births registered in other years within the same age group.

### 8.2.2 Death Registration

Death registration completeness nationally increased from 0.1 percent in 2020 to 3.9 percent in 2024 with a few deaths registered in health facilities (6,887 deaths) compared to community (15,295 deaths). Nationally, the sex ratio at death was 130.9, which implied that there were 131 male deaths registered for every 100 female deaths registered.

### 8.2.3 Causes of Death

In 2024 the medically certified leading cause of death for all the ages was endocrine disorders followed cerebrovascular disease. Among the registered under-five deaths that occurred in health facilities the leading cause was birth Asphyxia and Birth Trauma (14.4%). The leading cause of deaths among the registered under-five that occurred outside the health facility was lower respiratory infections (20%).

### 8.2.4 Registered Deaths according to the Global Burden of Disease List

Uganda's mortality profile is characterized by a high burden of communicable diseases, with a notable rise in non-communicable diseases and injuries. In 2024, the leading non communicable causes of registered deaths according to GBD was cardiovascular diseases (624 registered deaths).

### 8.2.5 Marriage Registration

Marriage registration in Uganda is still low. Non-registration of marriages can have adverse effects for gender equality and social protection. The findings show that in 2024, Civil Marriages were the highest among the registered marriages at 48.4%, followed by Christian marriages (43.6 %). From 2022-2023, most males in the registered marriages got married in the age group of 30-34 while most of the females got married between the age of 25-29.

## 8.3 Opportunities

The following incentives have boosted the birth, death and marriages registration in Uganda. They include among others:

1. Strong Partnerships and collaborations between UBOS and stakeholders and development partners for technical and financial support in compilation of vital statistics.
2. Enabling law for UBOS on vital statistics production: UBOS enabling law (Uganda Bureau of Statistics Act Cap 333 to produce and disseminate vital statistics from Civil Registration.
3. Decentralization of vital events data collection to Local Governments, e.g., UBOS through the Ministry of ICT and National Guidance has provided two tablets per parish to aid data collection, NIRA has more than 117 registration centres in Uganda. URSB has 9 registration points in 5 regions of Uganda.
4. Adoption and use of global best practices for compilation of Vital statistics. UBOS produces statistics in accordance with the UN Fundamental Principles of Official Statistics, and this will increase global acceptability of vital statistics produced from Uganda's civil registration systems.
5. Existence of several initiatives and commitments for civil registration systems improvement: include African Conference for Ministers responsible for Civil Registration, Agenda 2063, UN Legal identity agenda, ID for Africa.
6. Availability of high-end ICT equipment and systems at NIRA and Ministry of Health that guarantee security of data in the civil registration systems.
7. The civil registration systems at NIRA are built on open standards enabling seamless integration with other systems.
8. Availability of mobile civil registration vehicles to serve hard to reach areas.
9. Existence of EAC-TWG that supports Partner States to produce harmonized and comparable vital statistics within the Community

## 8.4 Challenges in production of Vital Statistics

i. Low coverage of birth and death registration: Birth and death notifications are currently being conducted in 222 Government and Faith-Based hospitals out of 5,230 health facilities representing 4.2 percent of coverage.

ii. Existence of some Social, Cultural and/or religious beliefs that may discourage or hinder the registration of births, deaths, marriages, divorces, and adoptions.

iii. Most death events in the community are not medically certified; instead, they are assigned a lay diagnosis from a predetermined list of causes of death.

iv. Many customary marriages continue to take place in the communities without being registered with the sub county Authorities.

## 8.5 Recommendations

1. A *technical working group on Vital Statistics* should be operationalized to undertake periodic planning, monitoring and reporting, implementing data quality assessments and validating the vital statistics for publication.
2. Review the registration forms and systems to capture all the key variables. For instance, death template should be revised to include a column on the certificate (lay reporting, medically certified).
3. Leverage UBOS policy on harnessing the use of administrative data to meet data needs. The Bureau provided two tablets per parish. These should be utilized to collect births and deaths within communities.
4. Build capacity of the Parish chiefs (PDM data collectors), VHTs, and NIRA officers who collect this data.
5. There is a need for *Integration of CRVS systems* to provide a one-stop center for all vital statistics. This will provide a wholistic status report on vital statistics including adoptions, divorces, among others.
6. During the registration of vital events, it is essential to ensure that all variables in the registration forms are accurately captured.
7. *Enhance awareness* and advocacy for Birth, death, Marriage, Divorce and Child Adoption registration. Facilitate the registrars to hold quarterly sensitization and registration campaigns in all the sub-counties. Communities should be sensitized on the relevance of civil registration timeliness and completeness in the country.
8. A *multifaceted approach*, including strengthening healthcare systems, improving access to preventive and curative services, and implementing targeted public health interventions is essential for improvement in registration of vital events and causes of death.

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