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IMPROVING CAUSE OF DEATH INFORMATION

Smart VA: Master trainer's manual

Resources and Tools 6

November 2016



About this series

Capacity-building tools and guidelines are designed to influence and align civil registration and vital statistics practice in countries with established international standards.

Other products available from the Civil Registration and Vital Statistics Data for Health Initiative:

Working Papers

Working papers are the principle knowledge products of the Civil Registration and Vital Statistics Initiative at The University of Melbourne. Easily accessible, they collectively form a lasting repository of knowledge generated under the Data for Health Initiative based on in-country experience. Working papers are intended to stimulate debate and promote the adoption of best practice in CRVS in partner countries and world-wide.

The series focuses on a range of knowledge gaps, new tools, methods and approaches, and raises and debates fundamental issues around the orientation, purpose and functioning of CRVS systems. Generally, working papers contain more detailed information than an academic paper, are written in less academic language, and are intended to inform health system dialogue in and between countries and a range of development partners.

Technical Reports

Technical reports describe the methods and findings of CRVS activities in partner countries implemented under the Data for Health Initiative. The series also reports on work in progress, particularly for large or complex initiatives, or on specific components of projects that may be of more immediate relevance to stakeholders.

The series serves to describe the state of CRVS systems in partner countries and provides a baseline for comparison between countries and over time. It also provides a preliminary diagnostic analysis for use by countries in highlighting areas needing improvement.

Acknowledgements

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Important information

The information contained in this manual provides generic information to intended VA master trainers on how to train VA interviewers, supervisors and IT/data management staff. It has been developed for implementation as part of a broader package of resources and tools. As such, countries are strongly recommended to adapt the manual to meet their local needs and context. This should be done in consultation with their D4H Country Implementation team, prior to any VA activities taking place.

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Version: November 2016

To be used in conjunction with the VA Interviewer's Manual for SmartVA

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ORGANISATION OF THIS MANUAL

The Data for Health (D4H) Initiative, funded by Bloomberg Philanthropies and Government of Australia, is helping governments to improve the civil registration and vital statistics (CRVS) system in a number of developing countries/cities. One arm of this initiative will deal with improving information on causes of death, critical for making policy decisions regarding which health interventions to prioritise. In many D4H countries, where a large proportion of deaths occur outside health facilities, cause of death data is scarce. Therefore, as a part of the activities, the D4H will apply Verbal Autopsy (VA) methods to generate information on those deaths that occur in the community and for which physicians are unable to provide a reliable cause of death. The methods for identification of community deaths, notification to the local civil registrar and the linking of the information from the VA interview back to the civil registry will be established in each country as part of this initiative.

This manual has been produced to assist those who are responsible for training interviewers and supervisors on all aspects on Verbal Autopsy using the SmartVA instrument and analytical software.

This Manual for Verbal Autopsy using SmartVA includes detailed instructions on how to conduct the training. Notes for trainers and training tips are provided in italics throughout the manual. The following appendices are also included:

- Appendix A: Interviewer's Self-Assessment Checklist
- Appendix B: Supervisor's Checklist
- Appendix C: Example information sheet/consent form
- Appendix D: Test for ethical training
- Appendix E: Ethics exercise worksheet
- Appendix F: Situation Scenarios
- Appendix G: Sensitivity training example answers
- Appendix H: Medical dictionary of terms
- Appendix I: Guidelines for using the tablet for VA
- Appendix J: Role Play Observer's checklist
- Appendix K: Feedback Form
- Appendix L: Roles of the VA Trainer
- Appendix M: Glossary of Terms
- Appendix N: Preparing to Teach Verbal Autopsy

The training package includes accompanying power points slides for each session. It also includes tablet exercises (dummy questionnaire answers) and role-play case studies.

For trainers, Appendix N: Preparing to teach Verbal Autopsy, provides some advice regarding preparatory activities, adapting the curriculum for Verbal Autopsy training and a Lesson Plan 'Introduction to training principles and practices'. This is intended to assist trainers to more effectively teach all aspects of VA using acknowledged best practice training techniques. Trainers are encouraged to develop the curriculum for VA and adapt to their country context since this manual is intended as a generic resource.

OVERVIEW OF TRAINING

This manual provides guidance for training on all aspects of conducting verbal autopsy (VA) using electronic collection methods. It will cover the importance of VA for assigning cause of death (COD) for community deaths, the roles and responsibilities of VA interviewers and supervisors, ethics and sensitivity in conducting a VA interview, detailed review of the questions included in the four modules of the SmartVA questionnaire, and how to collect information using a tablet. It is intended to be used for the training of VA interviewers and supervisors responsible for the ethical collection of VA information using a tablet. VA Interviewer manuals rather than this Training manual are intended to be distributed to VA Interviewers who will be the participants of this training.

An example training schedule has been included. However, the schedule and duration of activities may vary by country and site and should be taken as guidance only.

Throughout this manual, additional tips and activities are included to highlight additional teaching techniques or alternate participatory activities that can be incorporated into your training.

Other activities involved in VA implementation – including setting up of the IT software and hardware, upload of completed questionnaires onto a computer or remote transfer of information to a central database, use of automated diagnostic methods to assign cause of death and interpretation of results from VA – will be included in the SmartVA Technical User Guide. This manual and associated training is intended for personnel responsible for IT and data management and analysis of VA information.

Aims and Objectives for Interviewers and Supervisors

The aims and objectives for the different staff trained using this manual are outlined below.

For Interviewers:

Aim: To train interviewers for SmartVA in the ethics and methods of conducting a VA interview using a tablet, including responsibilities of SmartVA interviewers and supervisors.

Objectives: After the training course the SmartVA interviewers should be able to:

1. Explain the concept and purpose of a verbal autopsy within a civil registration and vital statistics (CRVS) system
2. Describe the purpose of SmartVA for generating cause of death for the country
3. Explain how to conduct the VA activities according to general ethical standards
4. Describe the roles and responsibilities of the VA interviewer for routine collection of COD death information on community deaths
5. Explain how the deaths for a SmartVA interview will be identified from reporting systems, as appropriate for the country
6. Explain all the questions in the four modules of the SmartVA questionnaire
7. Demonstrate parts of the tablets and its use, administer VA, edit information, and save the completed forms using the tablet
8. Conduct a verbal autopsy in the community using a tablet

Criteria for Interviewers¹:

- ✓ At least equivalent of high school (12 years) education
- ✓ Familiarity with data collection methods, especially interviewing
- ✓ Familiarity with the existing catchment/ area

¹ This is optimal but may differ by country

For Supervisors

Aim: To train supervisors for SmartVA in the ethics and methods of conducting VA interviews using a tablet, and other supervisory responsibilities for the implementation of routine VA.

Objectives: After the training course the SmartVA supervisors should be able to:

1. Explain the concept and purpose of a verbal autopsy within a civil registration and vital statistics (CRVS) system
2. Describe the purpose of SmartVA for generating cause of death for the country
3. Explain how to conduct the VA activities according to general ethical standards
4. Explain how the deaths for SmartVA interview will be identified from reporting systems, as appropriate for the country
5. Describe the roles and responsibilities of supervisors with regard to VA implementation and quality control
6. Explain the SmartVA instrument and questions, how to ask questions and record information following a routine procedure, using a Tablet/Cell Phone
7. (If applicable) Conduct training of VA Interviewers with minimal support

Criteria for Supervisors²:

- ✓ At least equivalent of high school (12 years) education
- ✓ Familiarity with data collection methods, especially interviewing
- ✓ Familiarity with the existing catchment/ area
- ✓ Familiarity in organising and reporting field level data to a higher level
- ✓ IT skill and Data management experience preferable

Number of participants per training course: 20-25 ³

Number of trainers per training course: 2 trainers

² This is optimal but may differ by country

³ Will be country dependent but should not be greater than 25 per 2 trainers

EXAMPLE INTERVIEWER TRAINING SCHEDULE⁴

Schedule and Topics for conducting training for interviewer

Day 1		Duration (min)
8:30	Session 1: Orientation/Personal introductions/Overview of Agenda	30
9:00	Session 2: What is a Civil Registration and Vital Statistics System?	30
9:30	Session 3: Overview of Verbal Autopsy and SmartVA	45
10:15	Tea Break	15
10:30	Session 4: Identifying deaths for the VA interview	45
11:45	Session 5: Roles and responsibilities of the VA interviewer	60
12:45	Lunch	60
13:45	Session 6: Supervisory procedures	60
14:45	Session 7: Ethical training	30
15:15	Session 8: Sensitivity training	90
16:45	Close	
Day 2		Duration (min)
8:30	Review Day 1/Answer any questions	30
9:00	Session 9: Review Interviewer Manual & General Information Module	60
10:00	Tea Break	15
10:30	Questions about the General Module	30
11:00	Session 10: Neonatal VA module	90
12:30	Lunch	60
13:30	Questions about Neonate VA module	30
14:00	Session 11: Child VA Module	90
15:30	Questions about Child VA module	30
16:00	Review of the day	30
16:30	Close	

⁴ Example training schedules are a guide only and can be discussed and adapted for the country context.

Day 3		Duration (min)
8:30	Session 12: Adult and Adolescent VA Module	90
10:15	Tea break	15
10:30	Questions Adult and Adolescent module	30
11:00	Further questions on the four SmartVA questionnaire modules	30
11:30	Session 13: Tablet, Parts of Tablets and their uses/Trouble-shooting	60
12:30	Lunch	
13:30	Session 14: Using the tablet for VA – How to administer, collect, edit and save	180
16:30	Close	
Day 4		Duration (min)
8:30	Review Day 3/Answer any questions	30
9:00	Revisiting Day 1 – Ethical and sensitivity training	60
10:00	Tea Break	15
10:15	Session 15: Role Play – Conducting the VA Interview	120
12:15	Lunch	
13:15	Session 16: Field practice of VA interviews using the tablet – theory and preparation	120
15:15	Evaluation and wrap-up of formal training	60
16:15	Close	
Day 5 – 0.5- 1 day		Duration
	Conduct field practice*	
	Group discussion and feed-back on field practice	
	Suggested amendments to process or procedure	

LOGISTICS FOR THE VERBAL AUTOPSY TRAINING

The following logistical requirements should be prepared in advance of the training:

Equipment requirements for the training

- Flip chart and paper for presentations
- Overhead projector or Multimedia for slide presentation
- Binders or folders for course materials
- Marker pens to record responses
- Laptops and PowerPoint Slides
- Tablets and accessories – one for each participant with ODK collect and questionnaires loaded⁵
- USB cable

Appropriate space for training

Consider the numbers of participants and the types of activities throughout the training. There should be enough room for participants to break out into small groups for role-play activities, as well as a comfortable space to view PowerPoints and contribute to plenary discussion.

Course Materials/resources for Participants

- Training schedule
- Slide handouts for all sessions (translated if applicable)
- Paper version of VA Questionnaire/ VA Interviewer's Manual
- Print-outs for different sessions adapted to country needs:
 - Appendix A: Interviewer's Self-Assessment Checklist
 - Appendix B: Supervisor's Checklist
 - Appendix C: Example information sheet/consent form
 - Appendix D: Test for ethical training
 - Appendix E: Ethics exercise worksheet
 - Appendix F: Situation Scenarios
 - Appendix H: Medical dictionary of terms
 - Appendix J: Role Play Observer's checklist
 - Appendix K: Feedback Form
- Additional information as per country availability
 - Death notification form
 - Business Process Map for VA and Death in the Community
- Pens and note pads for participants

⁵ Preferably the questionnaires should be translated into the relevant language

SESSION 1: ORIENTATION/PERSONAL INTRODUCTIONS/ OVERVIEW OF THE AGENDA

Purpose and content:

The purpose of this session is to welcome all participants to the training and provide an opportunity for them to get to know the trainers and one another. A brief overview of the training schedule should be provided and general housekeeping items addressed.

Objectives:

1. To become familiar with the trainers
2. To become familiar with the other participants
3. To orient the trainees on the schedule and discuss any questions they may have

Duration: 30 minutes

Prepared ahead of time: Arrange for appropriate space to conduct the training

Additional materials needed: Training schedule (See example Interviewers Training schedule above)

GETTING STARTED

Welcome the participants and introduce the trainers. Explain the training schedule, times for coffee and meal breaks, and any other housekeeping items. Explain that slides will be presented during the training and there will be interactive activities to practice what has been learnt.

ACTIVITY 1.1: INTRODUCTIONS

Purpose: To introduce each participant in the training as well as understand their expectations of the training.

Directions: Go around the room and ask participants to introduce themselves to the rest of the group. Ask them to note their expectations of the training. Once the introductions are complete, review the list of expectations and describe how the training will achieve them or, if necessary, moderate expectations where they appear to be outside the scope of the training.

Teaching tip

- *Each morning ensure that participants all get a chance to say something (either to the person sitting next to them, to a small group or to the wider group). Starting a teaching session with participants saying something out aloud will facilitate better participant engagement and support improved attention*

Alternate activities

- *Ask participants to interview each other for 2 minutes: name, where they work: experience in CRVS; and perhaps something curious (if you were not in this training where would you rather*

be?) and then invite each participant to give a very brief 30 second introduction of the person they interviewed. This is a more personal way to do introductions,(which can become very boring) and is effective when participants may not know each other at all.

- Working in table groups participants write up on a large sheet of paper their expectations of 1) the course, 2) of the presenters and 3) of each other. Allow about five minutes to brainstorm 2-3 points under each of the three, then ask each group to put their summaries on the wall, to review over morning tea. But after each group has finished do a very quick summary of the key expectations of each other as this then produces a set of ground rules for the course (e.g. participants will arrive on time, be respectful of each other, have phones on silent).

ACTIVITY 1.2: INTRODUCE AGENDA

Purpose: Orientate the trainees on the schedule

Directions: Present the training schedule as a power point

Ask participants if they have any questions about the agenda. Note that timing of session may vary according to need.

SESSION 2: WHAT IS A CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM?

Purpose and content:

The purpose of this session is to give a brief overview of the operations of the civil registration and vital statistics system to provide the context for integration of VA into CRVS.

Objectives:

By the end of this session the participants should be able to—

1. Describe the purpose and goals of civil registration and vital statistics and the relationship between them
2. Explain the types of vital records collected by the civil registration system
3. Explain benefits of the different elements of CRVS at the individual, administrative, vital statistics and public health programming and research levels

Duration: 30 mins

Prepared ahead of time: Have slides ready to present and copies to hand out

GETTING STARTED

Slide Presentation: What is CRVS?

Explain: This session covers the overall context for civil registration and vital statistics (CRVS) in the country. It illustrates the link between the civil registry and the vital statistics that are compiled from this information. The main purpose of this session is to allow participants to appreciate the broader context into which VA will be integrated and why it is needed.

ACTIVITY 2.1:

Directions:

Ask participants: “What have you used the civil registration system for?”

Write all responses on the board or on flip-chart paper.

Ask participants: “How do you think the information from the civil registration system is used?”

“Who benefits from registration?”

Write all responses on the board or on flip-chart paper

Discuss with the group the answers around what they know about the operations of the civil registration system, how the information collected is used for vital statistics and other agencies. Discuss the benefits from registration for different stakeholders.

DESCRIPTION OF THE CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM

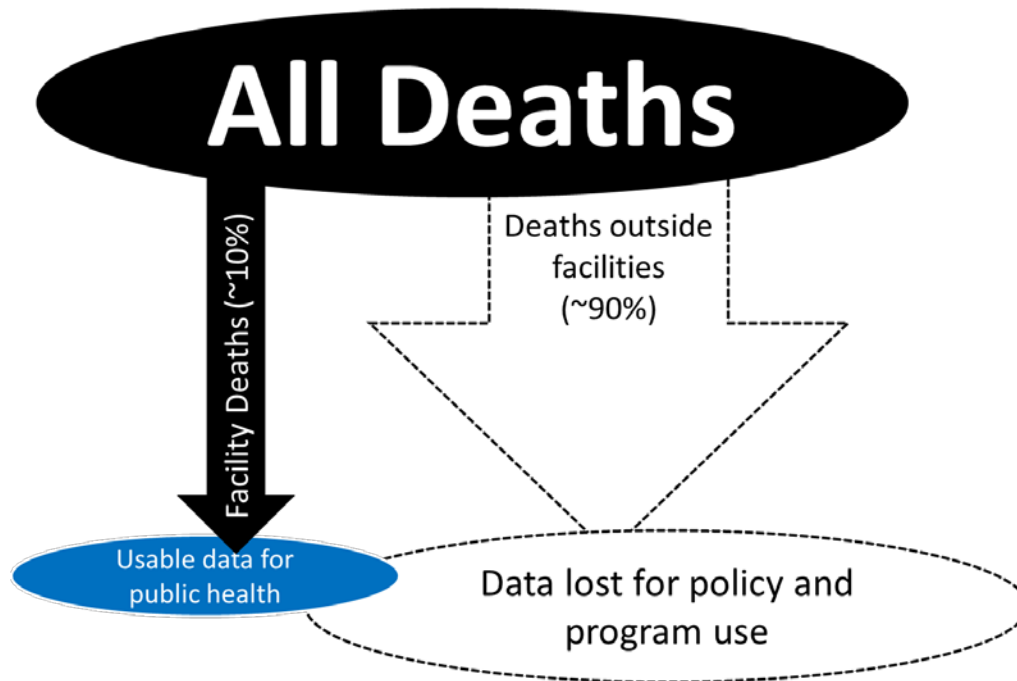
Explain: The **civil registration system** is used by the government to record vital events required by law or regulations. In most countries, information is collected on births, deaths, marriage, divorce and for a number of events. We are interested in information collected through the registration of **births** and (particularly) **deaths**.

Vital statistics is the compilation of the vital event information into statistics. The relationship between these two systems is that the civil registration system creates a data source for vital statistics.



Birth and death information from vital records is the most useful source of data to help us understand things like the size and age distribution of the population and importantly, how many, where and what people are dying from. This is important to plan essential services for the population and to know where to allocate resources to health programs. For this we need accurate records of the **sex and age** of the deceased. We also need to know what they died from – the **cause of death**. Unfortunately in many countries, where many deaths occur in the community without a physician to assign a cause of death, much of the information on cause of death is unknown. This means governments are making decisions

based on very little information on only a small number of the population. This information may also not represent the population as a whole, since the characteristics of those that die in hospital may be different from those that die in the community.



This is where an intervention like verbal autopsy can help by providing this critical cause of death information on community deaths. In the next section we will discuss VA and how it fits into the CRVS.

SUMMARY

This is meant as a review of the session. Review the goals and objectives of this session. Use slides to assist.

Note to trainer: *It is likely that not everyone fully appreciates the wide number of uses of CRVS information. By exploring everyday experiences of this system for the individual participants (through births and deaths or marriages) and moving to a broader discussion about the use of this data for statistics, administrative purposes and health programming, the appreciation of the system can become more apparent. It also provides the context for verbal autopsy – since cause of death data is important for some of the key uses of CRVS data. If participants have direct knowledge or experience in areas outside individual use of CRVS, they should be encouraged to share them.*

SESSION 3: OVERVIEW OF VERBAL AUTOPSY AND SMARTVA

Purpose and content:

The purpose of this session is to give an overview of verbal autopsy (VA) and SmartVA.

Objectives:

By the end of this session the participants should be able to—

1. Describe the overall goal of VA and SmartVA
2. Define a verbal autopsy and Smart VA
3. Explain how information from a SmartVA interview is used to identify cause of death

Duration: 45 min

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: Flip chart, markers, (trainers should have a list of common causes of death for the country/region)

GETTING STARTED

Slide Presentation: Verbal Autopsy and Smart VA

Explain: This session will provide an overview of VA and SmartVA so that participants understand the purpose of VA and the benefits of using the SmartVA methodology. VA aims to generate causes of death of neonates, children and adults that die in the community. When someone dies in a hospital or health facility, a physician who has treated that person is able to record the underlying cause of death on a death certificate. However, since many people die outside of a hospital we can use a verbal autopsy interview to find out a cause of death for the person that died. Sometimes verbal autopsy is also used when there is not enough information from the hospital records or from the attending physician to provide a cause of death.

ACTIVITY 3.1: IMPORTANCE OF ACCURATE INFORMATION ON CAUSES OF DEATH

Directions:

Break participants into 3 groups (allocate them to 'Adult', 'Child' and 'Neonate').

Ask each group to answer the following questions:

- *What do we mean by cause of death?*
- *What are the common causes of death in this age-group?*
- *Why is it important for us to have accurate information on cause of death?*

Participants should write answers on a flipchart. Once the activity is complete, discuss the results in a plenary. Ask whether other groups agree and what other causes they might add.

Note to Trainer:

- **What do we mean by cause of death? What are the common causes of death?**
Have a list of common causes of death and as you read the causes identified by participants, check or cross off those listed on the flip chart. Note any additional significant causes of death that participants have not mentioned. Also note where participants have listed 'risk factors' (e.g. hypertension, alcohol or smoking) rather than actual causes. Include a discussion on the difference between causes of death and risk factors.

- **Why is it important for us to have accurate information on cause of death?**
Discuss any points missing from participant responses. Key answers are as follows—
 1. *To identify health program priorities*
 2. *To evaluate health intervention programs*
 3. *To understand cause of death trends (support ongoing surveillance, registration and certification of causes of death)*

Explain: Using the powerpoint explain the purpose of cause of death data in identifying mortality due to particular causes and in monitoring trends in mortality. Explain how this information can be used to allocate resources effectively (the diseases that many of the population are dying from) and to monitor whether efforts to reduce deaths due to a particular cause are working.

Ideally a country should have a well-functioning civil registration system, where cause of death is certified by a medical practitioner according to international standards. In reality, in many countries most death occur in the community and do not have a death certificate. This means that health planning is not evidence-based. **We may not be allocating our health resources effectively towards the diseases of greatest concern.**

Ask participants: *Does anyone have experience with a verbal autopsy? Can anyone define a verbal autopsy?*

Note to trainer: *If someone has experience of conducting a type of verbal autopsy ask them to explain. Point out the difference between the verbal autopsy they have been conducting and the one we will be using. For example, some 'verbal autopsy' interviews may be very informal, may concentrate on certain age-groups, types of death or diseases (e.g. maternal or child) or socio-demographic characteristics of the deceased. SmartVA is a standardised questionnaire aimed at understanding the most probable cause of death for vital statistics purposes. Therefore it will not include very detailed questions on specific causes of death or socio-demographic information, but the minimum number of questions necessary to assign a cause of death.*

DESCRIPTION OF THE VERBAL AUTOPSY METHOD

What is a verbal autopsy interview?

Explain: A verbal autopsy interview is an interview of a decedent's family member(s). It includes the following major components:

1. It is a structured interview with an open history section

- An *open history* allows the respondent to describe the events leading up to the death in their own words
- 2. Includes questions about the deceased person's signs and symptoms in the period leading to death
- 3. Includes questions on health care use and outcomes during terminal illness
- 4. Examines medical records & death certificate if available in the home

What is the Purpose of verbal autopsy (VA)?

Explain: The purpose of VA is to describe the mix of causes of death in a community where no better source of such information exists. VA is not intended to diagnose an individual's cause of death. It is the best available substitute for proper medical certification, where this type of certification is not possible. It can help to determine cause of death statistics on a population level for public health purposes.

How do we determine the cause of death from the information obtained from the interview?

1. Automated (algorithms) method
2. Physician reviews

Algorithms in general are a step-by-step procedure for assigning a cause of death. They do not require expert input by medical personnel but follow a standard automatic method to derive a cause of death from verbal autopsy questionnaires based on the signs and symptoms of the deceased in the period leading to their death.

Physician reviews are similar to when a doctor questions a patient and draws conclusions from the answers. Doctors review the VA interview data and assign a cause of death, which is often called physician coded verbal autopsy (PCVA). Whilst PCVA is used on some countries, it is usually not considered the best use of busy physicians' time, especially where automated methods have proved to be efficient and accurate.

Note to trainers: Remember, this information is just used to give the interviewers an idea of how information from the VA interviews will be used to generate cause of death. Verbal autopsy interviewers do not need to learn how to conduct any of the procedures.

VA Questionnaires. VA interviews utilize standardized Verbal Autopsy Questionnaires (VAQ). A number of questionnaires have been developed and improved. For the purposes of conducting routine VA, a questionnaire that is as short as possible but still providing sound results for the probable cause of death is the most appropriate. The Population Health Metrics Research Consortium (PHMRC) shortened questionnaire has been validated, takes around 30 minutes on average to administer, and has been field tested in three countries. The PHMRC shortened VA questionnaire (from here forwards, SmartVA questionnaire) has four different modules. Depending on the age of the deceased the following module will be used:

1. **General information module** – this is to be used for all death cases
2. **Adult and Adolescent VA module** - this is to be used for deaths in persons **12 years and older**
3. **Child VA module**—this is to be used for deaths in children from **29 days to 11 years old**
4. **Neonatal module** - this is to be used for **infants from birth to 28 days old (inclusive)**

What is Smart VA?

Smart VA is a 'package' that includes uses the SmartVA questionnaire, electronic data collection of VA interview information using a mobile device (tablet or phone) and an automated diagnostic method for deriving cause of death. The information from the VA interview produces COD estimates using Tariff 2.0. This method was designed and validated with PHMRC and was found to be the most valid of all automated diagnostic methods and better than physician coded verbal autopsy at assigning cause of death at a population level.

SUMMARY

This is meant as a review of the session. Review the goals and objectives of this session. Use slides to assist.

Teaching tips

- *Attitude of the participants towards verbal autopsy will be critically important for their future work as VA Interviewers. Allowing participants to share their ideas and current challenges may have a positive impact on their attitude towards conducting VA.*
- *The information from the SmartVA powerpoint can be a bit technical. Where possible ask for feedback from participants on any areas they do not understand. Ask them to reflect on how VA differs from the current process of collecting information for deaths. If necessary take a short break to reflect on particular aspects of this session that participants are struggling with.*

SESSION 4: IDENTIFYING DEATHS FOR THE VA INTERVIEW

Purpose and content:

To understand how deaths will be identified for verbal autopsy in the community or from health facilities

Objectives:

After completing this session, participants will be able to—

1. Explain the process of selecting deaths from community reporting
2. Explain the key steps in order from identifying a death to conducting the VA interview and sending the information for analysis

Duration: 45 minutes

Prepared ahead of time: Have slides ready to present and copies to hand out

Materials needed: Example Death Reporting/Medical Record Form⁶, Business Process Map for VA on deaths in the community (if available)

⁶ This will be country-specific and will need to be discussed at the ToT session.

GETTING STARTED

Slide Presentation: Identifying Deaths for the VA Interview

Explain: Your job as the VA interviewer is to conduct the VA Interview. Remember these interviews are with family members (or other respondents) about an adult or child who has died recently.

How do we identify deaths for the VA interview?

Cases (persons who have died recently) will be identified through an appropriate strategy suitable to your country/state/city. It could be from the reporting system or from medical facility records or both.

Once a case has been identified either by the reporting system or from the health facility, the households of recently deceased individuals will be visited for a VA interview. Supervisors will provide directions as to which households to visit. It is the interviewer's responsibility to make sure he/she has a list of households from the supervisor before leaving to conduct the interviews.

When will interviews be conducted?

All interviews will be conducted within one year of the death. It is best to conduct the interview within the first three months of death or as soon as is reasonable after that time.

ACTIVITY 4.1 – IDENTIFYING DEATHS FOR VA

Directions:

Ask participants to describe the process for identifying deaths in their country. Ask them to identify the different agencies involved and the links between these agencies. Draw this as a flowchart on a flipchart or white board. Make sure participants understand this process for identifying deaths and allocating VA interviews in their country and context.

Note to trainers: *If a business process map for VA is available for the country, use this as a discussion point for this activity.*

Alternate Activity:

Have the participants sitting in small groups. Give each group a piece of paper and a set of sticky notes and ask them to write each the ways that deaths might be identified, putting each separate identification means on a separate sticky note. Ask the groups to arrange the sticky notes into a possible flow chart that would enable as many deaths as possible to be reported, and notified to enable a VA to be undertaken. At the end of the session have each group look at each other's flow charts and then discuss. This should be compared to the business process map (if available).

Teaching Tip:

- *Small groups work best with around five people per group (big enough to have a range of opinions and small enough that everyone contributes). Groups with more than six people usually lead to one or two very disengaged participants.*

- *Inserting an activity to generate the flow of death notification has a couple of advantages:*
 - *You may generate additional means of identifying deaths*
 - *The analysis exercise is more likely to reinforce the challenge of identifying deaths than simply asking people to discuss it – particularly when done as a group activity.*

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 5: ROLES AND RESPONSIBILITIES OF THE VA INTERVIEWER

Purpose and content:

The purpose of this session is to clarify the role of the VA interviewer

Objectives:

By the end of this session the participants should be able to—

1. Identify the main task of the VA interviewer and ways the VA interviewer can accomplish them
2. Understand how to use the Interviewer’s Self-Assessment Checklist to help improve performance
3. List materials the VA interviewer will need
4. Anticipate some of the challenges associated with conducting VA interviews

Duration: 60 minutes

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: VA Interviewer’s Self-Assessment Checklist (Appendix A)

GETTING STARTED

Slide Presentation: What are the roles of the VA interviewer?

Explain: The procedures emphasize conducting the work in a high quality manner. The main role of the VA interviewer is to collect information on signs and symptoms of deceased persons through interviews with an appropriate family member (the VA interview). In order to do the best job possible, the VA interviewer must:

- Strive for continuous self-improvement of her/his performance;
- Maintain ethical standards;
- Meet/talk daily (or as per local arrangement) with her/his supervisor to receive interview assignments, to update work status and submit electronic data for onward transmissions, as outlined/arranged locally;
- Locate households where a death occurred, identify the best respondent(s), administer informed consent, and conduct interviews using tablets;

- Discuss and solve any problems she/he encounters with their supervisor;
- Maintain good relations with the community; and
- Notify the death to the local registrar (if not already notified) using a notification form (or following the local arrangement).

Explain: The Interviewer’s Self-Assessment Checklist (Appendix A) lists these tasks and others that you must perform to conduct high quality interviews. Before each interview VA Interviewer’s should review the checklist and complete the form after each VA interview to help them maintain and improve their performance. Supervisors will review the checklist with their VA Interviewers to help solve any problems.

ACTIVITY 5.1: REVIEW THE INTERVIEWER’S SELF ASSESSMENT CHECKLIST

Directions: Read through the Interviewers Self-Assessment Checklist. Ask participants if they have any questions.

The VA interviewer will need to carry at all times:

1. Fully charged tablets with installed SmartVA questionnaire
2. Informed consent forms or information sheets
3. Pens/writing utensils
4. Historical events calendar (for prompting on timing of events)
5. Death notification form/apps (if appropriate) for notification of death via tablet

ACTIVITY 5.2: RE-ARRANGE THE TASKS IN THE ORDER THEY WILL OCCUR

Directions: Below are 6 activities⁷ the interviewer will accomplish when conducting the interview. Ask the participants in their groups, to re-arrange the activities in the order that the interviewer will perform them. Ask participants to write these tasks in order on a flipchart. Provide only a short amount of time for them to do this.

Teaching Tip: *Quick activities such as this engage the participants’ attention and also help you as the trainer identify whether all groups have understood the process well.*

1. Conduct the interview
2. Select the respondent
3. Obtain informed consent
4. Introduce yourself to the household
5. Thank the respondent for his/her participation
6. Obtain location information from supervisor

Discuss with participants if there are any questions

⁷ For specific countries there may be additional activities to the six listed. If necessary these can be added to the task list.

FOR TRAINERS: Correct order of activities

1. Obtain location information from supervisor
2. Introduce yourself to the household
3. Select the respondent
4. Obtain informed consent
5. Conduct the interview
6. Thank the respondent for his/her participation

ACTIVITY 5.3: IDENTIFY CHALLENGES TO CONDUCTING VA ACTIVITIES

Directions: Ask the participants to think about the different roles and activities of the VA interviewers and to identify any challenges they can anticipate. Write these on a flip chart. Ask participants for suggestions on how they might deal with these challenges.

Note to trainers: You should come back to these challenges regularly through the training to demonstrate how subsequent sessions have addressed each concern over the potential challenges.

Teaching Tip:

- It is likely that challenges will fall into clusters, or groups e.g. logistics (identifying households/VA tablet not functioning/no family members available), reporting challenges (family member not informed and cannot answer questions or giving contradictory answers) through to personal challenges (sensitivity in asking personal questions during the grieving period). It may be helpful to categorise the types of challenges as you write up the participants' brainstorming. Performing this grouping as they give responses gives the participant's confidence that you know and understand the challenges and will systematically address them through the training.

SESSION 6: SUPERVISORY PROCEDURES

Purpose and content:

The purpose of this session is to explain supervisory procedures that must be followed during the VA activities.

Objectives:

By the end of the session, participants should be able to—

1. Understand the supervisory procedures to be followed for the VA activities
2. Understand the interviewers' and supervisors' roles in maintaining the quality of the interviews

Duration: 60 minutes

Prepared ahead of time: Have slides ready to present and copies to hand out

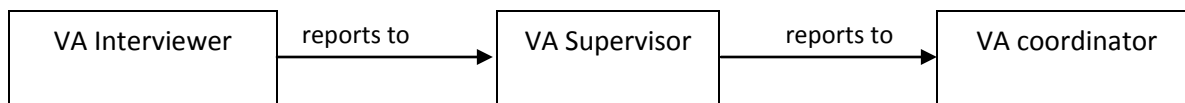
Additional materials needed: Copies of the Supervisor's Checklist (Appendix B)

GETTING STARTED

Slide Presentation: Supervisory Procedures

Explain: Certain supervisory procedures need to be followed to help maintain the quality of the work. The procedures stress continuous improvement.

Smart VA interviewers will be supervised by the VA supervisor and the VA coordinator⁸.



VA Supervisor: The VA supervisors are responsible for ensuring the VA interviewers are well trained and prepared to conduct the interview using a tablet. They will also supervise the interviewers to help them maintain the quality of their work and protect their general well-being regarding this challenging role. Appendix B is a Supervisor’s Checklist to help the supervisors accomplish their role. The checklist can also help interviewers understand how they will interact with their supervisor.

The VA coordinator is responsible for the overseeing of VA activities within a specified administrative unit of the government. They will meet with supervisors to discuss systemic issues concerning VA that cannot be addressed by VA interviewers and supervisors.

Interviewers may experience some challenges when conducting the interviews. Throughout the training we will be reviewing some of these challenges and ways to deal with them. An Interviewer’s Manual is also available as a resource guide. In addition, interviewers should meet regularly with their supervisor to discuss and resolve problems that they cannot solve on their own. Supervisors should also be available for debriefing to identify and address distress that interviewers might be experiencing as a result of their task of conducting VA interviews. Opportunities for peer-learning between VA Interviewers should be made available. If a problem persists the supervisor will take the appropriate steps as noted below.

First, the interviewer should use all available resources and try to resolve problems on their own. They should be encouraged to strive for continuous self-improvement.

Second, if the problem is more serious, the interviewer should talk to their VA supervisor to resolve the problem.

Finally, if a problem persists, the VA interviewer and supervisor should contact the VA unit coordinator.

Explain: In addition to interviewers meeting with their supervisor to discuss problems, the supervisor will monitor progress and interviews. This is explained on the Supervisor’s Checklist.

⁸ Title will vary by country. This is the person responsible for oversight of all VA activities within a specified area.

ACTIVITY 6.1: REVIEWING THE ROLE OF THE VA SUPERVISOR

Directions:

Ask participants to identify the main role/activities of the VA supervisor. Write these on a flip chart. Prompt participants if necessary.

Read through the Supervisor’s Checklist (Appendix B) and identify additional activities identified /delete those not relevant.

Note to trainers: *Often supervisors will be part of the training team, or they may be part of the group being trained on VA. Where the supervisory team are present in the training it is a good opportunity to discuss the different tasks and responsibilities (specific to the country) to ensure everyone is aware of their role.*

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 7: ETHICAL TRAINING

Purpose and content:

To explain and ensure participants understand the concept of informed consent, confidentiality, and importance of ethics for any public health data collection

Objectives:

After completing this session, participants will be able to—

1. Define three key principles of ethics for data collection
2. Define informed consent
3. Define confidentiality in conducting VA activities

Duration: 30 min

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: Example information sheet/Consent form (Appendix C), Test for Ethical training sheet (Appendix D), Ethics Exercise Worksheet (Appendix E)

GETTING STARTED

Slide Presentation: Ethical Training

Explain: Any data collection must follow ethical standards.

There are 3 key ethical principles that govern all activities related to data collection

1. **Respect for an individuals' autonomy:**
 - Everyone has the right to determine their own participation.
 - Persons with diminished autonomy (children and mentally impaired) must be protected.
2. **Beneficence:** an obligation to protect persons from harm—maximize possible benefits and minimize risks.
3. **Justice:** fair distribution of burdens and benefits.

The 3 ethical principles are maintained by:

Informed consent—subjects/respondents must understand their right to refuse to participate and must volunteer to participate. This helps maintain the principle of autonomy.

Responsibility—the investigator and the team must protect the rights and welfare of the respondents/subjects. This helps maintain the principle of beneficence.

Equitable and factual recruitment of subjects/respondents—all types of death cases (regardless of age/sex) are included and no false claims or promises are made. This helps maintain the principle of justice.

How do we ensure equitable and factual recruitment?

Clearly describe the purpose of the VA activities—to identify cause of death and factors contributing to adult, child, and neonatal deaths.

Invite participation—REMEMBER—it is the woman's or man's choice.

Describe the interview process—when, where, how long.

Key things to remember about Informed Consent:

The interviewer should administer **Informed Consent**⁹ just before the interview. The interviewer should remember to:

Inform the respondent about:

1. The risks and benefits:
 - *Risks:* possible discomfort in talking about bad experiences
 - *Benefits:* no personal benefits, but better health measurement helps governments and health providers care for people.
2. Confidentiality:
 - No data for any individual will ever be shared outside the context of the interview.
 - Individual identifier data will be removed for analyzing data for dissemination of findings.
3. Ongoing process
 - The respondent can stop the interview at any time.
 - Provide the supervisor's contact information in case of questions later.
4. Obtain written or oral consent

⁹ In some countries official informed consent is not considered necessary. Even so, the VA Interviewer will still need to explain the reason for the VA interview, the process and how the information will be used and the respondent has the right to refuse the interview.

- For electronic data collection, you need to get the main respondent's consent and check the yes or no radio button for recording consent.
-

Team Responsibilities

Supervisors are responsible for:

- Protecting the rights and welfare of human subjects by following ethical principles in conducting the activities.
- Training and supervising the VA team in ethical procedures.

VA team (VA coordinator, supervisor and interviewer) is responsible for:

- Ethical conduct of the activities in recruitment and interaction with VA respondent and data management.

Note to trainers: *The issue of confidentiality needs to be stressed. If there are country guidelines/confidentiality agreements for staff conducting VA then these might be shared and discussed. The issue of confidentiality can be particularly sensitive around the use of tablets and mobile phones to collect data. Respondents need to feel confident that the data will not be shared with others.*

ACTIVITY 7.1: TEST FOR ETHICAL TRAINING

Directions:

Hand out the Test for Ethical training sheet to participants (Appendix D). Ask them to circle true or false for questions 1-3 and 5-7 and to circle the three correct choices for question 3.

Review the answers to the Test for Ethical training. Discuss where there are questions or disagreements.

ANSWERS TO TEST FOR ETHICAL TRAINING (FOR TRAINERS)

1)True 2) True 3) 1,2 and 3 4) False 5) False 6) False

ACTIVITY 7.2: HOW ETHICAL PRINCIPLES ARE AFFECTED BY CHARACTERISTICS OF PARTICIPANTS/SETTING/INTERVIEWERS

Directions:

Hand out the worksheets for Ethics exercise worksheet (Appendix E). Ask participants to consider the different characteristics and decide which ethical principles would be affected. When the groups have finished, discuss in the plenary.

Note to trainers: *It is likely that participants will come up with different answers to this exercise. Encourage discussion and reflect that ethics is an imprecise area and the important thing is to be aware of the different ethical principles and ensure they are considered when conducting interviews.*

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 8: SENSITIVITY TRAINING

Purpose and content:

To obtain a brief overview and understanding of the psychology behind the loss of a loved one and to learn communication techniques to help administer the VA questionnaire in a sensitive manner.

Objectives:

After completing this session, participants will be able to—

1. Discuss what it means to have a loss of a family member or household resident
2. Identify two common types of mourning participants may be experiencing
3. Identify some possible reactions of respondents and sensitive ways to deal with such responses.
4. Approach the family and initiate the introduction and identify the best respondent
5. Apply communication techniques to help respondent feel more comfortable

Duration: 90 mins

Prepared ahead of time: Have slides ready to present and copies to hand out. A trained psychologist may be invited to facilitate the discussion.

Additional materials needed: Flip chart, markers. Situation scenarios (Appendix F)

GETTING STARTED

Slide Presentation: Sensitivity Issues

During this session, you may ask a trained psychologist to help you facilitate discussion of what it means to have a loss. Participants may also share personal experiences if they wish.

Death and Mourning

Explain: There will be two kinds of mourning you are likely to encounter:

1. Parental responses to the death of a child or a stillbirth—this can be a very difficult time for the family especially if the respondent is the mother of the deceased child.
2. Family responses to the death of an adult

ACTIVITY 8.1: CONDUCTING A VA IN A SENSITIVE MANNER

Ask participants to break into groups and discuss:

- *Why is it important that you, as interviewers, be sensitive when conducting the VA interviews?*
- *What might be some impacts of mourning on the interview?*
- *What are some ways you can help participants feel more comfortable about answering questions for the interview?*

Discuss in the plenary.

FOR TRAINERS - Possible answers may include:

- **Why is it important that you, as interviewers, be sensitive when conducting the VA interviews?**
 - You are conducting an interview with a vulnerable family member of someone who has recently died.
 - The way you conduct the VA interview may affect the ability to conduct similar interviews in the future
 - You represent a cadre of worker who provides basic but essential health services and the way you conduct yourself in the VA interview may also affect the community's attitude to your other roles.
- **What might be some impacts of mourning on the interview?**
 - Respondents may not feel comfortable answering certain questions
 - Respondents may get angry when asked questions
 - Respondents may get sad and upset
 - Respondents may get offended and angry
- **What are some ways you can help participants feel more comfortable about answering questions for the interview?**
 - Be patient. Don't interrupt even if he hesitates or is quiet for a while
 - Allow the participant to talk about the event freely even it strays slightly from the survey
 - Do not rush through questions.

Teaching Tip:

- *For discussions that draw on personal experience, such as for this session, it is best to divide people into pairs and get people to spend a few minutes talking with each other about the question. This will mean that everyone speaks. Often when you are discussing sensitive issues in a large group you will find that the same few people will answer. By ensuring the exercise is done in pairs you can avoid discussion being dominated by just a few people. Sharing personal stories also engages the participant in way that will reinforce the teaching, as the session will be more memorable.*

Allow participants to share personal experiences with the wider group if they wish after the discussion in pairs. Having one or two stories shared with everyone allows you as the facilitator to draw in these throughout the training

Explain: Many of the questions you will be asking will be difficult for the respondent to answer. They may feel uncomfortable answering the questions or may get upset when you ask certain questions. It is important that you ask questions in a respectful manner. If a respondent gets upset, do not push to get an answer. Remember, we are trying to work **with** them to find out how their loved one died so that we can help prevent unnecessary deaths in the future.

Approaching the household to conduct the VA interview

Explain: There is a series of actions that must be completed as part of the interview. Below are 4 steps outlining the interview sequence.

Step 1: Approach the household and manage the scene

You will receive information from your supervisors/surveillance system record or from the health facility log about the address/locator information of the deceased person. You may also consider working with local respected persons (e.g. schoolteacher, village leader) to pre-arrange the meeting and/or to accompany you to the interview as locally appropriate.

Remember to:

- Stress the confidential nature of the interview.
- Stress the importance of the interview to understand causes of death.
- Respond to questions, concerns and reactions (anger, grief, suspicion, etc.)

Step 2: Identify the best respondent(s)

If necessary, set an appointment and return to conduct the interview. In the case of a child death, the mother (if alive) will most likely be the best respondent.

In the case of an adult death, good respondents can be the spouse (if the deceased was married), a sibling, or even a neighbor if they had significant interaction during the illness period.

A good respondent is a person who:

- Was present during the illness and the time of death
- Was involved in any type of care for the deceased during the illness and at the time of death
- Knew the deceased very well
- Knew the habits and lifestyle of the deceased

Step 3: Obtain informed consent/provide information to the family on the nature of the VA interview

If obtaining informed consent, remember to read the informed consent form exactly as it appears. Once the respondent agrees to participate, the respondent should click the radio button of question in the tablet to indicate his/her consent.

Step 4: Conduct the interview.

General Rules for Administering the VA Interview

- Ask questions **exactly** as worded on questionnaire
- Wait for respondent to finish talking before entering the data
- Don't anticipate or assume answers

- If the answer appears unclear and interviewer thinks the respondent doesn't fully understand the question, repeat the question as written
- Questions should be asked in a neutral tone

ACTIVITY 8.2: COMMUNICATION TECHNIQUES FOR SUCCESSFUL INTERVIEWS

Directions: Ask participants

- *What are some communication techniques to help the respondent feel more comfortable answering questions?*

Write all responses on the board or on flip chart paper. Discuss any points missing from participant responses.

FOR TRAINERS - SUGGESTED ANSWERS:

- *Be non-judgmental.*
- *Sit at the same level as the respondent(s).*
- *Maintain eye contact when not using the tablet.*
- *Nod your head, encourage speech, listen actively, do not rush.*

ACTIVITY 8.3: PROBLEM SOLVING SENSITIVE SITUATIONS

Directions:

Hand out Appendix F, Situation Scenarios. Ask the participants to discuss the situations in pairs. Then facilitate a group discussion about how to handle the situations. *As much as possible, participants should decide how to handle the situations by themselves. This will give them confidence in similar situations in the field. Use your own experience and the trainers guide (Appendix G) to provide help when needed. Try not to tell the participants the right thing to do. Rather, give hints or ask questions that will help them get back on the right path.*

Teaching Tip:

- *Role plays are an effective way to encourage reflective thinking of participants. An alternative to discuss each of the scenarios in Appendix F is to give each small group one scenario and get them to act it out for the other participants and then follow up with a plenary discussion of potential solutions. One way of doing this would be that each group becomes the family within the scenarios 1,2,3,4 and 5. A member of a different group is assigned as the VA interviewer and has to 'face' the difficult scenario.*

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 9: REVIEW INTERVIEWER'S MANUAL AND SMARTVA GENERAL INFORMATION MODULE

Purpose and content:

To review the interviewer's manual and general information module for all VA interviews

Objectives:

After completing this session, participants will be able to—

1. Navigate through the Interviewer's Manual
2. Explain the purpose and content of the VA General Information Module

Duration: 90 min

Prepared ahead of time: Have slides ready to present and copies to hand out

Materials needed: VA Interviewer's Manual

GETTING STARTED

Slide Presentation: VA Interviewer's Manual and General Information Module

Provide: VA Interviewer's Manual

Explain: We have developed a special manual for the VA interviewers to use as a guide or reference to conducting the interviews. This manual should be kept at your home or office for reference. Interviewers should continue to periodically review the Interviewer's Manual and refer to it when a question comes up about how to conduct the verbal autopsy interview. This manual is not meant to be carried to the interview.

The manual includes:

- Background information about SmartVA questionnaire and the verbal autopsy method
- General instructions about completing the interview using Tablet
- Question by question details for the General information module, Neonate Module, Child Module, and Adult & Adolescent Module

The SmartVA questionnaire

The SmartVA is in four modules - the General Information Module, Neonate Module, Child Module and Adult and Adolescent Module. The information from the VA Interview will be collected using a tablet. However, it is very important to first understand the questions that will be asked, before practicing on the tablet. There will be opportunity to practice these modules using a tablet later in the training.

VA General Information Module

Explain: The general information module will be used for all respondents in VA interviews, irrespective of their age. This module contains background information about the deceased and may be completed *BEFORE* the interview and loaded onto the tablet in advance. The general module is the only aspect of the questionnaire that may be changed in line with country requirements. As such fields may vary by country.

INTERVIEW BEGINS

Explain: The VA Interviewer will need to introduce themselves and the purpose of the VA Interview. An information sheet or informed consent form may be used for this purpose. It is important that the respondent who will be a family member of the deceased, understands the process including the broad content of the interview, the length of time it will take to complete and the confidentiality of the information.

Instructions to interviewer: *Introduce yourself and explain the purpose of your visit. Ask to speak to the head of the household, the mother or to another adult who was the deceased's main caretaker during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caretaker will be home.*

Note to trainers: *If there is a country specific information sheet or consent form or information sheet, this should be reviewed now.*

After informing the respondent about the purpose of VA, the interviewer should ask if the respondent has any questions. Once all questions are answered, the interviewer should ask if the respondent is willing to take part in the interview. For some countries this consent will need to be recorded on the tablet. If the respondent refuses the interview, the VA Interviewer will thank them and conclude the session.

Note: *If while conducting a VA interview, the respondent recognizes that another person would be more adept at answering certain questions (example, a sister of a female deceased may be better than a father to respond to Questions for Women in the Adult and Adolescent VA module), then you may interview another respondent. This should only be done when you are convinced that another individual would have better information. Make sure, however, that the respondent is at least 18 years of age and that he/she consents to participate.*

SECTION 1: QUESTIONS ON THE DECEASED

Explain: This section includes locator information for the deceased and information around their age, sex and where they died. If this information is included in a burial permit/death notification it may be already uploaded to the tablet. It is important that we know the age-group of the deceased since based on this information, the correct module (neonate, child or adult) will be applied. If the age of birth and age of death are known and recorded, this information will be automatically calculated for the age and age-group questions.

Allow: Participants to review Section 1 in their manual and ask any questions.

SECTION 2: QUESTIONS ON THE RESPONDENT

Explain: This module is intended to obtain some background information about the respondent, including the name, sex, relationship to the deceased.

Allow: Participants to review Section 2 in their manual and ask any clarifying questions.

SECTION 3 QUESTIONS ON THE REGISTRATION OF DEATH¹⁰

Explain: This section is intended to gather information regarding the status of registration of the deceased to civil registration and also to know whether the deceased has a national identification card number (if available) or not to link the deceased to national civil registration database. If the deceased is too young, there is the chance to use the ID of one of the parents.

At the end of the General Module, the tablet will skip to age specific verbal autopsy modules automatically. If the deceased is 28 days or under, it will skip to the Neonatal module; if the deceased is between 29 days and 11 years, it will skip to the Child module; if the deceased was 12 years or older, it will skip to the Adult and Adolescent module.

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 10: NEONATAL VA MODULE

Purpose and content:

To review the Neonatal VA Module

Objectives:

After completing this session, participants will be able to—

1. Explain the questions in the Neonatal Module
2. Define a stillbirth

Duration: 120 mins

Prepared ahead of time: Have slides ready to present and copies to hand out

Materials needed: VA Interviewer's Manual, Medical dictionary of terms (Appendix H)

GETTING STARTED:

Provide: VA Interviewer's Manual.

¹⁰ In some countries this section is not included in the General Module.

Note to trainer: To ensure that participants remain engaged it will be important to involve them in the review of the questions. The facilitator can provide an overall introduction to the particular section using power point slides and then ask participants to review questions in groups before discussing in the plenary. The VA Interviewer's Manual can be used to run through the questions.

Explain: If the deceased is aged 28 days or less, the tablet will select the neonate module which is made up of 5 sections:

1. Background
2. Maternal history
3. Neonatal death
4. Health Records
5. Open Response (7 keywords checklist).

When using the tablet, skip patterns that occur in response to questions mean that for each interview only some of these questions will be asked. However, it is important for VA Interviewers and supervisors to fully understand all the questions that might need to be asked for this module. This is the purpose of this session.

ACTIVITY 10.1: REVIEWING THE QUESTIONS IN THE NEONATAL VA MODULE

Directions: Break participants into groups and ask them to review the neonatal module

Ask them to particularly consider

- Questions that you think will be difficult to explain
- Any answers that are not clear
- Questions that are particularly sensitive
- What sort of health record will be available?
- What should you put in the 'transcribe note'

Section 1: Background

Explain: The background section helps the interviewer understand the circumstances of the baby who has died. This section will give some basic information about the neonate at the time of birth.

For a number of questions there are some pictures that will help the the VA Interviewer to understand the problem and explain to the family. Due to the nature of the pictures, it is not recommended to show these to the family members. These pictures will appear automatically on the tablet. These pictures are also included in the Appendix of the Interviewer's Manual.

Photos for the following conditions are available in the tablet:

Neonatal and Child module

1. Head too small
2. Head too large
3. Mass defect at back of head/spine
4. Other defect (i.e. cleft lip)

5. Bulging fontanelle
6. Chest indrawing

Review the list of questions related to Neonate module Section 1: Background. Answer any clarifying questions.

Note: *A stillbirth is defined as: the birth of a dead fetus of at least 28 weeks of gestation. A stillbirth will not exhibit any of the signs asked in questions 1.12—1.14.*

If this was a stillbirth a number of other questions are asked in the background section. If it is not a stillbirth then the tablet will skip to Section 2: Maternal history.

Section 2: Maternal History

Explain: The maternal history section helps the interviewer understand the health of the mother before and during delivery of the baby. This can help us understand why the baby might have died.

Review the list of questions related to Neonate module Section 2: Maternal History. Answer any clarifying questions.

If the death was a stillbirth the tablet will skip straight to Section 4: Health Records. Otherwise the tablet will move to Section 3: Neonatal deaths.

Section 3: Neonatal Deaths

Explain: These questions ask about different signs and symptoms the neonate may have had before the death. During the interview, if the question asks about a condition and says “(Show Photo)”, then you can show the corresponding photo from Tablet screen

Review the list of questions related to Neonate module Section 3: Neonatal deaths. Answer any clarifying questions.

Section 4: Health Records

Explain: It is important to get information from the health records if the family has them in the home. If a record of care provided for the fatal illness is available or if the death certificate is available, record the information exactly how it appears on these records.

Review the list of questions related to Neonate module Section 4: Health Records with participants. Go through each question and clarify any questions.

Section 5: Open Ended Response and Interviewer Comments/Observations

This portion is meant to allow the respondent to summarize the fatal illness in her/his own words including any additional information the respondent might want to disclose not covered by structured interview. This section contains a checklist of “keywords of interest”.

Key words

Mentioned

- Asphyxia (lack of oxygen)
- Incubator
- Lung Problems
- Pneumonia
- Preterm Delivery
- Respiratory Distress

If during the open ended response, the interviewer hears one of the key words, they should ask the respondent to pause momentarily and record the word of interest by checking the box. Once they have checked the box, they should request them to continue, asking them to pause each time a key word is mentioned, until the interview is finished.

Note: Please review the Interviewer's Manual for more information on the open ended response.

Once the groups have reviewed the neonatal module ask participants to describe:

- A 'normal size' baby?
- 'Pulpy' in relation to a stillbirth?
- Gross congenital abnormalities?
- In-drawing of chest?

Note to trainer: Some trainers may feel inclined to perform this exercise using the tablet. This is not advised since it will be difficult (due to skip patterns) to review all the questions under this module. It is important to review all questions and highlight any errors in translation or need for clarification. This is best using a paper copy of the questionnaire or the VA Interviewer manual (that includes all the module questions).

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 11: CHILD VA MODULE

Purpose and content:

To review the Child VA Module

Objectives:

After completing this session, participants will be able to—

1. Explain all questions in Sections of Child Module

Duration: 120

Prepared ahead of time: Have slides ready to present and copies to hand out

Materials needed: VA Interviewer's Manual, Medical dictionary of terms (Appendix H)

GETTING STARTED:

Provide: VA Interviewer's Manual.

ACTIVITY 11.1: REVIEWING THE QUESTIONS IN THE CHILD VA MODULE

Directions: **Break participants into groups** and ask them to review the child module

Ask them to particularly consider:

- Questions that you think will be difficult to explain
- Any answers that are not clear
- Questions that are particularly sensitive
- What sort of health record will be available?
- What should you put in the 'transcribe note'

The Child Module contains a number of questions, this time under 5 sections. You can follow the same system of explaining the overall sections and then asking participants to break into groups to review questions and highlight problems. The VA Interviewer's manual can be used for reference. Once again, the questions include all those that might be asked during an interview about a child death (29 days to 11 years) but not all questions will be asked during one individual interview, due to the skip patterns in the tablet.

The Child module includes 5 sections:

1. Child Injuries and Accidents
2. Background
3. Infant and Child Deaths
4. Health Records
5. Open ended response (10 Keyword Checklist).

Section 1: Child Injuries and Accidents

Explain: The interview for Child Module starts with questions on injuries and accidents. The tablet will move to this module after the general information module if age of the deceased was between 29 days and 11 years at the time of death.

Since we are interested in the underlying cause of death, this is a way to establish where this is an injury, so that other questions on conditions not relevant to the death do not need to be asked. At the beginning of the module there is a screening question.

Did _____ suffer from an injury or accident that led to his/her death?

An “injury” means the person was hurt by something outside the body, such as a physical blow or fall or poisoning or bite. This includes accidental and intentional injuries.

The answer to this question will determine whether the tablet will skip to the next relevant section or proceed to other questions on the injury.

Section 2: Background

Explain: The background section helps the interviewer understand the circumstances of the child who has died. This section will give some basic information about the child including information about the mother, the age of the child when the illness started and the length of time the child was ill.

Review: The list of questions related to Child module Section 2: Background. Answer any clarifying questions.

Section 3: Infant and Child Deaths

Explain: These questions ask about different signs and symptoms before the death. For some questions the tablet will show a photo which can be used by the VA Interviewer to help them understand the questions better and explain it to the family.

Photos for the following conditions are available in the tablet:

Neonatal and Child module

1. Head too small
2. Head too large
3. Mass defect at back of head/spine
4. Other defect (i.e. cleft lip)
5. Bulging fontanelle
6. Chest indrawing
7. Stiff neck

Review the list of questions related to Child module Section 3: Neonatal deaths with participants. Answer any clarifying questions.

Section 4: Health Records

Explain: It is important to get information from the health records if the family has them in the home. If a record of care provided for the fatal illness is available or if the death certificate is available, record the information exactly how it appears on these records.

Review the list of questions related to Child module Section 4: Health Records with participants. Go through each question and clarify any questions

Section 5: Open Ended Response and Interviewer Comments/Observations

This portion is meant to allow the respondent to summarize the fatal illness in her/his own words including any additional information the respondent might want to disclose not covered by structured interview. This section contains a checklist of “keywords of interest”.

Key words	Mentioned
Abdomen	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>
Dengue fever	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>
Jaundice (yellow skin or eyes)	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Rash	<input type="checkbox"/>

If during the open ended response, the interviewer hears one of the key words, they should ask the respondent to pause momentarily and record the word of interest by checking the box. Once they have checked the box, they should request them to continue, asking them to pause each time a key word is mentioned, until the interview is finished.

Note: More information is available in the VA Interviewer’s Manual.

Once the groups have reviewed the neonatal module ask participants to describe:

- A ‘normal size’ baby?
- Severity of fever?
- ‘Difficulty breathing’ and ‘Fast breathing’?
- In-drawing of chest?
- Neck stiffness in a child?

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 12: ADULT AND ADOLESCENT VA MODULE

Purpose and content:

To review the Adult and Adolescent VA Module

Objectives:

After completing this session, participants will be able to—

1. Explain all questions in Sections of the Adult and Adolescent Module

Duration: 120 mins

Prepared ahead of time: Have slides ready to present and copies to hand out

Materials needed: VA Interviewer's Manual; Medical dictionary of terms (Appendix H)

GETTING STARTED:

Provide: VA interviewer's manual

ACTIVITY 12.1: REVIEWING THE QUESTIONS IN ADULT AND ADOLESCENT MODULE

Directions: **Break participants into groups** and ask them to review the neonatal module

Ask them to particularly consider

- Questions that you think will be difficult to explain
- Any answers that are not clear
- Questions that are particularly sensitive
- What sort of health record will be available?
- What should you put in the 'transcribe note'

There are 7 sections in the Adult and adolescent VA module

1. Injuries and Accidents
2. History of Chronic Conditions of the Deceased
3. Symptom Checklist
4. Questions on Women
5. Tobacco Use
6. Health Records
7. Open Ended Response (11 Keyword Checklist).

Section 1: Injuries/Accidents

Explain: The interview for adult and adolescent module starts with questions on injuries and accidents. The tablet will move to this module after the general information module if the age of the deceased is 12 years or older at the time of death. As for the Child Module, since we are interested in the underlying cause of death, this is a way to establish where this is an injury, so that other questions on conditions not relevant to the death do not need to be asked. At the beginning of the module there is a screening question:

Did _____ suffer from an injury or accident that led to his/her death?

An “injury” means the person was hurt by something outside the body, such as a physical blow or fall or poisoning or bite. This includes accidental and intentional injuries.

The answer to this question will determine whether the tablet will skip to the next relevant section or proceed to other questions on the injury.

Review the list of questions related to Adult module Section 1: Injuries and Accidents by asking the participants to read out the questions in turn and clarifying any questions.

Section 2: History of Chronic Conditions of the Deceased

Explain: These questions ask about any history of nine listed chronic conditions that the deceased may have had. We are interested only about whether a health professional (doctor, nurse, paramedic, etc.) diagnosed the deceased or told them they were suffering from these conditions.

Ensure participants understand what we mean by health professional, especially if interviewers are not health professional themselves.

Review the list of questions related to Adult module Section 2: History of Chronic Conditions of the Deceased with participants and answer any questions.

Note: *There may be many different names for the chronic conditions being described. A medical dictionary should be compiled prior to the training for discussion (see Appendix H) and used in the training.*

Section 3: Symptom Checklist

These questions ask about various symptoms the deceased may have exhibited before death. Certain symptoms are often present for specific diseases and the answer to these questions may help to determine what the deceased died from.

Review the list of questions related to Adult module Section 3: Symptom Checklist with participants. Answer any clarifying questions.

Section 4: Questions for Women

This section should be completed only if the deceased was a woman, and are aimed at understanding whether the cause of death relates to sex (e.g. maternal death). If the deceased was a man, the tablet will automatically skip to **Section 5: Tobacco Use**.

Explain: Remember, some of these questions may be sensitive and the respondent may not feel comfortable answering them. Also, for some questions the respondent may not know the answer. Try to get the most accurate information possible.

Review the list of questions related to Adult module Section 4: Questions for women with participants. Answer any clarifying questions.

Section 5: Tobacco Use

This section asks about questions relating to tobacco use since this is highly associated with certain diseases.

Review the list of questions related to Adult module Section 5: Tobacco Use with participants. Answer any clarifying questions.

Section 6: Health Records

Explain: It is important to get information from the health records if the family has them in the home. If a record of care provided for the fatal illness is available or if the death certificate is available, record the information exactly how it appears on these records.

Review the list of questions related to Adult module Section 6: Health Records with participants. Go through each question and clarify any questions.

Section 7: Open Ended Response and Interviewer Comments/Observations

Explain: This portion is meant to allow the respondent to summarize the fatal illness in her/his own words including any additional information the respondent might want to disclose not covered by structured interview. This section contains a checklist of “keywords of interest”.

Key words	Mentioned
Chronic Kidney Disease	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Heart Attack (AMI)	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>
Liver Failure	<input type="checkbox"/>
Malaria	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Renal (Kidney) Failure	<input type="checkbox"/>
Suicide	<input type="checkbox"/>

If during the open ended response, the interviewer hears one of the key words, they should ask the respondent to pause momentarily and record the word of interest by checking the box. Once they have checked the box, they should request them to continue, asking them to pause each time a key word is mentioned, until the interview is finished.

Note: See VA Interviewer’s Manual for more information.

Once the groups have reviewed the neonatal module ask participants to describe:

- Severity of fever?
- A sore and an ulcer
- Neck stiffness in an adult
- Abortion (as it applies in this questionnaire)

At the end of the review of the 3 modules, review the medical dictionary of terms (Appendix H). Discuss the different local terms for diseases and symptoms and ensure VA Interviewers are familiar with them.

Note to trainers: For Section 2: History of Chronic Conditions of the Deceased, it is important that only the local synonym for the condition is used. **VA Interviewers should not attempt to describe the symptoms associated with the condition** since we are interested only if a health professional has diagnosed a particular disease, not the possibility that someone may suffer from the condition due to associated symptoms. The relevant symptom questions will be picked up in Section 3: Symptom Checklist.

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 13: TABLET: PARTS OF TABLETS AND FUNCTIONS/TROUBLE-SHOOTING

Purpose and content:

To provide a brief overview and understanding on tablets, its parts and functions, how to take routine care of tablets and how to troubleshoot the most commonly reported problems of tablets

Objectives:

After completing this session, participants will be able to—

1. Identify different parts of tablets and how to use them during data collection
2. How to charge the Tablets
3. How to take care of Tablet
4. How to resolve/troubleshoot the common problems

Duration: 60 mins

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: May invite an IT staff member to facilitate discussion or support this part of the training

GETTING STARTED

Slide Presentation: Parts of tablet and its function and showing common problems for Tablet use, and how to solve the problem

Supply: Tablets to participants

This session will review the basic functions of the tablet and how it operates. The VA interviewer needs to be very familiar with this to feel comfortable operating the tablet in the field.



Figure 1 Parts of a tablet (Samsung Galaxy)

ACTIVITY 13.1: PRACTISING WITH THE TABLET

Directions:

Allow participants to identify parts/buttons on the tablet and practice its use. Answer queries that arise.

Explain: There are a number of common problems that occur with the use of tablets. These include:

1. Tablet does not turn on
2. Screen does not respond to touch
3. Tablet overheats
4. Tablet performs slowly

During this session we will discuss how to overcome some of these common problems and then practice these strategies.

ACTIVITY 13.2: OVERCOMING COMMON PROBLEMS WITH TABLETS

Directions:

Allow participants to practice

- Pressing and holding the wake/sleep button
- Connecting the tablet to a power adaptor
- Performing a soft reset
- Safely removing the SD card

SESSION 14: USING THE TABLET FOR VA - HOW TO ADMINISTER, COLLECT, EDIT, AND SAVE

Purpose and content:

To provide a brief overview and understanding how to open the SmartVA instrument and how to operate the tablet and administer the VA instrument/Questions

Objectives:

After completing this session, participants will be able to—

1. Open the SmartVA questionnaire
2. Collect, edit and save the data during interview/at the end of interview
3. Understand the skip patterns in the General module, Neonatal module, Child module and Adult and adolescent module

Duration: 150mins

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: VA Interviewer's guide, Exercise questionnaires for neonate, child and adults.

GETTING STARTED

Slide Presentation: on operation of tablet

Supply: Tablets

Explain: VA Interviewers need to be confident using the tablet to conduct a VA interview. This session will review how to open the interview, navigate and complete the sections, edit and save the interview, ready for diagnosing COD.

ACTIVITY 14.1: USING THE TABLET TO ADMINISTER, EDIT AND SAVE INFORMATION

Directions:

Demonstrate on the screen and ask participants to follow on their tablet. Practice opening the tablet, answering questions, editing and saving the questionnaire.

ACTIVITY 14.2: PRACTISE IN PAIRS ADMINISTERING VA FOR A NEONATAL DEATH

Directions:

Distribute copies of the exercises for neonates. Pair up participants and ask one to be the interviewer and one to be the respondent. The interviewer will operate the tablet and ask the questions. The respondent will reply according to the answers in the exercise.

Once the interview is over, the participants should swap roles so that both have a chance to practice administering the interview using the tablet. The more exercises that are completed the better the VA Interviewer will understand the different skip patterns of the questionnaire in the tablet.

Note to trainers: *This exercise is primarily concerned with getting VA Interviewers familiar with how to operate the tablet and administer the questionnaire using the tablet. At this stage we are not concerned with the sensitivities of conducting the interview described in Session 7.*

REVIEW/QUESTIONS:

Answer any questions about the practice session for administering VA for a neonatal death. Facilitate a group discussion of concerns raised during the interview practice sessions.

ACTIVITY 14.3: PRACTISE IN PAIRS ADMINISTERING VA FOR A CHILD DEATH

Directions:

Distribute copies of the exercises for children. As for Neonatal deaths, practice administering VA with one participant being the interviewer and one the respondent. Ensure all participants get opportunities to practice using the tablet.

REVIEW/QUESTIONS:

Answer any questions about the practice session for administering VA for a child death. Facilitate a group discussion of concerns raised during the interview practice sessions.

ACTIVITY 14.4: PRACTISE IN PAIRS ADMINISTERING VA FOR AND ADULT DEATH

Directions:

Distribute copies of the questionnaire exercises for adolescents and adults (age 12 and above). Follow the same process ensuring each participant gets to practice using the tablet. Note that questions will be different if the death is for a woman of reproductive age. It is important to practice a number of different scenarios to get familiar with the different skip patterns.

REVIEW/QUESTIONS:

Answer any questions about the practice session for administering VA for a child death. Facilitate a group discussion of concerns raised during the interview practice sessions.

Note to trainers: *These sessions are particularly important to identify any issues prior to field practice. In order to help familiarize the VA interviewer with the interview process, they will be using the skills learned during this training to conduct some real VA interviews in the field on the last day of training. Trainers/supervisors will observe these interviews.*

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

SESSION 15: ROLE PLAY - CONDUCTING THE VA INTERVIEW

Purpose and content:

To allow VA Interviewers to practice using role play, how they would conduct a VA interview.

Objectives:

After completing this session, participants will be able to—

1. Conduct a VA confidently in the field
2. Be comfortable using the tablet and engaging with the VA respondent whilst undertaking a VA Interview

Duration: 120 mins

Prepared ahead of time: Have slides ready to present and copies to hand out

Additional materials needed: VA Interviewer's guide, Case studies for VA, Consent form or information sheet (Appendix C), Role Play Observer's Checklist (Appendix J)

GETTING STARTED

Slide Presentation: revisiting ethics and sensitivity training; some practicalities of administering the VA using a tablet, establishing the purpose and conduct of the role play.

Supply: Tablets

NOTE: *Before embarking on the role play activity, trainers should review **Session 7: Ethical training and Session 8: Sensitivity training**. The objectives of this session require that participants understand both how to operate the tablet AND how to conduct the VA in a sensitive manner.*

Explain: This session is about 'putting it all together' and providing a practical session where VA interviewers can role play conducting a VA interview using a tablet. It is not important that the questions are 100% medically correct (this will not happen even during an actual VA interview) but that participants get into the characters to try to simulate what an actual interview might be like. For

instance, the respondent may get angry or refuse to answer questions. They may decide to stop the interview part of the way through or start to talk about things unrelated to the questions being asked. Observers may act as ‘nosey neighbours’ or family members with differing opinions. It is not important or possible to anticipate all the things that may happen during a VA interview, but it helps to think about some of the likely scenarios that VA interviewers will come across.

Note to trainers: *Many VA interviewers will have worked in the community and be familiar asking questions of families. They can be encouraged to use this experience to enhance their ‘performance’ as the respondent for VA.*

ACTIVITY 15.1: PRACTISE VA ROLE PLAY

Directions:

Distribute case studies to participants (or participant groups) and allocate ‘respondents’, VA Interviewers, VA supervisor (observer) and other characters. Give everyone 15 minutes to review the case study. Depending on the number of participants¹¹, divide into groups, and conduct the role play. It is not necessary to get everything ‘right’ but to try to conduct the role-play in the most natural way possible. Those assigned to be the VA interviewer will need to approach the household, establish rapport with the family, identify the correct respondent and conduct the VA taking all external circumstances into consideration.

Those that are respondents or other ‘characters’ will need to try to act out their role and answer interview questions in line with the descriptions given (it is not necessary to be 100% correct in your answers since this is a practice only). Supervisors need to observe and make notes on the quality of the interview, the way the VA interviewer handles the challenges, and any other observations related to the conduct of the interview. Once the role play has been completed, the supervisor can give their observations. Other members of the group not directly involved in the role play can also offer suggestions on what is good and what could be improved about the interview.

Teaching Tip: *Role plays work best when each person has a clear set of instructions. One way to do this activity is to divide the participants into groups of three. One will be the VA interviewer, one the relative respondent and the third will be an observer. The observer needs to have a set checklist to observe the interview. (See below and Appendix J)*

At the end of the interview invite each person in the trio to respond – how was it being the VA interviewer? How did it feel answering the questions? What was the observer’s feedback? (always start with what was done well). Now swap roles and repeat with a different scenario, so that each participant has the opportunity to be both a VA interviewer, interviewee, and observer.

¹¹ If it is a small number of participants this session could be run as a plenary session. In cases where there is a large number of participants, this could be done in small groups with a plenary session at the end to discuss the issues that arose from the session.

Observer checklist (Also included as Handout Appendix J)

Did the VA interviewer:	Y/N/ not applicable	Other comments: what was particularly well done? What might have made the interview go better?
Introduce themselves, express sympathy and explain the process and purpose of the VA interview?		
Ascertain who is the best person to interview		
Ask if the respondent has any questions and answer them appropriately		
Gain informed consent (if applicable) or agreement to continue the interview.		
Seat themselves on level with the respondent?		
Leave sufficient time for answers?		
Ask the questions in a neutral manner to avoid influencing the respondents' answer		
Deal appropriately with negative reactions of the family such as anger, grief or confusion.		
Use appropriate eye contact/ responses to the interviewer (not staring just at the tablet)		
Thank the family at the end of the interview?		

SESSION 16: FIELD PRACTICE OF INTERVIEWS USING TABLET

Purpose and content:

To practise administering the VA interview in the field

Objectives:

After completing this session, participants will be able to—

1. Conduct a verbal autopsy interview with a respondent for an actual death in the field
2. Reflect on challenges experienced during the field practice, and ways to overcome these challenges.

Duration: Theory – 120 mins
Practical - Half a day/One day

Prepared ahead of time: Trainers should have selected sites in which to conduct the field practice interviews

Materials needed: Informed consent form (Appendix A); VA instrument loaded onto the tablet, including Adult and Adolescent Module and Child Module and Neonatal; VA Interviewer's Manual

GETTING STARTED:

Make sure all interviewers have:

- ✓ Informed consent forms
- ✓ VA Interviewer's Manual
- ✓ Pen/pencil
- ✓ Locator information

PREPARATION FOR FIELD TESTING

Before going out into the field the following preparatory activities need to be conducted:

1. Selection of deaths for the VA interview
 - It is the responsibility of the VA supervisors to select sites for field testing. These are sensitive interviews so it is important to select sites appropriately.
 - These should be identified deaths in the community through local reporting systems allowing for an appropriate period of mourning¹²
 - These communities should be contacted through the appropriate mechanism¹³ and interviews arranged in advance. In all other ways the interview should be as real to a 'routine' VA as possible.
2. Decide on a mechanism for quality control and feedback mechanism
 - This may involve supervisors observing VA interviews and providing direct feedback to interviewers, or a group meeting for VA Interviewers to share their experiences and discuss how others overcame challenges
3. Review thoroughly the Interviewer manual and practice with the tablet
 - Review ethical standards and sensitivity issues around VA interviews including interviewer 'cheat-sheet' if available.
 - Review the questions of the four modules for VA and clarify any questions with the VA supervisor
 - Ensure equipment (tablet) is in working order and is fully charged and all materials necessary for the interview are with you

REFLECTION AND DISCUSSION ABOUT FIELD PRACTICE

Explain: After conducting interviews in the field it is important to reflect on the experiences you had and answer any questions or concerns. This is an open forum for interviewers to discuss their experiences in the field and help sort through some of the difficulties experienced. Allow interviewers to discuss freely. You may use the following questions to help guide the discussion.

Ask: *What were some of the difficulties in conducting the interviews?*

Ask: *What were some ways you resolved obstacles that may have arisen?*

Ask: *What are some things you could have done differently that might have made the interview go better?*

¹² This will vary by country. Up to 3 months from the date of death is considered the optimal time to conduct the interview.

¹³ How the community is approached to conduct this field practice will be country specific.

SUMMARY

This is a review of the session. Review the goals and objectives of this session. Use slides to assist.

QUESTIONS, COURSE EVALUATION and CLOSING

Purpose and content: To answer any last minute questions about the VA interview or any VA activity procedures

Duration: 1 hour

Prepared Ahead of Time: If appropriate, distribute certificates of participation

Additional Materials Needed: Feedback Survey (Find example in Appendix K)

QUESTIONS AND REFLECTIONS ABOUT TRAINING

Explain: This is an opportunity for you (the interviewers) to give us feedback about the training. What did you like about it? What could we have done better or differently?

Feedback Survey: Please complete the survey about training. This will give us some additional feedback about how to conduct future training sessions.

ACTIVITY: CLOSING CEREMONY

This is an opportunity to formally recognize and congratulate participants on completing the VA training session.

Invite participants to come to the front of the room one by one when their name is called to be recognized for their participation in this training. Congratulate participants on successful completion of the training. Distribute certificates of participation one by one and thank participants for their attendance and concentration.

CONTACT INFORMATION:

Make sure you leave appropriate contact information with interviewers so they may contact you at any time.

APPENDICES

- Appendix A: Interviewer's Self-Assessment Checklist
- Appendix B: Supervisor's Checklist
- Appendix C: Example information sheet/consent form
- Appendix D: Test for ethical training
- Appendix E: Ethics exercise worksheet
- Appendix F: Situation Scenarios
- Appendix G: Sensitivity training example answers
- Appendix H: Medical dictionary of terms
- Appendix I: Guidelines for using the tablet for VA
- Appendix J: Role Play Observer's checklist
- Appendix K: Feedback Form
- Appendix L: Roles of the VA Trainer
- Appendix M: Glossary of Terms
- Appendix N: Preparing to Teach Verbal Autopsy

INTERVIEWER'S SELF-ASSESSMENT CHECKLIST

Interview forms and resources (before the interview)

- A. ___ Fully charged tablets with SmartVA instrument installed in it
- B. ___ Consent forms/Information sheet
- C. ___ Pens and paper to note any issues or questions
- C ___ Historical calendar of events
- D ___ Death notification form/app

Locating information and transportation

- A. ___ Understand address and locating information for assigned interview
- B. ___ Understand transportation method to interview location
- C. ___ Meeting(s) arranged with village leader or other community member(s) (if necessary)

At the household, before the interview

- A. ___ Informed household member of the reason for the interview
- B. ___ Showed household member my personal identification
- C. ___ Asked to speak with the person(s) who know the most about the circumstances of the person's death
- D. ___ Arranged another visit if the best respondent(s) were not home or preferred another interview time
- E. ___ Read and explained the informed consent form to respondent
- F. ___ Obtained informed (oral) consent

Completed interview

- A. ___ Deceased person's ID information is entered into Tablet
- B. ___ Read all questions exactly as written on the SmartVA questionnaire
- C. ___ Answered any questions the respondents asked
- D. ___ If the interview had multiple respondents, each respondent consented to participate and was at least 18 years old.
- E ___ Dealt appropriately with any challenging behaviour of respondents made a note of any adverse outcome.

Appendix A

Interaction with supervisor and interviewer team

- A. ___ Discussed checklist and any problems with supervisor
- B. ___ Resolved problems:

- C. ___ Unresolved problems that may require a change in procedures:

- D. ___ Gave any death reports received in the community to supervisor (if appropriate)
- E. ___ Participated in team meeting (date: _____)

SUPERVISOR'S CHECKLIST

Before an interview

- A. Develop work plan with the interviewer team
 - ___ Assign interviews
 - ___ Inform team of end-of-day meeting place
- B. Provide logistical support (if needed)
 - ___ Assist with transportation to the field
 - ___ Help locate households for interview

During an interview

- A. Observe and conduct
 - ___ Observe interviews

** This is country-specific. Each country will have its own system of observing interviews and maintaining quality of interviews.

After an interview

- A. ___ Ensure VA interviews from the tablet are uploaded to the computer/Sent remotely to the ODK aggregate
- B. ___ Discuss any problems found with the appropriate interviewers
- C. ___ Review interviewer checklists and discuss any problems

Other times

- A. ___ Meet with people reporting deaths from the community
- B. ___ Meet with other community member/leader when required: _____
- C. Team problem solving meeting
 - ___ Discuss left-over problem: _____
 - ___ Modify work procedure if required: _____
 - ___ Modify work plan if required: _____

Example Consent Form/Information sheet Verbal Autopsy

[Institution logo]

I am Mr/Mrs _____, I work for [institution/country], to collect information on cause of death happening in the community

I am very sorry to hear that a member of your household has passed away. Please accept my sympathies. For the purpose of improving health care, we are collecting information on all recent deaths in this area. I would like to invite you to participate in an interview as a main caretaker of [the deceased's name].

Many countries do not have good information on what diseases or injuries cause death. This information is important for decisions about how to improve health services. If you agree to take part in the interview, you will be one of thousands of people to do so.

If you agree to participate, we will interview you about the past health of the person in your family who recently died. The interview will last no more than 25 minutes and may be much shorter. We will be using a tablet to record all information.

You are free to decide not to participate in the interview. We understand that you might be sad about your family member's death and you may not want to talk about the person. Even if you agree at first to take part, you are free to change your mind at any time and to quit the interview. If you want to stop, you can tell the person asking you questions that you want to stop the interview. No one will be mad at you and you will not suffer any penalty. We want you to understand that we will not link your name to your answers, so the information we learn will not be connected to you. You will not be paid for taking part in this interview.

The information will be used for official purposes only and will not be divulged to individuals. However, if you wish to understand the results of this interview, or if you have any questions at a later date, please contact:

[Country/Administrative Unit VA contact]

TEST FOR ETHICAL TRAINING

Please circle True or False for questions 1-3 and 5-7 and circle the three correct choices for question 3.

1. Codes of ethical standards for human subjects are meant to protect the rights of the participants. True False
2. Consent is an ongoing process. True False
3. 3 key ethical principles governing data collection include:
 - 1) Respect for persons' autonomy
 - 2) Beneficence
 - 3) Justice
 - 4) Confidentiality
 - 5) Informed consent1, 2, 3, 4, 5
4. "Beneficence" means that no respondent will ever become upset during an interview. True False
5. Part of "respect for persons" is that we will ask a woman's husband to allow her to participate in the project. True False
6. It is okay to discuss the fatal illnesses of individual children and adults outside of the VA team. True False

Ethical principles affected by characteristics of the participants/setting

Variable	Consequences	Ethical principles affected
Language barrier	Misunderstanding of informed consent	
Traditions and beliefs of healthcare and disease	Difference in the respect for traditional healers/ Doctors	
Poverty and low education	Difficulty in understanding the information provided by interviewers Possibility of exploitation, inducements health benefits	
Data collection being carried out from a health facility	Interference with public health system	

Ethical principles flawed by characteristics of the interviewers

Variable	Consequences	Ethical principles affected
Language barrier	Failure to get informed consent	
Double role: Health care provider and interviewer	Confusion between VA and health care considering it more important to participate in VA than go without health care	
Failure to provide sufficient information to the family	Raising participants expectations	
Poor dialogue	Failure to obtain informed consent	

SITUATION SCENARIOS (Print-out for participants)

This guide presents some situations you are likely to encounter as an interviewer of child and adult deaths. Discussing how you will handle such situations will prepare you in case one of the situations occurs during a real interview. Work closely with your fellow trainees now and later. They can help you conduct successful interviews.

Situation 1—the respondent is actively mourning the death

You are interviewing a mother about the death of her newborn child. The infant died three months before the interview. The interview has been going well, with the mother remembering symptoms and events with little trouble. As you ask questions about the time closer to death, the mother slows in her responses and begins to cry. She tries to control herself but starts to cry harder.

Situation 2—the respondent does not seem to be answering the questions openly

You go to a household where you were told that a woman died. You identify the woman's mother-in-law as the best respondent about the labor and her father-in-law as the best respondent about the journey to the hospital and you begin the interview. The respondents seem to have trouble answering some of the questions and often glance at each other as if they are waiting for the other to answer. Also, some of their responses contradict each other. For example, when asked about care-seeking, the mother-in-law says that the first thing the family did when they noticed the woman was ill was to call a traditional healer to the house. But the father-in-law disagreed and said that the first thing they did was to seek a taxi to take the woman to the hospital.

Situation 3—a crowd of interested observers gathers about

You go to a household where you were told that a woman died. Several people are standing about in front of the house. You introduce yourself and your reason for being there, and ask to speak with the person or persons who know the most about the circumstances of the woman's death. The woman's husband says he knows about the illness and invites you into the house. Several people follow. It becomes unclear who will answer the questions and who you need to get informed consent from.

Situation 4—the best respondent is not available at the time of the initial visit

You go to a household where a child has died. You ask to speak with the mother as she is likely the person who knows the most about the circumstances of the death. You are told that the mother is not home.

Situation 5—the family denies a death occurred

You go to a household where you were informed that an elderly adult male had died. You knock on the door—a younger man opens it. You explain why you have come to the house. The man responds that you must have the wrong house. He says that no man from this household has ever died. He seems tense, and politely asks you to leave.

Sensitivity training – some example answers

1. *Why is it important that you, as interviewers, be sensitive when conducting the VA interviews?*

VA Interviewers will need to be sensitive, given that the respondent (family member) will be in mourning. There will be at least two kinds of mourning you are likely to encounter:

- Parental responses to the death of a child or a stillbirth—this can be a very difficult time for the family especially if the respondent is the mother of the deceased child.
- Family responses to the death of an adult – also a difficult time and depends on the manner of death and whether it was expected or not.

2. *What might be some impacts of mourning on the interview?*

- Respondents may not feel comfortable answering certain questions
- Respondents may get angry when asked questions
- Respondents may get sad and upset
- Respondents may get offended and angry

Remember:

- Questions may be difficult for respondents to answer and they may get upset so you need to ask questions in a respectful manner.
- Do not push to get an answer – we should work with respondents to find out how their loved one died to prevent unnecessary deaths in the future

3. *What are some ways you can help participants feel more comfortable about answering questions for the interview?*

- Be patient
- Allow the participant to talk about the event freely even it strays slightly from the questionnaire
- Do not rush through questions.

4. *What do you think are some general rules in interviewing?*

- Ask questions exactly as worded on questionnaire
- Wait for respondent to finish talking before entering the data
- Don't interrupt respondent, even if he hesitates or is quiet for a while
- Don't anticipate or assume answers
- If answer appears unclear and interviewer thinks the respondent doesn't fully understand the question, repeat the question as written.
- You may need to provide an additional explanation if they really do not understand.
- Questions should be asked in a neutral tone and you should not react (either positively or negatively) to the answers you receive.

5. *What are some communication techniques you can use as the interviewer to make the respondent more comfortable during the interview?*

- Be non-judgmental.
 - Sit at the same level as the respondent(s).
 - Maintain eye contact when not entering information into the tablet
 - Nod your head, encourage speech, listen actively, do not rush.
-

SITUATION SCENARIOS – example responses

Situation 1 —the respondent is actively mourning the death

You are interviewing a mother about the death of her newborn child. The infant died three months before the interview. The interview has been going well, with the mother remembering symptoms and events with little trouble. As you ask questions about the time closer to death, the mother slows in her responses and begins to cry. She tries to control herself but starts to cry harder.

Trainer’s and supervisor’s guide to situation 1

Many respondents still may be in mourning at the time of the interview. Interviewers need to be sensitive to respondent’s feelings and concerns. They should acknowledge the painful situation before the interview begins. This can be done by expressing empathy about the infant’s death. Interviewers should pause during an interview if a respondent cries or has great difficulty answering questions. The respondent can be offered a tissue for tears, and the interviewer should acknowledge how difficult it is to answer the questions. The interviewer should give the respondent time to regain his/her composure and ask if she can continue the interview at this time. If the respondent chooses not to continue, the interviewer should attempt to reschedule the interview.

Situation 2 —the respondent does not seem to be answering the questions openly

You go to a household where you were told that a woman died. You identify the woman’s mother-in-law as the best respondent about the labor and her father-in-law as the best respondent about the journey to the hospital and you begin the interview. The respondents seem to have trouble answering some of the questions and often glance at each other as if they are waiting for the other to answer. Also, some of their responses contradict each other. For example, when asked about care-seeking, the mother-in-law says that the first thing the family did when they noticed the woman was ill was to call a traditional healer to the house. But the father-in-law disagreed and said that the first thing they did was to seek a taxi to take the woman to the hospital.

Trainer’s and supervisor’s guide to situation 2

Respondents may have hidden motives for their replies to the VA questions, and this may compromise the accuracy of the information they provide. They may feel guilty that they did not provide proper care for a child and so contributed to her death. They may also fear loss of compensation for the death if it is determined that they did not do their part to seek needed care for the child. Family issues may also be involved. For example, the woman’s family (her parents, brothers and sisters) may blame the in-laws for not providing proper care for her, and this may cause the in-laws to be wary about the answers they give. Whatever the reason, if the interviewer suspects that the respondent(s) are not being fully open in their replies, he/she should discuss this with the supervisor. It may be possible to address the respondents’ concerns and hence their reluctance to answer openly. If not, then it may be necessary to seek other respondents to complete the interview. Such situations may require the supervisor to visit the family to make this determination. Remember, before new respondents are interviewed, respondents must be informed about the VA and consent to participate.

Situation 3—a crowd of interested observers gathers about

You go to a household where you were told that a woman died. Several people are standing about in front of the house. You introduce yourself and your reason for being there, and ask to speak with the person or persons who know the most about the circumstances of the woman's death. The woman's husband says he knows about the illness and invites you into the house. Several people follow. The husband answers some questions, but others in the room also answer some questions. Some of their responses contradict each other, and they have difficulty deciding who is correct.

Trainer's and supervisor's guide to situation 3

Crowd control at the interview location can be difficult for the interviewer to manage. They may decide to send an additional person with the interviewer team to assist with this sort of situation. The interviewer's task is to identify the main respondent (or respondents, if different persons know about different phases of the woman's illness) and to get the answers to the VA questions from these persons. This is easiest if the main respondents are the only persons present at the interview. Accomplishing this must be done sensitively and cannot be forced if the respondent(s) want other persons there. Questions should be directed to the appropriate respondent (the one who knows the most about the illness phase being discussed), and answers sought from her or him. If other persons in the room give contradictory responses, the main respondent's answer should be sought and recorded. If the main respondent clearly does not know the answer to a question, then the response "don't know" should be recorded in the tablet.

Situation 4—the best respondent is not available at the time of the initial visit

You go to a household where a child has died. You ask to speak with the mother as she is likely the person who knows the most about the circumstances of the death. You are told that the mother is not home.

Trainer's and supervisor's guide to situation 4

Interviewers may encounter this situation frequently. When the best respondent is not at home, the interviewer should attempt to make an appointment to return when this person will be available. If the family member who greeted the interviewer at the door cannot make the appointment, the interviewer should ask when to return to see the respondent.

Situation 5—the family denies a death occurred

You go to a household where you were informed that an elderly adult male had died. You knock on the door—a younger man opens it. You explain why you have come to the house. The man responds that you must have the wrong house. He says that no man from this household has ever died. He seems tense, and politely asks you to leave.

Trainer's and supervisor's guide to situation 5

1) The interviewer may indeed have the wrong address, 2) the family with the death may have moved, or 3) the family may have decided they don't want to be interviewed. Addresses in some areas are inaccurate, so the interviewer should try to confirm whether he/she is in the right place. If it appears he/she is at the right address, it is best to not confront the person. The interviewer should thank them and leave. A community leader or other community organization may be able to help the potential respondent understand the problem and obtain the interview.

Appendix H

Medical Dictionary for Smart VA

Medical term/disease	Local names for this term/disease	A local description for the term
		(where local synonym is not available or for further clarification)
Abdomen		
Abortion		
Acute Myocardial Infraction (AMI)		
AIDS		
Anaemia		
armpits		
Asphyxia		
Asthma		
Belly		
Blood pressure		
Bulge Fontanelle		
Cancer		
Chest indrawing		
Chronic kidney disease		
Convulsion		
COPD (Chronic Obstructive Pulmonary Diseases)		
Community based Practioner Associated with Health System		
Dehydration		
Dengue fever		
Diabetes		
Diarrhoea		
Dialysis		
Eclampsia		

Appendix I.

Epilepsy		
Fast breathing		
Fever		
Heart attack		
Heart problems		
HIV test		
incubator		
Jaundice		
Lethargic		
Live birth		
Liver failure		
Lump		
Lung problem		
Malaria		
Measles		
Paralysis		
Pneumonia		
Preterm delivery		
Rash		
Renal (kidney) Failure		
Respiratory distress		
Stiff neck		
Still birth		
Stroke		
Suicide		
Tetanus		
Tuberculosis		
Umbilical cord		
Unconscious		
Undernutrition		

This medical dictionary can be added to as terms that need explanations are discussed in trainings.

Guide for using the tablet for VA interviews

General instructions

- The SmartVA Questionnaire consists of a general module followed by age-specific modules either for neonate (0-28 days), child (29 days- 11 years), or an adolescent/adult (≥ 12 years) death
- The questionnaires include filter questions with automatic skips to an appropriate question
- The response categories include options for a mix of Text Field, Radio Button, Check Box and Date Field for different questions
- The response categories of many questions are a mix of yes, no, refused to answer, and don't know, and these categories/responses by preceded by a radio button (a circular symbol which only allows selection of one category from the list (Figure G-1).

Figure G-1 Example of yes/no question in ODK

ODK Collect > PHMRC_Shortened_Instrument_8...

Neonatal and Child Module > Background Section

Did the baby ever cry?

Yes

No

Refused to answer

Don't know

- Some questions allow multiple response categories to select, and these categories are preceded by a check box. These check boxes are rectangular in shape and allow checking one or multiple categories on touching the boxes (Figure G-2).

Figure G-2 Example of multiple response question in ODK

Neonatal and Child Module > Background Section > Maternal History Section

Was the late part of the pregnancy (defined as the last 3 months), labor, or delivery complicated by any of the following problems?

Read "the mother" if the mother is not the respondent.

- You (the mother) had convulsions
- You (the mother) had high blood pressure
- You (the mother) had severe anemia
- You (the mother) had diabetes
- Child delivered not head first
- Cord first
- Cord around child's neck
- Excessive bleeding
- Fever during labor
- No complications
- Refused to answer
- Don't know

- Swipe the screen of the tablet either right-to-left or left-to-right for continuing data entry (next page), or checking entered data (previous page)
- Generally the tablet will require marking a radio or check box, or entering text to navigate the screen or move from question to question
 - If you try to move to the next question without selecting an option you will see a message on the screen "Sorry, this response is required"
 - A limited number of questions, however, will allow to proceed without making any responses
- Sometimes checking boxes/filling the radio button will provide space in next page to enter or write the appropriate response answer
 - Touching the space will provide a temporary keyboard to enter the answers

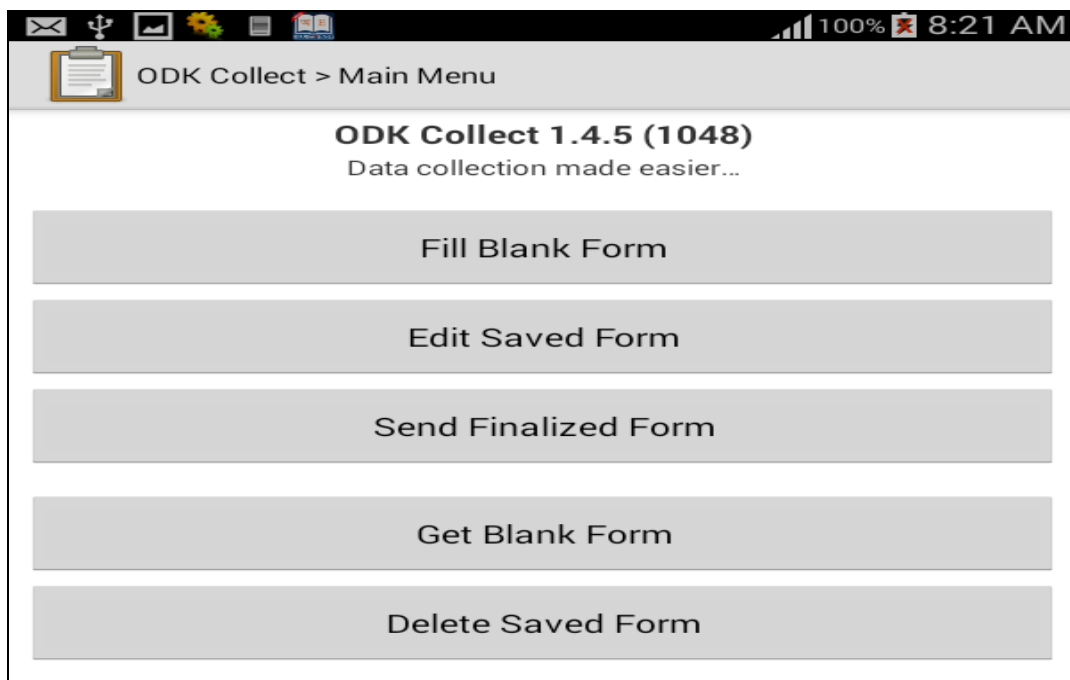
Appendix I.

- The tablet has in-built instructions, so will select questions/ VA modules automatically (based on previous answers)

Step-by-step instructions

1. Start the tablet (Tab) by pressing the start button (Top-Right). After about a minute the tab will turn on
2. Press the home button of the Tab and go to the home screen/ touch the application button
3. Touch the “ODK collect” icon from the Tab home screen (Figure G-3)
 - a. On pressing the icon, the Tab will show a screen with five options (Fill Blank Form, Edit Saved Form, Send Finalized Form, Get Blank Form, and Delete Saved Form)

Figure G-3 ODK VAQ collection menu



4. Touch the “Fill Blank Form” button from ODK Collect software to open the form
5. Touch the XML form named “SmartVA_Month_yyyy”¹⁴ to start a VA interview
 - a. Read the on-screen information about the questions before beginning to fill up questions

¹⁴ The version may change. The latest version is June 2016

Appendix I.

6. Swipe the screen right-to-left and continue the interview as per instruction
7. When the respondent agrees to continue the interview, read the screen instruction carefully on the Tab and follow the instructions (more information is provided in the interviewer manual on learning to fill up the interview process on structured questions). At the end of each age specific module, a screen will appear for filling a pre-selected keywords checklist while asking and hearing the open narrative section from the respondent.

Completing open-ended responses

The PHMRC shortened VA Questionnaire includes an open-ended question, in which the informant can explain, in his/her own words, the sequence of events that led to the death. In this section, the interviewer needs to listen carefully to the informant, and register if he/she mentions some specific words or categories. When entering the open-ended question, the following instructions will appear:

Say to the respondent: "Thank you for the patient responses to this exhaustive set of questions. Could you please summarize, or tell us in your own words, any additional information about the illness and/or death of your loved one?"

To the interviewer: Listen to what the respondent tells you in his/her own words. Do not prompt except for asking whether there was anything else after the respondent finishes. If the respondent mentions any of the following words, mark "mentioned". Tell the respondent to stop and start again if they mention a word of interest, so you have time to mark it down. Follow the interactive screen message and ask the respondent to answer each question as appropriate.

General points:

- The open-ended response file contain a list of pre-fixed categories preceded by check boxes and these allow multiple answers
- Discuss with local people and health professionals and make a dictionary of synonyms (locally used) of these categories for training local VA interview staff
- Select the categories by touching the boxes (a tick will appear)
- At the end, a screen will pop up asking for a file name
- Save and exit the screen to finish the work or start a new VA interview.
- When you get to the end of interview you will need to save the VA form completed for that death

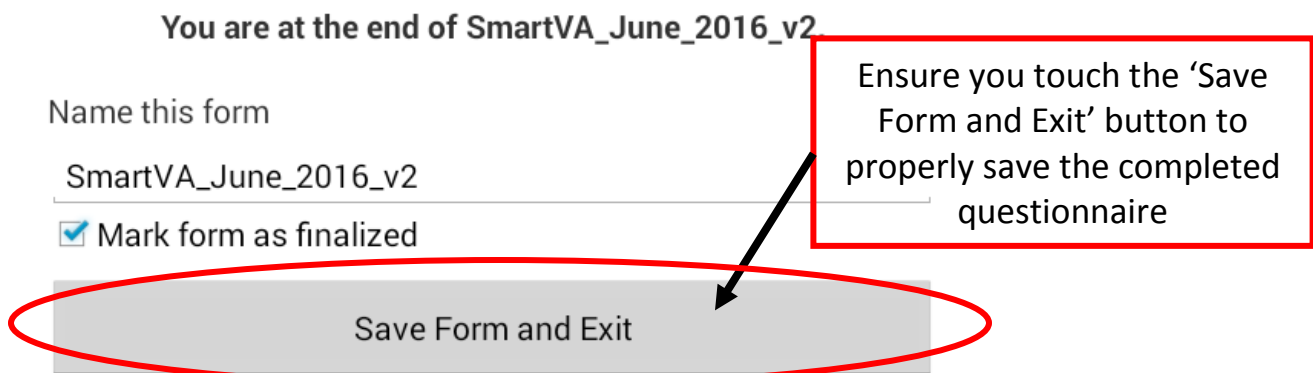
Appendix I.

Saving the work and editing a VA

Editing can be made if anything was wrongly entered, by going back to the previous page (swiping right to left). After the form has been completed, edits can be made on VA form by clicking the “Edit Saved Form”.

- At the end of each interview, a screen like below will pop-up (Figure G-4).
 - By default the tablet will show the form name “SmartVA_Questionnaire_ Month_yyyy” in the “Name this form” field
 - Touch the button “Save and Exit Form” and finish the interview.

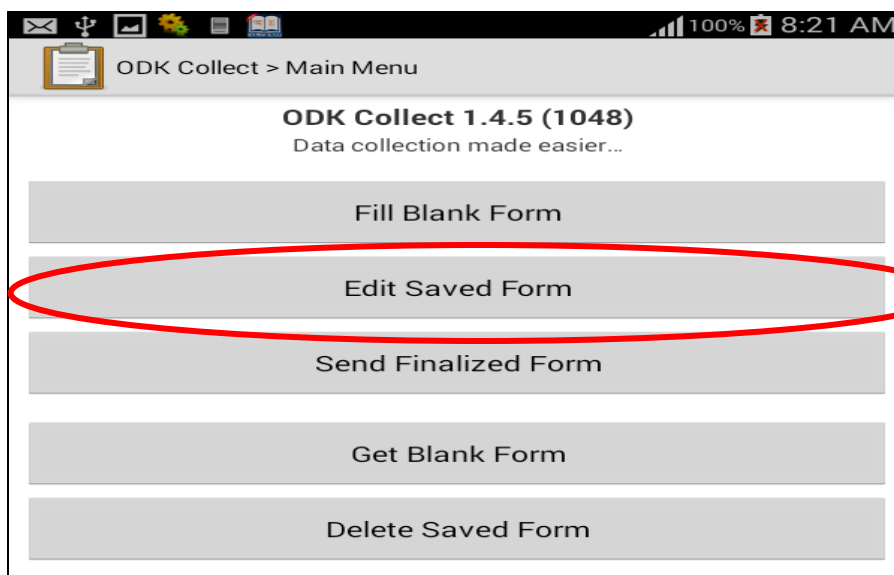
Figure G-4 Save and exit screen at the end of ODK VAQ



Data editing

You can see and edit the completed VA by touching the “Edit Saved Form” button from the main menu in the ODK Collect software (See Figure G-5).

Figure G-5 Edit saved forms



Appendix I.

- Step-1: After touching the “Edit Saved Form” button you will see list of VA form names
 - Touch one form and open it to see the data
 - You can see the entire questionnaire by scrolling up/down
- Step-2: For editing, touch the desired question to open the question in a full screen, then correct the answer and press the save icon at the top-right corner in the Tab
 - It will save the changed data and you can come back to the entire questionnaire by touching the down-arrow icon at the top-right corner of the Tab.
- You can edit multiple questions by swiping left/right and finally touch the save icon in the Tab or when you reach the last question and touch the button “Save and Exit Form”.

Data saving step by step

Options are available to save the VA form either after entirely doing the VA or after completing any question by clicking "Save Changes" from the dialog box.

- For a new interview you can save the form by touching the button “Save and Exit Form” at the last section of the questionnaire
- To save individual questions you can touch the save icon at the top-right corner of the Tab
- After completing any question from the VA questionnaire you can press the back button and touch "Save Changes" from the dialog box

Submitting interview data

Save the data and exit the screen by touching the screen button. Data are automatically saved under folder “Instances” in .xml format.

Starting a new interview

Go to the ODK icon from home screen and click the “fill the blank form” to start a new interview.

Data transfer and uploading

Once the VAs have been collected, it is necessary to upload the information in a database for further analysis in the SmartVA desktop application¹⁵.

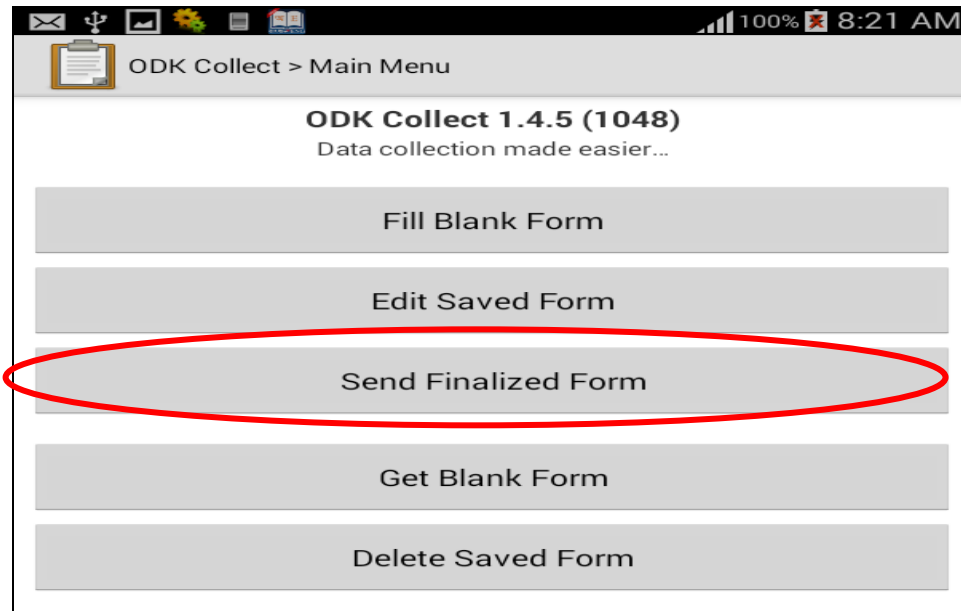
There are two methods of data transfer, online (through the wi-fi or cell network) or offline (by uploading data to a computer). The VA Interview needs to be told the method of data transfer in advance.

¹⁵ The following instructions relate to the role of the VA Interviewer. The technical instructions for data transfer using online and offline methods and data management is included in the SmartVA Technical Manual.

Appendix I.

If using online methods, once the VA Interview is completed and saved, the VA Interviewer should select the interview on the tablet and press the 'Send Finalised Form'. (See G-6). The relevant VA Interviews can be selected and sent to a remote central server ready for analysis.

Figure G-6 Send Finalisedforms



If using off-line methods, the VA Interviewer needs to take the tablet to relevant centre. By connecting the tablet to a computer by USB cable, the VA information can be saved to computer ready for analysis.

Role play observer's checklist

Did the VA interviewer:	Y/N/ not applicable	Other comments: what was particularly well done? What might have made the interview go better?
Introduce themselves, express sympathy and explain the process and purpose of the VA interview?		
Ascertain who is the best person to interview		
Ask if the respondent has any questions and answer them appropriately		
Gain informed consent (if applicable) or agreement to continue the interview.		
Seat themselves on level with the respondent?		
Leave sufficient time for answers?		
Ask the questions in a neutral manner to avoid influencing the respondents' answer		
Deal appropriately with negative reactions of the family such as anger, grief or confusion.		
Use appropriate eye contact/ responses to the interviewer (not staring just at the tablet)		
Thank the family at the end of the interview?		

FEEDBACK FORM

Training for VA Interviewers

Directions: Mark each question with an “X”. In the “response” column, please be as specific as possible.

A. Overall rating of the course:										
Question	POOR			FAIR			GOOD			Response
	1	2	3	4	5	6	7	8	9	
1. The training course met my expectations										
2. How effective was the overall format of the sessions? Please elaborate on your response:										
3. How would you rate the materials for this course (handouts, slides, supplementary materials)? Please elaborate on your response:										
4. How would you rate the trainers?										
5. After the training, do you feel confident in being able to administer a SmartVA/Verbal Autopsy Interview?										
6. The length of the training was:	Too long			Perfect			Too short			
7. Any other comments										

ROLES OF THE VA TRAINER

What are FOUR primary roles of the VA trainer?

1. Assist master trainers with any simultaneous trainer/interviewer training sessions

There are many modules included in the training of the VA interviewer. It is important that you as a trainer be aware of all the training activities. You will be responsible for training interviewers and making sure that they understand the purpose and goals of the project activities.

2. Train the interviewers

You will be responsible for training interviewers to conduct the verbal autopsy interviews for this project. You will use this manual as a guide to help you with the training.

3. Supervise the interviewers

In addition to training the verbal autopsy interviewers, you will be responsible for supervising them. See Appendix B “Supervisor’s Checklist” for a guide. As a VA Supervisor, you must:

- Help interviewers achieve continuous improvement of performance
- Meet daily with interviewers to provide blank questionnaires, assign interviews and receive completed questionnaires
- Help interviewers locate and gain access to households
- Observe initial interviews by each interviewer
- Periodically meet with interviewers to discuss and solve problems
- Repeat problem interviews if necessary to solve problems
- Maintain good relations with the community

4. Ensure Smart VA data are submitted to data administrator(as locally organized)

GLOSSARY OF TERMS

Assignment area (AA) — This is your assigned enumeration area. An enumeration area (EA) is a geographic area for data collection purposes, usually consisting of several neighboring housing areas. An AA usually represents the average workload for one verbal autopsy interviewer; an interviewer should be able to complete VA interviews with minimum travel from area to area.

Callback — A “callback” is a second or third interview attempt by the interviewer to a household in order to conduct a verbal autopsy interview with an appropriate respondent.

Confidentiality — Confidentiality is a guarantee that the information respondents provide to the interviewers will not be revealed to people outside of VA team.

Duration — For all signs or symptoms that were not associated with a previously-diagnosed condition, nor related to an injury, “duration” is defined as the period starting from the *appearance* of that particular sign/symptom to the *cessation* of that symptom, regardless of the presence of that sign/symptom at the time of death, and irrespective of whether the sign/symptom appeared intermittently. For example, if a woman began to have fever 10 days before death, but she ceased having fever two days before death, the *duration* of her fever would be eight days, even if she did not have fever for each and every one of those eight days.

Enumeration area (EA) — An enumeration area is a geographic area for data collection purposes, usually consisting of several neighboring housing areas.

Enumeration area (EA) map — An EA map shows the boundaries and numbers of all housing blocks within an enumeration area, or EA.

Household — A “household” is any arrangement in which one or more persons make common provisions for their own food or other essentials for living. The persons may have a common budget, be related or unrelated, or a combination. There may be more than one household in a housing unit. In short, a household is defined as a group of people who “eat from the same pot.”

Informed Consent Form — The Informed Consent Form (ICF) is a standard form administered to each respondent in a VA interview. For ethical training purposes, it is necessary that respondents are adequately informed about the VA activities and understand that they are free to end the VA interview at any time. Once a person agrees to participate, he/she can give oral or written consent for VA activities.

VA respondent — This is the adult being interviewed, who is typically a resident in the household. The respondent must be someone who is able to give reliable and accurate information regarding the members of the household. In the case of a death in the family, the respondent will be able to give information about the circumstances leading to the death. Ideally, the VA respondent for the VA interview would be the one who cared for the deceased during the period of illness. Possible VA respondents are listed in order of preference:

- main care-giver of the deceased in the period before death
 - head of household
 - spouse of head of household
-

Appendix M

- parents, particularly if the deceased was a child
- eldest family member available, at least 18 years of age or older
- non-family member at least 18 years of age or older
- neighboring head of household or spouse of head.

Verbal autopsy (VA) — Verbal autopsy is a process used to collect information (using a specially-designed form) from relatives/caregivers of a deceased person. The process involves interviewing relatives or caregivers of the deceased regarding their knowledge of the symptoms, signs, and circumstances leading to death. The information that is collected is used to assign a probable cause of death for each reported death.

Verbal autopsy instrument/questionnaire — This is a form that is used to collect information on the history of illness of the deceased and presence of signs and symptoms. The form is to be completed by the interviewer during VA interviews. There are four modules used in the SmartVA questionnaire are.

1. General Module – to be completed for deaths of all ages
2. Neonatal VA module – for death of a person between 0-28 days
3. Child VA module – to be used for a death of a person from 29 days through 11 years of age
4. Adult and Adolescent VA module – to be used for the death of a person aged 12 years or older

Verbal autopsy interviewer — This is the person responsible for conducting VA interviews with the bereaved family members in the household. He or she should be knowledgeable of the area in which he or she is assigned. The verbal autopsy interviewer must be accepted by the community in which he or she will be working. Some requirements of verbal autopsy interviewer include: at least 12 years of education and the ability to speak the dialect of the area to which he or she is assigned. There is a range of opinion about whether medical training should be preferred qualification for a VA interviewer or whether educated but non-medically trained persons are more suitable. Local experience will determine the optimal solution.

Verbal Autopsy Interviewer Manual — The verbal autopsy interviewer manual contains information on what the VA interviewer needs to do his/her job.

PREPARING TO TEACH VERBAL AUTOPSY

The purpose of this document is to highlight the key points of preparation for trainers in verbal autopsy, to ensure they are organised, have the best content and are demonstrating acknowledged best practice for adult learning. It is divided into three sections:

1. **General preparation steps for successful training**
2. **Organising the curriculum for verbal autopsy based on country context and relevance**
3. **Lesson plan for 'Introduction to Training Principles and Practice'**

1. General preparation steps for successful training

The Steps for Successful Training

- The success, or failure, of a training program is less dependent on the ability of any individual instructor or instructors but comes from careful and **thoughtful planning and detailed preparation**. A realistic plan should be developed based on the target audience and the time and resources available. Decisions need to be made on format for delivery, venue as well as who and how many instructors will be required to conduct the training.
- Decide on the audience or if the audience is already selected for you know the characteristics of the trainees. If possible try to organize a group with similar characteristics and learning objectives.
- The **creation of appropriate content**, selection of specific topics to be covered in detail, the types and number of exercises, what media to use, the type of visual aids are only some of the decisions and tasks necessary for a successful program.
- Always **put yourself in your audience's place**. Good teachers are interested in *how* students learn and are constantly reflecting on what went well and what didn't after every teaching session. Get into the habit of doing any changes straight after you teach (putting additional notes onto the powerpoint slides, or writing up additional notes on improving a session, as you will forget before you teach the material again unless you immediately do this step.

Preparation and organisation

- **Detailed preparation and organisation** to ensure all other needs regarding travel, accommodation refreshments and resources for both the instructors and participants are essential to ensure efficient and effective delivery.
- The timing of each section of the materials, allowing time for questions and sufficient timely breaks can impact on participants' ability to absorb the material and gain clear understanding.
- Have a few energiser games ready for when you sense a group is getting tired. If you are not someone who likes leading energiser exercises nominate participants in the course to do this – often a great way to get people involved and comfortable up front and teaching.

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- Do not over crowd your power points
- Use visual aids
- Try to ensure an activity every 30 minutes, even if it is a very small and quick exercise, as this will help concentration
- Check whether you have enough resources for the program you are planning. If not adequate you may rethink and replan the program. A small group in a small geographic location (e.g. one hospital/health area) would cost less. You may also wish to look for available external funding

Logistics for training

Find out all you can about the presentation venue

- Size of the room
- Seating arrangements
- Facilities available – power supply, lights, projector, computer,
- Whiteboard/Markers
- Sounds/Microphones etc.

You may need to prepare handouts if multimedia facilities are not available.

Preparing for the presentation

- Practice your timing.
- Check that any technology you use is working prior to making your presentation (e.g. linking to internet sites, etc.), so that you do not waste time or detract from your talk trying to fix equipment.
- Be flexible – audiences are different and you may need to adjust your training to fit in with expectations and abilities
- Copies of the slides, to be used as handouts, are always useful to have and may be used as a backup to follow your oral presentation, in case of equipment failure.
- Modern technology allows us to present materials effectively and memorably – but always consider what you will do if the power fails during the presentation.
- Always try and arrive early to the presentation. This will give you time to check that seating arrangements and lighting are correct and equipment is working.

Handling questions

- Preparing for all questions is difficult
- Read as much background information prior to your section of the presentation, so that you are confident in presenting. There are always members of the audience who sense where presenters are not confident and will then ask difficult questions.
- Find out who will be in your audience and their level of knowledge

Appendix N

- Pre-warn participants on how answers will be dealt with - that is “Questions will be answered at the end of the presentation” – “Happy to take questions during the presentation – but if we get a lot may have to hold over to the end”

Presenting yourself

Clothing:

- Be appropriately dressed
- Check out the local dress code
- Pay attention to the details of your dress, such as clean shoes and clothes.

Manner and style:

- Be confident and knowledgeable about your topic but not patronizing to your audience
- During the training you may learn something from them too
- Let the audience know that you are approachable and are happy to answer questions
- Try to accommodate questions in session breaks for those too shy to bring them up during the training.

Presenting confidently – some tips:

- Speak slowly, firmly and clearly – check that people down the back can hear you and use a microphone if needed
- Watch the audience for nods of understanding – if people look puzzled, ask if anyone wants you to go over a point and explain further
- Avoid long and complex sentences
- Try not to fidget or overuse other aids (such as laser pointers)
- Pace your presentation and keep an eye on the time you have left, arrange for a subtle time warning from a colleague, at “5 minutes to go”.

2. Organising the curriculum for verbal autopsy based on country context and relevance

Outlined within the 'Manual for Training VA Interviewers' are all the different sessions for the VA Interviewer training and an example schedule suggesting timing for each of these sessions. You will also receive power point slides, print-outs (including VA Interviewer manual) and exercises described under each session in the manual. Together these can be considered the 'VA training package' and your most useful resource when conducting training on verbal autopsy.

In order to more effectively train on verbal autopsy, trainers will need to review this material and consider if it is wholly appropriate, what needs to be changed and how. It is a good idea to train on all areas covered in the training manual. However, different audiences may require different emphasis and you may wish to lengthen or shorten sessions according to need. You may consider teaching techniques that appear more appropriate, inclusive or relevant for your participants. You may consider using different examples in the exercises or the need for additional sessions to more fully explore certain areas in particular need of attention. It is a good idea for a group of master trainers to review the VA materials in a systematic way and to make a note of required changes, for example, using a table such as the one below:

Session title	Timing	Amendments	Notes for trainers	Changes to Print-outs or materials
Session 2: What is CRVS	No change	Amend manual and slides to reflect the situation in [country]		Include birth and death registration forms in the training materials
Session 4: Identifying a death	Increase to 1 hour	Change the exercise on identifying deaths to role play	Will need to develop a simple role-play sheet and slightly amend slides for new exercise	Add Business process map of VA for deaths in the community in [country]
Session 5: Role of VA Interviewer	No change	Update materials so they are relevant to [country]		Update Appendix A: Interviewer checklist to make it specific to [country]. Update the Appendix C: Example consent form to make it an 'Information form' that describes the VA process.
Session 15: Role play	No change	Adapt case studies so they are more relevant to the context of [country]		Case study printouts

These changes need to be made, using appropriate dating conventions to avoid confusion with different versions, and older training materials archived. A review of materials should be done from time to time – based on experience of teaching the materials and participant feedback.

3. Lesson plan for 'Introduction to Training Principles and Practice'

The following lesson plan aims to introduce best practice for training. This lesson plan will be conducted during ToT sessions and can be referred to by VA trainers when they are looking to improve and review the materials for verbal autopsy, to make them more innovative, participatory and relevant for participants.

The principles of adult learning are promoted by

- Building a supportive learning environment
- Valuing and respecting individuals and their communities
- Employing teaching strategies that promote self-confidence and participation
- Understanding adult learning strategies – different ways of engaging participants
- Taking into account diverse groups (different ages, backgrounds, education levels).
- Understanding motivation of those being trained – e.g. self-esteem, higher pay, personal achievement
- Making expectations explicit

Introduction to Training Principles and Practice

- Learner Objectives** By the end of this session participants will be able to
1. Apply the principles of adult learning to a training setting
 2. Use the experiential learning cycle to design and deliver training sessions
 3. Describe and effectively employ common training techniques
 4. Write learner objectives
 5. Construct a training session

Time 120 mins total (Part 1, 60 mins; Part 2, 60 mins)

- Session Overview**
- A. Learning and change
 - B. Principles and application of Adult Learning
 - C. Experiential learning
 - D. Training techniques
 - E. Learner objectives
 - F. Constructing a training session

Materials Whiteboard and pens; flip chart stand, paper and pens; LCD projector with Ppt

Handouts The lesson plan can be given to the participants at the end of the session

Part 1

A. Learning and Change (20 mins)

Step 1 Greet participants. Read learner objectives (Ppt)

Step 2 Show PPT “What is learning?”.

Ask each participant on their own to write down one or more answers

Elicit responses and write on whiteboard/flipchart paper

Show PPT with categories of learning:

- facts/information
- skills (manual and cognitive)
- attitudes and values

Ask participants in which categories do their responses fit? Would they add any more? [It is likely that learning in relation to attitude/values is not well expressed]

Step 3 Show PPT slide with “Learning” and “Change”. Ask how are they related to each other?

- “Learning can cause change
- Change can cause learning
but
- Learning does not always cause change
- Change does not always cause learning”

Step 4 ▪ “As trainers, you will be preparing people to implement change”.

B. Principles and Application of Adult Learning (40 mins)

Step 1 Ask the group to discuss in pairs a recent experience they had learning something new. This could be a new recipe, a recent training course they have been on, a new dance routine, how to operate a new appliance, a new skill like learning how to fix something that was broken.

Discuss the following:

- What did you set out to learn?
- How did the learning take place?
- Did you have a choice in the learning method? If not, would you have chosen a different method if you could?
- How would you describe the learning environment?
- How did you know that learning had taken place?
- Where did your motivation come from?
- What were your reasons for wanting to learn?

Step 2 Ask large group (and discuss), for adults undertaking a training, what is usually the:

- Learner’s role
- Motivation for learning
- Choice of content
- Method focus

Try to cover these following points through the participants responses

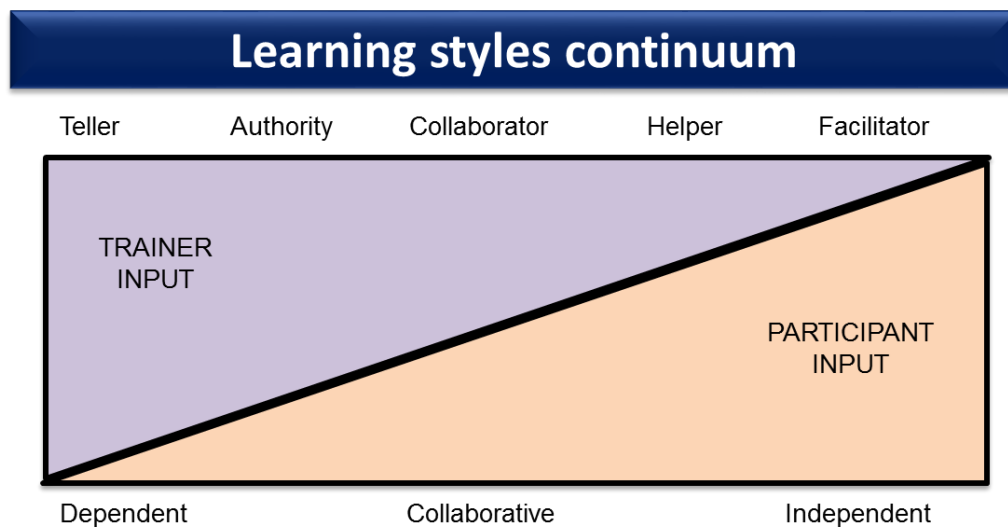
- Adults are internally motivated and self-directed

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- Adults bring life experiences and knowledge to learning experiences
- Adults are goal oriented
- Adults are relevancy oriented
- Adults are practical (want to use new learning immediately)
- Adult learners like to be respected

Step 3 Ask what style of learning is more appropriate for the kind of trainings you will be conducting? Why?

Step 4 Point out that different trainers and learners, by nature or experience, prefer a certain type of teaching or learning style.
Show the PPT on the learning style continuum.



Read out the styles of trainers (upper) and correlating styles of learners (lower), and point out the graph also indicates relative input from trainer and participant respectively, depending on the style adopted.

Ask a few of the participants to indicate where they think, as learners, they sit on the graph. [An alternative is to draw up the graph as a wall chart or on the whiteboard, and ask each participant to add a sticky dot indicating their own respective styles.]

Say that there is very good evidence to show that the best learning occurs when adults are truly participating and contributing to the learning. This might not be the norm in many LMIC countries. Therefore, as trainers we have to:

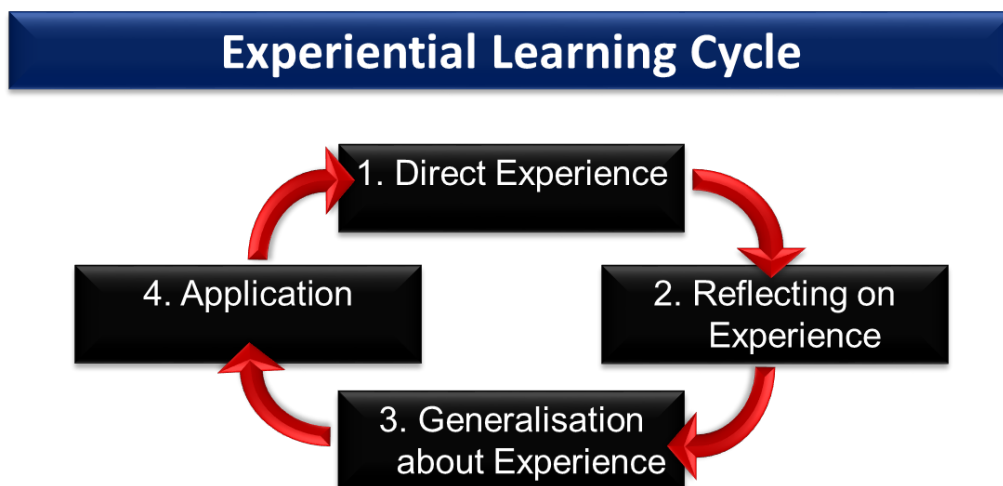
- "let go" and allow participants to contribute and share their knowledge and skills
- Actively engage participants in the learning process.
- An essential component of participatory learning is "reflection". The trainer should facilitate this.

Practical Exercise

- Step 1 In groups of 3 - 5, ask participants to consider the workshop environment. Taking into account the principles of adult learning, how would each group like to arrange the workshop room to be most conducive to adult learning?
Groups sketch plans on flipchart paper.
- Step 2 Show sketches to other groups and discuss.
- Step 3 If possible, rearrange room according to suggestions. [Expect a longitudinal “U”-shaped arrangement of chairs +/- tables, facing whiteboard/projector screen, and chair for facilitator in middle of “U”

Part 2

C. Experiential Learning (20 mins)



- Step 1 Tell a story from one’s real-life experience that demonstrates the process of how change (in behaviour) occurred through something that happened. Alternatively, one of the participants is invited to tell their story along these lines. The facilitator might need to draw out detail of the learning process with the participant to ensure that the “reflection” and “generalisation” (principles) phases are referred to sufficiently.

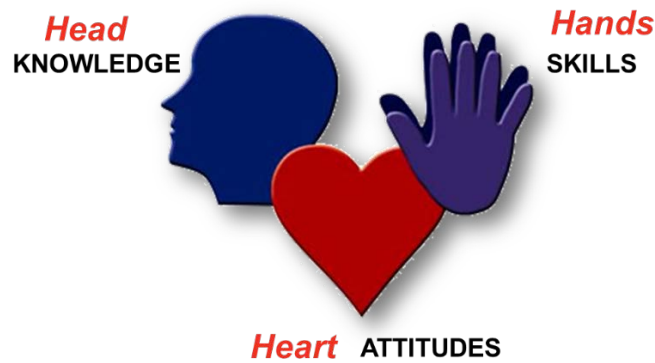
[An example: Standing on the footpath wanting to cross the road, checking to the left and finding the road clear, stepping out on the road and being hit by a motorcycle coming from the right. Large cut on leg sutured in hospital. Rest at home and thinking about accident - surprised. Talk to friends: one had similar experience; other knew someone who died in similar accident. Realise it’s not safe to cross the road without looking to the left and right. Cross the road in same place as accident and avoid accident by looking to left and right (motorcycle coming from the right). Cross a second road safely.]

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- Step 2 Introduce experiential learning cycle in relation to the story told (Ppt slide) as:
- Experience – [hit by motorcycle]
 - Reflection – [thinking about accident and surprise, talking to friends]
 - Generalisation – [safer to look both ways before crossing the road]
 - Application – [crossed the road looking both ways]
- Reveal stages of cycle one by one (Ppt).
- Step 3 Remind participants that experience does not always lead to change. As trainers they will ensure that experiences which occur during training lead to productive change for CRVS.
- Step 4 Tell participants that experience comes in many forms. In the training room, sometimes experience is in the form of information or an activity.

D. Training Techniques (15 mins)

- Step 1 Using PPT, elicit and write on flipchart a list of training techniques which participants have used as trainers, learners or observers. (Note these are the actual techniques used in the training room rather than principles or methods.). The list should include at least most of the following:
- Lecture/Presentation
 - Role play
 - Simulation
 - Demonstration
 - Small group discussion
 - Large group discussion
 - Brainstorming
 - Games
 - Mapping (including mind mapping)
 - Storytelling
 - Case study
 - Interview
 - Drama/play
- Step 2 Remind participants that behaviour involves a combination of knowledge, skills and attitudes. [show PPT] Training techniques are designed to change people’s behaviours by developing knowledge, skills and attitudes. Say, often all three must be addressed to bring about behaviour change. Choose some techniques and ask ,“Which of KSA are they best to promote?”
- Step 3 Point out that different techniques can also be applied to the different stages of the experiential learning cycle in order to facilitate participants’ learning and progress through the cycle. Show PPT examples. Some techniques work best in one phase – e.g. presentation and application – whereas other can be used at any phase – e.g. role play.



E. Learner Objectives

Step 1 Ask whether participants have had previous experience with objectives. Elicit and write a definition for the term learner objectives from participants indicating experience, or from whole group.

Answer *“A statement of exactly what the learner will be able to do at the end of training.”*

Step 2 Circle the word “do” and stress that it is DO, not “know” or “believe” or “think”. Ask why this distinction is important.

Answer *“We cannot be sure the objective was obtained unless we see evidence of it. Therefore the objective must specify a behaviour – something the participant can do after training*

Write *“Specifies an observable behaviour.”* (behavioural objective)

Step 3 Ask why it is important to make objectives learner-based instead of trainer-based.

Answer: *The learner doesn’t always learn what the trainer thinks has been taught.*

Write *“should be learner based.”*

Step 4 Write “measurable”.
Ask what does this mean in relation to objectives, and why is it important.

Answer: *Refers to the degree or standard of behaviour desired. Its importance is that it allows the trainer and trainee evaluate learning.*

Step 5 Elicit/ explain that learner objective should be reasonable. Why?

Answer: *To assure that the training is effective, useful, etc., and not discouraging for trainers or participants.*

Writing objectives

- Step 1 Tell learners that if they begin writing a learner objective as: “By the end of this session the participants will be able to...”, they will usually write a good objective.

F. Constructing a Training Session

- Step 1 Some of you have been trainers before. Did you prepare written training sessions before? What did the plans include? Were the plans followed exactly?

- Step 2 Tell participants that here are six steps which can be used to construct a training session Post and explain the 6 steps of writing a training session (Ppt)
1. Identify or start with the training need to be addressed
 2. Separate the need into knowledge, skills and attitudes
 3. Write learner objectives based on the knowledge, skills and attitudes identified
 4. Design activities for attaining the objectives, based on the Experiential Learning Cycle
 5. Identify resources needed
 6. Specify time needed for each activity

- Step 3 Remind the participants they should remember to:
- Follow the principles of adult learning
 - Use the Experiential Learning Cycle
 - Use all trainees in the group
 - Design a session that is 30 minutes long

Trainers on hand as a resource or might be able to supply background information required.

Finish the session by asking if there are any questions or comments. Also, that we will be looking at some of the sessions delivered during this training to see:

The learner objective used

How the experiential learning cycle was applied,

What were the training techniques used

What resources were needed

If participants would like to do it differently for their context

The program partners on this initiative include: The University of Melbourne, Australia; CDC Foundation, USA; Vital Strategies, USA; Johns Hopkins Bloomberg School of Public Health, USA; World Health Organization, Switzerland.

Civil Registration and Vital Statistics partners:



The University of Melbourne recognises the Institute of Health Metrics and Evaluation (IHME), University of Washington, for their contribution.

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